

Scholarship generously
sponsored by:
Fund for Healthy Nevada (FHN)

iPad 4 U Scholarship Program

FEAT of Southern Nevada understands that technology is an integral part for individuals on the autism spectrum to become more independent and reach their full potential. The **FEAT IPAD 4 U Scholarship Program** is funded by a generous grant from the **Fund for a Healthy Nevada – Nevada Department of Health and Human Services**. This grant will help provide an iPad (ATD - Assistive Technology Device) and Apps to improve academics, communication and independent living skills of individuals diagnosed with autism. Additionally, FEAT is partnering with **Victor Autism Resources (VAR)** to evaluate, train and mentor the scholarship recipients to ensure they use the ATD to its full capacity. Please submit application to ipad4u@featsonv.org

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

Applicant Information – Please Print

Applicant Name:		
Date of birth:	Phone:	Email:
Current Address:		
City:	State:	Zip Code:
Parent/Guardian Name:	Annual Income:	Ethnicity:
Diagnosis & Therapies		
Diagnosis:		
Current Therapies:		How Long:
Provider Name:	Provider Contact #:	Provider Email:
Provider Name:	Provider Contact #:	Provider Email:
Provider Name:	Provider Contact #:	Provider Email:

Is the individual a resident of Las Vegas? Y/N (Must be a local Southern Nevada resident to qualify)

Does the individual have limited or no language? Y/N

Does the individual need help with academics? Y/N

Does the individual need help with independent living skills? Y/N

Please describe the individuals communication/academic/daily living abilities:

Has the individual applied for assistive technology through CCSD, NV State AT Program or Medicaid? Y/N

Does the individual currently have assistive technology through CCSD, NV State AT Program or Medicaid? Y/N

If so, which device? _____

Does the individual have a provider that uses assistive technology apps in their treatment plan? Y/N

If so, please provide the providers name _____

Scholarship generously sponsored by: Fund for Healthy Nevada (FHN)

iPad 4 U General Information Page: (Please initial)

1. _____ The parent/guardian must be a member of FEAT of Southern Nevada to apply for the "iPad 4 U Scholarship Program". Please **complete the new member form** that you can find on-line at www.featsonv.org. Non-Members will not be considered.
2. _____ Provide Proof of Autism (Diagnosis letter from a physician or front page of an IEP) Please attach to completed application.
3. _____ **Must provide written statement and or documentation from any of the following: Speech Path, ABA, Occupational Therapist, Neuro-Psych** stating the need of an assistive tech device and what software they use in their treatment plans for communication.

Please describe the individual barriers expressing his/her needs and wants and or independent living barriers for his/her personal hygiene, dressing/clothing care, cooking, eating, safety, financial management, employment, and community access if any (250 words maximum – please attach statement/documentation to the application)
4. _____ **Parent/guardian must also provide a written statement** to explain the primary purpose of the request and what an assistive technology device and software would mean to your son/daughter (250 words maximum – please attach statement to application).
5. _____ **Provider and Parent** must sign the "iPad 4 U" scholarship application to be considered.
6. _____ iPad 4 U Scholarship Program will provide **ONE** device per child per family.
7. _____ Parent/Guardians are responsible to purchase protective covering and screen protectors.
8. _____ FEAT will not be responsible for broken devices, repair services and/or replacement of device.
9. _____ If your child has been approved through CCSD, NV State AT Program or Medicaid for an assistive technology device you **will not qualify** for the "iPad 4 U Scholarship Program".
10. _____ Funding is limited, not every applicant will be awarded an assistive tech device.
11. _____ You will be contacted by a Victor Autism Resources (VAR) team member if your application has been approved for an assessment and to schedule the initial assessment.
12. _____ **If you failed to cancel any scheduled meetings with VAR within 24 hours** FEAT reserves the right to charge a \$ 50 dollar fee. **VAR contact information: phone # 702-886-7790 or info@varlv.com**
13. _____ Once approved for a device each recipient will receive **ten (10) MANDATORY hours** of instruction and mentoring from Victor Autism Resources (VAR).
14. _____ **If parent is nonresponsive to grant guidelines (ie: 10 hours of training, failure to respond to VAR and/or FEAT requests) FEAT will charge the FULL AMOUNT of the iPad device and software device below described.**
FEAT will require a Credit Card on file to charge:
 - ◇ **\$50 failure to cancel fee**
 - ◇ **\$355.00 iPad Fee**
 - ◇ **\$249.00 Proloquo2go software Fee**
15. _____ Parents and Providers must submit a short statement stating individual's progress 6 months after the device was awarded.

I agree to the terms of the general information page:

Signatures	
Signature of Guardian:	Date:
Signature of Provider:	Date:

**Scholarship generously
sponsored by:
Fund for Healthy Nevada (FHN)**

Please provide the following documents:

- 1) Completed Application/Credit Card Information
- 2) Proof of Autism- (Diagnosis letter from your child’s physician or front page of an IEP).
- 3) Parent/Guardian written statement
- 4) Provider written statement: Documentation of limited or no communication and independent living barriers (documentation from a Speech Path, ABA, Occupational Therapist and or Special Education Teacher requesting an assistive tech device).
- 5) Letter of consent

Return all completed applications to:

Physical Address:

or Via Email to:

FEAT of Southern Nevada
"iPad 4 U Scholarship Program"
7061 W Arby Avenue
Suite 170
Las Vegas, NV 89113

ipad4u@featsonv.org
(must be submitted in a pdf file)

For any additional questions or information, please call the FEAT hotline at: 702-368-3328

Credit Card Information: (Please Print Clearly or provide a scanned picture of your card)

Name: _____

CC Number: _____ **Exp Date:** _____

CCV: _____ **Zip Code:** _____

Release of Liability

I agree to indemnify and hold harmless **FEAT of Southern Nevada** (Families for Effective Autism Treatment), the **iPad 4 U Scholarship Program**, **Victor Autism Resources (VAR)**, and any and all employees agent or representatives, from damages to property injuries to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against the iPad 4 U Scholarship Program and any and all employees, agents, representatives in connection with the iPad 4 U Scholarship Program.

Signatures	
Signature of Guardian:	Date:
Signature of Provider:	Date:

"An individual who can label letters, numbers, shapes and colors...but cannot use his words to express wants and needs or socially interact with other people... has language but not communication skills"
Author: Cari Ebert



LETTER OF CONSENT

This official consent made on _____, 2022 by and between,
_____ (consenter) who consents to the following:

I hereby authorize Victor Autism Resources LLC and FEAT of Southern Nevada to contact Clark County School District (CCSD), Autism Treatment Assistance Program (ATAP) and/ or Medicaid to confirm interaction for Assistive Technology Services. I understand that this authorization remains in effect unless I revoke it. I understand I may revoke consent at any time and this request must be made in writing.

This consent is governed by the laws of the State of Nevada.

Consenters signature: _____

Consenters name (print): _____

Releasees signature: _____

Releasees name (print) _____