

Advocacy Application for 2020

What is the FEAT Educational Advocacy Support Program (ASP)? The FEAT Advocate Support Program (ASP) was designed to provide families with an advocate to assist them and the child's school to develop a document that focuses on the child's individualized educational needs, such as assistive technologies, educational assistants, and test-taking accommodations among other support services.

Advocacy Program Eligibility Criteria:

- ❖ Must fill out FEAT member intake form – contact info@featsonv.org
- ❖ **Provide a ONE-time annual donation fee of \$25 to the Advocacy Program per calendar year (January-December) Must be paid directly to FEAT.**
- ❖ **Advocate charges a \$ 35 dollar IEP revision fee. Advocate may charge additional fees. All charges by the advocate Must be paid directly to her by the parent/guardian.**
- ❖ Provide child's proof of Autism (front page of an IEP or a one-page diagnosis letter from your child's physician).
- ❖ Parent/guardian **MUST attend** the entire IEP meeting. FEAT will not provide payment for the IEP to the advocate if the parent does not attend, and will deny family of future funding. Parent/guardian will be responsible for advocate fees.
- ❖ Will provide advocacy support up to the **age of 21.**
- ❖ Please submit applications to FEAT **at least 14 days prior to scheduled meeting.** (FEAT cannot guarantee that Advocate will be available for all scheduled IEPs).
- ❖ Once approved a FEAT representative will contact the family. It is the responsibility of the family to coordinate the IEP meeting with the advocate.
- ❖ **Only Complete Applications will be approved. Please sign each page of the application and provide all documents required.**

By signing, I acknowledge that I have read, understand and agree with the information above.

Print Name: _____ Signature: _____ Date: _____

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Please type or print in black ink. Please fill out a **separate form for each child**. Email or deliver completed forms to: FEAT of Southern Nevada, 7055 Windy Street Las Vegas NV 89119 or advocacy@featsonv.org Please note: The advocate may request additional information.

Child's First Name:		Last Name:	
Age/DOB?	ASD Diagnosis? Y N (Must provide proof of autism)	Does child currently have an IEP? Y N	Grade?
Annual IEP Date:	School Name and Address:		
Ethnicity (circle one): African-American Asian Hispanic White Other:		Language of Preference: English Spanish Other	
Parent or Guardian's First Name(s):		Last Name:	
Address:		City:	
Zip Code:	Email:		
Home Phone:	Cell Number:	Business/Daytime Number:	

Why are you requesting this funding? _____

Annual household income? _____ How many children on the spectrum reside in your home? _____

Do you currently participate in any other FEAT activities or support programs? If so, please list _____

Do you currently pay out of pocket for therapies? _____ If so, how much? _____

What issues do you currently face with CCSD? _____

A one-time \$25 donation per calendar year (January-December) is greatly appreciated. All donations are put back in to the advocacy program so that we may continue and support others needing financial assistance.

Office use only: Staff initial _____ Approval date _____

Paid donation Y/N _____ Amount _____ # of Paid IEPs paid by FEAT _____

Notes _____

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FEAT Acknowledgments:

- ❖ FEAT will provide funding for 2 IEP's per calendar year (January-December)
- ❖ Child must be a student in a Clark County School District school, local charter school or on a service plan.
- ❖ The school must be within the Las Vegas area (including Boulder City and Henderson).
- ❖ FEAT ASP does not cover any legal fees, transportation or document review prior to the IEP. Parent/guardian will be responsible for advocate document review fees.
- ❖ Applications must be received prior to the IEP to be considered
- ❖ FEAT is not responsible for advocate-parent/guardian relationship. FEAT is not responsible for advice given by the advocate or the outcome of the IEP meeting or conflicts in scheduling.
- ❖ FEAT and/or the advocate reserve the right to refuse this service to any member without reason.
- ❖ FEAT may discontinue this service at any time. Program availability is based on funding and advocate availability
- ❖ Funding is limited and will be provided on a first come first serve basis. The application process does not guarantee services by advocate.
- ❖ I understand for tracking purposes the advocate will share IEP outcomes with the FEAT board of directors and staff. All FEAT ASP advocates have a current and valid business license.

Advocate Acknowledgments:

- ❖ If the advocate needs to travel over 30 miles (one way) the advocate may charge the parent for travel expenses
- ❖ Please try and schedule at least 2 hours with your child's school for IEP meetings.
- ❖ The child's parent/guardian will be required to sign an agreement/invoice with advocate prior to receiving services.
- ❖ **Advocate charges a fee for failure to inform of a cancelled IEP. FEAT will not cover this fee. It is the responsibility of the parent/guardian. Please cancel by contacting the advocate via text 48 HOURS prior to the scheduled IEP meeting. Advocate contact information: Cheryl Jung cell # 702-203-5316.**
- ❖ ***To cancel an IEP meeting YOU MUST cancel with the advocate by texting her 48 hours prior to the scheduled IEP meeting at 702-203-5316. Do not call FEAT.***

By signing, I acknowledge that I have read, understand and agree with the information above.

Print Name: _____ Signature: _____ Date: _____