



## **ASCO IPAD GRANTS 2018**

### **Guidelines**

An anonymous donor has provided iPads to Autism Society Central Ohio, directing that they be distributed to non-verbal individuals with ASD.

Please read carefully the following guidelines before beginning the application process. There will be several documents required and you will want to have them before beginning. The purpose of this grant is to help nonverbal children or adults with an Autism Spectrum Disorder who are in need of an IPAD for communication or educational support.

Please use the Application Checklist below to ensure your application is complete. Only complete applications will be considered.

Individuals must reside in the one of the following Ohio counties: Champaign, Delaware, Fairfield, Franklin, Licking, Logan, Madison, Marion, Morrow, Pickaway and Union

Grant recipient must be nonverbal, have a medical or academic diagnosis of autism spectrum disorder (ASD) and be able to provide documentation. Appropriate documentation could include a letter or report from your child's physician or psychologist confirming the diagnosis or a copy of a current school Evaluation Team Report or Individualized Education Plan indicating eligibility under the Autism category or proof of participation in Ohio's Autism Scholarship Program.

A letter of support for the device from a professional currently working with your child, such as a teacher, therapist or behavior specialist.

Applications must be emailed to [centralohioasa@gmail.com](mailto:centralohioasa@gmail.com) before midnight and/or postmarked by Friday, December 28, 2018 (Autism Society Central Ohio, P.O. Box 272, Worthington, OH 43085).

Grant recipients will be notified on before January 10, 2019.

Once accepted you will be notified of pick up or delivery arrangements.



**iPad Grant Request Form**

<b>Name of iPad Recipient:</b>	
<b>Address:</b>	
<b>County of Residence:</b>	
<b>Cell Phone:</b>	
<b>Home Phone:</b>	
<b>Email Address:</b>	
<b>Diagnosis:</b>	
<b>Name of Person completing the form:</b>	
<b>Relationship to the Recipient:</b>	
<b>If different from the recipient (address, phone number &amp; email):</b>	

Briefly describe how grant will benefit recipient:

Please state the credentials and contact information of the person who will supervise the use of the iPad:

What applications do you intend to utilize with the iPad?

Briefly state why an iPad or similar technology is unavailable to recipient without grant:

**Please attach the following:**

1. Proof of diagnosis of developmental disability (for example, psychologist or physician report; relevant pages from school ETR; etc.) including an indication that the applicant is non-verbal.
2. A letter of support from a professional (physician, therapist, psychologist, etc.) providing information as to how the item will assist with educational, therapeutic, social, quality of life or functional goals.
3. Any other information you feel to be helpful or relevant.

By submitting this application, I affirm that the facts set forth in it are true and complete. I also affirm my understanding that the intended use of the iPad is to promote communication by the recipient and that using it for entertainment purposes (movies, video games, etc.) may inhibit its effectiveness as a communication aid. Additional information or documentation may be requested by the Grant Committee. All information will be kept confidential. Please keep a copy for your records.

**Date:**

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference or age. All information will be kept confidential. Please keep a copy for your records.

Thank you for completing this application form. Either mail the completed grant application to the below address:

**Autism Society Central Ohio**  
PO Box 272  
Worthington, OH 43085

OR email it to: [centralohioasa@gmail.com](mailto:centralohioasa@gmail.com). Subject line: **Grant Request**