

Drakey's Team Ipad Scholarship Program

Drakey's Davis was able to get early intervention when he was diagnosed with Autism at 2 ½. His family got him an iPad and Proloquo2go to help with his speech, along with the supports from his Speech program at school, Drakey has had much success. Drakey's Family and Friends wanted to raise funds and be able to help other children like Drakey. They raised over \$19,000 the last 2 years, to create a scholarship that will be able to help children with autism. The scholarships that will be accepted will receive an iPad, a case, and Proloquo2go to help with speech and skills. Drakey's mom, Tiffani and so many other family members and supporters have worked so hard to raise these funds and want to help other children. Autism Society The Heartland is so honored that they choose us to help them and get this scholarship going.

Instructions:

The Autism Society The Heartland will be accepting applications by postal mail or Fed Ex or UPS. Emailed or faxed applications will **not** be considered. *All applicants must be from Kansas or Missouri counties that we serve and MUST BE MEMBERS of the Autism Society The Heartland.* If you are not a member, you can become a member by visiting our website, www.asaheartland.org click on members page and fill out paperwork or call 913-706-0042 to request a membership form or email info@asaheartland to request a membership form.

General Requirements for Parent Applications:

- Child must be at least 2.5 to 6 years old, this scholarship is for early intervention
- Child must have a primary diagnosis of Autism Spectrum Disorder and currently be in speech therapy or on a wait list to get services. School and County Services are accepted.
- Child's family must meet financial requirements for adjusted gross family annual income and submit documentation requested:

Your family size (per tax return)	Adjusted Gross Income
2	\$45,000 or less
3	\$55,000 or less
4	\$70,000 or less
5	\$85,000 or less
6	\$100,000 or less

- Parent or guardian must fully complete program application.
- Documentation of diagnosis must be included in the application

Priorities:

We anticipate many, many more applications than available iPads. Therefore, when all other factors are equal, and all scholarships are reviewed and approved, if there are more than iPads available the committee will do a lottery system to make it fair. The decisions of the selection committee are final.

The Autism Society The Heartland email address is the only address to which you

may send questions regarding the application. Email sent to other email addresses will not be answered. Postings on Facebook will also not be answered. Questions that are already answered in the application packet will not be answered again. Please read the information in the packet fully.

info@asaheartland.org

Questions & Answers

Please read through these potential questions to learn more.

Can I call to ask questions about filing in my application?

Answer: Yes, you can call 913-706-0042. It may take up to 24 hours to return your call, please leave your name and number and the question you have about the scholarship- You can also email info@asaheartland.org, please make sure you ask the question in the email.

Who can apply on behalf of a child?

Answer: Only a parent or legal guardian may apply on behalf of a child. No exceptions. You can get assistance from a case manager or a therapist but all forms must be signed by legal guardian or parent.

What if my child is not in speech therapy and so does not currently have an SLP?

Answer: If your child is not currently in speech therapy, this project is most likely not a good fit for the situation. This does not hinder you from applying, but Speech Therapy is important and the success of the scholarship program. This can be through school or a speech therapist.

When will I find out if my child is picked?

Answer. We are a volunteer organization and due to the volume of expected applications, we may not be able to provide explanations to those not selected. The selection committee can decide sooner than the date above to offer a scholarship if needed. The decision of our selection committee is final.

Application Checklist (Include this form with your application)

- Completed, signed parent/guardian application

- Copy of Autism Society the Heartland Membership- or acknowledgement from ASH that membership is paid and up to date.

- Copy of the most recent Autism Diagnosis (All documents are confidential and kept in locked files) Any documentation from Speech Therapist, IEP Team or Therapy team on how this scholarship will benefit your loved one.

- Letter of recommendation on agency letterhead or school from the licensed speech-language pathologist (SLP) who is **currently** and actively working with child, i.e. - the child's primary SLP OR Special Education Teacher or Autism Specialist that is working with your child.

- Provide your email address or phone number so we can let you know when your application has arrived.

Submit your application packet to:

**Autism Society The Heartland
Drakey's Team Communication Scholarship
P.O. Box 4455
Olathe, Kansas 66063**

Parent/Guardian Application Form

Please print legibly and complete all questions of this form. (If we cannot read your application, it will be disqualified)

Child's first and last name: _

Name of parent/legal guardian completing application: _

Mailing Address: _

Email address: _ Phone number: _

Child's date of birth: _ Age in years/months: _

Diagnosis:

When was child diagnosed with Autism Spectrum Disorder? _

By whom? _

Estimate how much of your child's speech can be understood by a stranger:

_ None 25% or less 50% nearly all
or less 75% or less _

My child also has the following (Please check all that apply)

- _ ADD/ADHD
- _ Anxiety
- _ Auditory Processing Disorder
- _ Autism Spectrum/PDD
- _ Cognitive delay
- _ Dysarthria
- _ Epilepsy
- _ Expressive Language delay
- _ Genetic Condition (Please list type:)
- _ Learning Disability
- _ Oppositional Defiant Disorder
- _ Receptive Language Delay
- _ Sensory Processing Disorder
- _ Other (Please list: _)

Does your child use augmentative alternative communication (AAC)? _ Y N Not Sure

If so, what type? _

Has your child used an iPad? Y N If yes, where? _
_ Have you used an iPad before?
Y N

Do you own an iPad? Y N

Have you applied for a scholarship in the past from Autism Society The Heartland?
Y N If yes, what year? _

Why do you want an iPad for your child (**attach additional paper if needed**)?

-
-
-
-
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-
-

How will you identify appropriate “apps” for your child to use?

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-
-
-

Services- Speech or Autism Therapy

Number of Speech/Autism Therapy sessions weekly: _

1:1, group, or consult?: _

Name of current primary speech-language pathologist or therapist : _

SLP Phone No.: _ SLP Email: _
Or Therapist info/School Info

Financial Information

How many adults live in your household? Do you own your home? Y N

-

How many children are dependents in your household? _

Adjusted Gross Income ? \$ _

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Are you receiving SSI or Medicaid/KanCare Services, Missouri Services _____

If so what
services _____

Place your initials on the line beside each statement below and provide signature.

I understand the following:

- My submitted application does not guarantee that my child will be selected to participate.
- All required information must be submitted for the application to be considered.
- If selected, I agree to sign an Equipment Donation Agreement and a photo release of child.
- If selected, I understand my child will receive an iPad, protective case and Proloquo2go. I am responsible for purchasing applications for use on this device and, if I chose, an extended warranty.

I attest that all information provided in this application is true and accurate and that I fully understand the statements above.

Parent/Guardian Name (print):

Parent/Guardian Signature:

Date:

