



The Technology Initiative of Ability Connection

Application Region (check one):

- North Texas (Greater DFW)
- East Texas (Tyler, Longview, Lufkin)
- Northwest Texas (Wichita Falls)
- Central Texas (Greater Austin, Waco & San Antonio)
- Gulf Coast (Greater Houston)
- West Texas (Greater El Paso)
- New Mexico (Statewide)

Enabling Communication

APPLICATION FORM

Applicant information (individual that will receive the device):

Name: _____ DOB: _____
Address: _____
City, State, Zip: _____ County: _____
Email Address: _____ Phone: _____
Primary language spoken in the home: _____
Secondary language spoken in the home: _____
Ethnicity (for statistical purposes):
African American/Black _____ Caucasian _____
Hispanic/Latino _____ Other _____
Asian/Pacific American _____
Name of Parent or Guardian (if individual is under 18 years of age): _____

Please Print

By signing below, I consent to and authorize the use of my name and likeness (or my child's) in publications, photographs/video for editorial purpose, television, web, or other promotions for Ability Connection. I further consent that my name may be used, by descriptive text or commentary for related projects. I understand that there will be no financial or other remuneration for the initial or subsequent use of these photos/videos. I represent that I am at least 18 years of age, have read and understand the foregoing statement.

If selected as a recipient, I agree to all the terms and conditions of selection as outlined by Ability Connection (including required training and attendance at presentation).

Applicant's signature (or legal guardian if individual is under 18 years of age)

Date

How did you hear about this program?

Ability Connection Team Member School Therapist Website Other (list):

Primary Diagnosis: _____

Secondary Diagnosis: _____

Help us get to know the applicant, please provide a few fun facts about applicant such as favorite things: _____

For applicant (or guardian): Please provide some background information on the applicant (hobbies, personality, skills, etc.). Also include a statement on why you believe he/she would benefit from an assistive communication device. **Please attach an additional sheet (labeled "Applicant Information") to complete this section.**

Note: including a photo of the applicant with the application is acceptable.
However, photos will not be returned and become property of Ability Connection.

Therapist (certified Speech Language Pathologist) information:

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Phone: _____

How long has SLP known/been working with the nominee? _____

Nominee currently has:

- No Speech Some Speech but is limited or unintelligible Speech but difficulty with articulation

Which communication systems (devices/products/apps) were considered or tried with the applicant in the past and in the evaluation process? _____

Communication software recommended by therapist to be paired with an iPad (choose only one):

_____ Check here if the applicant already has their own up-to-date iPad and the request is for the communication app ONLY.

Why is this software/app specifically recommended? _____

Will the recipient continue to receive therapy? _____

Please note: **A report from therapist must be attached. Please include description of evaluation process including length of trial and pros and cons of each device/app tried. A letter of support from the SLP and/or other professionals (teachers, therapists, etc.) is also highly-encouraged.**

SLP signature / License # / State

Date

Therapist affiliation: ISD, Private, Medical facility, other: _____

An electronic version of this application can be downloaded at www.tech-initiative.org. The completed **original** application along with the required report (and letters, as applicable) must be mailed to the appropriate regional office (listed below):

North Texas, East Texas & Northwest Texas Regions:

Tech Initiative/Enabling Communication
c/o Ability Connection Texas
8802 Harry Hines Boulevard
Dallas, TX 75235

Central Texas & Gulf Coast Regions:

Tech Initiative/Enabling Communication
c/o Ability Connection Texas
1033 La Posada Drive, Suite 135
Austin, TX 78752

West Texas Region:

Tech Initiative/Enabling Communication
c/o Ability Connection Texas
4141 Pinnacle, Suite 101
El Paso, Texas 79902

New Mexico (Statewide) Region:

Tech Initiative/Enabling Communication
c/o Ability Connection New Mexico
5801 Osuna Rd NE, Suite A-108
Albuquerque, NM 87109

You will receive correspondence regarding the status of your application. All applications are reviewed by a volunteer gift committee. Follow up phone calls and/or interviews by the committee will be conducted as necessary. Decisions made by the gift committee are final.

*Please note: **The committee does not respond to phone calls or inquiries regarding application status.***

Additional information:

Faxed or e-mailed applications are *not acceptable*. Applications must be postmarked by the following dates to be considered:

2015

- Cycle 1: Applications must be postmarked by March 31, 2015
 - Placements will be awarded in second quarter 2015
- Cycle 2: Applications must be postmarked by June 30, 2015
 - Placements will be awarded in third quarter 2015
- Cycle 3: Applications must be postmarked by September 30, 2015
 - Placements will be awarded in fourth quarter 2015
- Cycle 4: Applications must be postmarked by December 22, 2015
 - Placements will be awarded in first quarter 2016

Applicants who applied but did not receive a placement are considered in each cycle for up to an entire calendar year (4 full cycles), so there is no need to re-apply.

Incomplete applications will not be considered. Decisions made by the gift committee are final. A complete application includes the following:

_____ Application form completed

_____ Speech therapist evaluation including device trial description

_____ Letters of support

_____ Non-returnable photo (optional)