



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)

Tech 4 Tots

APPLICATION FORM

Applicant information (child 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): Asian/Pacific American _____

African American/Black _____ Caucasian _____

Hispanic/Latino _____ Other _____

Name of Parent or Guardian: _____

By signing below, I consent to and authorize the use of my name and likeness (and my child's) in publications, photographs/video for editorial purposes, 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 my child is 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).

Parent/Guardian Signature

Date

How did you hear about this program?

- Ability Connection team member School Therapist Website Other (list): _____

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

For Parent/Guardian: Please provide some background information on the child (likes, personality, etc.). Also include a statement on why you believe the child would benefit from an assistive 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. *Please note: photos will not be returned and become property of Ability Connection.*

Therapist (or disability professional) information:

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Phone: _____

How long has therapist or professional known/been working with the applicant? _____

Therapist association: ISD Private Medical facility Other _____

Applicant needs assistance in the following area(s):

- Communication Sensory Stimulation Positioning/Movement Mealtime Environmental Control
 Other (list): _____

Which devices/products that will enhance development, provide function or independence of the applicant were considered or tried with the applicant in the evaluation process? _____

Recommended device/product that will enhance development, provide function or independence is prescribed for the applicant? : _____

Why? _____

Please note: **A report from therapist (or professional) must be attached. A letter of support from the other professionals (teachers, therapists, etc.) is also highly-encouraged.**

Referring Professional is a (check one):

- Speech Language Pathologist Physical Therapist Occupational Therapist Doctor (MD or DO)
 Assistive Technology Specialist Special Education/ECI Teacher Other (list): _____

Signature (& License # / State, if applicable) _____

Date _____

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
401 San Pedro Drive NE, Suite E
Albuquerque, NM 87110

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

_____ Prescribing professional's report and recommendation

_____ Letters of support

_____ Non-returnable photo (optional)