

DANNY'S WISH

It's all about giving

iPads For Autism

Please completely review the following information before filling out the application.

Applications will be reviewed in the order in which they are received.

At any time it will be determined how many iPads Danny's Wish is able to purchase.

Distribution is at the discretion of Danny's Wish.

This program is intended only for individuals on the autism spectrum who are minimally verbal or non-verbal.

Q: What are the eligibility requirements?

- A:**
1. The individual you are applying for must have a diagnosis on the autism spectrum (IEP, school evaluation or supporting documents)
 2. Reside in the United States of America.
 3. Be minimally verbal or non-verbal
 4. Be in financial need.
Gross income not to exceed \$100K.
 5. Have access to a computer and an iTunes account

Q: Is there any age limit for who I may apply for?

A: No. An Application may be submitted for anyone who meets the eligibility requirements. Each application is reviewed individually and distribution is at the discretion of Danny's Wish Foundation.

Q: How will you verify information on submitted applications?

A: Danny's Wish will call providers stated on the application and in submitted reports to verify information. By signing the application, you give Danny's Wish permission to contact stated providers.

Q: How do I apply for the iPad?

A: If you meet the requirements stated above, complete the [iPads For Autism Application](#). You must attach some form of documentation that confirms your child's diagnosis, verbal abilities (i.e. diagnosis report, speech report, school evaluation, ect) and financial need. If you have multiple children with autism, you must attach each child's paperwork if requesting more than one iPad.

Q: I've sent my application in. How long until I know if my application has been approved?

A: You will be informed when your complete application has been received. Applications will be kept on file and reviewed as additional iPads become available for distribution. Only recipients of iPads will be contacted notifying of shipment. Distribution is at the discretion of Danny's Wish Foundation.

WWW.DANNYSWISH.ORG



iPads For Autism Application

CHILD

Name: _____ Age: _____ Date Of Birth: _____

MOTHER

Mother's Name: _____

Marital Status: _____ Phone: _____

Email Address: _____

Street/City/Zip: _____

Employer: _____ Phone: _____

Employer's Address: _____

FATHER

Father's Name: _____

Marital Status: _____ Phone: _____

Email Address: _____

Street/City/Zip: _____

Employer: _____ Phone: _____

Employer's Address: _____

Number and ages of other dependent children: _____

Diagnosis Of Disability: (please attach report) _____





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Name of Diagnosing Doctor: _____

Email Address: _____ **Phone:** _____

Street/City/Zip: _____

Outline of Child's Communication Challenges: _____

Name of Speech Pathologist: _____

(Please Attach Report)

Practice Or School Name: _____

Email Address: _____ **Phone:** _____

Street/City/Zip: _____

Combined Sources Of Income:

<u>INCOME TYPE</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
Salary:	\$ _____	\$ _____
Bonuses and Commissions:	\$ _____	\$ _____
Alimony/Child Support:	\$ _____	\$ _____
Real Estate Income	\$ _____	\$ _____
*All Other Income:	\$ _____	\$ _____
TOTAL INCOME:	\$ _____	\$ _____

*ALL OTHER INCOME is including Grants, Social Security, CRS, Medicaid, etc.
 If you are selected you may be asked to show tax returns for validity of numbers.



iPads For Autism Application

The above information is freely given to process this application request. By signing, I attest that all information included is true and accurate and give Danny's Wish Foundation permission to contact my child's medical professional listed to verify and discuss diagnosis and speech abilities. I understand that falsifying information will immediately disqualify this application.

I understand that the iPad is to be used solely as a communication device for the child applied for.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Mail completed application, documentation confirming child's diagnosis (i.e. schol evaluation or doctor's note), and speech abilities to:

**Danny's Wish Foundation
attn: iPads For Autism
800 Shames Drive
Westbury, NY11590
Fax: 1-877-837-2040
Email: ipads@dannyswish.org**

This application cannot be considered until this form is completed, signed and all supporting documents are received. The information included in this application is confidential and for the Danny's Wish Foundation use only. Please keep a copy for your records.