2013 iPads for Apraxia Project

The iPads for Apraxia Project was initiated in 2011 as a pilot project and included iPads and associated equipment & training for 40 children. Based on the success of the program in regards to parent and therapist ratings of how iPads assisted with speech practice, communication, motivation, and reinforcement of speech goals, CASANA continued funding iPads and protective cases in 2012, awarding 75 of them. This year, CASANA hopes to award 100 iPads and cases to families and also including small nonprofit speech therapy clinics and centers. The **Silent Stars Foundation** and **Highmark Blue Cross Blue Shield** is also financially supporting this project and we thank them!

Instructions:

CASANA will be accepting applications by postal mail or alternative mail carrier only (no exceptions). Emailed or faxed applications will **not** be considered. All applications must be RECEIVED no later than 5 pm (EDT/US) October 4, 2013. Please note, there will be absolutely NO exceptions made, therefore plan the mailing of your application accordingly. All applicants must be from the United States or Canada. Applications that do not include all required information or are not **RECEIVED by the deadline of October 4, 2013** will be disqualified. **No phone calls please** (we are unable to accept phone inquiries to help you with the application. See the Apraxia-KIDS website for information about completing the applications).

General Requirements for Parent Applications:

- Child must be under age 18 and living in the United States or Canada.
- Child must have a primary diagnosis of apraxia of speech & currently be in speech therapy.
- 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.
- A Speech & Language Evaluation from a Speech-Language Pathologist which substantiates that the child has apraxia of speech and that apraxia is the main communication disorder using accepted professional evaluation criteria (Evaluations more than 1 year old will not be accepted).

- Child's CURRENT Speech-Language Pathologist must complete a questionnaire and letter of recommendation as part of application process.
- Evidence of residency must be provided.
- All required information must be submitted by mail carrier and **RECEIVED** in **one packet** by the **deadline of 5 PM EDT October 4, 2013**.

Priorities:

We anticipate many, many more applications than available iPads. Therefore, when all other factors are equal, priority will be given to older children (age 18 and younger) with significant speech issues; children with severe apraxia, and/or children from communities participating in the 2013 Walk for Children with Apraxia® (defined as general region within 25 miles of a Walk Community, for a list go to http://www.apraxiawalk.org/walk-locations.html). Additionally, CAS must be the primary reason for communication impairment. Children who do not meet these priorities may still apply and may be selected, however, when another equal applicant is considered, the priority areas will be used. The decisions of the selection committee are final.

Questions

If you have questions regarding this application, please read the **Questions and Answers** provided in the packet. Due to the expected volume of applicants and our small staff, **we are not accepting any phone calls** regarding applications. If you have a question that is not answered by reading the application packet, you may email this address: ApraxiaIpadProject@gmail.com

The above 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.

iPads for Apraxia Project Questions & Answers

Please read through these potential questions to learn more.

Can I call to ask questions about filing in my application?
Answer: We are sorry, but no, you cannot call to ask questions about completing your application. CASANA is comprised of a very small staff to cover many programs and geographic area and due to the expected volume of applications, we are unable to take phone calls. You may email your questions to: ApraxiaIpadProject@gmail.com . Please read the application packet fully. We cannot respond to questions that are already answered within the application packet.

If I applied for the project last year and was not accepted, do I have to reapply this year?
Answer: Yes. (Also, past recipient families are not eligible).

Do I have to submit my tax return?
Answer: Yes. Your materials will be protected and kept secure. All such documentation will be securely shredded after the project selection process is completed.

Who can apply on behalf of a child?
Answer: Only a parent or legal guardian may apply on behalf of a child. No exceptions.

How many iPads will be provided overall?
Answer: Currently, CASANA anticipates that we will distribute approximately 100 iPads & protective cases to U.S. and Canadian children and small, community-based, nonprofit speech therapy clinics.

What if I can't get my child's SLP to complete the paperwork?
Answer: This would be very unfortunate, and we very much feel for your situation. However, your application cannot be considered without the required questionnaire and letter of recommendation from the child's current SLP.

What if I can't get the child's parent to complete the paperwork?
Answer: If you are an SLP you cannot apply for the iPad Project on behalf of a child with apraxia. A parent or legal guardian is the only individual who can apply for a child to receive an iPad.

Can my child's former SLP complete the information in the application?
Answer: No.

What if my child is not in speech therapy and so does not currently have an SLP?
Answer: If your child does not have a current SLP, you will be unable to complete the application packet and thus, we will not be able to consider the application. If your child is not currently in speech therapy, this project is most likely not a good fit for the situation.

What if I am over the income levels in my 2012 tax return but my income has changed since then?
Answer: You must still send in your 2012 tax return. There is a space in the application to provide information if your situation has changed. You may still apply for the project, but additional income verification will be requested in order to consider the application. We will notify you if we need additional information and what type.

When will I find out if my child is picked?
Answer: Selected applicants will be contacted and notified on or by November 15, 2013. If you are not contacted or notified by November 15, 2013, your application was not selected. We are a very small staffed organization and due to the volume of expected applications, we will be unable to provide explanations to those not selected. The decision of our selection committee is final.

iPad for Apraxia Application Checklist

_____ Completed, signed parent/guardian application

____ Copy of utility bills, one from 12 months ago, one current (this establishes your residency)

____ Signed copy of your 2012 federal tax return on which the child with apraxia of speech is listed as a dependent

____ Copy of the most recent Speech-Language evaluation that documents your child's diagnosis of apraxia of speech and any other speech, language, or communication disorder (NOTE: Evaluations cannot be more than two years old)

____ Authorization to Release Information Form, completed, signed and provided to your child's speech-language pathologist.

____ Sealed envelope, with current SLPs signature across the back closing flap and that contains inside:

- Completed and signed CASANA SLP questionnaire from child's current and active Speech-Language Pathologist
- Letter of recommendation on agency letterhead from the licensed speech-language pathologist (SLP) who is **currently** and actively working with child, i.e. - the child's primary SLP

____ Self-addressed, stamped envelope if you want acknowledgement that your application was received by the deadline.

Submit your application packet to:

CASANA
iPad Project
416 Lincoln Avenue, Floor 2
Pittsburgh, PA 15209

****We must RECEIVE your application before 5 PM EDT on October 4, 2013****

iPads for Apraxia – 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 Childhood Apraxia of Speech? _____

By whom? _____

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

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

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 an iPad from CASANA in the past? ___Y ___ N If yes, what year? _____

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

_____

_____

_____

_____

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

_____

_____

Services

Number of Speech Therapy sessions weekly: _____

1:1, group, or consult?: _____

Name of current primary speech-language pathologist: _____

SLP Phone No.: _____ SLP Email: _____

Financial Information

How many adults live in your household? _____ Do you own your home? ___Y ___N

Do you or spouse own your own business? ___Y ___N If yes, what type: _____

How many children are dependents in your household? _____

2012 Adjusted Gross Income (from 2012 Tax Return)? $_____

Do you want to report any changed circumstances since your last income tax return?

_____

_____

(**Requirement**: You must submit a signed copy of your 2012 federal income tax return with this application)

<u>Place your initials</u> 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.

_____ This application must be RECEIVED by CASANA by 5 PM, Friday, 10/4/2013 or it will not be considered.

_____ All required information must be submitted for the application to be considered.

_____ If selected, I agree to sign an Equipment Donation Agreement.

_____ If selected, I understand my child will receive an iPad and protective case. 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: _____

Authorization to Release Information

Child's Name: _____ Parent/Legal Guardian Name:_____

Address: _____

Date of Birth: _____

Instructions to Parent or Guardian

1. **Place your initials by each bolded statement below**, on the line provided.
2. Complete the name and address listing the Speech Therapy Practice or School that will share information.
3. Print your name, provide your signature, and date this form.
4. Present this form to the Speech-Language Pathologist who will provide information about your child to CASANA.

_____I authorize the following organization to release information as stated below from my child's official records.

Information to be Released *FROM*:	Information to be Released *TO*:
_____ Organization _____ Street Address _____ City, State, Zipcode	**Childhood Apraxia of Speech Association of North America (CASANA)** **416 Lincoln Avenue** **2nd Floor** **Pittsburgh, PA 15209**

_____I authorize the following Information to be Released:
Information regarding my child's speech diagnosis, speech therapy program, use of alternative or augmentative communication, home speech practice, other secondary diagnoses, how my child could use an iPad in speech practice or communication.

_____I understand the Purpose for this release of information:
This information will be used solely to determine appropriateness for my child's participation in CASANA's iPads for Apraxia Program.

Signature of Parent/Legal Guardian

_____
Print Name

_____ _____
Signature Date

Dear Speech-Language Pathologist,

You are receiving this letter and materials because the family of a child in your care is applying for the ***iPads for Apraxia*** project. The ***iPads for Apraxia*** project provides appropriate children with apraxia, from moderate to low income families, with iPads & protective cases. Families will need to provide Apps for use on the iPad in order to support the child's speech, language, communication & education needs. In 2013, CASANA will select at least 100 children from the United States and Canada and small nonprofit therapy clinics to receive iPads and cases.

As part of the application process, the family will present you with an authorization to release information. The family must have their child's current speech therapist complete a questionnaire and write a letter of recommendation. Both of these materials should be placed in a sealed envelope with your signature across the seal on the back of the envelope.

Without your help, the family will not be eligible to apply.

We appreciate your cooperation, in advance, and thank you for helping this family to apply.

Sincerely,

Childhood Apraxia of Speech Assoc. of North America (CASANA)

iPads for Apraxia – Speech-Language Pathologist Questionnaire

(**Instructions to SLPs**: The parent or guardian should supply you with a completed and signed "Authorization to Release Information" form.

Complete all information on the questionnaire below and place the completed, signed SLP Questionnaire in an envelope along with your "Letter of Recommendation." Do not leave questions blank or the application cannot be considered.

Seal the envelope and **write your signature across the back sealed flap** of the envelope.

Provide the sealed envelope **to the parent** or guardian to include in the application packet.)

Name of SLP _____

Job Title: _____ Facility: _____

Address: _____

Phone No: _____ Email: _____

Name of Child Applying: _____

Are you child's current therapist? ___ Y ___ N

Is child diagnosed with apraxia of speech?: _____Y _____N

Please list characteristics of apraxia which are observed in this child :
_____
_____

The child also has the following (check all that apply to the child):

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

(Proceed to page 2 of the questionnaire)

In the chart below, CIRCLE the severity of child's CAS AND provide the % of child's speech that is understood by unfamiliar listener:

Severity of child's CAS (circle only one below)	**% of child's speech understood by unfamiliar listener** (write in the space beside severity level)
mild	
moderate	
severe	
profound	

Is there another impairment or diagnosis, besides CAS, that is primarily responsible for the child's communication difficulty? ____ Y ___ N

How frequently do you provide therapy to this child? _____

Where do you provide therapy to this child? _____

Describe child's behavior and compliance with therapy: _____

_____

Describe how family is involved in your speech therapy & home follow through of your goals:

_____

_____

Why and how do you think the child can benefit from owning an iPad?

_____

_____

What is your experience using an iPad? _____

_____

Have you used an iPad in therapy with this child? __Y ___ N

I attest that all statements I have made above are accurate and true.

Name (please print): _____

Signature: _____ Date: _____

Please note: *Without your cooperation in providing the information in a timely fashion, the parent or guardian will be unable to complete the application and, therefore, the child would not be considered in our selection process to receive an iPad.* ***We thank you in advance for your time and for supporting this child by completing your part of the process.***

Speech-Language Pathologist Letter of Recommendation

Instructions to SLPs for Letter of Recommendation:
All applications for the **iPads for Apraxia** project must include a letter of recommendation from a licensed Speech-Language Pathologist (SLP) who is **currently** providing therapy for the affected child. Professionals serving as distant consultants or who have served the child only in the past are not eligible to complete the letter of recommendation or the questionnaire. The child's parent or guardian is to complete, sign, and provide to you an "**Authorization to Release Information**" form.

Requirements for SLP Letter of Recommendation:

- Must be on a professional practice, facility, or school letterhead
- It is to the child's advantage for you to describe in detail why you think this child should be provided with an iPad for speech practice or communication. Provide any supporting information that would indicate that this child and family would be good candidates for the project and will be able to learn iPad usage.
- When possible, provide specific examples of why the family support is sufficient to enable the iPad to be a useful tool for the child.

Additional Instructions to complete Letter of Recommendation:

- After typing your letter, print it on your organization, practice or school letterhead, and sign it.
- Place the Letter of Recommendation in an envelope along with the CASANA SLP Questionnaire.
- Seal the envelope and sign your signature across the back flap of the sealed envelope.
- Provide the sealed envelope to the applicant's parent or guardian so that they may return it with their completed application.

Please note: *Without your cooperation in providing the information in a timely fashion, the parent or guardian will be unable to complete the application and, therefore, the child would not be considered in our selection process to receive an iPad.* ***We thank you in advance for your time and for supporting this child by completing your part of the process.***