



2015 iPads for Apraxia Project

The iPads for Apraxia Project was initiated in 2011 as a pilot project and included iPads and associated equipment & training. We initiated the project to see how and if iPads and speech practice or communication apps could benefit children with apraxia of speech. The project was hugely successful and thus continued. Through 2014, with generous donations of funding partners such as **Silent Stars Foundation**, **The Brad J. Pinkowitz Memorial Fund**, and funds raised through the **Walk for Children with Apraxia**, CASANA has distributed 300 iPads. This year, CASANA is once again distributing iPads & protective cases for eligible children with apraxia!

Instructions:

CASANA will be accepting applications by postal mail or alternative mail carrier only (no exceptions). Emailed or faxed applications will **not** be considered. Applications will be reviewed on a quarterly basis. The 2015 application deadlines are:

March 1, 2015
 July 1, 2015
 October 1, 2015

Awards of iPads and protective cases will be announced throughout 2015. Please note, there will be absolutely NO exceptions made, therefore plan the mailing of your application according to the deadlines above. All applicants must be from the United States or Canada. Applications that do not include all required information or are not **POSTMARKED by the deadlines** will be disqualified. **No phone calls please.** We are unable to accept phone inquiries to help you with the application. Families may apply for an iPad only once during the calendar year. Awardees from previous years are not eligible. See the Apraxia-KIDS website for information about completing the applications.

General Requirements for Parent Applications:

- Child must be between the ages of 3 and 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 legal guardian must fully complete program application.
- A Speech & Language Evaluation written report (with standardized assessment data or observational data) from a licensed 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 2 years 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 **POSTMARKED** in **one packet** by the previously mentioned deadlines.

Priorities:

We anticipate many, many more applications than available iPads. Therefore, when all other factors are equal, priority will be given to older children with significant speech issues; children with severe apraxia, and/or children from communities participating in the 2014 Walk for Children with Apraxia® (defined as general region within 50 miles of a Walk Community). 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 areas and due to the expected volume of applications, we are unable to take phone calls. You may email your questions to: ApraxialpadProject@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. We ask you to black out your social security numbers. All such documentation will be securely shredded after the project selection process is completed. If you are not required to file taxes, you still must provide copies of proof of income from unemployment compensation, social security, etc.

Who can apply on behalf of a child?

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

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 find my child's Speech and Language evaluation written report?

Answer: If you are unable to locate your child's most recent speech/language evaluation written report, you might contact his/her current SLP to request a copy or contact a prior SLP to request a copy. You must submit a complete speech/language evaluation written report or your child cannot be considered for an iPad. A proper speech/language evaluation written report typically includes a child history, test data and interpretation, clinical observations of the child's speech/language which are elicited by the SLP during the assessment; a diagnosis, and future recommendations for therapy or treatment. A letter from a physician, for example, is insufficient. The speech and language written report may not be more than two years old.

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 on my most recent tax return but my income has changed since then?

Answer: You must still send in your most recent 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. Additionally, you may include documentation of current income via pay stubs, unemployment compensation information, etc. with your application packet.

Why might a child not be selected or is deemed ineligible?

Answer: A child might not be selected for a variety of reasons. Some of the most common reasons are that the family is over income per our income guidelines; no speech and language evaluation written report is included; no substantiation that the child’s primary speech concern is apraxia; incomplete applications; or lack of adequate written reason from parents for requesting the iPad. These are just some of the reasons that a child may be deemed ineligible or not be selected. At times, we simply have too many applications and must use our priority list to make a final selection.

When will I find out if my child is picked?

Answer: Selected applicants will be notified on a rolling basis. 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. We will send a brief postcard 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 most recent federal or national tax return on which the child with apraxia of speech is listed as a dependent (block out the SS# please)
- ___ Copies of W-2 forms and latest pay stubs (block out the SS# please)
- ___ 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

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; your chances are increased by writing a thoughtful paragraph here)?

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? _____

Adjusted Gross Income (from most recent 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 most recent federal/national income tax return with this application. If you are not required to file, you must submit proof of income. All applicants must also submit copies of W-2 forms submitted or most recent pay stub. Black out your social security numbers.)

iPad Applicant Location

Please review the list of communities that participated in the 2014 Walk for Apraxia. Being from a Walk for Apraxia community may be factored into the selection process when all other child factors are equal.

What you should do: Review the locations below and **CIRCLE** a location if you live within 50 miles.

USA

Alabama

Huntsville
Mobile

Arizona

Phoenix
Tucson

Arkansas

Conway

California

Modesto
La Mirada
San Diego

Colorado

Colorado Springs
Denver
Grand Junction

Connecticut

Derby
Oakdale

Florida

St. Augustine
Sunrise
Tampa Bay
Tallahassee

Georgia

Marietta/Atlanta area

Hawaii

Honolulu

Idaho

Eagle

Illinois

Chicago
Mt. Vernon

Indiana

Indianapolis

Iowa

Bellevue
Des Moines

Massachusetts

Easton
Springfield

Michigan

Adrian
Coloma
Gaylord
Marshall
Warren/Detroit area

Minnesota

Edina

Missouri

Jackson (southeast Missouri)
Kansas City
St. Louis

Montana

Billings

Nebraska

Grand Island

Nevada

Las Vegas

New Hampshire

New Castle

New Jersey

Bridgewater

New York

Amherst
Brooklyn
Cobleskill
Fulton
Lowville
Staten Island
Saratoga Springs

North Carolina

Apex/Raleigh area
Hope Mills

North Dakota

Bismarck

Ohio

Cincinnati
Columbus
Akron
Cleveland

Oklahoma

Oklahoma City
Stillwater
Tulsa

Pennsylvania

Allentown
Hershey
Pittsburgh
Philadelphia
Shippensburg
Valley Forge

Rhode Island

Bristol

Tennessee

Nashville
Kingsport

Texas

Houston
Dallas
Austin
Texarkana

Utah

Salt Lake City

Virginia

Arlington

Washington

Spokane
Yakima

West Virginia

Parkersburg

Wisconsin

Osceola
Mukwonago (Southeast)

Wyoming

Casper

CANADA

Edmonton, Alberta

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.

_____ This application must be POSTMARKED by the deadlines noted in the application packet 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 mini 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 <i>FROM</i>:	Information to be Released <i>TO</i>:
<p>_____</p> <p>Organization</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City, State, Zipcode</p>	<p>Childhood Apraxia of Speech Association of North America (CASANA) 416 Lincoln Avenue 2nd Floor Pittsburgh, PA 15209</p>

_____ **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.

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. Additionally, families are required to submit a speech and language evaluation written report that is no more than 2 years old. They may ask your help to locate a copy of the evaluation report.

Without your help, the child will not be eligible for the program.

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 (attach additional sheet if needed)?

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.***