



2017 Application Deadlines

The 2017 application deadlines are:

- March 1, 2017;
- June 1, 2017, and
- November 1, 2017

CASANA will accept applications by postal mail or alternative mail carrier only (no exceptions). Emailed or faxed applications will not be considered. Applications will be reviewed for each application period listed above. ALL APPLICANTS MUST BE FROM THE UNITED STATES OR CANADA.

Eligibility Requirements

- Child must be between the ages of 3 and 18 and a citizen of the United States or Canada.
- Child must have a primary diagnosis of apraxia of speech from a speech-language pathologist & currently be in speech therapy.
- Child's family must meet financial requirements for adjusted gross family annual income and submit documentation.
- Parent or legal guardian must fully complete the 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 our questionnaire and a letter of recommendation.
- 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.

Financial Eligibility Information

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

Proof of Income Required, Send:

- Most recent, full federal or national tax return on which the child with apraxia is listed as a dependent
- Copy of W-2 forms
- Copy of latest pay stubs
- Those not filing taxes must submit other income information such as child support court order, SSI payment receipt, unemployment comp. documentation, etc.

Priority Areas

Each year we receive more applications than funds available and thus we must have priorities that we consider when all other factors are equal.

Priority factors in selection include:

- ◇ Children with severe apraxia
- ◇ Older children who continue to have significant speech and communication challenges
- ◇ Children with apraxia who are from communities that participated in the 2016 Walk for Apraxia® (defined as the region within 50 miles of a 2016 Walk community. See attached list.)
- ◇ Childhood apraxia of speech is the primary reason for communication impairment.

Children who do not meet these priorities may still apply and may be selected. However, when all other factors are equal, the selection committee will rely on our priority areas above in the selection process. The decisions of the selection committee are final.

About Your Questions

If you have questions regarding this application, please read the **Questions and Answers** provided in this 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:

iPadsProject@apraxia-kids.org

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.**

Don't Forget! 

Be sure to FULLY ANSWER all questions that are on the application!

Send all required documents!



iPads for Apraxia Application Checklist

We HIGHLY recommend that you use this list to assure you have not forgotten any information that we require in order to consider your iPad application. Leaving questions blank, incomplete answers, missing documents all mean that your application will be set aside and not considered. We will not contact you for missing information. Check and make sure you have everything included in your packet to mail to us!

_____ Completed, signed parent/guardian application (*Did you complete all questions?*)

_____ Copy of current utility bill or other bill (this establishes your address and location of residency)

_____ Signed copy of your most recent, complete federal or national tax return on which the child with apraxia of speech is listed as a dependent (block out the SS# please) - OR—if you do not file taxes, include substantiation of all forms of income (SSI stubs; child support order and evidence; unemployment compensation stubs and evidence, and so on)

_____ Copies of W-2 forms and latest pay stubs (block out the SS# please)

_____ Copy of the most recent Speech-Language written evaluation that documents your child's diagnosis of apraxia of speech and any other speech, language, or communication disorder. Other reports will not be considered as substitute (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.

Mailing Address:

Submit your application and documents to:

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

MUST BE POSTMARKED BY THE DEADLINE LISTED!!!



iPads for Apraxia Questions & Answers



Can I call to ask questions about completing 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: ipadsproject@apraxia-kids.org. 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, child support, 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. SLPs are not permitted to apply for a child.

What if I can't get my child's SLP to complete the SLP questionnaire and 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 do you mean by my child's Speech and Language Evaluation written report?

Answer: You must submit a complete speech/language evaluation written report by a speech-language pathologist 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 one page summary, for example, is not a complete speech and language evaluation report. The speech and language written report may not be more than two years old.

Can I submit a letter or report from my child's doctor, instead of a speech/language evaluation report, that states my child has apraxia of speech?

Answer: No.

Can I submit a letter or report from my child's neurologist, instead of a speech/language evaluation report, that states my child has apraxia of speech?

Answer: No.

Is a school IEP with speech goals the same as a Speech and Language evaluation?

Answer: No. Providing an IEP does not meet the requirement for a written speech-language evaluation.

iPads for Apraxia—Questions and Answers (Continued)

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 and is not receiving speech therapy, 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. We suggest you provide evidence of the change in income. 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 should 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, such as those below:

- The family is over income per our income guidelines;
- No speech and language evaluation written report diagnosing apraxia 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. Also, 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.

Will the iPad come with apps already installed?

Answer: No. CASANA is providing iPads and protective cases. It is the parents' responsibility to furnish appropriate apps for their child's iPad.

2016 Walk for Apraxia®Communities

One priority area for CASANA's iPads for Apraxia Program, is children who live in or near locations which were part of the 2016 Walk for Children with Apraxia®. These communities demonstrated incredible commitment.

What you should do:

Review the locations below and if you are within 50 miles of one of them, write the name of the city in the appropriate line on Page 1 of the iPad Parent Application Form. Don't forget this step!

Alabama

Huntsville
Mobile

Arizona

Phoenix

Arkansas

Conway

California

Chico
Corona
Fresno
Irvine
San Diego
San Francisco
Sutter Creek

Colorado

Colorado Springs
Denver

Connecticut

East Hartford
New Haven
Oakdale

District of Columbia

Washington

Florida

Esterro
Jacksonville
Orlando
Sunrise
Tampa Bay

Georgia

Atlanta

Idaho

Boise

Illinois

Chicago

Indiana

St. John

Iowa

Cedar Rapids
Davenport
Des Moines
Bellevue

Kentucky

Paducah

Louisiana

Baton Rouge
West Monroe

Massachusetts

Boston

Michigan

Detroit
Gaylord

Minnesota

Bloomington
Byron

Mississippi

Jackson

Missouri

Cape Girardeau
Kansas City
Springfield
St. Louis

Montana

Billings

Nebraska

Lincoln

Nevada

Las Vegas

New Hampshire

New Castle

New Jersey

Bridgewater

New York

Amherst/Buffalo
Saratoga Springs
Staten Island
Syracuse

North Carolina

Apex/Raleigh area

North Dakota

Bismarck

Ohio

Akron
Cincinnati
Gahanna
Mentor

Oklahoma

Oklahoma City
Stillwater
Tulsa

Pennsylvania

Allentown
Hershey
Philadelphia
Pittsburgh
Shippensburg

Rhode Island

Bristol

South Carolina

Beaufort
Blythewood
Spartanburg

South Dakota

Sioux Falls

Tennessee

Kingsport
Nashville

Texas

Austin
El Paso
Houston
Texarkana

Utah

Salt Lake City

Vermont

Orleans

Virginia

Fredericksburg
Richmond
Virginia Beach

Washington

Seattle
Spokane

West Virginia

Harper's Ferry
Parkersburg

Wisconsin

Mukwonago

2017 iPads for Apraxia – Parent/Guardian Application Form

Please print legibly and complete all questions of this form completely. (If we cannot read your application or you did not fill it in completely, it will be disqualified)

Child's first name: _____ Child's last name _____

Name of parent/legal guardian completing application: _____

Street: _____ City _____ State/Province _____ Zip/postal code _____

Do you live within 50 miles of a 2016 Walk for Apraxia® Community? (see attached list). If YES, name city: _____

Email address: _____ Phone: (_____) _____

Child's date of birth: ____/____/____ Age in years/months: _____

Diagnosis:

Approximately when was child diagnosed with Childhood Apraxia of Speech? _____

By whom? _____

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: _____)

(Continue to Page 2 of parent application form)

Communication

Does your child use any form of augmentative alternative communication (AAC)? ____Y ____N ____Not Sure

If yes, what forms of AAC does your child use? _____

Has your child used an iPad before? ____Y ____N

If yes, where? _____

Have you personally used an iPad before? ____Y ____N

Do you own an iPad or other tablet device? ____Y ____N

Have you applied for an iPad from CASANA in the past? ____Y ____N If yes, what year? _____

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 child's current primary speech-language pathologist (SLP): _____

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, corporation, LLC, or work as independent contractor? ____Y ____N

If yes, what type: _____

How many children are dependents in your household? _____

Adjusted Gross Income (from most recent tax return)? \$ _____

Please describe any changed financial 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 such as social security income; alimony; child support, etc.. All applicants must also submit copies of W-2 forms submitted or most recent pay stub. Black out your social security numbers. It is to your advantage to explain any irregularities or unusual situations and provide documentation!)

[Proceed to Page 3 of the Parent/Guardian Application Form](#)

Tell Us About Your Child

—> **Attach a separate piece of paper** & tell us what you would like us to know about your child. <—

Explain why you want an iPad for them at this time

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.

_____ My application must be POSTMARKED by the deadlines noted or it will not be considered.

_____ All required information must be submitted or my application will be disregarded and not considered.

_____ If selected, I agree to sign an Equipment Donation Agreement, write a thank you letter and provide a photo of my child with their iPad.

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

_____ I am responsible for purchasing applications (apps) for use on the iPad 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: _____

Mail all required documents and forms in ONE envelope to:



**CASANA IPAD Project
416 Lincoln Avenue
2nd Floor
Pittsburgh, PA 15209**

Authorization to Release Information

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

Address: _____

Child's Date of Birth: _____

Instructions to Parent or Guardian

Place your initials by each bolded statement below, on the line provided.

Complete the name and address listing the Speech Therapy Practice or School that will share information.

Print your name, provide your signature, and date this form.

Present this form to the Speech-Language Pathologist who will provide information about your child to CASANA.

Information to be Released FROM:	Information to be Released TO:
_____ Name of Organization/Facility	Childhood Apraxia of Speech Association of North America (CASANA) 416 Lincoln Avenue 2nd Floor Pittsburgh, PA 15209
_____ Street Address	
_____ City, State/Province, Zip/postal code	

_____ I authorize the organization listed above to release information as stated below from my child's official records.

_____ 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 iPad Minis and protective cases to selected children with a diagnosis of apraxia of speech from moderate to low income families. If their child is selected, families will need to provide Apps for use on the iPad in order to support the child's speech, language, communication & education needs.

Only parents or legal guardians may apply for a child. As part of the application process, the family will present you with an authorization to release information. Additionally, the family must have their child's current speech therapist:

- complete a questionnaire, and
- write a formal, personal letter of recommendation.

Both of the above materials should be placed in an envelope, securely sealed and with your signature across the seal on the back of the envelope. You should then give the envelope to the family to mail with their application.

Additionally, families are required to submit a written speech and language evaluation written report that is no more than 2 years old. The family may ask your help to locate a copy of the evaluation report. This report most often includes developmental history, evaluation test scores, clinical probes and observations, professional conclusions and a formal diagnosis of apraxia of speech. To fulfill the application requirements, only a speech-language evaluation report is accepted. One page summaries, for example, are not accepted as a substitute. Reports from physicians, neurologists, or other professionals will not take the place of the required speech-language evaluation.

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

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

Sincerely,

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

2017 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:** _____

Street Address: _____

City: _____ **State/Province** _____ **Zip or Postal Code:** _____

Phone No: (_____) _____ **Email:** _____

Name of child applying: _____

Are you currently providing speech therapy to this child? ____ Y ____ N

Does the child have a formal diagnosis of apraxia of speech identified in a speech and language evaluation report?:
____ Y ____ N

With consideration that CAS requires an elicited speech sample for diagnose, what are the specific speech characteristics of CAS that you observe 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
- ____ Behavioral disorder
- ____ Cognitive delay or intellectual disability
- ____ Dysarthria
- ____ Epilepsy
- ____ Expressive Language delay
- ____ Genetic Condition (Please list type: _____)
- ____ Learning Disability
- ____ Oppositional Defiant Disorder
- ____ Receptive Language Delay
- ____ Other _____

What do you estimate to be the severity of the child's apraxia? (circle one of the below)

Mild

Mild to Moderate

Moderate

Moderate to Severe

Severe

Profound

Does the child have another impairment or diagnosis that is primarily responsible for the communication difficulty?

_____ Yes

_____ No

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:

Describe 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 particular 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 involvement and support is sufficient to enable the iPad to be a useful tool for the child.

Please note: General or generic letters will not be helpful to the selection process

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.