2020 Technology Grant Guidelines

Open January 15 - February 15

Autism Alliance of Northeastern NY will provide grants to individuals for technology that can assist with increasing functional skills, including communication skills, using visual schedules, organization/time management, etc. This may include iPads, iPods, tablets, GoTalk or other communication devices, with communications applications, as appropriate. Preference will be given to individuals most likely to use the device for communication purposes. All grants must work to further our mission to empower those touched by autism spectrum disorders through support and education.

Requests must meet the following criteria:

- Applicants must have a diagnosis (medical or educational) of an autism spectrum disorder. Please include supporting documentation.
- Applicants must have a significant skill deficit in communication, organization, time management etc.
- Applicants (or their speech therapist) must have access to a computer and internet (at home, school or somewhere readily accessible).
- Applications must include a written justification for requested device from a professional who is currently working with the applicant (Speech Language Pathologist, Teacher, Counselor, Autism Consultant, Direct Care Staff, etc).
- Applicants must demonstrate financial need, and provide proof of income.
- Please feel free to attach additional documentation if you feel that there are extenuating circumstances or information that we should know.

In addition, please be aware of the following:

- Recipients will be asked to complete a survey via phone or email approximately 3 months after the endowment is received. The survey will provide feedback to Autism Alliance of Northeastern NY, so that we may determine how the funds impacted the individual with Autism.
- Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants. We reserve the right to choose individuals that embrace our Mission Statement. We reserve the right to deny funding, or to provide partial funding.
- Autism Alliance of Northeastern NY will NOT reimburse a previous purchase.
- Preference will be given to residents of Clinton, Essex and Franklin Counties, as well as to individuals that have not previously received funding from Autism Alliance of Northeastern NY.
- The grant process may take several weeks. You will receive a phone call and/or a letter with a decision. If you have any questions, please contact grants@aaneny.org.
- All information will be confidential and be used solely for the purpose of selection.

All applications and supporting documentation must be mailed and postmarked by Feb 15, 2020 to:
Autism Alliance of NENY, Attention: Grants, P.O. Box 1884, Plattsburgh, NY 12901

2020 Technology Grant Application

Applicant Name: _____ **Age:** _____

Address: _____

Phone Number: _____ E-mail: _____

Contact Person: _____ Relationship to Applicant: _____

Household Composition (Name, age, relationship):

_____

_____

_____

Household Income (Please provide proof of income. Examples include: 2018 tax returns, 2018 W-2, SSA award letter, etc.):

_____

_____

Have you previously applied or received a grant? If yes, what was requested? _____

I verify that all information provided in this application is true and accurate. I understand that any falsification would disqualify this application. I give permission to the stated professionals(s) to share information in regards to diagnosis and ability to benefit from technology.

Signature: _____ Date: _____

I authorize Autism Alliance of Northeastern NY to publicize first name and first initial of last name of the recipient. (Optional- does not impact decision)

Signature: _____ Date: _____

For Official Use Only

Application #_____

2020 Technology Grant Application

Professional providing Diagnosis of Autism

Name: _____ Profession: _____

Address: _____

Phone Number: _____ E-mail: _____

MUST provide proof of diagnosis. Examples include a copy of a developmental evaluation from a qualified professional, letter from physician, IEP showing classification, etc.

Professional providing Technology Recommendation

Name: _____ Profession: _____

Address: _____

Phone Number: _____ E-mail: _____

Device Recommended: iPod / iPad Mini / iPad / Other: _____

Application Recommended for Device: _____

(examples include Proloquo2Go, Snap+Core First, Avaz Pro, Lamp Words for Life, etc.)

Additional documentation must be included and must address the following:

- Describe the communication needs of the applicant including level of language, understanding and communicative intent.
- Does the person currently use any assistive technology? What has been successful? What has not?

By signing this document, I acknowledge that I am aware that it will be my responsibility to load and set up the communication app, and to train the individual and the family how to use the device and the app.

Signature: _____ Date: _____

For Official Use Only

Application #_____

Review Date _____