



## Technology Grant Guidelines

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 communication or other apps, as appropriate. Preference will be given to individuals most likely to use the device for communication purposes.

### Requirements:

- Applicants must have a diagnosis of autism. Please provide proof of diagnosis (examples include a letter from physician, IEP showing classification, etc.).
- 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 the requested device and accessories, if applicable, from a professional who is currently working with the individual. The communication needs of the applicant, including level of language and understanding should be included in the justification. Speech Language Pathologist, Teacher, Counselor, Autism Consultant, Direct Care Staff, etc. can provide this justification.
- Applicant's household income must be within the guidelines on the following page. If there are extenuating circumstances, please include this information with your application.

### In addition, please be aware of the following:

- Preference will be given to individuals that have not previously received funding from Autism Alliance of Northeastern NY.
- Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants; we reserve the right to deny funding or to provide partial funding.
- Autism Alliance of Northeastern NY will not reimburse a previous purchase.
- The grant process may take several weeks. You will receive an email with a decision. If you have any questions, please contact us at [grants@aaneny.org](mailto:grants@aaneny.org) or 518-354-7000.



Income Requirements (rev. 2021)	
Household Size*	Maximum Gross Annual Income
1	<b>\$40,593</b>
2	<b>\$54,958</b>
3	<b>\$69,323</b>
4	<b>\$83,688</b>
5	<b>\$98,053</b>
6	<b>\$112,418</b>
7	<b>\$126,783</b>
8	<b>\$141,148</b>

\*For households with more than eight people, add **\$14,365** per additional person.

Completed applications and supporting documentation should be emailed to [grants@aaneny.org](mailto:grants@aaneny.org). Alternatively, applications may be mailed to:

Autism Alliance of Northeastern NY  
 Attn: Grants  
 P.O. Box 1884  
 Plattsburgh, NY 12901



## Technology Grant Application

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Household Composition (Name, age, relationship), including Applicant:

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Annual Household Income (Please provide proof of income. Examples include most recent Federal Tax Returns (first 2 pages only), W-2, SSA award letter, etc.):

\$ \_\_\_\_\_

Device Requested: iPod / iPad Mini / iPad / Other: \_\_\_\_\_

Recommended App for Device (examples include Proloquo2Go, Snap+Core First, Avaz Pro, Lamp Words for Life, etc.): \_\_\_\_\_

Is there a specific case recommended? \_\_\_\_\_

How would this device help the individual with autism?

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Does the person currently use any assistive technology? What has been successful? What has not?

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Have you previously applied or received a grant? If yes, please provide details.

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If the grant is denied, will you seek funding elsewhere? Please give details.

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Is there anything else you would like us to know?

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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 to share information regarding diagnosis and ability to benefit from funds requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check for completeness before submitting your application. Thank you!**

- Proof of Diagnosis
- Proof of Income
- Letter of Justification from appropriate professional
- Complete all sections
- Signature

For Official Use Only

Application # \_\_\_\_\_

Review Date \_\_\_\_\_