

GIVE THE GIFT OF VOICE HOLIDAY CAMPAIGN 2011 APPLICATION

PLEASE COMPLETELY REVIEW THE FOLLOWING INFORMATION BEFORE FILLING OUT THIS APPLICATION.

Applications will be reviewed in the order they are received. Applications for the 2011 Holiday Giving Campaign will be accepted through midnight December 30th, 2011. At that time, it will be determined how many iPads HollyRod Foundation is able to purchase. iPads will be given to verified applicants in the order in which they were received.

This program is intended only for individuals on the Autism spectrum that are non-verbal or minimally verbal and in financial need.

FREQUENTLY ASKED QUESTIONS:

Q: What are the eligibility requirements?

A: You must meet the following criteria to apply:

1. The individual you are applying for must have a diagnosis on the autism spectrum (as identified in diagnosis report).
2. Reside in the United States of America.
3. Be non-verbal or minimally verbal (as identified in speech pathology report).
4. Be in financial need: Gross income not to exceed \$35,000 single income family or \$50,000 two-income family (as identified by documentation).
5. Have access to a computer and an iTunes account (some programs must be downloaded on a computer and transferred to the iPad due to size). This can be a team member's computer.
6. A professional on your team (i.e., speech pathologist, doctor, teacher) must be willing to take responsibility of the gift card that downloads the applications and receive the package.

Q: Is there an age limit for who I may apply for?

A: No. As long as the individual to receive the iPad meets the above criteria, they can be any age.

Q: How will you verify information on submitted applications?

A: HollyRod Foundation will call providers stated on application and in submitted reports to verify information. By signing application you give HollyRod Foundation permission to contact stated providers.

Q: How do I apply for the iPad?

A: If you meet the eligibility requirements stated above, complete the HOLIDAY GIVING APPLICATION. You must attach some form of documentation that confirms your child's diagnosis, verbal abilities (i.e., diagnosis report, speech report, school evaluation, etc) and financial need. If you have multiple children with autism, you must attach each child's paperwork if requesting more than one unit.

Q: Will I get my iPad fully loaded?

A: Since apps will need to be updated, you will have to load the iPad through your own iTunes account. To ensure legitimacy of who receives the iPads, we will ask your provider (Speech, teacher) to take responsibility of a gift card that will allow purchase of specific apps.

Q: I've sent my application in. How long until I know if my application has been approved?

A: Once we have received all components of the application (completed application form, doctor's letter, financial documentation, provider statement), your application will be reviewed by the HollyRod Foundation staff. After all aspects of application have been verified, application will be assigned a number in the order it was received. Based on total donations received by 11:59pm PST, December 30, 2011, HollyRod Foundation will determine the number of iPads it can purchase. iPads will be given away according to order of applications until all iPads have been disbursed. **ONLY RECIPIENTS RECEIVING AN iPad WILL BE CONTACTED.** Recipients will be contacted in January 2011.

Q: I have health insurance. Can I still apply for assistance?

A: Yes. As long as your family's gross income does not exceed \$50,000 and insurance will not pay for a communication device, you are eligible to apply for your loved one.

CHILD

Name: _____ Age: _____ Date of Birth: _____

MOTHER

Mother's Name: _____

Marital Status: _____ Telephone: _____

E-mail Address: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

FATHER

Father's Name: _____

Marital Status: _____ Telephone: _____

E-mail Address: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

Number and ages of other dependent children: _____

Diagnosis of Disability: _____

Name of diagnosing doctor: _____

E-mail Address: _____ Phone: _____

Street/City/Zip: _____

Outline of child's communication challenges:

Name of Speech Pathologist: _____

Practice or school Name: _____

E-mail Address: _____ Phone: _____

Street/City/Zip: _____

SUPPLEMENTAL SECURITY INCOME (SSI) \$ _____

Personal Statement of Income and Financial Status of Custodial Parents or Guardians

ASSETS

Checking Account \$ _____

Savings Account \$ _____

Real Estate \$ _____

Home Value \$ _____

Automobiles \$ _____

Personal Property \$ _____

Other Assets \$ _____

Total Assets: \$ _____

LIABILITIES

Monthly House Payment/Rent \$ _____

Other Monthly Bills/Loans \$ _____

Monthly Utilities \$ _____

Monthly Insurance \$ _____

Monthly Automobile Expenses \$ _____

Medical Bills Due \$ _____

Physician/Agency \$ _____

Total Liabilities: \$ _____

Combined sources of income:

Previous year's IRS return must be attached if grant request is above \$300.00.

INCOME TYPE**MONTHLY****ANNUAL**

Salary: \$ _____ \$ _____

Bonuses/Commissions: \$ _____ \$ _____

Alimony/Child Support: \$ _____ \$ _____

Real Estate Income: \$ _____ \$ _____

All Other Income: \$ _____ \$ _____

TOTAL INCOME: \$ _____ \$ _____

(ALL OTHER INCOME is including Grants, Social Security, CRS, Medicaid, etc.)

The above information is freely given to process this application request. By signing, I attest that all information included is true and accurate and give HollyRod Foundation permission to contact my child's medical professionals listed to verify and discuss diagnosis and speech abilities. I understand that falsifying information will immediately disqualify this application. I understand that the iPad is to be used solely as a communication device for the child applied for. I confirm that the family I am helping understands and agrees to abide by these rules.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Mail completed application, documentation confirming child's diagnosis (i.e., school evaluation, or doctor's note), speech abilities, previous year's IRS return and Provider Statement to:

HollyRod Foundation c/o "2011 Holiday Campaign"
P.O. Box 509
2934 1/2 N. Beverly Glen Circle
Bel Air, CA 90077

This application cannot be considered until this form is completed, signed, and all supporting documents are received. The information included in this application is confidential and for HollyRod Foundation use only. Please keep a copy for your records.