

Mail or email completed application, verification of diagnosis, and most recent tax return to:

Utah Autism Give PO Box 1165 American Fork, UT 84003 utahautismgive@gmail.com

UAG provides qualifying individuals with:

- An iPad device with AppleCare+ protection plan
- An AAC app
- A protective case

Eligibility Requirements

Qualifying applicants must meet the following criteria:

- Must be formally diagnosed with an Autism Spectrum Disorder.
- Must be non-verbal or have minimal communication
- Must be a resident of the state of Utah (UAG is only permitted to operate in the state of Utah)
- Must have access to a WiFi internet connection for software downloads and updates
- Must have support available to help the individual with ASD learn to use the iPad with AAC app

Please initial each line indicating your agreement:

l agree that the i	-	•	her purpose than for the benefit o
If the iPad is not	used for its intended	purposes, I agree to return it t	o Utah Autism Give.
I understand tha software.	it Utah Autism Give is	s not able to provide technical s	support for the device hardware o
l agree to always	s keep the iPad in a p	protective case.	
What is the individual v	with autism's ability to	o use verbal communication? (circle one):
Non-verbal	Single words	3-4 Word sentences	Conversational
Is the individual with a	utism working with a	speech therapist? Yes	No
Does s/he currently us	e an assistive comm	unication device at home? Yes	No

Does s/he use an iPad at	school, therapy, or in ar	nother progra	m? Yes_		No		
Active iTunes Account/Ap (Please keep a record of	ople ID to be used for this	s iPad:	set up the	e iPad)			
Individual with Autism:	,			,			
Full Name:	Age:	DOB:	/	_/	Gender: _		
What is your relationship	to the individual with aut	ism?					
Parent or Legal Guardia	<u>n:</u>						
Full Name:					_		
Marital Status:							
Home Phone:	Cell:						
Street Address:							
City:	Zip:						
Employer:	F	Phone:					
E-mail:							
Total annual income of fa (Please attach a copy of y			rm only. D	Do not	send attachn	nents/sched	lules.)
Please comment on why the individual with autism how to effectively use the	be using the iPad and w	hat type of s	upport wi	ill the ir	ndividual be i		
Applicant's official diagno (Please attach a physicial		nosis)					

Have you previously received assistance from Utah Autism Give? Yes _____ No ____

Do you receive state or federal assistance If Yes, amount per month \$					
Do you currently receive services from the	Division of Services for People with Disabilities (DSPD)?				
□ Yes □ No If no,	are you currently on the waiting list? \square Yes \square No				
Housing: □ Own □ Rent □ Temporary	Monthly Housing Commitment: \$				
If you are a single parent, do you receive r If yes, how much \$	nonthly child support? □ Yes □ No				
	on is correct. I understand that providing false information will result any future assistance or opportunities from UAG.				
Parent/Guardian Signature:	Date:				
APPLICATION CHECKLIST					
 Fully Completed Application Letter from Physician Confirming Autism Diagnosis Most Recent Tax Return 					
Mail completed application, clinician's lette	r, and most recent tax return to:				
Utah Autism Give PO Box 1165 American Fork, UT 84003					
OR					
Scan or take photos of the documents and	email them to utahautismgive@gmail.com				
<u>Fr</u>	equently Asked Questions				
Q: How many iPads can I request A: One per family					

Q: When will I know if my application has been approved?
A: You will usually receive a response within 4-6 weeks. However, the reviewers are parent volunteers who have jobs and families, so it could take longer depending on circumstances at the time. Only approved recipients will be contacted by UAG.