



A Voice Discovered

Grant Application

Thank you for your interest in applying for a grant from A Voice Discovered, a non-profit 501 (c) 3 foundation founded in 2012. Part of A Voice Discovered's mission is to provide funding support through our grant program to help those with complex communication needs and the people who support them gain access to the services and equipment that are necessary for them to effectively communicate.

The grant committee will review and provide grants to individuals in accordance with our guidelines and policies. Applications are reviewed on a first come first serve basis. The grant committee meets once per month to evaluate and make grant determinations. You will receive notification of the committee's decision within 30 days of receiving your application. Notification will be sent via email to the person who applied. Please review AVD's FAQs, guidelines and policies on our website www.avoicediscovered.com

A Voice Discovered accepts grant applications for people who need AAC equipment and services in Ventura County from January 1 through May 31st of each year. On June 1st of each year, if there are still grants available, A Voice Discovered accepts applications for people who need AAC equipment and services in all Southern California counties.

Please consult the application checklist on the following page to ensure your application is complete. Only complete applications sent via US Mail or email will be considered. We cannot accept faxed applications.

If you have questions about the process please contact us at grants@avoicediscovered.com or call 1 (805) 651-3906.

Mail your complete application and all supporting materials to:

A Voice Discovered
Attn: Grant Committee
PO Box 7389
Ventura, CA 93006

Email your application and supporting materials to grants@avoicediscovered.com

Application Checklist

The following are required. Incomplete applications will not be considered. Please refer to the FAQ section on the website, www.avoicediscovered.com for additional information about the application process, what and what we fund and how grants are distributed.

Required

- If you are applying for AAC equipment (e.g., iPad with communication app, wheelchair mount, switches, etc.) please include the following:
 - An AAC Evaluation report. The evaluation reports recommending an iPad with communication app must be completed by an ASHA-certified speech and language pathologist (SLP) within 1 year of the date of the application. It is preferable that the SLP have AAC experience as well.
 - If applying for equipment such as a mount, switches, etc, please include the rationale for the specific items being recommended.
 - Quote for the cost of the equipment from the manufacturer. The full name of the device, price and descriptive information must be provided (e.g., mount, switches, iPad, communication app)
- *If you are applying for AAC services (e.g., AAC evaluation, therapy, training, etc.) include the following
 - Quote of service (AAC assessment, AAC therapy, AAC training)
 - Service provider contact Info – include the facility and therapist where applicant will be receiving assessment/therapy. The therapist must be informed that you are applying for a grant through their facility as the service provider.
 - It is recommended that the SLP have experience providing AAC services
 - If you do not have an SLP, A Voice Discovered can provide you with a list of names of SLPs local to you who specialize in AAC.
- Please note if applying for services (e.g., AAC evaluation, therapy, training) that all other funding options must be exhausted first.
 - If you have private insurance please contact your insurance company to inquire about an AAC evaluation and therapy and to see if there is a therapist with AAC experience in-network.

- If the applicant is a Regional Center consumer and is under 3 years old or over 22 years old, please talk with your service coordinator about AAC evaluation and services.
- The applicant must first pursue funding for services through other means such as private insurance, Medi-cal, Medicare, Regional Center. Please contact grants@avoicediscovered.com with any questions about funding options.
- Testimonial
 - In order for A Voice Discovered to raise awareness about the importance of access to AAC equipment and services as well as to raise funds for our grant program we rely on testimonials of grant recipients. Once you have received your grant you will also receive a feedback form with a space to fill out a testimonial. The testimonial does not need to be long. A few sentences or short paragraphs are incredibly helpful. Including a picture and/or video of the person who benefited from the grant is also helpful as our donors enjoy seeing who is benefitting from the grants.

Optional

- IEP, other reports, include only pages that reference communication impairment
- Photos/Videos

You may type information into this form and either print it out and sign to send by mail or provide an electronic signature and submit as an email attachment.

Please submit your completed application and all supporting materials to A Voice Discovered by one of the methods. Contact grants@avoicediscovered.com with any questions about the grant process and funding for AAC.

Mail

A Voice Discovered
Attn: Grant Coordinator
PO Box 7389
Ventura, CA 93003

Email: grants@avoicediscovered.com

Phone: (805) 651-3906

Website: www.avoicediscovered.com



A Voice Discovered Individual Grant Application

Application # _____
(For AVD office use only)

Date of application: _____

Before getting started –

Insurance

Have you contacted your insurance company to inquire about coverage for an AAC (augmentative and alternative communication) assessment and/or AAC or speech therapy services?

If yes, does your insurance cover AAC assessments and if so how many hours does it cover for. . .

AAC assessments? _____

AAC therapy and/or speech therapy? _____

Is there a copay? _____

If no, please contact your insurance company(s) to find out this information. If you have questions about what to ask please contact grants@avoicediscovered.com

Regional Center

Is the applicant under 3 years old or over 22 years old and a regional center consumer?

If yes, have you contact your service coordinator to ask about an AAC assessment being funded by Regional Center? What did they say?

If you have any questions about Regional Center funding please contact grants@avoicediscovered.com

How did you hear about AVD? _____

Part 1: Personal Information

First name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Gender: _____ Diagnosis: _____

Ethnicity (optional): _____ Birthplace: _____

Place of Residence: (e.g., home, group home, skilled nursing facility, assisted living, custodial care facility, other): _____

Name of facility: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Parent/Caregiver Name: _____

Relationship to applicant: _____

Occupation: _____

Language(s) spoken in the home: _____

Applicant's primary mode of communication: (e.g., spoken, sign, AAC device, other) _____

Does the client attend School or a day program? ____ Yes ____ No

Name of School/Day Program: _____

Grade Level: (if applicable) _____

Supporting materials with application**

Are there photos included with this application, either digital or hard copy:

Yes No

Are there videos included with this application either digital or hard copy:

Yes No

**Videos are reviewed by the AVD grant committee solely to understand the applicant's condition and have no other influence on determination. Please note that all photos and videos become property of AVD and will not be returned. They may be used for promotional purposes.

Part 2: Contact Person/Client Advocate Information

Check here if this information is the same as Part 1. Skip ahead to Part 3.

First name: _____ **Last Name:** _____

Relationship to client: _____

Name of Facility: _____

Street Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Work Phone Number: _____

Email Address: _____

Best Way to Contact: (check one) Email Phone

Best Time to Contact: (check one) Morning Afternoon Evening

Part 3: Specific Grant Request What will the Grant be used for? Only complete what is being applied for.

Is the applicant on the Voice Options waitlist? _____ Yes _____ No

1. AAC (augmentative and alternative communication) Evaluation \$ _____

a. Do you have a speech language pathologist to do this evaluation?

Yes No

b. If yes, please list name and contact information

i. SLP Name: _____

ii. SLP email address: _____

iii. SLP address: _____

iv. SLP phone number: _____

c. If no, AVD can provide you with a list of providers in your area.

2. AAC/Speech Therapy Sessions _____ # per week \$ _____ per session

a. Do you have a speech language pathologist to provide therapy sessions?

Yes No

b. If yes, please list name and contact information

i. SLP Name: _____

ii. SLP email address: _____

iii. SLP address: _____

iv. SLP phone number: _____

c. If no, AVD can provide you with a list of providers in your area.

3. AAC Training for family/caregivers \$ _____

a. Do you have a speech language pathologist to do this evaluation?

Yes No

b. If yes, please list name and contact information

i. SLP Name: _____

ii. SLP email address: _____

iii. SLP address: _____

iv. SLP phone number: _____

c. If no, AVD can provide you with a list of providers in your area.

4. AAC Camp or AAC workshop Include statement regarding why this experience is necessary to better the applicant's communication as well as details of dates and programs.

a. Name of AAC camp/workshop: _____

b. Website for AAC camp/workshop: _____

c. Dates: _____ to _____ Fee: _____

d. Objectives of Attendance: _____

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- 5. AAC Equipment** (e.g., iPad, communication app, keyguard, mount, switches, etc) Please list all equipment being requested including full name of the equipment/software, price, vendor and descriptive information. If requesting from a device manufacturer (e.g., PRC-Salttillo, TobiiDynavox) please include a quote from the manufacturer. .) If equipment is being requested please include AAC evaluation and/or justification for request from service providers (e.g., SLP, OT, PT).

- 6. Total Estimated Cost (not to exceed \$1500)** _____

Part 4: Why does the applicant need an AVD Grant?

In 500 words or less, please tell us about the applicant and how they currently communicate as well as any other relevant information. We would specifically like to know why an AVD grant is needed and how it will improve the applicant and family/caregiver's quality of life.

Part 5: Current Communication System

Does the applicant currently own or have access to a device?

Yes No

To whom does the device belong? _____

Device manufacturer (e.g., Prentke Romich, Tobii/Dynavox, Salitllo, Attainment Company, Apple – iPad/iPhone): _____

Name of Device/App (e.g., Accent, NovaChat, i16, GridPad, EyeOn, Proloquo2go, Touchchat, Go Talk Now, LAMP): _____

Purchase Date of Device/App: _____

How many years has the applicant used the device/app? _____

What other forms of communication does the applicant use (e.g., pictures, PECS book, sign language, gestures, vocalizations, speech, etc.):

Part 6: Current Resources

1. Is the applicant currently receiving private speech/AAC services?

Yes No

Individual Group Consultation

Frequency of Treatment: _____

Name of SLP: _____

2. If in the school district does the application receive speech and language services and/or AAC services through the school.

Yes No

Type of Therapy -- Individual Group Consultation

Minutes per session _____

Does the applicant receive any AAC specific consultations/therapy services in the school? Yes No I don't know

If not receiving speech services at school please indicate the reason below: _____

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3. Has the applicant previously applied for a grant from AVD?

Yes No Year of application: 20 ____

4. Has the applicant received any other financial support for AAC equipment and/or services through scholarships, grants, etc.?

\$ _____ Support Source _____ Expiration _____

Part 7: Funding Sources

A Voice Discovered provides grants for equipment and services when all other funding options have been exhausted.

The applicant has access to the following funding sources:

(check all that apply)

___ Private Insurance

 Name of Insurance Company _____

___ Medi-Cal

___ Medicaid

___ Medicare

- CCS (California Children's Services) Medi-cal
- Tri-counties Regional Center
- School District
- Local Charity
- Grant
- Out of pocket
- Other: _____

Please note that if the applicant has private insurance you must contact your insurance company to inquire about an AAC evaluation and/or therapy services. If services are covered in-network and you are choosing an out-of-network provider, please explain why below.

If the applicant is a regional center consumer and is under 3 years old or older than 22 years old they may be able to receive an AAC assessment and/or services through regional center. Contact your service coordinator for information.



Privacy and Terms of Use

A Voice Discovered respects your rights of privacy. Your privacy is important to us. The information received by A Voice Discovered will be used solely to determine awarding a charitable grant. We will not sell your email address to anyone or share your personal information with anyone other than a representative of the foundation. Please be advised that your photos may be used for promotional purposes. You agree that A Voice Discovered may keep, use or dispose of the materials you provide in a reasonable manner. A Voice Discovered shall have no liability with regard to the use or the destruction of this property. You agree that all information provided to A Voice Discovered is truthful and accurate. Any attempt to falsify information will result in dismissal of the application and the applicants will be removed from future grant consideration. Submission of any personal information constitutes an agreement to A Voice Discovered's Privacy and Terms of Use Policy.

You agree to indemnify, defend and hold harmless A Voice Discovered from and against any and all losses, damage, liability, and cost of every nature incurred by them in connection with any claim, damage, or loss related to or arising out of any assistance or service provided, any alleged breach or breach by you of these terms. A Voice Discovered shall have no civil liability to the recipient beyond the amount of the grant, if awarded. A Voice Discovered does not endorse or guarantee in any manner the outcome of any treatment or therapeutic device. You agree to fully cooperate in the defense of any of the foregoing.

From time to time A Voice Discovered may amend the Privacy and Terms of Use Policy and all amendments shall be effective immediately. A Voice discovered does not discriminate against race, gender, religion, nationality, disability or sexual orientation.

WE DO NOT GUARANTEE THE SECURITY OF PERSONAL INFORMATION OR OTHER INFORMATION IN ANY FORM. PLEASE DO NOT PROVIDE OR ALLOW OTHERS TO PROVIDE PERSONAL INFORMATION ABOUT ANYONE UNLESS YOU, ON YOUR OWN BEHALF AND ON BEHALF OF ANYONE WHO'S INFORMATION YOU PROVIDE, ARE AUTHORIZED TO DO SO.

TO THE FULL EXTENT ALLOWED BY LAW, YOU AGREE THAT A VOICE DISCOVERED WILL NOT BE LIABLE TO YOU OR ANYONE ELSE FOR ANY SPECIAL, CONSEQUENTIAL, INCIDENTAL, OR PUNITIVE DAMAGES, DAMAGES FOR LOST PROFITS, FOR LOSS OF PRIVACY OR SECURITY, FOR LOSS OF REPUTATION, FOR FAILURE TO MEET ANY DUTY (INCLUDING BUT NOT LIMITED TO THE DUTY OF GOOD FAITH OR LACK OF NEGLIGENCE OR OF WORKMANLIKE EFFORT), OR FOR ANY OTHER SIMILAR DAMAGES WHATSOEVER, THAT ARISE OUT OF OR ARE RELATED TO ANY ASPECT OF THE APPLICATION AND INFORMATION DISCLOSED.

With my signature or electronic signature I understand that I agree to the Privacy and Terms and give A Voice Discovered permission to contact all related service providers mentioned in the application.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

___ I verify that I am the above named person and the name I have provided is my own. I understand that false statements will immediately invalidate my application to A Voice Discovered

Signature of Person Applying,
if other than parent

Date

Printed Name of Person Applying,
If other than parent

___ I verify that I am the above named person and the name I have provided is my own. I understand that false statements will immediately invalidate my application to A Voice Discovered