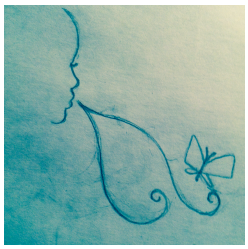

A Voice Discovered
PO Box 7389
Ventura, CA 93006
info@avoicediscovered.com
grants@avoicediscovered.com
www.avoicediscovered.com

A Voice Discovered
Individual Grant Application

Date of application:_____

How did you hear about AVD?_____

Personal Information

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

Date of Birth:_____ **Age:** _____

Gender:_____ **Disability:**_____

Ethnicity (optional:_____ **Birthplace:**_____

Language(s) spoken in the home:_____

Address

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:_____

Does the client attend School or a day program? _____Yes _____No

Name of School/Day Program:_____

Contact Person/Client Advocate Information

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: (circle one) Email Phone

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

How can AVD help?
Please check-off the following services of interest

___ Information
- ____ What is AAC?
- ____ AAC Assessment
- ____ AAC Therapy
- ____ AAC Camps
- ____ Funding sources for AAC

___ Funding Assistance
- ____ AAC Assessment
- ____ AAC device
- ____ AAC therapy
- ____ AAC training (e.g., for staff, family, etc.)
- ____ AAC Camp attendance

Current Communication System

Does the client 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., Vantage Lite, Maestro, Tobii C8, Proloquo2go, Touchchat, Go Talk Now):_____

Purchase Date of Device/App:_____

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

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

_____

_____

AAC (Augmentative and Alternative Communication) Assessment Information:

Has the client had an AAC assessment? Yes___ No ____

If no, have you asked for an AAC assessment through one of the following agencies: the school district, Regional Center, the MTU, private insurance? (depending on which is applicable)

Yes_____ No_____

Please explain:_____

_____

_____

_____

If yes, when was the AAC assessment completed? _____
(**An assessment is considered current if completed within the last 12 months.)

Who completed the AAC assessment?_____

What were the recommendations?_____

_____

_____

Do you agree with the assessment results? Yes ____ No_____

Please explain:_____

_____

_____

Was a device or iPad and communication app purchased as a result of the assessment?
Yes_____ No_____

Please explain:_____

_____

_____

If yes, who purchased the device or iPad and communication app? _____

_____

If you did not agree with the first assessment, has the client received a 2nd opinion AAC assessment? Yes _____ No_____

When?_____

By Whom?_____

What were the recommendations?_____

_____

_____

Do you agree with the assessment results? Yes ____ No_____

Please explain:_____

_____

Was a device or iPad and communication app purchased as a result of the assessment?
Yes_____ No_____

Please explain:_____

_____

When?_____

By whom?_____

AAC/Speech and Language Therapy

Does the client currently receive speech and language therapy from a licensed speech and language pathologist? Yes_____ No_____

Where?_____

By whom?_____

How often?_____

What are the client's goals?_____

_____

_____

_____

Name of SLP?_____

SLP phone number:_____

SLP email address:_____

Does the client need an SLP specializing in AAC? Yes _____ No_____
(AVD will provide a list of SLPs who specialize in AAC)

How many sessions were recommended?_____

How many sessions have been received?_____

Do you think more sessions are needed? Yes_____ No_____

Please explain:_____

_____

_____

_____

AAC Equipment

What AAC equipment is being requested? (iPad, iPad case, mount, AAC app, etc.)

_____

What is the cost?_____

Have other funding sources been contacted to request funding of this item or items (e.g., private insurance, CCS, Medi-cal, TCRC, etc.)?

Yes _____ No _____

What was the outcome? _____

_____

_____

If requesting funding for AAC devices, iPads and/or Apps, a recent AAC assessment must have been completed by an SLP with AAC experience. Please provide a copy of the most recent AAC assessment and recommendations. If an AAC assessment is needed, please indicate in the section above.

AAC Device/Communication App Training

Has the client's family, caregivers, home therapists, school/day program staff been trained on the device? Yes_____ No_____

If yes, when?_____

How many hours?_____

If yes, do you think more training is needed? Yes_____ No_____

Please explain:_____

_____

Who would benefit from training?_____

_____

What specific training needs?_____

_____

AAC Camp Funding

Do you already have an AAC camp in mind for the client? Yes_____ No_____

If no, do you need information about AAC camps? Yes _____ No_____

Camp Contact Information

Camp Name: _____

Camp Location:_____

Contact person: _____

Phone Number:_____

Email Address:_____

Webpage:_____

Camp Cost

What is the cost to attend the camp?_____

What is the cost of travel expenses?_____

How much is being covered?_____

How much is needed?_____

Funding Sources

The client 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:_____

Justification:

Please describe the person with complex communication needs, how the person with complex communication needs currently communicates, and how they would benefit from assistance and support from A Voice Discovered Inc. (attach additional pages as necessary).

Estimated Overall Cost _____

***In order to be considered for funding assistance for a device, the client must have a current AAC evaluation that was completed by a licensed speech and language pathologist following Medi-cal guidelines and completed within the last year. If the client does not have this, A Voice Discovered can assist in getting an AAC assessment completed.**

If you have any questions about the application, please email:

Grant Committee
grants@avoicediscovered.com

info@avoicediscovered.com

Please mail completed application to

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

****Please attach a copy of the most recent AAC report(s) if applicable**

AVD Use:
Date received:
Called Contact Person:
Notes: