Please completely review the following information before filling out the application.

Danny’s Wish iPads for Autism applications will only be accepted September 1st through December 31st of each calendar year. Applications received and approved will be acknowledged by email & submitted to lottery for the next allocation of iPads awarded. Unfortunately incomplete applications will not be considered for award. iPads will be awarded each April of each calendar year.

This program is intended only for individuals on the autism spectrum who are minimally verbal or non-verbal.

Q: What are the eligibility requirements?

A: 1. The individual you are applying for must have a diagnosis on the autism spectrum (IEP, school evaluation or supporting documents)
2. Reside in the United States of America.
3. Be minimally verbal or non-verbal
4. Be in financial need. Proof is required. Gross income not to exceed $75K.
5. Have access to a computer and an iTunes account
6. Documentation must be supplied showing that each of the requirements above have been met.

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

A: Yes. An application may be submitted for anyone who meets the eligibility and is 3 years of age or older.

Q: How will you verify information on submitted applications?

A: Danny’s Wish may call providers stated on the application and in submitted reports to verify information. By signing the application, you give Danny’s Wish permission to contact stated providers.

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

A: You will be informed when your complete application has been received. Applications will be kept on file annually and reviewed as additional iPads become available for distribution. Every April lottery recipients of iPads will be contacted and notified of shipment. Distribution is at the discretion of Danny’s Wish Foundation.

Q: How do I apply for the iPad?

A: If you meet the requirements stated above, complete the iPads For Autism 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.

www.DannysWish.org
iPads For Autism Application

CHILD
Name: ___________________________ Age: ____ Date Of Birth: ____________

MOTHER
Mother’s Name: ________________________________ Phone: ________________
Marital Status: ________________________________ Phone: ________________
Email Address: ________________________________
Street/City/Zip: ________________________________
Employer: ________________________________ Phone: ________________
Employer’s Address: ________________________________

FATHER
Father’s Name: ________________________________ Phone: ________________
Marital Status: ________________________________ Phone: ________________
Email Address: ________________________________
Street/City/Zip: ________________________________
Employer: ________________________________ Phone: ________________
Employer’s Address: ________________________________

Number and ages of other dependent children: 

Diagnosis Of Disability: (please attach report) 

DANNY’S WISH
It's all about giving

iPads For Autism Application
iPads For Autism Application

Name of Diagnosing Doctor: ____________________________________________
Email Address: ____________________________ Phone: ______________
Street/City/Zip: ______________________________________________________

Outline of Child’s Communication Challenges: __________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Name of Speech Pathologist: _________________________________________
(Please Attach Report)

Practice Or School Name: ____________________________________________
Email Address: ____________________________ Phone: ______________
Street/City/Zip: ______________________________________________________

Combined Sources Of Income:

<table>
<thead>
<tr>
<th>INCOME TYPE</th>
<th>MONTHLY</th>
<th>ANNUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$_______</td>
<td>$_____</td>
</tr>
<tr>
<td>Bonuses and Commissions</td>
<td>$_______</td>
<td>$_____</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td>$_______</td>
<td>$_____</td>
</tr>
<tr>
<td>Real Estate Income</td>
<td>$_______</td>
<td>$_____</td>
</tr>
<tr>
<td>*All Other Income:</td>
<td>$_______</td>
<td>$_____</td>
</tr>
<tr>
<td>TOTAL INCOME:</td>
<td>$_______</td>
<td>$_____</td>
</tr>
</tbody>
</table>

*ALL OTHER INCOME is including Grants, Social Security, CRS, Medicaid, etc.
If you are selected you may be asked to show tax returns for validity of numbers.
iPads For Autism Application

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 Danny’s Wish Foundation permission to contact my child’s medical professional 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.

**PARENT/GUARDIAN SIGNATURE:** ________________________________

**DATE:** __________

Mail completed application, documentation confirming child’s diagnosis (i.e. school evaluation or doctor’s note), and speech abilities to:

Danny's Wish Foundation  
Attn: iPads for Autism  
321 Evans Avenue  
Elmont, NY 11033

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 the Danny’s Wish Foundation use only. Please keep a copy for your records.