

## Application For a Communication Device

*Please forward completed applications to [applications@oarc.ca](mailto:applications@oarc.ca) or fax to (204)775-2385*

### Letter of Support (required)

All Applications must be submitted with a letter of support written by the child's current speech-language pathologist. Additional letters from family and other clinicians are encouraged.

Please ensure your letter includes the following information:

- A statement that this device will be the child's primary mode of communication
- A description of the child's current communication abilities
- A discussion of the child's fine motor abilities as they relate to accessing the device
- Talk about the impact of communication in reducing challenging behaviours
- Include a personal anecdote about the child's desire / success in communicating with a device
- A description of the child's diagnosis and complex communication needs
- A history of all augmentative and alternative communication systems that have been introduced
- A reference to the communication apps being requested and justification for each
- Talk about the enrichment this system will provide for the child's life
- Leave space at the top of the letter for OARC to address is to the funding agency. Do not address it to OARC

### Signature Pages (required)

There are three pages that require signatures from parents / legal guardians and the applicant / speech-language pathologist. **They can be found at the bottom of the application.** Please be sure to attach them to your application at the time of submission.

### This request is for a child enrolled in the following program(s)

Rehabilitation Centre for Children

Employment and Income Assistance

Children's disABILITY Services

Community Living disABILITY Services

Child & Family Services

None of the Above

Name of Community Service Worker (if applicable)

Phone Number of Community Service Worker

### **Child / Youth Information**

First Name

Middle Initial

Last Name

Gender

Date of Birth (MM/DD/YYYY)

Diagnosis

Mailing Address

PHIN (9 digits on MB Health)

School

Preschool

Daycare

Grade

Other Program Name

Language(s) spoken at school:

Language(s) spoken in the home:

### **Parent / Guardian Information**

First Name

Last Name

Home Phone

Cell Phone

Work Phone

Relationship to Child

Email

Mailing Address (if different from above)

## **Parent / Guardian Information (2)**

First Name	Last Name	Home Phone
Cell Phone	Work Phone	Relationship to Child
Email	Mailing Address (if different from above)	

## **Applicant Information**

Name	Employer	Discipline
Cell Phone	Work Phone	Email
Mailing Address		

## **Additional Clinician / Support Staff Information (SLP, OT, PT, Resource Teacher)**

Name	Employer	Discipline
Phone	Email	
Name	Employer	Discipline
Phone	Email	

**Responsibility:** (Who will be responsible for maintaining / updating the device)

Name	Relationship	Contact phone
Contact Email	Level of iOS knowledge	

**Hearing**

Not impaired	Impaired
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Impact of hearing on selection of communication device:

**Vision**

Describe any visual problems:

Date and results of last visual exam:

Does this child wear glasses? Please comment on corrected vision, if possible:

If possible, identify target size, type (photos, symbols) spacing, total number:

Impact of vision impairment on selection of communication device:

**Mobility**

Ambulatory	Uses Walker	Manual Wheelchair
Electric Wheelchair	Other:	

Impact of mobility on selection of communication device (i.e. portability, mounting):

## Current Access:

Points with finger

Selects with hand / fist

Direct selection with aid (stylus)

Scanning (please describe)

Eye Gaze

Other (please describe)

## Current Communication Skills – Receptive Language

\*We acknowledge there are no prerequisites for AAC and this is for information purposes only\*

Clearly understands the speech of others

Needs processing time

Attends to task for \_\_\_\_\_ minutes duration

Appreciates humour

Understands and responds to name

Responds to greetings

Recognizes words for familiar / common items (ex. cup, shoe, backpack)

Understands complex sentences (ex. if it's not raining at lunchtime, we will go outside)

Follows direction in context with routine items

Follows 1 step directions out of context (ex. get the blue ball)

Follow 2 step direction out of context (ex. put the block on the book and come here)

Additional comments / observations regarding the child's understanding of spoken language:

## Current Communication Skills – Expressive Language

No speech

Some spoken words

Manual Signs (Sign Language)

Vocalizations (consistent)

Echolalia

Light tech (picture symbols)

Behaviour (crying, aggression)

Gestures (head nod / shake, wave, point)

Other

**Please comment on child's literacy skills (exposure to and interest in written language, sight words, etc.)**

**Please describe any previously introduced augmentative communication systems (i.e. light tech) and their outcomes:**

**Describe the experience / exposure the child has had with computers or technology in general:**

**Implementation Plan:**

Briefly outline the plan to implement the communication device – include the support team's familiarity with the iOS devices and communication apps

**iDevice Package Requested**

**Is this a replacement device?**

**Yes**

**No**

**If yes, do you have an iCloud backup to be restored on the new device?**

**Please note all new devices will be automatically set up with our remote management system unless an iCloud backup is available**

**Yes**

**No**

## **Device**

iPad Mini (8.3" display)

iPad (10.9" display)

iPad PRO (12.9" display)

## **Apps / Software**

Proloquo2Go

TD Snap

TouchChat with WP

## **Visual Schedule**

First Then Visual Schedule

Choiceworks

## **Other**

Pictello

Snap Scene

## **Other Apps:**

## **Case**

Otterbox (only comes in black)

Ultimate Case (with glass screen protector and strap)

Otterbox with Latch & Straps

Seymac Shock Case

Pure Sense Buddy Case (Pink or Blue only)

TobiiDynavox Speech Case

Other:

## **Colour of Case:**

Black

Blue

Green

Red

Pink

Purple

## **Accessories**

## **Services**

Set Up & Training

Set Up Only

**Any other important information (ex. upcoming changes in SLP)**

**Is shipping required?**

**Yes**

**No**

**If yes, please provide shipping address:**

**Funding Source (please only check one if you know who the funder will be**

**Children's Rehabilitation Foundation**

**Child & Family Services**

**Jordan's Principle (OARC will supply you with a quote for you to submit)**

**Variety (OARC will supply you with a quote for set up and training for you to submit)**

**Other (please indicate):**

*Thank you for completing this portion of the application!*

*The following 3 pages must be included with your application submission:*





316 Tache Ave | Winnipeg Manitoba R2H 2A4  
P 204 949 2430 | F 204 775 2385  
oarc@oarc.ca | www.oarc.ca

## Parent / Legal Guardian Consent Form

*For Communication Device Application*

Name of Child: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Parent / Legal Guardian Name \_\_\_\_\_

Speech-Language Pathologist \_\_\_\_\_

*I am aware of, in support of, and consent to an application for my child, (name) \_\_\_\_\_, to receive a communication device through Open Access Resource Centre ("OARC"). I understand that all information collected by OARC will be kept in strict confidence and will only be used to:*

- provide support and service for the communication needs of my child; and*
- obtain funding for a communication device for my child.*

*I consent to the above uses and any associated disclosure of my child's information that is reasonably necessary to facilitate these uses. I understand disclosure may include OARC communicating with the above noted Speech Language Pathologist and my child/ward's school team.*



Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Legal Guardian) (MM/DD/YYYY)



Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Speech-Language Pathologist) (MM/DD/YYYY)

Open Access Resource Centre may contact you regarding current services for your child.  
*I would prefer to receive information from The Open Access Resource Centre via:*

☐ Email: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

**\*\*Please ensure all signature lines marked with a  have been signed.\*\***

**12. Please include letters of support from the caregivers, child, and other professionals working with the child, assessments, school team etc. where appropriate and if available.**

**13. Is the child's Support Team aware of this application? Please discuss this application with the Support Team to avoid duplicate and multiple applications for the same child.**

Yes ☐ No ☐ Not applicable ☐

If no, please explain why not.

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**14. Total amount of request** \$ OARC to complete this section

**15. Signatures Required (three mandatory signatures)**

Signature of Legal Guardian  \_\_\_\_\_

☐ *I understand that I will be contacted for a follow up survey to ensure the equipment is helping in a positive manner.*

Signature of Applicant  \_\_\_\_\_

Signature of Applicant's Supervisor  \_\_\_\_\_

***For Applicant:***

**Please Note: Incomplete applications will not be considered and will be returned to applicant by CRF Executive Director for further work/information.**

Did you include?

☒ Quotes

☒ All taxes

☒ Delivery costs

☐ Letters of support

☐ Consent for photo and story, if applicable

☒ Costs of ALL Warranties, accessories and options

☒ Indicate if in Canadian or US Funds

Please see attached new Equipment Policy



1155 Notre Dame Ave, Winnipeg, MB R3E 3G1

Tel: 204-258-6701 Fax: 204-258-6794 [www.crf.mb.ca](http://www.crf.mb.ca) / info@crf.mb.ca

## ***Consent to use story, video and photographs***

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_

Hereby give permission to the Children's Rehabilitation Foundation to use this child's photo, video or story for the purpose of fundraising, awareness and education.

I understand this photo/story may be used on television, videos, websites, social media sites like Facebook, Twitter and YouTube, emails, print materials, advertisements, and appreciation plaques.

I understand the material may be shared with RCC staff, potential donors and media representatives.

I understand the photograph/story automatically expires two years after date of signing. I can cancel this consent at any time by submitting a written request to the Foundation's Executive Director.

Please contact me for permission every time this child's story/photo is used. \_\_\_\_yes \_\_\_\_ no

Comments/restrictions: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Witness name (please print)

\_\_\_\_\_  
Witness signature

### **TELEPHONE CONSENT: 2 WITNESSES REQUIRED**

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness #1 name (please print)

\_\_\_\_\_  
Witness #1 signature

\_\_\_\_\_  
Witness #2 name (please print)

\_\_\_\_\_  
Witness #2 signature