

Application For a Communication Device

Please forward completed applications to 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
- 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 – the letter is for the funder*

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.

Date of Application:

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

- | | |
|---|---|
| <input type="checkbox"/> Rehabilitation Centre for Children | <input type="checkbox"/> Employment and Income Assistance |
| <input type="checkbox"/> Children's disABILITY Services | <input type="checkbox"/> Community Living disABILITY Services |
| <input type="checkbox"/> Child & Family Services | <input type="checkbox"/> 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Email	Level of iOS knowledge (beginner/ intermediate/ advanced)	
<input type="text"/>	<input type="text"/>	

Hearing Not impaired Impaired

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

- | | |
|---|---|
| <input type="checkbox"/> No speech | <input type="checkbox"/> Some spoken words |
| <input type="checkbox"/> Manual Signs (Sign Language) | <input type="checkbox"/> Vocalizations (consistent) |
| <input type="checkbox"/> Echolalia | <input type="checkbox"/> Light tech (picture symbols) |
| <input type="checkbox"/> Behaviour (crying, aggression) | <input type="checkbox"/> Gestures (head nod / shake, wave, point) |
| <input type="checkbox"/> Other | <input type="text"/> |

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 TobiiDynavox Speech Case

Other Case:

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)

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.


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?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Quotes | <input type="checkbox"/> Consent for photo and story, if applicable |
| <input checked="" type="checkbox"/> All taxes | <input checked="" type="checkbox"/> Costs of ALL Warranties, accessories and options |
| <input checked="" type="checkbox"/> Delivery costs | <input checked="" type="checkbox"/> Indicate if in Canadian or US Funds |
| <input type="checkbox"/> Letters of support | |

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 / 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