



Please completely review the following information before filling out the application.
Applications will be reviewed in the order they are received.

This program is intended only for individuals on the autism spectrum.

Frequently Asked Questions

Q: What are the eligibility requirements?

A: You must meet the following criteria to apply:

1. The individual you are applying for must have a diagnosis on the autism spectrum (as identified in a diagnosis report).
2. Reside in the state of Ohio (Priority) or United States of America
3. Be willing to participate in at least 3 Cookie for iPads (C4i) or Make It Fit Foundation events as a volunteer. Applicants may also attend a combination of volunteer events and educational seminars on special education law/advocacy.
4. Have access to a computer and an iTunes account (some programs must be downloaded on a computer and transferred to the iPad due to size).
5. Have a professional on your team (i.e. teacher, speech pathologist, doctor) willing to take responsibility of ensuring the iPad is being used for intended educational/communication purposes.
6. No parent/guardian is permitted to harass any member of C4i through email or phone. Such action will result in immediate removal from the list, and ineligibility for the C4i program.

Q: When will we receive an iPad?

A: C4i does not guarantee an iPad nor a time frame in which one will be received. Every iPad comes through the support of our community and the work of C4i members, therefore there is no way to know when one may receive an iPad.

Q: How do you decide who gets in iPad?

A: After your application arrives, it will be reviewed by a professional team. Then, the C4i team will verify the information submitted on the application. After considering all this information, the individual will then be placed on 1 of 5 lists depending on their level of need and the intended use of the iPad. Every 7 iPads are given out to each category as listed below.

Immediate Need - 3 iPads, Moderate Need - 2 iPads, Minimal Need - 1 iPad, Out of State - 1 iPad, Upgrade Families – 1 iPad. **Applicants will not be eligible to receive their iPad until they have completed the required number of volunteer events.**

Q: What are the 5 different need categories and how are individuals placed on them?

A: Immediate Need – These are individuals who are engaging in self injurious behaviors or severe behavior involving destruction of property or injury to others due to a lack of communication/coping strategies. In higher functioning individuals, these candidates are failing or significantly suffering in school due to an inability to organize/complete their work.

Moderate Need – These are individuals who have difficulty communicating effectively or require support within the community/school setting.

Minimal Need – These are individuals who need an iPad to merely help support their education, for down time activities.

Out of State – These families reside outside the state of Ohio.

Upgrade Families – Individuals or families turning in older devices verified to be in good working condition so they can receive a newer model.

Q: What happens if you have no candidates for one particular category?

A: If there are no candidates for a particular category, the distribution of iPads will roll down to the next most-severe category. i.e. If there are no candidates in the Immediate Need category, iPads would then go to candidates in the Moderate Need category. If no candidates in Moderate Need category, iPads will go to candidates in Minimal Need category, and so on.

Q: Is there an age limit for applicants?

A: Yes. Typically, C4i provides iPads for individuals age 18 and under. Exceptions can be made, however, for individuals who meet the criteria and demonstrate severe need.

Q: How will you verify information on submitted applications?

A: C4i will call/email providers stated on application and in submitted reports, to verify information. By signing application, you give C4i permission to contact providers noted in the application.

Q: How do I apply for the iPad?

A: If you meet the eligibility requirements stated above, complete the **COOKIES FOR IPADS APPLICATION**. You must attach some form of documentation that confirms the individual's diagnosis, and verbal and cognitive abilities (i.e. diagnosis report, speech report, IEP, ETR, etc.) If you have multiple children with autism, you must attach each child's paperwork if requesting more than one unit.

Q: Will I get my iPad fully loaded?

A: Since apps will need to be updated and vary to each individual's needs, you will have to load the iPad through your own iTunes account. To ensure legitimacy of who receives the iPads, we will ask your provider (speech, teacher) to take responsibility of any gift cards or free apps that C4i has available at the time. We work with a variety of different app providers and have different options at different times of the year.

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

A: Once we have received all components of the application (completed application form, doctor's letter, IEP, ETR, provider statement), your application will be reviewed by C4i staff. After all aspects of application have been verified, application will be assigned a number in order it was received and based off which list you are placed on. **ONLY RECIPIENTS RECEIVING AN IPAD WILL BE CONTACTED FOR THAT ROUND OF iPADS. Also bear in mind that applicants who have not met their volunteer requirement will not be eligible to receive their device until the volunteer requirement has been met, regardless of where they are on the waiting list, and could potentially lose their spot at the top of the list if volunteer requirement is not met in a timely manner.**

Q: I have an older iPad. Can I trade it in for a current device?

A: Yes. If you are willing to trade in your gently used iPad, you will be placed on a special list comprised only of trade-in families. Once you are set to receive your new iPad – you will be asked to turn your old iPad over to C4i approximately 48 to 72 hours before the iPad ceremony. This will give C4i enough time to verify your old iPad is in full working order to be traded in. If your iPad doesn't work or meet the standards as outline C4i – the individual will be moved to appropriate list.

Individual with Autism

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

MOTHER/GUARDIAN 1

Mother's/Guardian 1's Name: _____

Marital Status: _____ **Telephone:** _____

E-Mail Address: _____

Street/City/Zip: _____

Employer: _____ **Telephone:** _____

Employer Address: _____

FATHER/GUARDIAN 2

Father's/Guardian 2's Name: _____

Marital Status: _____ **Telephone:** _____

E-Mail Address: _____

Street/City/Zip: _____

Employer: _____ **Telephone:** _____

Employer Address: _____

Number and ages of other dependent children:

Diagnosis of Disability:

Name of diagnosing doctor: _____

E-Mail Address: _____ **Telephone:** _____

Street/City/Zip: _____

PLEASE INCLUDE ANY COPIES OF DIAGNOSING DOCUMENTATION

Outline of individual's communication challenges: _____

Outline of individual's behavior challenges: _____

Outline of individual's education challenges: _____

Name of Speech Pathologist: _____

Practice or School Name: _____

E-Mail Address: _____ **Telephone:** _____

Street/City/Zip: _____

Name of Teacher: _____

School Name: _____ **District:** _____

E-Mail Address: _____ **Telephone:** _____

Street/City/Zip: _____

PLEASE INCLUDE COPY OF INDIVIDUAL'S IEP or ETR.

The above information is freely given to process this application request. By signing, I attest that all information included is true and accurate and gives Cookies for iPads permission to contact the professionals listed to verify and discuss diagnosis, behavior, and speech abilities of the individual applying for the iPad. I understand that falsifying information will immediately disqualify this application.

I understand that the iPad is to be used solely as a communication/therapeutic device for the individual listed on this application. If Cookies For iPads receives evidence that the individual is not being granted access to the iPad assigned to them, I understand my family will have to return the iPad or pay Cookies for iPads the replacement value of an iPad. I confirm that I understand and agree to abide by these rules.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Print Name: _____

Please see the next page for instructions on returning this packet.

Mail completed application, documentation confirming child's diagnosis (i.e. school evaluation, or doctor's note), and speech abilities, copy of individual's IEP and ETR, and Provider Statement to:

Cookies for iPads
c/o The Make It Fit Foundation
7385 N. St. Rt. 3
Suite 50
Westerville, OH 43082

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 Cookies for iPads use only. Please keep a copy for your records.

Please have the provider or teacher who is taking responsibility for the educational use of the iPad sign this form. Please include the signed form with the rest of your packet.

COOKIES FOR IPADS

PROVIDER STATEMENT

I understand that the iPad is to be used solely as a communication/therapeutic/educational device for the individual who applied for it. I confirm that the family I am helping understands and agrees to abide by these rules.

By signing this statement, I agree to take responsibility of any Apple iTunes Gift Cards and will download only the software/apps stated by Cookies for iPads for their intended purpose. I understand that Cookies for iPads has partnered with certain developers in conjunction with Apple that made their apps available at a reduced rate for the purpose of this campaign.

If the family does not have an iTunes account, I will help them to set one up in their name. Once the listed apps are downloaded, that family may choose, at their own expense, additional apps they feel will help the individual in need.

I also agree to help the family and individual to whom the iPad has been assigned to utilize this tool to its maximum potential by viewing online, or attending, trainings to facilitate the use of the iPad in a therapeutic nature.

PROVIDER SIGNATURE: _____

Printed Name: _____ Title: _____

Practice or School Name: _____

E-Mail Address: _____ Telephone: _____

Street/City/Zip: _____