

Requirements for Application

1. Complete "Application to Become an iPad Recipient".
2. Complete "Release of Information". Attach a copy to "Application to Become an iPad Recipient".
3. Deliver original "Release of Information" to Special Education Teacher.
4. Request Special Education Teacher write and mail letter of recommendation to Jasmynn's Voice at PO Box 1592, Adrian, MI 49221. This letter of recommendation MUST include the Special Education Teachers phone number & email address. Jasmynn's Voice will be contacting this teacher for an interview as part of the selection process.
5. Send completed "Application to Become an iPad Recipient" along with copy of "Release of Information", "Contractual Agreement" and the most current proof of diagnosis (either medical or I.E.P.) to Jasmynn's Voice at PO Box 1592, Adrian, MI 49221.

NOTE: Confirmation email will be sent by JASMYNN'S VOICE within 15 business days of receipt of all completed parts of application. Distribution of iPads will take place in the last month of each quarter or at the discretion of the Board of Directors of JASMYNN'S VOICE. Prior to receiving an iPad, parent/guardian will sign additional release of information containing terms which will require recipient and family to maintain contact with JASMYNN'S VOICE for at least one year as well as authorizing name, story, photos, etc. be used for promoting purpose of the organization. A representative from JASMYNN'S VOICE will set up a meeting with the special education teacher who completes the "Release of Information" prior to final selection of recipient(s). Your application will be put on hold if any of the above items are missing or not completed properly.

Application to Become an iPad Recipient

Name(s) of Parent / Guardian: _____

Name(s) of iPad Recipient(s): _____

Street Address: _____

Phone: _____

Email: _____

How did you hear about JASMYNN'S VOICE? _____

1. Is your child non-verbal? Non-verbal means child cannot physically say any words or they cannot functionally talk to other people. YES _____ NO _____

2. Tell us recipient's story? (Age at diagnosis, current age, severity of Autism, current communication or educational tools used, etc.) - Please answer and attach on separate sheet of paper.

3. What are the recipient's AND parent's/guardian's knowledge & experience with the iPad? How many iPads/smart phones do you currently have in your home?

4. How do you see your child benefiting from an iPad?

5. What iPad apps have you heard about that would benefit your ASD child? Of these apps, which do you see being the highest priority?

Release of Information

(for Special Education Teacher - letter of recommendation)

To: _____ **Re:** _____
(Agency to release information) (Student's name)

Agency's Address: _____ **Birth Date:** _____

Student's home address: _____

I, _____, authorize the release of the following specific information:

- Special Education Teacher's experience with family and student.
- Opinion of level of commitment parent's / guardian's would have supporting child with iPad
- Capability of student to use or learn to use an iPad

to Jasmynn's Voice located in Adrian, MI

This release will be valid only until _____ (date up to one year hence) or until its purpose has been met, whichever occurs first. I understand only the requested information will be made available. It will only be used for the purpose stated and will be treated confidentially.

Date Signed: _____

Name of Parent or Legal Guardian (please print): _____

Signature of Parent or Legal Guardian: _____

NOTE: Persons or agencies receiving information released by this form may not further release it without the informed written consent of the client.

Jasmynn's Voice

PO Box 1592

Adrian, MI 49221

Contractual Agreement

I, _____ (print name), do hereby grant Jasmynn's Voice irrevocable permission to use my and/or my child's photograph, recorded and/or written testimony for use in various publications included by not limited to all videos, radio, TV, internet, newspapers, brochures, etc. All rights pertaining to all publications and media uses made hereafter shall remain vested in Jasmynn's Voice.

I grant Jasmynn's Voice permission to use my and/or my child's image, voice and story; and give all rights to use my and/or my child's image, voice and story in any and all interest in which Jasmynn's Voice is concerned.

Prior to receiving an iPad, I agree to attend a four to eight hour training seminar sponsored by Jasmynn's Voice, on the iPad and its applications.

I agree to, for at least one year from the date of this contract, stay in contact with representatives of Jasmynn's Voice for progress updates and any other purposes Jasmynn's Voice requests. I will allow a representative from Jasmynn's Voice to visit my home for an evaluation 6 months and 12 months after receiving the iPad.

I agree to use FaceBook, whether I have a personal account or not, to help promote Jasmynn's Voice. I will share Jasmynn's Voice's FaceBook page with my FaceBook friends and encourage them to "LIKE" the page in an effort to get the name and cause of the organization to a larger audience.

I will post a thank you on Jasmynn's Voice's FaceBook page within 14 days of this contract.

In an effort to "pay it forward" I agree to participate in any fundraising events planned, hosted and/or coordinated by Jasmynn's Voice for at least one year from the date of this contract.

I certify that I am authorized and of legal age to fully enter into this agreement; and that I am the iPad recipient's parent or legal guardian and do grant permission here within.

Name (print): _____

iPad Recipients Name: _____

Date: _____

Signature: _____