



Easter Seals DuPage & FVR - Villa Park  
830 South Addison Avenue  
Villa Park, IL 60181

Thank you for your interest in the Proloquo2Go App Donation Program. This program was developed by AssistiveWare in collaboration with Easter Seals DuPage and Fox Valley Region and is designed to assist those who are unable to purchase the Proloquo2Go app for their personal use.

The program eligibility requirements are:

- Adjusted gross income, minus \$3,740 per dependent, less than \$55,000
- Assessment from licensed SLP stating Proloquo2Go is appropriate
- Own iPhone, iPod Touch, or iPad
- Resident of United States

The program application form is attached. Please gather the following documents:

- Completed Proloquo2Go App Donation Program Request Form
- Copy of signed tax return for prior tax year with W-2
- Copy of current pay stubs (only required if there is a change in wages or no signed tax return is available)
- Supporting documentation that the app meets the needs of the client (Evaluation Report from licensed SLP)

Return the documents to:

Attn: Beth Walkington  
Assistive Technology Department  
Easter Seals DuPage & FVR  
830 S. Addison  
Villa Park, IL 60181  
Fax: 630-620-9506

Incomplete applications will not be reviewed. Following review by staff at the center, your request status will be determined and you will receive a letter from our center detailing the results of that review. Detailed program rules and procedures are available on request. If you have any questions, please contact us. Thank you!

Sincerely,  
Kathleen Post, MS-CCC/SLP  
Director of Assistive Technology, Speech & Nutrition Departments

**EASTER SEALS DUPAGE AND THE FOX VALLEY REGION**

Proloquo2Go App Donation Program Partnership

**REQUEST FORM**

Copies of the Augmentative Communication Evaluation Report must also be attached to this application. The Evaluation Report must be within a year of this application and completed by a licensed Speech and Language Pathologist.

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Id #: (Program Use only) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Client age: \_\_\_\_\_ Client Diagnosis: \_\_\_\_\_

Please tell us why you are in need of assistance in obtaining this software:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What systems/software/apps have also been trialed? \_\_\_\_\_

\_\_\_\_\_

Device to be used (Check all that apply):  iPod Touch  iPhone  iPad

**Applicant must have a device at the time the software is awarded. If an application is approved and the applicant does not have a device, the application will be unapproved and the applicant will be ineligible to reapply to the program.**

Please tell us about your plans for implementing the client's communication system (Check all that apply):

- An SLP with AAC experience will be working with the client weekly
- An SLP with AAC experience will be working with the client quarterly
- An SLP with AAC experience will be re-assessing the client at least once a year
- School or rehab facility staff working with the client on a regular basis have AAC expertise
- Family has AAC experience
- We have not been able to arrange for an AAC professional to work with the client on a regular basis

Additional comments on implementation plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Verification:**

The financial verification to be accepted into the Proloquo2Go App Donation program is available for clients based on income. The income level is based on the Federal poverty levels. Applicants will be eligible for the Proloquo2Go App Donation Program Partnership if their adjusted gross income, minus an adjustment for the number of dependents, falls below \$55,000 as defined below. Financial Assistance information is confidential.

1. The Financial Assistance discount is based on the prior year's Income Tax Returns and current financial information.
2. The discount is based on the documented level of income less the number of dependents in the household multiplied by \$3,740 to determine the adjusted income level.

Employer(s) \_\_\_\_\_

Duration of Employment \_\_\_\_\_

Gross Annual Income\*\*\* \_\_\_\_\_ # of people in household: \_\_\_\_\_

\*\*\*Verification of Income can be made by submitting a copy of your Federal Income Tax Return filed for last year and when appropriate copies of three consecutive paycheck stubs for each employed member of the household.

\*\*\*\* **Please note: All other financial resources must be exhausted, including state assistance programs.**

Is there a legal settlement that can be uses as a source of payment? If yes, please list the Name of the Trust Holder, address, phone number, and contact name.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**For Proloquo2Go App Donation Program Use Only**

Financial Information Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

Action (status of eligibility provided to AT Department Manager):

\_\_\_\_\_

\_\_\_\_\_

- a) Adjusted Gross Income: \_\_\_\_\_
- b) Number of dependents: \_\_\_\_\_ multiplied by \$3740.00= \_\_\_\_\_
- c) Subtract b from a (this figure is the amount to calculate discount on Fee Discount Schedule)

\_\_\_\_\_

Due to the volume of applications and staff limitations, status reports are not provided and incomplete applications will not be reviewed. A limited number of applications will be reviewed per reviewing period. These applications will be selected at random from the pool of applications which meet the financial requirements and for which all supporting documentation has been received. The Program may need to turn down valid applications if there are more applications than available funds. The final decision on each application will be made by the reviewers contracted by the Proloquo2Go App Donation Program. AssistiveWare will not have access to the applicant's personal information, but will receive a short anonymized description of all applications.

By signing below, I confirm that I understand and agree to abide by these rules:

1. The above information is freely given to process this application request.
2. By signing, I attest that all information included is true and accurate. I understand that falsifying information will immediately disqualify this application.
3. I give the Proloquo2Go App Donation Program AAC reviewing team permission to contact me and/or the related service providers whose assessments are included in this application in order to discuss the applicant's communication-related skills.
4. I understand that the provided product is to be used solely as a communication and educational tool for the person applied for.
5. I understand that I must have a device on which to use the software at the time the application is approved in order to receive a donated license, or this application will be disqualified.
6. I understand that software must be downloaded from the iTunes store as soon as possible upon receipt of the code, as codes are subject to expiration dates.
7. I agree provide a short update on progress and usage 3 and 6 months after receipt of the software donation. This information will be used by the Donation Program to make adjustments to the Program operation as needed to best serve our applicants. This information will be available to AssistiveWare in an anonymized form only.

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Signature

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Date

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 Proloquo2Go App Donation Program use only. Please keep a copy for your records.

Attached:

- Copy of signed tax return for prior tax year with W-2
- Copy of current pay stubs (when there is a change in wages or no signed tax return)
- Supporting documentation that the App meets the need of the client (Evaluation Report from licensed Speech-Language Pathologist)

Evaluation Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

Action:

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Equipment gifted:

Date:

Verification of device:  Phone call

Date:  Email