



C.A.D.E.

Children with Autism Deserve Education

CHILDREN WITH AUTISM DESERVE EDUCATION 501©3 non-profit organization in MN

CADE Technology Grant Application

Children with Autism Deserve Education's (CADE for this document) goal is to grant families with technology devices that will help enhance the life of their loved one affected by autism. The 2013 technology grants will be for the Apple iPad 2, 16GB Wi-Fi and a protective case.

(Note: Service for wireless internet will not be provided but can be purchased separately by families.)

The technology grants are available to families on the basis of board approval.

Applicants who meet the following grant program criteria will be considered for a CADE grant. Since, in most cases, the applicant's parent or guardian will be completing the application, it is understood that the applicant will be the individual receiving the benefits of the grant.

Grant Guidelines

Applicants must provide:

- information on current household technologies used by applicant.
- a written statement on the expected use of the iPad.
- # of dependents.
- # of dependents with Autism Spectrum Disorder.

The following must be mailed to CADE in order to be considered for a grant:

- Completed, signed and dated GrantApplication
- Verification of Diagnosis – Evaluation report or prescription from diagnosing physician
- A personal essay (no more than 500 words) describing your current family situation and how the applicant will use the iPad 2.



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 CADE grant awards are based on need, intent of educational use, personal story & current technologies used.

- Grant applications must be mailed to the address below.
- Faxed or emailed grant applications will not be accepted.
- Grant applications must be mailed to:

Attn:

**CADE Board of Directors
6533 Flying Cloud Drive,
Suite 1200
Eden Prairie, MN 55344**

Incomplete grant applications will not be considered.



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CADE Technology Grant Application

🇺🇸 Today's Date: _____

General Information		
Applicant's Name (Child affected by Autism):		Applicant's Date of Birth:
Applicant's Current Age:		Applicant's Gender: ! FEMALE ! MALE
Street Address:		
City:	State:	Zip Code:
1) Guardian #1 Name:		Relationship:
Home Telephone Number:	Cell Number:	
Work Telephone Number:	Email Address: (required) You will be notified through this email.	
2) Guardian #2 Name:		Relationship:
Home Telephone Number:	Cell Number:	
Work Telephone Number:	Email Address: (required)	Child's Weight:


Dependant/Sibling Information			Disorder/Diagnosis
Name:	Age:	Relation to Applicant:	! YES ! NO Diagnosis:
Name:	Age:	Relation to Applicant:	! YES ! NO Diagnosis:
Name:	Age:	Relation to Applicant:	! YES ! NO Diagnosis:



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History

 **Consent:** This form authorizes the use and/or release of the protected health information as noted below for purposes of the CADE grant review process. I give Children with Autism Deserve Education permission to verify treatment information by contacting the treatment vendors directly. This authorization shall be valid for one year unless otherwise stated. I understand that I may revoke this authorization in writing at any time.

Signature/Date:

Current Diagnosis:		Date of Diagnosis:	
Current Age:		Age at Diagnosis:	
Name of Institution where Diagnosed:		Telephone Number:	
	City:	State:	Zip Code:

 I am signing that the above information is true to the best of my knowledge. I will be held responsible for returning anything sent from C.A.D.E. back to them at my cost if information is found to be false or innacurate.

Signature of parent/guardian

Date



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Description of Family Situation Family Essay

On a separate sheet of paper, please describe your current family situation in 500 words or less.

Disclaimer

I represent that I have read the preceding and completely understand the contents.

Parent/Guardian's Name: _____

Child's Name: _____

Signature of the Parent or Guardian: _____

Relationship to Child: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Use of Name: Yes No

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Grant Committee

Approved Denied - Reason:
