



THE DISABILITY TRUST

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Equipment for our children with disabilities

Office Use Only	Date Received:
	Checked By:
Date Entered:	

Kids Fund Application Form

Application Details:

Child's Name:	Date of Birth:
Address:	
Suburb:	Postcode:
Diagnosis:	

Parent/Carer Details:

Parent/Carer's Name:	Relationship:
Phone:	Work: Mobile:

Health Care Professional's Details:

Name:	Report Attached:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Address:		
Suburb:	Postcode:	
Phone:	Fax:	Mobile:

Have you received Kids Fund or Kids Boost funding before? If yes please provide details.

Date EnableNSW Application Lodged. Please attach a copy of letter received from EnableNSW.

Is this application for **technological equipment** e.g. IPAD, laptop, computer? YES NO
If yes, your Health Care Professional will need to complete Attachment A: Technology Equipment to send with your application.

Have you applied for funding from any other source? Please specify.

Please outline below the cost and supplier of the requested equipment, service or resource. **This must be based on at least two written current quotes. The quote must be attached to this application form. A Health Care Professional's report must also be attached for each item.**

Description Of Equipment/Service	Supplier(s)	EnableNSW Class	Cost Quoted

Family Contribution (min \$100.00 required) Amount: \$ _____

Total Amount of Funding Requested After Contribution: \$ _____

Use Of Funding

(i) Please outline the equipment, service or resource you are requesting funding for:

(ii) How will this funding make a difference in caring for your child and/or in improving your family's well-being?

(iii) Would there be any ongoing or future costs associated with the purchase of this equipment? If yes, are you able to meet these costs?

(iv) Other Significant Factors? Please detail any other factors you feel the Committee should take into account in assessing this application e.g. housing difficulties, other medical concerns, impact on siblings, social issues or other financial factors

Before sending your application are:

- All questions answered?
- Total Cost indicated on front page?
- Have you attached a copy of at least two current quotes per item?
- Have attached a copy of a relevant Health Care Professional's report?

Consent Form

I _____ agree the equipment/aides are essential for my child's _____ ongoing health and well being.

I _____ consent to the information contained in this application being shared with the KIDS Fund Allocation Committee and EnableNSW service.

ALL REUSABLE ITEMS REMAIN THE PROPERTY OF KIDS FUND

We undertake to ensure any reusable items are returned in good order to The Disability Trust for reallocation through KIDS Fund when no longer required.

Name (Parent/Carer): _____

Signature: _____

Date: _____



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Attachment A: Technological Equipment

Application Details:	
Child's Name:	Date of Birth:
Address:	
Suburb:	Postcode:

(i) Type of equipment requested?

(ii) Memory capacity required?

Please Note: Kids Fund will consider funding maximum of 32GB (IPAD) or 2GB (laptop or computer). If more memory is required please provide details of why it is necessary?

(iii) What is the primary use of the technology?

(iv) Please give details of software or applications required?

(v) How will the software or applications benefit the child?

(vi) Checklist

	Yes	No	N/A	Comments
<u>Single Switch Skills and Physical Dexterity</u>				
Demonstrates ability to:				
Navigate system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Activate a switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use a touch screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hold-release switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Navigate multiple layers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understands cause and effect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visually attend to device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Finger sliding, on/off, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Yes No N/A Comments

Using the Device

Has the ability to:

Make choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use intentional communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understand Symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use low tech system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visually scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Access the device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has desire to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retain memory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Communication

Has desire to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conversation initiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conversation support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will the device be used for leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Personal Skills

Is the child able to?

Be responsible for the device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Charge the device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrate perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manage frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Communication Partners and Support

Who will be responsible for?

Setting up: _____

Updating: _____

Support to adapt to changes: _____

Scope of use: _____

Insurance/Warranty: _____

All applications for the purpose of Communication must include a Speech Pathology Report.