



Saltillo 20 for 20 Device Giveaway Application

Applicant Information

Advocate/Clinician Information

Name:
Address 1:
Address 2:
City, State, Zip:
Phone:
Email:

Name and Title:
Facility Name (if applicable):
Address 1:
City, State, Zip:
Phone:
Email:

NOTE: Please attach a copy of the applicant's speech/language evaluation to this application. The evaluation must specify the recommended Saltillo device plus any required options or accessories.

Device Options

- NOVAchat 5
- NOVAchat 8
- NOVAchat 10
- NOVAchat 12
- TouchChat Express
- ChatFusion 10

Device Accessory Options

- Keyguard (specify vocabulary file and fixed or hinged) _____
- ChatPoint (Headpointing for ChatFusion 10 only)
- Carrying Strap
- Carrying Case
- Mounting Plate
- Mount (additional details needed within evaluation)
- PCS Symbol add-on
- Additional Acapela Synthesizer
- Additional Child Voices
- Additional Language (Spanish, German, Dutch, Canadian French) _____

NOTE: Please attach a copy of the applicant's speech/language evaluation to this application. The evaluation must specify the recommended Saltillo device plus any required options or accessories.

What is the applicant's current AAC use? **Please list all assistive technology currently being used for communication.**

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Use a second sheet if necessary and attach it to this application.



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Is the applicant eligible for Medicaid? Yes No Medicare? Yes No Private Insurance? Yes No

Describe (in detail) the efforts to obtain funding and what roadblocks were encountered. Use a second sheet if necessary and attach it to this application.

Signature of Parent or Legal guardian
(if Applicant is under 21 years of age)

Signature of Applicant

Date: _____

Date: _____

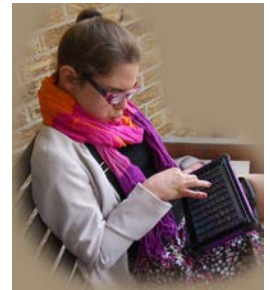
Please fax the completed application form to 877-212-0385, or email the application to: 20Years@Saltillo.com. You may also mail to: Saltillo Corporation, 2143 Township Road 112, Millersburg, OH, 44654, Attn: 20 for 20 Giveaway. Device giveaway will be ongoing throughout 2016. Application must arrive at Saltillo by **October 1, 2016** to be considered. You will receive an email from Saltillo indicating receipt of your application.



Saltillo 20 for 20 Device Giveaway Application

The 20th Anniversary AAC donation program from Saltillo **Celebrating 20 Years of Communication**

Saltillo is celebrating 20 years of providing high-quality augmentative communication devices and world-class service and support to adults and children with communication disabilities. In keeping with our commitment to client success and to celebrate our 20th anniversary, Saltillo will award 20 devices throughout the year of 2016 to people with communication-related disabilities. This program will seek individuals who lack funding assistance options and would otherwise not be able to obtain a communication aid.



Complete the application on the back of this information sheet along with the media release and mail, email or fax with any accompanying documentation to:

20 for 20 Giveaway
Saltillo Corporation
2143 Township Road 112
Millersburg, OH, 44654
Fax: 877-212-0385
Email: 20Years@Saltillo.com

Device giveaway will be ongoing throughout 2016. Application must arrive at Saltillo by October 1, 2016 to be considered. You will receive an email from Saltillo indicating receipt of your application.

- This program is being offered to individuals only. It is not intended for facilities, organizations, centers, schools, etc.
- The individual will receive the device that has been recommended as a result of the speech/language evaluation. The awards are new communication devices, not refurbished units. All awarded devices include the standard one-year warranty along with all other components of the standard device configuration.
- Switches, mounts and other additional accessories and/or access aids will be considered with the application process.

Be sure your application is ready to process before submitting it to Saltillo . . .

- Complete all contact information for the applicant as well as the speech professional.
- Attach the speech/language evaluation. The application cannot be processed without this information.
- Attach the signed Saltillo Media Release (a release is needed for everyone involved).
- Consider the currently used communication system and document thoroughly.
- Give a detailed and honest assessment of the efforts to obtain funding.

NOTE: Incomplete applications may not be considered.



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20 For 20 Photo/Media Release PERMISSION STATEMENT FOR PARENT AND/OR CHILD

Name of Child or Adult: _____

If child, name of Parent of Child: _____

I/we _____ hereby grant to Saltillo Corporation (and Silver Kite) and persons acting for or through it the right to reproduce, assign or distribute photographs, videos and sound recordings of myself/my child and/or use details from my submission for use in marketing or promotional materials they may create without further compensation to me. This permission includes the following:

- printed advertisements in AAC publications including photographs of myself/my child
- quotations from myself/my child/ other family members, care givers, therapists, speech language pathologists, or others concerned with the care of myself/my child about myself/my child and a Saltillo Corporation device
- video clips or still photographs of myself/my child, to be placed on the Saltillo, Silver Kite and/or TouchChat web sites, Saltillo or TouchChat social media sites and possibly other online media outlets
- video clips or still photographs of myself/my child, to be used for instructional purposes at Saltillo
- Disclosure of my/my child's name and other identifying information, including my/my child's diagnosis (i.e., cerebral palsy, autism, etc.)

I fully and irrevocably release and hold harmless Saltillo and its agents from all liability, loss, claims, demands, and actions arising directly or indirectly out of the use of pictures or the recordings of my image or voice, if applicable, for marketing purposes.

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____