



## Purchase of Assistive Technology Consumer Stipend Program

The Arc of Illinois, through a grant from the Illinois Council on Developmental Disabilities, administers the Consumer Stipend Program and distributes consumer stipend funds to enable people with developmental disabilities and their family members to attend conferences of their choice that are directly related to developmental disability issues.

**Due to the pandemic, there is a need for trainings, important meetings and conferences to be virtual. This program will now allow stipends to pay for the assistive technology needed to attend virtual events.**

The attached application is for individuals with developmental disabilities and families to apply for technology needed to stay connected in these difficult and unprecedented times.

### Who can apply?

- Illinois resident
- A person with a developmental disability
- Family members of a person with a developmental disability
- A guardian/foster parent of a person with a developmental disability

### What Can I Apply For?

- iPads and other tablets
- Laptops
- Apps for tablets
- Software
- Other assistive technology that will help you stay connected

### How much can I apply for?

- Determined on a case by case basis depending on the technology needs.

### Limitations:

- You may only apply one time for a purchase of technology per individual/family

### How do I apply?

- The application form must be completed and returned to The Arc of Illinois.
- The application must be filled out by the person needing the technology or the family.
- The need for the equipment must specifically relate to having a developmental disability.
- Stipends are not approved retroactively for previously purchased equipment.
- Once your application is approved, you order your device, send The Arc of Illinois the receipts and we will send a check for the amount approved and on receipts. If you cannot pre-pay please let us know. Email [Karin@thearcofil.org](mailto:Karin@thearcofil.org) or call 815-464-1832.



## Consumer Stipend Program Assistive technology Funds



### Where do I apply?

Complete the application form and mail or fax it to the following address. **A receipt for the purchase of the device will be needed after the application is approved.**

The Arc of Illinois Consumer Stipend Program  
9980 190th St., Suite C  
Mokena, IL 60448  
Fax (24 hours): 815-464-5292

Any  
Questions  
Call 815  
464 1832

### How do I learn if I get a stipend to purchase technology?

- Completed applications are reviewed by a review team committee to determine whether the need for the assistive technology is related to a developmental disability, whether the applicant is eligible for funds, and whether or not there are funds available.
- Applicants are notified by email or phone following the review team's decision. Every effort is made to ensure you will receive the stipend funds as soon as possible after we receive the receipts.
- Denials may be appealed in writing to The Arc of Illinois.

### Appeal Process:

- If you have been denied a consumer stipend after submitting a complete application, you may appeal the denial.
- To appeal a denial, write a letter stating the reasons for your appeal and either fax it to 815-464-5292 or mail it to:

The Arc of Illinois, Consumer Stipend - Appeal  
9980 190th St., Suite C  
Mokena, IL 60448

### Requirements of Stipend Fund Users:

- It is the applicant's responsibility to make sure that the original application form is complete. Where applications are incomplete, project staff will contact you to try and assist in completing the application; however, it is the applicant's responsibility to make sure that they complete the application accurately.
- **Once applications are approved, you may purchase the technology.**
- **Receipts are submitted for all expenses funded through the stipend for the assistive technology.**
- **Checks are mailed to the applicant for the purchase of the agreed upon technology on the application in the amount of the purchase receipts received from the applicant.**
- **People using stipends must complete and submit a survey and are expected to:**
  1. use the information received through virtual events to make a change in their life by having the opportunity to attend virtual trainings and meetings and stay connected with family and friends.
  2. include on the evaluation form the changes that have been made after receiving technology to stay connected with trainings, meetings, family and friends.

Any Questions? Call 815-464-1832



# Application Form - Consumer Involvement Program Consumer Stipend Funds



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Fill in the blanks that apply:**

1. I am a person with a developmental disability. My disability is \_\_\_\_\_

2. My family member or person I am a guardian for (circle one: son, daughter, other) is a person with a developmental disability. Family Member Name: \_\_\_\_\_

Their disability is: \_\_\_\_\_

3. Age of the person who will be using the equipment: \_\_\_\_\_

4. Enter the amount of the financial assistance needed to purchase the requested technology: \_\_\_\_\_

5. Please describe the assistive technology device for which you would like financial assistance. Also please let us know what your primary use of the device will. Use the back of the page if needed.

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

6. You must include a copy of an evaluation to show the need for the assistive technology device and what type of device is needed. This can be as simple as a note/letter from any professional (doctor, therapist, speech pathologist, QIDP, etc.) that works with the person requesting the device. This is to let us know the professional believes the use of this technology will enhance the life of the person with developmental disabilities by providing a way of communication during the pandemic and allow the individual to attend virtual meetings and trainings.

7. The primary purpose you would like an AT device is related to:

- a. Advocacy
- b. Communication
- c. Early Intervention
- d. Education
- e. Employment
- f. Community Living
- g. Other

**The following statement must be signed to validate this request:** I am requesting assistance from The Arc of Illinois, through funding from the **Illinois Council on Developmental Disabilities**, to purchase technology equipment that I would be unable to purchase without this support. I promise to submit receipts for all expenditures funded through this stipend. I will also complete a survey 2 months after receiving the device to report how it has helped me stay connected during the pandemic.

Signature \_\_\_\_\_



## Additional Forms Assistive Technology Stipend Program



### Release of Liability

I agree to indemnify and hold harmless The Arc of Illinois and the Illinois Council on Developmental Disabilities and any and all employees, agent or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against The Arc of Illinois and any and all employees, agents or representatives of same, in connection with receiving assistive technology equipment from The Arc of Illinois Consumer Stipend Program.

I also understand it is my responsibility to get any technical assistance, data plans or any other help needed to use the equipment. Funding or partial funding for the equipment only is provided through The Arc of Illinois Consumer Stipend Program

**Signature of Applicant**

**Date**

\_\_\_\_\_

### Authorization for use of Photographs/Names

I/We authorize The Arc of Illinois to share photographs (for promoting the program) and survey information to the Illinois Council on Developmental Disabilities and allow the photos to be shared in emails, website and mailings.

**Signature of Individual, Parent or Guardian**

**Date**

\_\_\_\_\_

**Return your signed application, your Professional Assistive Technology Evaluation letter and this signed form to:**

**The Arc of Illinois  
9980 190th St., Suite C  
Mokena, IL 60448**

**Or fax to 815-464-5292 or email to [Karin@thearcofil.org](mailto:Karin@thearcofil.org)**



In partnership with the Illinois Council on Developmental Disabilities. This project was supported, in part by grant number CFDA 93.630, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.