open access resource centre
oarc

+1 (204) 949 2430
oarc@oarc.ca
316 Tache Avenue Winnipeg, Manitoba, Canada R2H 2A4
www.oarc.ca

Application For a Communication Device

Please forward completed applications to applications@oarc.ca or fax to (204)775-2385

Date of Application:

Child's Name:

Date Received:
(In Office Use Only)

☐ Letter of Support (required)

All applications must be submitted with a letter of support written by the child's current speech-language pathologist. Additional letters from family and other clinicians are encouraged.

Please ensure your letter includes the following information:

- A statement that this device will be used to support and enhance the child's communication and may also serve as their primary mode of communication if appropriate
- A description of the child's current communication abilities
- A discussion of the child's fine motor abilities as they relate to accessing the device
- Talk about the impact of communication in reducing challenging behaviours
- Include a personal anecdote about the child's desire / success in communicating with a device
- A description of the child's diagnosis and complex communication needs
- A history of all augmentative and alternative communication systems that have been introduced
- A reference to the communication apps requested
- Talk about the enrichment this system will provide for the child's life
- Leave space at the top of the letter for OARC to address to the funding agency

☐ Signature Pages (required)

There are three pages that require signatures from parents / legal guardians and the applicant / speech-language pathologist. They can be found at the bottom of the application. Please be sure to attach them to your application at the time of submission.

Revised: Wednesday, October 29, 2025

Disclaimer: *Information provided in this application should be shared and discussed with the child's family and/or legal guardians. This ensures transparency and supports collaborative planning. By submitting this application, the applicant confirms that the family is aware of the information being submitted on their behalf.*

This request is for a child enrolled in the following program(s):

☐ Rehabilitation Centre for Children ☐ Child & Family Services ☐ Children's disABILITY Services

☐ Employment & Income Assistance ☐ Community Living disABILITY Services

Name of Community Service Worker (if applicable)

Phone Number of Community Service Worker

Child / Youth Information

First Name

Middle Initial

Last Name

Preferred Name *If applicable*

Gender

Date of Birth (MM/DD/YYYY)

Diagnosis

PHIN (9 digits on MB Health)

Mailing Address

School/Preschool

Grade

Day Care

Other Program

Language(s) spoken at school

Language(s) spoken in the home

Parent / Guardian Information (1)

First Name

Last Name

Relationship to Child

Primary Phone Number

Alternate Phone Number

Email

Mailing Address (if different from above)

Parent / Guardian Information (2)

First Name | Last Name | Relationship to Child

Primary Phone Number | Alternate Phone Number | Email

Mailing Address (if different from above)

Applicant Information

Name | Employer | Discipline

Cell Phone | Work Phone | Email

Mailing Address

Additional Clinician / Support Staff Information (SLP, OT, PT, Resource Teacher)

Name | Employer | Discipline

Phone | Email

Additional Clinician / Support Staff Information (SLP, OT, PT, Resource Teacher)

Name | Employer | Discipline

Phone | Email

Responsibility: Who will be responsible for maintaining, updating and creating/restoring backups for your child's device?

Note: OARC is not responsible for maintaining your child's device

☐Family OR ☐School Team

Name	Phone	Email

Hearing

☐Not impaired ☐Impaired

Impact of hearing on selection of communication device:

Vision

Does your child wear glasses?

☐Yes ☐No

Does your child have cortical visual impairement?

☐Yes ☐No

If present, does their vision impairement affect the grid size? If so, please describe and indicate grid size used in previous AAC systems:

Mobility

☐ Ambulatory ☐ Uses Walker ☐ Wheelchair

☐Other:

Impact of mobility on selection of communication device (i.e. portability, mounting)

Current Access

☐ Points with finger ☐ Selects with hand / fist ☐ Direct selection with aid (stylus)

☐ Eye Gaze ☐ Scanning (please describe)

☐ Other (please describe)

Are there any access needs or considerations for your child when using their device? If so, please request a phone consultation below with our OARC Occuptional Therapist

☐ Yes, I'd like to have a consultation ☐ N/A

Current Communication Skills - Receptive Language

Please describe observations regarding the child's understanding of spoken language
We acknowledge there are no prerequisites for AAC and this is for information purposes only

Current Communication Skills – Expressive Language

☐ No speech ☐ Some spoken words

☐ Manual Signs (Sign Language) ☐ Vocalizations (consistent)

☐ Echolalia ☐ Light tech (picture symbols)

☐ Behaviour (crying, aggression) ☐ Gestures (head nod / shake, wave, point)

☐ Other

Please comment on child's literacy skills (exposure to and interest in written language, sight words, etc.):

Please describe any exposure to AAC, including during therapy sessions or with a loaned device.

Implementation Plan

Briefly outline the plan for implementing the communication device, including the support team's familiarity with iOS technology and communication apps. This plan **MUST** ensure that the device travels with the child between home and school to promote consistent use and communication across environments.

iDevice Package Requested

Is this a replacement device?

☐**Yes**

☐**No**

If yes, do you have an iCloud backup to be restored on the new device?

Note: All devices will be automatically set up with our remote management system unless an iCloud backup is available from a previous OARC device.

☐**Yes**

☐**No**

Device

☐iPad Mini (8.3" display) ☐iPad (11" display) ☐iPad Pro (13" display)

Apps / Software

☐Proloquo2Go ☐Proloquo4Text ☐TD Snap ☐TouchChat with WP

Visual Schedule

*Only select one from this category

☐First Then Visual Schedule ☐Choiceworks

Storytelling

☐Pictello

Other Apps:

Case

☐ JETech Ultimate Case
*Soft Shell

☐ Seymac Shock Case
*Hard Shell

☐ JETech Protective Case
*Hard Shell

☐ SCSVPN Case
*Hard Shell & Soft Shell

☐ Daessy Twist Case Holder (Black Only)
*When requiring mounting
*Or case compatible with requested mounting

☐ Otterbox Kids (Blue or Pink)
*Hard Shell

☐ Other Case:

Colour of Case:
Note: Pick up to 3 as not all options may be available at the time of purchase.

☐ Black ☐ Red ☐ Blue ☐ Green ☐ Orange
☐ Gray ☐ Yellow ☐ Pink ☐ Purple ☐ Multi-Colour

Are you unsure of what case is the best for your child?
Let us decide on a case based on the information given in the application

☐ Yes, please pick a case for me ☐No, I have decided the case for my child

Accessories (ex: switch(es), stylus, etc)

Note: All devices come assembled with a screen protector and a carrying strap.

Services

You have two training options: a private, INDIVIDUALIZED session designed specifically for your child's team OR a public GROUP session which we offer once a month online, where you can join other participants for a shared learning experience. Both options cover key topics, including an introduction to AAC, OARC and our remote management services, communication app orientation and customization, and modeling without expectation. Attendance by the child's family is mandatory to ensure consistent implementation.

☐Set Up & Individualized Training ☐Set Up & Group Training ☐Set Up Only

Any other important information (ex. upcoming changes in SLP)

Is shipping required?

☐Yes

☐No

If yes, please provide shipping address:
Note: OARC does not provide shipping within the city limits of Winnipeg.

Funding Source (please only check one if you know who the funder will be)

☐Children's Rehabilitation Foundation (CRF)

☐Disability and Health Supports Unit (DHSU)

☐Child & Family Services
OARC will supply you with a quote for you to submit.

☐Non-Insured Health Benefits (NIHB)
If eligible, please refer to Accompanying Information, found under 'Forms' on our website.

☐Family Supports (personal funds and/or insurance):
Family is interested in funding part or the full package? Please indicate amount or email applications@oarc.ca for more information.

☐Other (please indicate):

Thank you for completing this portion of the application. The following 3 pages must be included with your application submission:

316 Tache Ave | Winnipeg Manitoba R2H 2A4
P 204 949 2430 | F 204 775 2385
oarc@oarc.ca | www.oarc.ca

Parent / Legal Guardian Consent Form

For Communication Device Application

Name of Child: _____

Date of Birth: (MM/DD/YYYY) _____

Parent / Legal Guardian Name _____

Speech-Language Pathologist _____

I am aware of, in support of, and consent to an application for my child, (name) _____, to receive a communication device through Open Access Resource Centre ("OARC"). I understand that all information collected by OARC will be kept in strict confidence and will only be used to:

- *provide support and service for the communication needs of my child; and*
- *obtain funding for a communication device for my child.*

I consent to the above uses and any associated disclosure of my child's information that is reasonably necessary to facilitate these uses. I understand disclosure may include OARC communicating with the above noted Speech Language Pathologist and my child/ward's school team.

Signature: _____ Date: _____
(Parent / Legal Guardian) (MM/DD/YYYY)

Applicant Signature: _____ Date: _____
(Speech-Language Pathologist) (MM/DD/YYYY)

Open Access Resource Centre may contact you regarding current services for your child.
I would prefer to receive information from The Open Access Resource Centre via:

- ❑ Email: _____
- ❑ Phone:_____

Please ensure all signature lines marked with a ★ have been signed.

12. Please include letters of support from the caregivers, child, and other professionals working with the child, assessments, school team etc. where appropriate and if available.

13. Is the child's Support Team aware of this application? Please discuss this application with the Support Team to avoid duplicate and multiple applications for the same child.

Yes ☐ No ☐ Not applicable ☐

If no, please explain why not.

_____

14. Total amount of request $**OARC to complete this section**

15. Signatures Required (three mandatory signatures)

Signature of Legal Guardian ★_____

☐ *I understand that I will be contacted for a follow up survey to ensure the equipment is helping in a positive manner.*

Signature of Applicant ★_____

Signature of Applicant's Supervisor ★_____

For Applicant:
Please Note: Incomplete applications will not be considered and will be returned to applicant by CRF Executive Director for further work/information.

Did you include?

☒ Quotes
☒ All taxes
☒ Delivery costs
☐ Letters of support
☐ Consent for photo and story, if applicable
☒ Costs of ALL Warranties, accessories and options
☒ Indicate if in Canadian or US Funds

Please see attached new Equipment Policy

1155 Notre Dame Ave, Winnipeg, MB R3E 3G1
Tel: 204-258-6701 Fax: 204-258-6794 www.crf.mb.ca / info@crf.mb.ca

Consent to use story, video and photographs

I, _____, the parent or guardian of _____

Hereby give permission to the Children's Rehabilitation Foundation to use this child's photo, video or story for the purpose of fundraising, awareness and education.

I understand this photo/story may be used on television, videos, websites, social media sites like Facebook, Twitter and YouTube, emails, print materials, advertisements, and appreciation plaques.

I understand the material may be shared with RCC staff, potential donors and media representatives.

I understand the photograph/story automatically expires two years after date of signing. I can cancel this consent at any time by submitting a written request to the Foundation's Executive Director.

Please contact me for permission every time this child's story/photo is used. _____yes _____ no

Comments/restrictions: _____

_____ _____

Parent/Guardian signature | Date

_____ _____

Telephone # | Email

_____ _____

Witness name (please print) | Witness signature

TELEPHONE CONSENT: 2 WITNESSES REQUIRED

_____ _____

Parent/Guardian name | Date

_____ _____

Witness #1 name (please print) | Witness #1 signature

_____ _____

Witness #2 name (please print) | Witness #2 signature