

# ACES 2023 Application

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## APPLICANT INFORMATION (required)

### Applicant Name

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Applicant Birthdate \*(Month Day Year)** \_\_\_\_\_

**Applicant Email** \_\_\_\_\_

### Applicant Address

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Applicant Phone Number

Area code \_\_\_\_\_ Phone number \_\_\_\_\_

### Best Time to Contact the Applicant

Morning     Afternoon     Evening

### Preferred Contact Method

Email     Phone     Text

### Do you prefer to have someone else be the point of contact?

YES     NO

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## DIFFERENT PRIMARY CONTACT (IF APPLICABLE)

### Name of Primary Contact

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail \_\_\_\_\_

### Is the address for the applicant the same as the primary contact?

YES     NO

### Address of Primary Contact

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone Number of Primary Contact**

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**Best Time to Contact the Primary Contact**

Morning  Afternoon  Evening

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**Possible Funding Sources**

Pennsylvania Waiver

Office of Vocational Rehabilitation (OVR)

School District

Private Pay

Other (describe) \_\_\_\_\_

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**Do you have a Supports Coordinator?**

YES  NO

**Name of Supports Coordinator**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Supports Coordination Agency**

Name of Agency \_\_\_\_\_

**Email for your Supports Coordinator** \_\_\_\_\_

**Phone Number for your Supports Coordinator**

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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**Communication Methods** (required)

picture communication boards

line drawings

tangible objects

speech-generating device

manual signs

gestures

fingerspelling

alphabet board

vocalizations

partner assisted scanning

other (describe) \_\_\_\_\_

**Communication System Access (required)**

direct selection

scanning

switch

other (describe) \_\_\_\_\_

**Location of your Communication System**

Handheld

Mounted on a wheelchair

Table nearby

Carry with a strap

Other (describe) \_\_\_\_\_

**On a scale of 1 to 5 with 1 meaning Seldom Accurate and 5 meaning Always Accurate, my current access method is:**

- 1
- 2
- 3
- 4
- 5

**On a scale of 1 to 5 with 1 meaning Dissatisfied and 5 meaning Very Satisfied, my current access method is:**

- 1
- 2
- 3
- 4
- 5

**Are you interested in exploring changes to your access method?**

- YES       NO

**Technology—Telephone** (required)

home phone

cell phone

phone with AAC device

other (describe) \_\_\_\_\_

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**Assistive Technology—Computers** (required)

adapted mouse

touch screen

eye gaze

computer on AAC device

AAC as an alternative keyboard

adapted keyboard

switch

I do NOT use a computer.

other (describe) \_\_\_\_\_

**Do you have access to the internet for Zoom meetings?**

YES     NO

**Technology—Applications** (required)

Microsoft Word

Google Platform

Email

Microsoft Powerpoint

Social Media (Facebook, Instagram)

Video Recording

Zoom Video

Other (describe) \_\_\_\_\_

**Hearing and Vision** (required)

glasses

magnification

hearing aids

assistive listening device

other (describe) \_\_\_\_\_

**Primary Language** \_\_\_\_\_

**Describe your reading/spelling abilities**

I recognize letters of the alphabet.

I read sight words.

I have basic reading and spelling skills.

I am able to read most things I want to read.

I am able to spell most words I want to use.

Other (describe) \_\_\_\_\_

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**What do you hope to get out of ACES 2023?**

**What are you interested in doing at ACES?**

Individual Speech/AAC Therapy

Group Speech/AAC Therapy

Occupational Therapy

Physical therapy

Classes & Presentations

Social Activities

Sightseeing in Philadelphia

Computer Class

Social Media Class

Getting personal tools 3D printed

Learning to be more independent

Directing Your Care

Learning about Money and Personal Finance

Planning to Attend College

Planning for After High School

Planning to Get a Job

Other (describe) \_\_\_\_\_

**What other topics or activities would you like to see at ACES?**

**Tell us anything else you would like us to know.**

