

Locator Device Grant - History and Information

In 2005 Georgia Rackley came to the Autism Society of Harrisburg with a dream. Like all of us in the Autism Community she was still trying to come to terms with the recent tragic death of Logan Mitcheltree, a 9 year old with autism who wandered away from home on a cold winter evening. Searchers were not able to find him until it was too late. Georgia wanted to raise awareness not only about Autism but about this potentially deadly aspect. That was the birth of Logan's 5KRun and Walk for Autism Awareness. Over the years this event has grown. Not only does it continue to raise awareness, but it has served as a major fundraiser, allowing the ASGHA to provide our local autism community with many opportunities and services. The ASGHA is delighted to announce that we can now do more than just raise awareness about the dangers of elopement. Through our new Locator Device Grant, we are able to provide families with financial support for obtaining a device that will track a wandering child. Applicants must reside in one of the counties served by ASGHA (Adams, Cumberland, Dauphin, Franklin, Juniata, Lancaster, Lebanon, Mifflin, Northumberland, Perry, Snyder, Union, and York) and have medical proof of elopement risk due to an ASD.

To find out more you can

1. **Visit our website:** www.autismharrisburg.org
2. **Contact us via email at:** contact@autismharrisburg.com
3. **Call us at:**
Voice mailbox: 717-732-8408
Toll Free: 1-800-244-2425 ext 8408
4. **Write us at:**
Autism Society
Greater Harrisburg Area
P.O. Box 101
Enola, PA 17025

Locator Device Application Directions

1. Decide which locator device will work best for you family. Attached you will find some web addresses that will help you in your search. The first is a set of graphs on the top twelve devices. It will give you a broad overview of what is available. The other addresses will give you reviews, and provider information. You do not have to choose from this list. ASGHA encourages families to explore the many options open to them and choose the best.
2. Once the device is chosen contact the provider to determine the cost of the device, additional costs, and other particulars.
3. Submit the completed attached form to ASGHA.

via email at: contact@autismharrisburg.com
via USPS at : Autism Society
 Greater Harrisburg Area
 P.O. Box 101
 Enola, PA 17025

4. Upon approval of grant you will be contacted by the ASGHA Treasurer to determine how receipts will be submitted and funds will be dispersed.
5. You will enter into a contract with the provider.
6. You will be reimbursed for all approved costs upon receipt of proof of payment.
7. Please inform ASGHA if you are unable to provide the initial start-up costs.

AUTISM SOCIETY GREATER HARRISBURG AREA

GRANT APPLICATION - LOCATOR DEVICE

Requirements for grant application:

- 1.) Individual must be diagnosed with an Autism Spectrum Disorder.
- 2.) Individual must reside within the region served by the Autism Society Greater Harrisburg Area (Adams, Cumberland, Dauphin, Franklin, Juniata, Lancaster, Lebanon, Mifflin, Northumberland, Perry, Snyder, Union and York.)
- 3.) Individual must be at risk due to verified elopement behaviors.
- 4.) All documentation must be presented at time of grant request.
- 5.) Individual may be awarded only **one** approved grant per year.

PLEASE PRINT CLEARLY

Section 1: Family Information (required)

Name of individual who would wear Locator Device:

First Name

Last Name

Age: _____

Date of Birth: ____/____/_____
Month/Day/Year

Parent/Guardian 1:

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

County: _____ Phone number: _____

Email address: _____

Are you a National Member of the Autism Society? ___Yes ___No

If yes, Member number: _____

How did you hear about our grant? _____

Parent/Guardian 2 :

(If any information matches above, just answer "same")

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

County: _____ Phone number: _____

Email address: _____

Are you a National Member of the Autism Society? ___Yes ___No

If yes, Member number: _____

Person completing grant request (if different from above)

Name

Address (if other than parent/guardian)

City: _____ State: _____ Zip code: _____

County: _____ Phone number: _____

Email address: _____

Section 2: Device And Contract Information (required)

Name of Device: _____

Cost of Device: _____

Activation Fee: _____

Monthly Service Fee: _____

Name of Provider: _____

Have you already entered into a contract with a locator device provider?

No _____ Yes _____

Person entering into contract with device provider:

Name _____

(If different from above)

Street Address: _____

City: _____ State: _____ Zip code: _____

County: _____ Phone number: _____

Email address: _____

Section 3: Documentation (required)

The Autism Society Greater Harrisburg Area (ASGHA) requests that you provide documentation from a medical doctor verifying an Autism Spectrum Disorder diagnosis and elopement behaviors and risks. The documentation should be attached to this form.

Please feel free to include information about elopement behavior from any person, including you and your family, familiar with your child. (Ex. Teachers, BHS, TSS). Attach any stories or observations (any information) to form.

Please include the following information for each person:

Name: _____

Title/Employer or Relation: _____

Email address: _____

Phone: _____

Name: _____

Title/Employer or Relation: _____

Email address: _____

Phone: _____

Name: _____

Title/Employer or Relation: _____

Email address: _____

Phone: _____

Please provide other information you feel is important. (Tell us your story)
Feel free to use the back or attach additional pages.

Section 4 (optional)

Please answer the following questions to help us better serve our autism community.

How did you hear about our grant?

Have you looked at any other funding sources for this device?

If so, what were they? (Please include all other sources even if a decision is still pending.)

Was funding given? If so, how much? Is it one-time or on-going?

Was funding denied? Why?

What is the household annual income?

- below \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$250,000
- more than \$250,001

I certify that:

- **The information provided in this application is true and correct to the best of my knowledge.**
- Applicant agrees to provide additional information upon request, **including financial information**, to the Board of Directors or Grant Committee.
- The applicant understands that **the contract for the device is between the applicant and the device provider**. Even though the Autism Society of Greater Harrisburg Area may provide a grant to help defray costs for the device, **the Autism Society of Greater Harrisburg area is not a party to the contract for the device.**
- The applicant understands that the device funded by the grant may involve hazard to the applicant. Notwithstanding that the Autism Society of Greater Harrisburg Area may help fund the device; **the Autism Society of Greater Harrisburg Area does not prescribe, approve, or supervise the device in any way.** The Applicant expressly and specifically assumes the risk of injury or harm in the use of the device and releases the Autism Society of Greater Harrisburg Area from any liability, illness, death, or property damage resulting from the device.
- **The applicant understands that, if the grant is approved, the applicant must remit documentation of payment to qualify for grant payments.**

Signature_____ date_____

Print name_____

Signature_____ date_____

Print name_____

Submit to ASGHA:

via email at: contact@autismharrisburg.com

via USPS at: Autism Society Greater Harrisburg Area
P.O. Box 101
Enola, PA 17025

Locator Device Information

This is a list of websites that may help you get started in your search for a tracking device that will suit your family's needs. There are many other places to get information and other companies. If you have any comments about the information, or suggestions for additions to the list you would like to share, please just email me at judynmax@yahoo.com

Note: These are suggestions. The final choice of a provider is up to the applicant. The only requirement is that the provider is reputable.

General Information and Reviews

<http://gps-tracker-review.toptenreviews.com/>

<http://www.sheknows.com/parenting/articles/1004901/gps-tracking-devices-for-kids-and-teens>

<http://www.squidoo.com/best-child-locator-alert-devices>

<http://gps.about.com/od/accessories/tp/Five-Best-Gps-Trackers.htm>

Specific device/company Information

<http://www.guardianlocate.com>

www.lifeprotekt.com

<http://www.lifeprotekt.com/triloc-gps-locator/>

<http://www.pocketfinder.com>

<https://www.amberalertgps.com>

<http://www.brickhousesecurity.com>

<http://www.mybuddytag.com>

<http://www.securusgps.com>

<http://www.loc8tor.com>

Autism Society Greater Harrisburg Area Privacy Policy

Your privacy is important to The Autism Society Greater Harrisburg Area (ASGHA). This privacy policy is intended to provide confidence in the privacy and security of any and all personal information ASGHA obtains in applications for grant applications, volunteer and fundraising participation, and event attendance, etc. individuals may provide for said purposes.

ASGHA takes the privacy of our community members seriously. It is, however important to remember that ASGHA cannot be held responsible for any use of personal information provided to third-party applications or websites which may be accessed via the Products or Websites utilized in the aforementioned events. We recommend that you review the privacy policy of any third-party applications or websites which may be used in these instances.

ASGHA only uses personal information to process grant requests, send out newsletters, sign individuals up for events or fundraising activities, etc. Such information may be provided to our Board of Directors in the process of all said activities.

ASGHA will not disclose your personal information to any third party unless you have consented to such disclosure or where explicitly required to do so by law. If we are under a duty to disclose or share your personal data in order to comply with any legal obligation, we may disclose your information to a relevant authority. This may include exchanging information with other companies and organizations for the purposes of fraud protection and credit risk reduction. Any disclosure of personal information will be strictly controlled and made fully in accordance with current state and/or federal law.

ASGHA's Websites may use cookies (cookies are small data files that a website you visit may save on your computer or handheld device that usually includes an anonymous unique identifier for user authentication), to track preferences, promotional campaigns, audience size and traffic patterns, and in certain other cases.

If you do not wish cookies to be placed on your PC or handheld device, then they can be disabled in your web browser. The option to do so is normally found in your browser's "security settings" section. Please note that permanently disabling cookies in your browser may hinder your use of ASGHA, as well as other Websites and interactive services.

All security on ASGHA's Website and email is treated seriously. However, there is not a guarantee that such data transmissions cannot be accessed, altered, or deleted due to firewall or other security software failures.

Changes in ASGHA's policy will be posted on our Website. Simply check our Website regularly to view our most recent privacy policy and email our page should you ever have any questions or concerns.