

IPAD APPLICATION

Use this checklist to help when applying

You must meet the following requirements before submitting this application.

- The individual you are applying for must have a disability or other diagnosis that could benefit from an iPad (i.e. autism, minimally verbal or non-verbal).
- Reside in the United States of America.
- Be in financial need. Proof is required. Gross income not to exceed \$55K per year.
- Have access to a computer.** An iTunes account will also be required, but can be created.

SUBMITTAL CHECKLIST:

Every application must have the following documentation to be processed:

*We must receive all required documentation listed below before the end of the close date of this application process which is **MARCH 31st 2018.***

- Completed application with signature.
- Letter from doctor (on letterhead) that includes the child's diagnosis, history of illness, statement that an iPad would benefit and other relevant information.
- First page of your most recent federal income tax return or W-2 (Please remove/black out SSN with example at the end of Application PDF)
- Complete the media release form.

CONTACT AND APPLICATION SUBMITTAL INFORMATION:

Contact:

Phone: (801)900.5439

Email: contactus@theMartinJahnsenFoundation.com

Website: www.TheMartinJahnsenFoundation.com

The Martin Jahnsen Foundation will be accepting applications through the month of **March 2018 ending the 31st.** Applications received will be acknowledged by email within 48-72 hours. Approved applications will be submitted to a lottery for the next allocation of iPads awarded. Unfortunately incomplete applications will not be considered, but we will do our best to reply when missing info is discovered. iPads will be awarded shortly after the close of the application process. Winners will be contacted via email as listed on the application.

CHILD INFORMATION

Last name _____ First name _____

Birthday _____

Diagnosis _____

GUARDIAN INFORMATION

Last name _____ First name _____

Primary phone _____ Email address _____

Last name _____ First name _____

Primary phone _____ Email address _____

HOUSEHOLD INFORMATION

Child lives with _____ Relationship to child _____

Does the household speak English?

Yes ____ No ____ If no then what is the primary language _____

Why we ask: We ask about language at home because we help to setup awarded iPads and need to make sure we have someone who can communicate effectively with the family during that process.

City _____ State _____ Zip _____

MEDICAL INFORMATION

 Health care professionals associated with current care

Physician's last name _____ First name _____

Social worker's last name _____ First name _____

Social worker's email address _____

Child's clinical diagnosis Description _____

Age illness started or was diagnosed _____

REQUIRED—CONSENT TO RELEASE INFORMATION AND AFFIRMATION

I do hereby authorize all hospitals, financial institutions and insurance groups to release to the Martin Jahnsen Foundation any information deemed necessary to complete its investigation of my application. In addition, I do hereby authorize all hospitals, financial institutions and insurance groups to release to the Martin Jahnsen Foundation any information or itemized statements that pertain to the diagnosis and treatment of the child. All consents given herein shall continue until the application is processed.

THE UNDERSIGNED DO HEREBY AFFIRM AS FOLLOWS:

1. The undersigned are the parents or guardians of the child.
2. The undersigned agree that the iPad awarded is for the child named in this application and is not to be sold or used in ways other than its intended use.
3. The undersigned further agree to return the device if it is no longer needed.
4. The undersigned acknowledge(s) and agree(s) to not hold the Martin Jahnsen Foundation responsible for any issues related to the failure, malfunction, damage, repair or ongoing maintenance of the award.

The Martin Jahnsen Foundation reserves the right to distribute at its sole discretion. The Martin Jahnsen Foundation will deny any application it determines to be false or misleading.

I have read the guidelines and I declare that the information furnished on this application form, including attached documents, is true and correct to the best of my knowledge.

I have read the this page in its entirety.

Dated _____ of _____ year _____

Mother/guardian

Signature _____

Printed name _____

Father/guardian

Signature _____

Printed name _____



MEDIA RELEASE CONSENT

Dated _____ of _____ year _____

Mother/guardian

Signature _____

Printed name _____

Father/guardian

Signature _____

Printed name _____

I hereby give my permission for the Martin Jahnsen Foundation to use photographs, audio tape recordings, letters, information or video of my child or myself and to use our names, information, these images or voice recordings in publications, slides, video, motion pictures or on the Internet. I understand they will be used to inform families, volunteers, media and the general public about the Martin Jahnsen Foundation and its programs, services or events. I gladly give this authorization to support the efforts of the Martin Jahnsen Foundation. I understand this authorization shall continue until terminated in writing.

Child's name (please print) _____

Please fill out this application in blue or black ink as legibly as possible.

Typed submissions on this PDF are also accepted. Please make sure you review these requirements and include any necessary information in your submission. Please send completed applications to: **contactus@theMartinJahnsenFoundation.com**



Example Income Verification

Below is an example of how we would like your income verification sent to us. We value your privacy and want to make sure that all steps are taken in order to protect that privacy.

Examples:

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2014** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning . . . 2014, ending . . . 2014. See separate instructions.

Your first name and initial: Samuel P. Last name: Taxpayer. Your social security number: [REDACTED].
 If a joint return, spouse's first name and initial: Felicity Q. Last name: Taxpayer. Spouse's social security number: [REDACTED].

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED].
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED]

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) # of child(ren) under age 17 qualifying for child tax credit (see instructions)
 Cyril T Taxpayer [REDACTED] Son 1
 Heidi W Taxpayer [REDACTED] Daughter 1
 Sydney D Taxpayer [REDACTED] Parent 1
 Add numbers on lines above ▶ 5

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 82,250.
 8a Taxable interest. Attach Schedule B if required 127.
 b Tax-exempt interest. Do not include on line 8a 543.
 9a Ordinary dividends. Attach Schedule B if required 196.
 b Qualified dividends 196.
 10 Taxable refunds, credits, or offsets of state and local income taxes
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ 94,273.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 11,039.
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions 15a Taxable amount 15b
 16a Pensions and annuities 16a Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation
 20a Social security benefits 20a Taxable amount 20b
 21 Other income. List type and amount
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 187,885.

Adjusted Gross Income
 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27 6,660.
 28 Self-employed SEP, SIMPLE, and qualified plans 28 17,523.
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN ▶ 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36 24,183.
 37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 163,702.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA REV 12/31/14 TTW Form **1040** (2014)

W-2 2015 Wage and Tax Statement

Copy C – For the employee's records

Employee's name, address, and zip code Erin Hills [REDACTED] San Francisco, CA 94103		Employee's name, address, and zip code Arden Home [REDACTED] San Francisco, CA 94107	
Employee's social security number [REDACTED]		Employer's identification number (EIN) [REDACTED]	
1 Wages, tips, other compensation	16500.25	2 Federal income tax withheld	2097.54
3 Social security wages	16500.25	4 Social security tax withheld	1023.02
5 Medicare wages and tips	239.25	6 Medicare tax withheld	239.25
7 Social security tips		8 Allocated tips	
10 Dependent care benefits		11 Nonqualified plans	
13 Statutory Employee	Retirement Plan	3rd Party Sick Pay	12a
14 Other	SDI 148.51		12b
			12c
15 State CA	Employer's state ID number [REDACTED]		12d
16 State wages, tips, etc.	16500.25	17 State income tax	404.26
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	

Department of the Treasury Internal Revenue Service OMB No. 1545-0008 Source XEA This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable you fail to report it.

