

## While supplies last, we're offering FREE extended-loan ProSlate™ AAC Evaluation Kits!

If you are a speech-language pathologist who frequently conducts AAC evaluations, or if your facility or group assesses AAC needs to determine the most suitable device for individuals, and you have access to an iPad or iPad mini, this program is specifically designed for you!

Forbes AAC is now offering extended-loan AAC Evaluation Kits to SLPs and facilities at no cost! This means that you can have a ProSlate™ AAC device in your possession, ready to use for your evaluations and assessments.

The devices in our iOS-based ProSlate series are rapidly becoming the most widely chosen AAC devices available today. With their five year warranties, SoundPOD™ wearable voice output modules, and FlexABLE® handle and stands, it's easy to see why our ProSlates are the most functional AAC devices on the market!



With popular items like our ProSlates, the biggest challenge is meeting overwhelming demand to quickly get devices to SLPs, which is exactly why we have created this program. Now, qualifying SLPs and facilities can receive a complete ProSlate AAC Evaluation Kit at no cost!

### Here's what is in the Kit

- ProSlate 10™ or ProSlate 8™ or ProSlate 13™ Conversion Hardware (colors may vary)**  
 Our conversion hardware is an empty ProSlate shell into which you can insert an iPad or iPad mini to create a ProSlate device. We find that most SLPs and facilities already have an iPad and apps, so only the conversion hardware is required for a fully functional ProSlate device.
- FlexABLE® Handle and Stand**  
 This ergonomic innovation solves positioning and handling issues for anyone who interacts with the device, regardless of their level of dexterity. Unlike many other device stands, the FlexABLE Handle and Stand can be pushed or pulled into position using only gross motor movements.



#### Forbes AAC

181 Illinois Ave. South  
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forbesaac.com

- **SoundPOD™ Wearable Voice Output Module**

Unlike traditional AAC speaker design, our SoundPOD can be attached to the provided neck lanyard and worn, concealing it under clothing. This creates a more natural speaking experience, as communication partners will look at the AAC user instead of at the device. The SoundPOD also magnetically docks to the back of the device when not being worn by the user.



- **ProSlate™ Dual Port Charger**

Our high-powered charger allows you to charge both your ProSlate™ and the SoundPOD™ using a single wall adapter.



- **SnapLock™ Keyguards**

We include two keyguards with each AAC evaluation kit. Purpose-built for our ProSlate devices, our thick, soft-touch keyguards are invaluable to our clients' ability to access their devices by eliminating unwanted screen selections. Our keyguard's sleek, corner attachment is easily interchangeable, with no hinges or straps to break or wear down.

- **Funding Support Kit**

ProSlates are the world's first AAC devices to utilize an iPad and be approved by Medicare, Medicaid and private insurance. With that in mind, we provide you with a complete packet to expedite the funding process. The support kit includes sample reports, a CMN template, order forms and more!

## How the program works

- Complete the ProSlate Evaluation Kit application below and submit it to Forbes AAC.
- Upon approval, we'll ship you the complete AAC evaluation with installation instructions.
- As you use the device to perform evaluations, we'll be here to help you by offering implementation, funding and technical support!

**Don't wait! Supplies are limited. Apply today!**

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## ProSlate™ AAC Evaluation Kit - Application

Please fax this application to 419.589.5146 or scan and email it to sales@forbesaac.com

ProSlate™ AAC Evaluation Kit ID  
(Internal Use Only)

### 1. Primary Contact for Company/Facility

|        |            |        |
|--------|------------|--------|
| Name:  |            |        |
| Phone: | Extension: | Email: |

### 2. Company/Facility Information:

|                  |      |          |             |
|------------------|------|----------|-------------|
| Name:            |      |          |             |
| Ship to Address: |      | City:    | State: Zip: |
| Phone:           | Fax: | Website: |             |

### 3. Professionals at this Facility: Provide a complete list of the SLPs, OTs and AT Professionals at your facility who perform AAC evaluations.

|    | Name | SLP, OT, AT or other | Email Address: |
|----|------|----------------------|----------------|
| 1  |      |                      |                |
| 2  |      |                      |                |
| 3  |      |                      |                |
| 4  |      |                      |                |
| 5  |      |                      |                |
| 6  |      |                      |                |
| 7  |      |                      |                |
| 8  |      |                      |                |
| 9  |      |                      |                |
| 10 |      |                      |                |

#### Our facility provides AAC evaluations for clients with the following disabilities (place an X next to which applies):

ALS    Autism    Cerebral Palsy    DD    MS    Spinal Cord Injury    Stroke    TBI    CHI

Age group served: Infants -5    6-21    22-up

#### Annual AAC device recommendations:

Minimum:    Maximum:

#### We generally recommend AAC devices from these manufactures:

Dynavox    Tobii    PRC    Saltillo    Jabla    Words Plus    Forbes AAC    Other (Specify)

#### I/We own the following AAC apps:

TouchChat    TouchChat w/ WordPower    Proloquo2go    LAMP    Predictable    CoughDrop    Other (Specify)

### 4. iPad information and keyguard requests: You can locate the model number either on the back of the device or by accessing "Settings>General>About" on the device. Available versions - iPad mini - 5th generation and newer, iPad - 7th generation and newer, iPad Pro - 12.9 4th generation and newer and iPad Pro 13. Please specify keyguard layout desired as well.

|                    |                       |
|--------------------|-----------------------|
| iPad model number? | Requested Keyguard(s) |
|--------------------|-----------------------|

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**ProSlate™ AAC Evaluation Kit Terms & Conditions**ProSlate™ AAC Evaluation Kit ID  
(Internal Use Only)
**Eligibility Requirements**

ProSlate™ AAC Evaluation Kits are for qualifying evaluation centers only. The evaluation center can use the ProSlate™ for evaluation purposes for a 6 month term.

**Placement of Equipment**

The conversion hardware included in the kit is not for end users, and the company/facility agrees that the equipment usage is limited to performing an evaluation with a client or for the purpose of professional familiarization of the equipment. The facility is solely responsible for the safe return of the equipment upon request from Forbes AAC or the expiration of the loan term.

**Term of Evaluation**

The term of evaluation period of this equipment loan is limited to 6 months. The evaluation period starts the day after receipt of the equipment and must be shipped back to Forbes AAC within 6 months following receipt of equipment.

**Opportunity to Retain ProSlate™ Conversion Hardware**

The Evaluation Kit may be kept beyond the 6 month term if requested by the company/facility and approved by Forbes AAC management.

**Condition of Equipment**

The company/facility agrees that returned equipment will be in working condition and free of any damage or abuse. If the equipment is damaged while under the responsibility of the company/facility, the company/facility accepts full financial responsibility of any repairs or replacement costs.

**Return of Equipment**

Upon the expiration of the evaluation term, the company/facility agrees to return all equipment and accessories to Forbes AAC undamaged and in like-new condition. Forbes AAC may request the equipment be returned sooner, likely in the case of product updates. In the event of an early return request, the company/facility must return the equipment within a reasonable period of time.

**Failure to Return Equipment**

When the term of this loan has expired, the ProSlate™ AAC Evaluation Kit must be returned to Forbes AAC. If the hardware is not returned after the evaluation term, the company/facility will be charged the full replacement cost of the Evaluation Kit.

**Statement of Liability**

The company/facility hereby assumes responsibility for the contract and is liable for any repair or replacement costs incurred as a result of abuse, loss, neglect or theft of the equipment during the loan period.

**Processing of Requests**

Requests for ProSlate™ AAC Evaluation Kits will be served on a first-come, first-served basis wherein receipt of the completed and signed ProSlate™ Conversion Application is required to initiate the requester's position in queue. Fulfillment of a request is subject to Forbes AAC having adequate inventory levels. Products that are newly introduced, out of stock, no longer manufactured or are discontinued will not be available.

**Cancellation**

The company/facility may cancel this agreement at any time before the equipment has shipped by contacting Forbes AAC. In the event the equipment is not needed as scheduled or needs to be rescheduled, please call us to cancel the shipment of the equipment. If the equipment requested is not required for the entire 6 month period, it may be returned at any time during the evaluation period.

The below signature indicates that you understand and agree to the ProSlate™ Evaluation Kit Terms & Conditions. If an individual signs on behalf of a company/facility, the signer acknowledges that they have the authority to legally bind their Facility/Company to the terms of this agreement.

1. I understand the evaluation term is for 6 months.
2. I understand that the company/facility is responsible for any repair or replacement costs incurred due to abuse, negligence, loss or theft.
3. I intend this to be legally binding whether transmitted by mail, facsimile or email.

Signature of person who has the authority to legally bind their respective company/facility:

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Printed Name

**Management Section (Internal Use Only):** This section to be filled out by application reviewer

|                          |       |                  |
|--------------------------|-------|------------------|
| Application Reviewed by: | Date: | Approved/Denied? |
| Reason/Notes:            |       |                  |

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