

Date: _____

Name of person completing this form: _____

Dear Committee Members:

This letter is to formally request financial assistance for our son/daughter (circle one),
_____ (name of child)

Type Services requiring financial assistance:

(check one)

- _____ Speech-Language Evaluation
- _____ CAPD Evaluation/Hearing Evaluation
- _____ Speech-Language Therapy
- _____ Auditory Training Therapy

Yearly gross income, as evidenced on our tax return, is _____.

Any other income not noted on tax return: _____.

Total monthly expenses, as evidenced on the income worksheet, is _____.

Number of people living in the household: _____;

list relationship to child (ie. mom, dad, grandmother, etc.) _____

Reason for financial need (i.e. no insurance, changes in employment status, insurance denied services, insurance not accepted at Scottish Rite Childhood Language Center, etc.)

Amount of financial assistance requested: _____

- Speech-Language Evaluation (approx. \$300)
- CAPD Evaluation/Hearing Evaluation (approx. between \$800- \$1000)
- Speech-Language Therapy (approx. \$60- \$90 per session)
- Auditory Training Therapy (approx. \$60- \$90 per session)