

Contact Scottish Rite:
514 14th St. West
Billings, MT 59102-5216
Ph.: 406-259-6683
Fax: 406-256-0659
Email: secretary@billingscottishrite.com
Web: [www. RiteCareBillings.org](http://www.RiteCareBillings.org)



SCOTTISH RITE
SPONSORSHIP APPLICATION

(Revised and adopted 11/17)

TO: Eugene F. Herman Scottish Rite Childhood Language Disorders Clinic, Inc. ("Scottish Rite." herein)
514 14th Street West
Billings, MT 59102

Instructions: Fill each blank with the requested information or "N/A" if the request does not apply.

Request for sponsorship for speech/language therapy for:

Name of Child _____	Date of Birth _____	
Current speech therapy: _____	Name of clinic _____	Inclusive dates _____
Clinic/School/Therapist _____	Name of treating clinician _____	
Prior speech therapy: _____	Clinic/School/Therapist _____	Inclusive Dates _____
School _____	Grade _____	Teacher _____

Parental/Family Information

_____ Father's Name	_____ Father's Address	_____ Father's DOB	_____ Father's SSN
_____ Mother's Name	_____ Mother's Address	_____ Mother's DOB	_____ Mother's SSN

Name of Guardian

Date appointed

Court of appointment

Number of dependants in household: _____

Contact information:

Father's name Address Phone Cell email

Mother's name Address Phone Cell email

Guardian's name Address Phone Cell email

Name of clinic Name of clinician Phone email address

Other children receiving speech and language therapy:

Name of child Date of birth Name of child Date of birth

Application Information:

(Name of parent who will represent the child for therapy.) Single [] Married [] _____
Name of spouse

Financial Information

Annual income reported on last two Federal Income Tax returns:

Father: \$ _____ _____ \$ _____ _____
 Amount Tax Year Amount Tax Year

Mother: \$ _____ _____ \$ _____ _____
 Amount Tax Year Amount Tax Year

Child Beneficiary of Sponsorship: \$ _____ Per Year/Month?

ASSETS of Applicant[s] or jointly owned by parents:

Approximate equity in personal residence: \$ _____

(Fair market value less mortgages)

Savings:..... \$ _____

Retirement accounts: \$ _____

Other real property: \$ _____

Other personal property: \$ _____

(Motor vehicles, stocks, bonds, etc.)

LIABILITIES:

Approximate normal monthly household expenses including rent/house payments, food, transportation, utilities, insurance, medical expenses, etc.:

\$ _____

Bank debt: \$ _____

Credit card debt: \$ _____

Insurance*:

Medical insurance providing coverage for the child for which this application is made:

Insurance company

Policy number

Policy period

Speech and Language coverage Yes [] No []

Medicaid coverage Yes No

*Identify all policies that may cover your child even though you may not be sure of the coverage. Attach additional page if needed.

Applicant's Statement

Briefly state the speech and language problems of the child for which this application is made, your expectations for treatment, and the reasons for qualifying for a Scottish Rite Sponsorship: (Attach additional page if needed.)

Scottish Rite's Commitment

Scottish Rite grants sponsorships in a specific amount for each session for speech therapy on Treatment Plans for periods not exceeding six months. These may be renewed for an additional period of time in six month increments. Each sponsorship begins with this written application providing current information. The next step is a clinical assessment of the child by a licensed speech therapist to determine clinical needs and create a therapeutic plan. When the completed Application for Sponsorship and Treatment Plan are delivered to Scottish Rite, a parent/guardian interview will be scheduled. After the interview, the Board of Directors of Scottish Rite will then act on the application and determine what, if any, plan of sponsorship it will approve. The Scottish Rite Board of Directors reserves the right to exercise sole and exclusive judgment on granting or denying any application for a speech and language sponsorship and the terms thereof. The approval will be contingent on receipt of correct information, compliance with the program's policies and procedures, payment of the agreed contributions by the applicant, and cooperation with the scheduling and needs of the treating speech therapist. The duty and responsibility of Scottish Rite is limited to funding a Treatment Plan for the services of a licensed speech therapist and is subject to the funds available to it. No responsibility is assumed for clinical services rendered.

Consent for Treatment and Release of Protected Confidential Information

The undersigned[s], each for his or herself, consent and agree to clinical treatment by the Clinical Provider selected for the treatment of our child under the sponsorship of Scottish Rite. I/we voluntarily waive all medical privilege and personal rights of privacy otherwise existing as to all persons involved in providing clinical treatment, processing records, financing, and delivering speech and language therapy under Scottish Rite sponsorship program.

Consent to use of email communications

The undersigned consent to use of email for communications for all matters concerning the speech and language therapy for the child for which the application for a Scottish Rite sponsorship is made.

Signatures of Applicants and certification of information:

The undersigned[s] represent and warrant that the information contained in this Application is true, accurate and correct to the best of his/her/their knowledge.

Dated this _____ day of _____, 20__.

Applicant's signature Applicant's printed name Parent [] Guardian []

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