Contact Scottish Rite: 514 14th St. West Billings, MT 59102-5216 Ph.: 406-259-6683 Fax: 406-256-0659 Email: <u>secretary@billingsscottishrite.com</u> Web: 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	Mothe	er's DOB	Mother's SSN	

	Date ap	ppointed C	Court of appointment	
Number of dependants in	household:			
Contact information	on:			
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 clinicia	an Phone	email address	5
	aniving speech on	J	2274	
Other children r	ecerving speech an	la language thera	ру	
Other children ro Name of child Application Info	Date of birth	Name of child	Date of birth	
Name of child Application Info	Date of birth rmation:		Date of birth	
Name of child Application Infor (Name of parent who will the child for therapy.) Financial Informati	Date of birth rmation: Single represent	Name of child [] Married [] Name of s	Date of birth	
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Name of child Application Infor (Name of parent who will the child for therapy.) Financial Informati Annual income re	Date of birth Trmation: Single represent on ported on last two l \$	Name of child	Date of birth	

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

	5 1
Approximate equity in personal reside	ence: \$
(Fair market value less mortgages)	
Savings:	\$
Retirement accounts:	\$
Other real property:	\$
Other personal property:	\$

(Motor vehicles, stocks, bonds, etc.)

LIABILITIES:

Approximate normal monthly h	ousehold 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 unersigned 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 Scottisg 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 []
Applicant's signature	Applicant's printed name	Parent [] Guardian []