

Financial Aid Program

Financial Aid Application

Sponsorship & Low Income

Please fill out this form in order to submit an application for our Financial Programs. Consult with your clinician or contact FAST for help filling out your application.

Sponsor's Information:

Clinician Name: _____ Parent/Guardian Name: _____
Parent/Guardian Phone: _____ Parent/Guardian Email: _____
Patient Name: _____ Date: _____ Age: _____
City: _____ State: _____ Months in Therapy to Date: _____

Which Financial Program are you applying for (Select one):

Sponsorship Low Income Both

Client Condition/Diagnosis:

Neurological/Cognitive Condition (Check all that apply):

Neurotypical Down Syndrome Cerebral Palsy Apraxia of Speech
 Autism Other (describe): _____

Physical Conditions Affecting Speech:

Cleft Palate Deaf Hard of Hearing
 Other (describe): _____

Neurological/Cognitive Condition (Check all that apply and specify sounds and/or describe):

Articulation Delay: _____
 Phonological Disorders: _____
 Oral Motor Disorders: _____
 Other: _____

Clinician's Initials: _____ Date: _____

Patient's/Caregiver's Initials: _____ Date: _____

Please provide any additional details of the client's condition & diagnosis that could help determine eligibility for sponsorship. _____

What is the hourly rate for therapy? _____

Proposed Treatment Schedule (estimated):

Session Duration:

< 30 minutes 30 minutes 60 minutes Other: _____

Expected Therapy Duration:

< 3 months 3 months 6 months 12 months
 Other (describe): _____

Session Frequency:

2/week 1/week Every other week Other: _____

Sponsorship/Low Income:

Select type of financial aid requested: (Check all that apply)

Partial treatment session coverage Full treatment session coverage
 Student SmartPalate (mouthpiece only) Student SmartPalate membership
(includes mouthpiece & home practice system with warranty)
 Low Income discount

Describe the client's ability to pay for services:

Insurance covers therapy-client pays copay Client receiving discounted services
 Client funds all services out of pocket Unable to cover services

Which of the following best describes the clinician?

SmartPalate Member SmartPalate User, not yet a Member
 Not a SmartPalate User/Member, but have previous experience with SmartPalate
 Not a SmartPalate User/Member, no previous experience with SmartPalate

Clinician's Initials: _____ Date: _____

Patient's/Caregiver's Initials: _____ Date: _____

Client Biography Questions

Birth Place: _____

Favorite things: _____

Favorite colors: _____

Favorite activities: _____

Family: _____

Where they live: _____

What they love about therapy: _____

What they dislike about therapy: _____

What they want to be when they grow up: _____

Why they want to speak better: _____

One important thing they want to tell the world (Quote): _____

Other: _____

Client Biography Story

Please write a brief biographical(bio) essay about your child or in other words their story. FAST acquires new sponsorships by using these bios and the applications for sponsorships as materials when talking to potential sponsors/donors. These people want to know there is a real person, with a real story behind them that their donation is going to help so they have a clear picture of who they are helping. This is why we ask for all the information in the application including this bio. This can include a variety of things. Please write it in the third person. The following are some examples:

- Things the applicant like to do (hobbies, movies, sports, etc)
- How has their speech affected them (socially, emotionally, etc)

- How long they have been in speech therapy and what they have tried in the past
- How many Speech Therapists have they seen
- Financial need of the family
- Goals the applicant has
- How improving their speech would help them

EXAMPLE:

Carlos is a well rounded boy who enjoys several hobbies including spending time in the kitchen and preparing delicious desserts. He's only 12 years old, but hopes to become a great pastry chef one day. Besides baking, Carlos loves being outside and playing football with his friends and watching movies. Carlos lives with his two parents with whom he's very close to.. At birth, Carlos was diagnosed with profound hearing loss which heavily influences his relationships with peers. He is extremely shy and fears that they wouldn't understand him.

Carols' parents enrolled him in a school that specialized in education for the deaf and hard of hearing because public school was not helping him. Although his parents didn't have the means to afford this new school, they worked hard to provide their son with the best opportunity possible. Carlos learned how to read and write but his speech never completely developed. The school he attended provided speech therapy but he never made sufficient progress. His parents wanted to help his speech but simply couldn't afford it financially. Carlos' parents discovered the Financial Aid Program offer by FAST for speech therapy with CompleteSpeech. They believe it is the perfect opportunity for their son to receive the help he needs.

PLEASE WRITE YOUR BIO IN A SEPARATE WORD DOCUMENT AND ATTACH IT WITH YOUR APPLICATION.

ALSO, PLEASE EMAIL A DIGITAL PHOTO OF CLIENT WITH CHILD'S NAME TO contact@fastspeech.org.

Information Release Form

Name of Client: _____ Clinician's Name: _____

Name of Parent/Guardian (if applicable): _____

The undersigned, as the above-named client or as parent/guardian/authorized representative of the above-named client, desires to assist FAST increase public awareness of their speech technologies and hereby consents to the use by FAST of the following materials and information: (i) video/audio/ palatometric recordings made of or involving the above-named client and made or taken during relevant therapy sessions; (ii) photographs of or that include the above-named client taken during relevant therapy sessions; (iii) the results of probe word tests taken by the above-named client; and (iv) clinician assessments of the above-named client arising out of relevant therapy sessions (collectively, the "Client Materials").

The foregoing permission granted to FAST to use the Client Materials, however, is expressly limited to, and conditioned upon, the following:

- (A)** FAST shall not associate, tie or disclose the above-named client's full name, phone number or full address, together with, to or as a part of any of the Client Materials; provided, however, that FAST may associate the above-named client's first name and last name initial with the above-named client's city and state with or as a part of the Client Materials.
- (B)** FAST shall use the Client Materials solely in: (i) the preparation and dissemination (including, without limitation, over the Internet and in electronic messages) of marketing and sales literature and materials associated with CompleteSpeech's products and services; (ii) therapy sessions with other CompleteSpeech clients, to provide examples and learning tools; and (iii) the preparation of aggregated data and reports.
- (C)** FAST may use the Client Materials in accordance with the Sponsorship and Low Income programs provided through FAST in order to, among other things, seek sponsors, discounts and/or funding from third parties.
- (D)** Except as expressly provided above, FAST shall not release or disclose the Client Materials to any other person or agency (unless otherwise required by law) without the undersigned's express written consent.
- (E)** FAST reserves the right to share client information with CompleteSpeech and other entities for the purpose of obtaining donations and increasing public awareness of FAST.

The undersigned acknowledges and agrees that no use by FAST of the Client Materials, as set forth above, shall entitle the above-named client or the undersigned to any payment or consideration of any kind.

The permission granted above shall remain in full force and effect until it is expressly revoked in a written document, and signed by the undersigned.

Parent/Guardian or Adult Client Signature: _____ Date: _____

Parent/Guardian or Adult Client Name (Printed): _____

What is the caregiver's annual household stated income?

- 0 - \$25k \$26k - 40k \$41k - \$59k \$60 - \$74k \$75+ N/A

How many dependents does the caregiver claim?

- 0 1 - 2 3 - 4 5 - 6 7+ N/A

Describe how you intend to use the SmartPalate with this particular client:

Please use the following space for any questions, comments or stories that you would like to share (optional):

Please attach page(s) 1 & 2 of tax form 1040 or the Head of Household

By signing below, you the client, and clinician, also referred to as the Therapy Team, agree to the following terms and conditions:

- a. This application is submitted to participate in a program offered by FAST (the "Program") pursuant to which, among other things, all or a portion of the fees charged by FAST in connection with the use of its equipment, processes, techniques and technology may be subsidized according to the FAST Programs.
- b. The terms of the Program, including obligations associated with Program participation (the "Program Terms") are determined solely by FAST and may be changed from time to time by FAST in its sole discretion.
- c. (c) Clinician and Parent/Client agrees to submit digital copies of the following reports to contact@fastspeech.org:

1. CLINICIAN REPORTS

i. First Report

- Completed by the clinician during the first session of therapy with the SmartPalate to track initial assessments.
- **Due three weeks from the SmartPalate's shipped date.**
- *(Ex. If SmartPalate was shipped on Tuesday, September 1st, the Entry Report would be due by Tuesday, September 22nd.)*

ii. Monthly Summary Reports

- Completed by the clinician during the last session of therapy within the sponsorship period to show overall progress during month period.
- **Due the 5th of each month.**
- *(Ex. June's Monthly Summary report must be submitted by July 5th.)*

iii. Final Report

- Completed by the clinician during the last session of therapy within the sponsorship period.
- **Due 1 week after the final session within the sponsorship period.**
- *(Ex. If 6M sponsorship period ends October 1st, the Therapy Team has an additional 30 days to use the system (October 31st) and 15 days to return the system (November 14th). If the final session occurs on October 26th, the Final Report is due on November 2nd.)*

2. CLIENT REPORTS

i. Weekly Home Practice Summary

- Completed by client/parents to track time practicing at home each week
- **Due the 5th of each month.**
- *(Ex. June's weekly home practice reports (4 of them) are due on July 5th.)*

ii. Final Home Summary

- Completed by the client/parent after the last session of therapy within the sponsorship period to show overall progress during membership period.
- Due 1 week after the final session within the sponsorship period.
- *(Ex. If 6M sponsorship period ends October 1st, the Therapy Team has an additional 30 days to use the system (October 31st) and 15 days to return the system (November 14th). If the final session occurs on October 26th, the Final Report is due on November 2nd.)*

END OF PROGRAM

The Therapy Team must notify FAST whether they will cancel or re apply for the Financial Program 30 days before the end of their Financial Program term.

If the Therapy Team does not notify CompleteSpeech 30 days before their end date, the Therapy Team will transition into normal membership status based upon the Terms & Conditions of the Financial Program and Student Membership Agreement initially submitted with the application at the discounted monthly membership rate of \$69.99/month.

NONCOMPLIANCE

CompleteSpeech is not required but may choose to notify one or both members of the Therapy Team of failure to comply with these terms and conditions. If the Therapy Team is notified of noncompliance, they will have a 30-day Remedy Period in which to resolve any compliance issues (if possible). If resolved, the sponsorship will continue as outlined in the terms above.

If the noncompliance issue is not resolved within the 30-day Remedy Period, CompleteSpeech will send a final notification of noncompliance, financial aid will be terminated, and full payment of the subsidized Sponsorship amount will be due within 15 business days from the 30-day Remedy Period's end date.

In the event of noncompliance, seventy percent (70%) of the total subsidized amount is the responsibility of the Client, and thirty percent (30%) of the total subsidized amount due is the responsibility of the Clinician.

Send completed form to: Fax - (801) 566-2689 or email to contact@fastspeech.org

Signature of Clinician

Signature of Patient or Caregiver

Printed Name of Clinician

Printed Name of Patient of Caregiver

Date

Date

*Parent Permission (If client is under the age of 18): I give the clinician listed above permission to share my child's information for this application with CompleteSpeech as a part of its Sponsorship Program.