



*Creating a Future Full of Hope ...  
Helping Children Communicate*

2011 Dupont Avenue South  
Minneapolis, MN 55405  
Tel: 612-584-9803  
www.ritecaremsp.org

## RiteCare® Speech Therapy Grant Application

**(Official Use Only) Date Received** \_\_\_\_\_

### SECTION I

Applicant Information (Child)			
Last Name		First Name	
Home Address		City	State / Zip Code
County	Home Phone Number	Sex	Birth date (MM/DD/YY)

Father's Information			
Last Name		First Name	
Home Address (if different from child)		City	State / Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	

Mother's Information			
Last Name		First Name	
Home Address (if different from child)		City	State / Zip Code
Home Phone Number	Work Phone Number	Mobile Phone Number	

### Younger siblings birthdates


**SECTION II**

Has your child been evaluated for speech/language concerns? YES / NO  
 If yes, give speech therapist name, location and date where evaluation took place:  
(Please note RiteCare® grants do not cover cost of evaluation)

Was speech therapy recommended? YES / NO  
 If so, what speech therapy was recommended and why?

Has previous speech therapy treatment been received? YES / NO  
 If yes, give name of provider(s) and approximate dates of speech therapy

Speech Therapy Treatment Provider Information - Private		
Business Name		Contact Person
Address		
City	State / Zip Code	Telephone Number
Dates of speech therapy treatment (MM/YYYY to MM/YYYY)		Is child currently in speech therapy treatment? YES/NO

Speech Therapy Treatment Provider Information - School		
School Name		Contact Person
Address		
City	State / Zip Code	Telephone Number
Dates of speech therapy treatment		

How did you find out about the RiteCare of Minneapolis-St. Paul Speech Therapy Grant Program?

### SECTION III

Does child have coverage for speech therapy under any medical insurance plan or State/Federal assistance? YES / NO (circle one) Complete the rest of this section even if you responded "no".

Health insurance plan information for applicant:

Name of company \_\_\_\_\_

Policy number \_\_\_\_\_

Dates of policy period \_\_\_\_\_ to \_\_\_\_\_

Does policy provide benefits for child's diagnosis? Yes/No (circle one)

1. What is the annual limit for number of annual speech therapy visits? \_\_\_\_\_ soft or hard
2. Provide policy deductible amount: Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
3. Provide co-payment or co-insurance amount you are responsible % \_\_\_\_\_ or \$ \_\_\_\_\_
4. What is the your out-of-pocket maximum? Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

**Provide a copy of both sides of health insurance card (Electronically if possible).**

### SECTION IV

#### CONDITIONS OF APPLICATION PARENTS OR LEGAL GUARDIAN - READ CAREFULLY

Application is hereby made for a speech therapy grant from RiteCare of Minneapolis-St. Paul, Inc. 2011 Dupont Avenue South, Minneapolis, MN 55405 for the above named child. Acceptance of the child for the grant is upon the conditions, and with the consents, in this application stated.

I hereby agree as follows:

- 1) The applicant is between the ages of two to seven (2 - 7) years.
- 2) Applicant is a resident of Anoka, Carver, Chisago, Dakota, Goodhue, Hennepin, Isanti, LeSueur, McLeod, Ramsey, Rice, Scott, Sibley, Sherburne, Washington or Wright County.
- 3) An evaluation has been completed at the applicant's expense and a determination has been made that the applicant will benefit from speech therapy. **Please attach copy of evaluation to this application.**
- 4) RiteCare® is a secondary provider after all insurance and government assistance.
- 5) The following speech therapy services are not covered by this grant, a) English as a Second Language, b) Stuttering, and c) Deaf/Hard-of-hearing. No occupational therapy services are covered by this grant.
- 6) The grant is for two years (commencing with grant effective date) and will not exceed \$7,500. Only one grant can be awarded to a child. If the applicant's treatment plan is completed before the end of the grant period, we ask that RiteCare® be advised so any unused funds can be released for another child.

- 7) Payment will be made directly to your speech therapy provider, upon receipt by RiteCare® of the following items: official bill from provider and list of speech therapy services provided.
- 8) RiteCare® will pay your speech therapy provider at the lesser of their contractual rate with the insurance company (if any) or \$102 (periodically reviewed and adjusted) if there is no contractual rate or the insurance policy does not cover the applicant's diagnosis. The speech therapy provider may bill you for the difference if there is no insurance for the applicant's diagnosis.
- 9) The undersigned acknowledges that he/she is selecting the speech therapy provider of his/her choice and the speech therapy provider has not been recommended by RiteCare of Minneapolis-St. Paul, Inc. The undersigned acknowledges that he/she is selecting the speech therapy provider at his/her own risk. In addition, the undersigned hereby releases and discharges RiteCare of Minneapolis-St. Paul from all liability and claims arising out of or related to the selection of any speech therapy provider or the provision of services by that speech therapy provider. This release is freely and voluntarily given. RiteCare of Minneapolis-St. Paul, Inc. does not review either the credentials, expertise or abilities of any speech therapy provider.
- 10) The undersigned authorize disclosure of information between RiteCare of Minneapolis-St. Paul, Inc. and 1) your speech therapy provider you select and, 2) any billing agent the speech therapy provider may use.

**ALTERING THIS APPLICATION IN ANY WAY WILL RESULT IN DISAPPROVAL**

Remarks/comments:

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Circle One: Father / Mother / Legal Guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Circle One: Father / Mother / Legal Guardian)

<i>Official Use Only</i>		
<b>ACTION OF BOARD OF DIRECTORS</b>		
Date _____	Approved _____	Disapproved _____
Reason if disapproved _____		
Signature _____		

Please mail application to:  
 RiteCare of Minneapolis-St. Paul, Inc  
 2011 Dupont Avenue South  
 Minneapolis, MN 55405

Or scan (please no phone pictures of application) and email to:  
[grants@ritecaremsp.org](mailto:grants@ritecaremsp.org)