CHAT
LIFE CHANGING
SPEECH THERAPY

310-D S. Main Street
Lombard, IL 60148

P 630.652.0200
F 630.652.0300

www.chatwithus.org

Application for Scholarship
CHAT (Communication Health, Advocacy and Therapy)

Please complete all pages of this form and return with copies of the first page of **your latest tax return documents** (e.g. Form 1040) to be considered for a scholarship. Please note completion of this form does not in any way guarantee you or your child will receive financial assistance. You will be notified as soon as possible if you are eligible.

Return form to: CHAT
310-D S. Main Street
Lombard, IL 60148

Your Name: ____________________________ Child's Name (if applicable):____________________________

Relationship to Child (if applicable): ____

Address: ____

Phone: _____________________________________ E-mail Address:_____________________________________

1. Please check off which services you are seeking:
   - ☐ Evaluation ($335)
   - ☐ Clinic therapy ($130/session)
   - ☐ Programs, such as Language to Literacy, Leap into Literacy, Executive Functioning, and Social Communication Program ($130/session x 20 sessions, $2600 total)
   - ☐ Phone/Zoom consultation ($45/20 minutes)

2. What amount can you contribute per session or in total? ____

3. If we are unable to provide a scholarship, please indicate if you will continue with therapy at the private pay rate, listed above:

   ☐ Yes ☐ No

4. Are you or a responsible adult able to provide transportation for yourself or your child to and from therapy?

   ☐ Yes ☐ No

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Parent/Guardian Guarantor Information #1

5. Relationship to client:
☐ Self ☐ Child ☐ Spouse ☐ Other______________________

Name: ____

Employer: ____

Insurance Provider: ____

Total Income: ____

Number of children living in home: _________________ Living outside home: ____________________

#2 (if applicable)

Relationship to client:
☐ Child ☐ Spouse ☐ Other______________________

Name: ____

Employer: ____

Insurance Provider: ____

Total Income: ____

Number of children living in home: _________________ Living outside home: ____________________

Insurance Information

6. Please check the line to indicate what insurance company your child /or yourself has, if any, and provide the policy number and group number:
☐ Private Insurance ☐ Medicaid ☐ My child is/I am not covered by insurance.

Provider Name____

Policy Number: ____________________________ Group Number: ________________________________

Subscriber's Name______________________________ Subscriber's DOB__________________________

7. Please indicate if there any other financial hardships/commitments that affect your ability to afford these services that you feel we should know about.

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8. If applicable, are you willing to commit to spending 15 – 30 minutes for 3 – 4 nights per week working at home on homework to maximize progress?

☐ Yes ☐ No.

Reason(s):

____

____

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9. Additional Comments:

____

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Thank you for applying for financial assistance at CHAT.

☐ I certify that all my answers are correct and true to the best of my knowledge.
☐ I have enclosed a copy of my most recent tax return documents (required).

Signature: ____

Print Name: ____

Date: ____