



Grant Application for Individuals

Thank you for your interest in applying for a grant from Small Steps in Speech, a nonprofit 501(c)3 foundation created in memory of Staff Sgt. Marc J. Small. The Board of Directors provides grants to individuals in accordance with our guidelines and policies. Read additional information at www.smallstepsinspeech.org/grant-application/individuals/.

Every question is **REQUIRED** to be answered and all requested items must be submitted with your application.

Incomplete applications will NOT be reviewed and you will not be contacted for additional information.

Questions? Contact apply@smallstepsinspeech.org or 1-888-577-3256

Checklist of Attachments to Application

Required:

- Speech and Language Evaluation completed by an ASHA-certified SLP within 2 years of date of application
- AAC Evaluation if requesting an alternative communication device or software
- Quote of Service for requested services, including speech therapy, AAC device, software app, camp, workshop
- Documentation of Insurance coverage or Non-Coverage, in-/out-of network as applicable, to include:
 - Deductible
 - Copay
 - # of speech therapy sessions allowed annually
 - allowance for device or software application
- IRS 1040 Federal Tax Return or verification of income if not required to file

Optional:

- IEP, other reports. Include only pages that reference communication disorder
- Photo/Video

You may type information on this form and either print it out and sign to send by mail or fax, or provide an electronic signature and submit as an email attachment.

Please submit your completed application and all supporting materials to SSIS by one of the methods below:

MAIL:

SMALL STEPS IN SPEECH
SERVICE COMMITTEE
PO BOX 65
EAGLEVILLE, PA 19408

FAX or EMAIL:

FAX: 1-856-632-7741
EMAIL: apply@smallstepsinspeech.org
PHONE: 1-888-577-3256
WEBSITE: www.smallstepsinspeech.org



Application # _____
For SSIS office use only

Date of Application: _____

PART 1. Child/Family Information

Child's Name: _____

Child's Date of Birth _____ Child's Gender: Female Male

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail: _____

Parent/Caregiver "A" Name: _____

Relationship to child: _____ Employed: Yes No

Parent/Caregiver "B" Name: _____

Relationship to child: _____ Employed: Yes No

Child lives with:

Both parents Mother only Father only Other

If other, describe:

Primary language spoken in the home: English Spanish Other _____

Child's primary mode of communication: Spoken Sign AAC device Other

If other, describe:

Speech or communication disorder diagnosis: _____

Name of attending school or treatment facility: _____

Grade level of child: _____

Number of children living in the home, including applicant: _____

How did you hear about this grant opportunity: SLP School Internet
Support Group CASANA Prompt Institute Other _____

Current Total Household Annual Income: Total household income may not exceed \$125,000

Under \$30,000	\$30,000-\$49,999	\$50,000 - \$74,999
\$75,000 - \$99,999	\$100,000 - \$125,000	

Supporting Materials with Application**:

Are there photos included with this application, either digital or hard copy: Yes No

Are there videos included with this application, either digital or hard copy: Yes No

** Videos are reviewed by the Small Steps in Speech Review Committee solely to understand the child's condition and have no other influence on determination. All photos/videos become property of SSIS, may be used for promotional purposes and will not be returned.



PART II. Person Nominating a Child ___ check here if name is the same as Part I and Proceed to Part III

Name: _____
Organization Name, if representing a school, therapy provider, etc: _____
Organization or Home Address: Street or PO Box _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Relationship to Applicant: _____

PART III. Professional Service Provider Information

It is the applicant's responsibility to identify and notify both the service provider and Speech and Language Pathologist of this application as we may be contacting the provider for additional information. All items in this section **must** be completed.

Name of Speech Therapist: _____
Name of Practice (for example, XYZ Speech Solutions): _____
Provider is a sole practitioner (no other employees at this practice) Yes No
Street Address: _____
City: _____ State: ___ Zip Code: _____
Office Phone #: _____ SLP E-Mail: _____
ASHA # _____ State License #: _____

1. The service provider and SLP have been notified of this application (REQUIRED):
Yes No
2. If therapy has been received prior to this application, provide a copy of the last two statements from this or other therapy providers on professional letterhead.
Included Not Included
3. Formal quote of service is included with the application on service provider's letterhead detailing cost per session and the name of the SLP the child will be working with.
Yes No

PART IV. Specific Grant Request What will grant be used for:

1. Speech Therapy _____ # times a week at \$ _____ per session.
Applicant works with a PROMPT-trained SLP: Yes No
2. Speech and language Evaluation: \$ _____
3. Camp or workshop: Include statement from SLP on why this experience is required to better the applicant's communication as well as details of dates and programs on Camp/Workshop professional letterhead.
 - a. Name of camp/workshop: _____
 - b. Dates: _____ to _____ Fee: \$ _____
 - c. Objectives of attendance (in 200 words or less, can attach statement from SLP to answer this question)

4. Software or AAC device:

- a. Name of software or device: _____
- b. Cost: _____
- c. Vendor Name: _____
Vendor Website or phone #: _____
- d. How software/device will be used/objectives (in 200 words or less):

PART V. Documentation of Therapeutic Need and Treatment Details:

A formal Speech and Language Evaluation (not a school IEP) conducted by an ASHA-certified Speech and Language Pathologist must be included with the application. The evaluation must include a **description of the standardized assessment tool(s)** used or attempted, along with **standardized scores** and a summary of the results of the evaluation including recommendations for frequency of therapy. The evaluation must include the **applicant's diagnosis of a communication disorder**. Evaluation/reports must be on professional letterhead and dated within two years of the date of application.

- 1. _____ Date of Existing Evaluation (must be within two years of date of application)
- 2. Yes No Requesting an evaluation as part of this application
- 3. School IEPs **may** be included as supplementary information / to confirm school services and must be current for the school year. **Only send the cover page and pages relevant to speech therapy.** An IEP is a separate document and does NOT replace a speech and language evaluation.
- 4. _____ Date of Quote of Service for Speech Therapy, Camp or Workshop
A formal quote of service on the service provider's letterhead must be included detailing cost per session and name of therapist who will provide treatment.
- 5. _____ Date of AAC Evaluation (required for software/device request)
If applying for a grant for an assistive technology device or software app, a formal Augmentative and Alternative Communication (AAC) Evaluation conducted by an ASHA-certified SLP must be included. The evaluation must include a summary of the results of trialing several different communication devices/apps, and an explanation stating why the specific device/app requested is the best fit as a means of communication for the applicant.
SSIS does NOT award grants for iPads. If you require assistance in obtaining an AAC evaluation, contact either your school district or ASHA (www.asha.org).



PART VI. Applicant's Story

Please provide relevant information about the child as it relates to his/her communication disorder in this space or on a separate piece of paper, not to exceed 500 words. This can include, but is not limited to:

- treatment history
- how treatment will improve the child's daily life
- how treatment will help the long-term outlook for the child; therapy prognosis
- how the treatment will affect the family's quality of life

PART VII. Current Resources

1. Is the applicant currently receiving private speech services? Yes No
 Individual Group Consultation
 Frequency of Treatment: 1x/week 2x/week Other _____
 Name of SLP _____

2. Have you sought speech services through the school district for the applicant?
 Yes No If no, please explain reason for not seeking services

3. Is the applicant currently receiving speech services through the school system?
 Individual therapy: 1x/week 2x/week Other _____ Minutes per session _____
 Group therapy: 1x/week 2x/week Other _____ Minutes per session _____
 Inclass therapy: 1x/week 2x/week Other _____ Minutes per session _____

If **not** receiving school speech services, please indicate the reason below:
 homeschooled
 attends private/parochial school that does not provide speech therapy
 does not qualify for school services
 other, describe:

4. Has the applicant received funding from other sources to assist with the child's speech and communication within the last year, such as grants, scholarships, etc.
 Yes No
 If yes:
 \$ _____ Source of Support: _____ Expiration: _____
 \$ _____ Source of Support: _____ Expiration: _____

5. Has the applicant previously applied for a Small Steps in Speech grant for this child?
 Yes No Year of application: 20 ____

6. Has a sibling received a grant from SSIS?:
 Yes No Sibling Name: _____ Year of Grant: _____

PART VIII. Insurance

Is the applicant covered by insurance for the requested services?

A. Yes, we have coverage that includes speech therapy, devices or apps and I have included copies of the insurance documentation that confirms:

\$ _____ Annual deductible per individual

_____ Annual number of speech therapy sessions allowed

\$ _____ Coinsurance or copay

B. No, we do not have insurance that covers the requested services and I have included copies of information from that insurance company that confirms either the exclusion or denial of therapy, devices or apps:

the exclusion language in the Explanation of Benefits is attached

denial letter on insurance company letterhead is attached

C. Provider

I am choosing an in-network provider

I am choosing an out-of-network provider because:

No in-network providers within 20 miles of my home

My child requires a type of therapy not available in-network

Other _____

I have enclosed insurance documentation of out-of-network speech therapy benefits

PART IX. Income/Federal Tax Return:

- If living in same household, but filing separately, send IRS 1040 Federal Tax returns for both parents/guardians
- If not living in the same household, send IRS 1040 Federal Tax return of parent/guardian who claims applicant.
- Obscure all social security numbers
- If you cannot supply either an IRS 1040 or SSI information, contact us at apply@smallstepsinspeech.org before completing an application

\$ _____ Total Annual Household Income from the most recent IRS 1040 form

Yes No I have included a copy of my most recent IRS 1040 Federal Tax Return

I am not required to file a federal tax return. Attached is a copy of my most recent SSI payment advice for all family members.



PART X: Applicants with a Diagnosis of Childhood Apraxia of Speech:

CASANA has supplied funding for applicants with a diagnosis of Childhood Apraxia of Speech who live within 50 miles of a CASANA Walk for Children with Apraxia location. See

[List of CASANA Walk for Children with Apraxia locations](#) (link will pop-up PDF listing)

I live within 50 miles of this CASANA Walk for Children with Apraxia city: _____



PART XI: Checklist of Attachments

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You agree to indemnify, defend and hold harmless the Small Steps in Speech Foundation, from and against any and all losses, damage, liability and cost of every nature incurred by them in connection with any claim, damage or loss related to or arising out of any assistance or services provided, any alleged breach or breach by you of these terms. You agree to cooperate fully in the defense of any of the foregoing. From time to time Small Steps in Speech may amend the Privacy and Terms of Use Policy, all amendments shall be effectively immediately. Small Steps in Speech does not discriminate against race, gender or religion.

WE DO NOT GUARANTEE THE SECURITY OF PERSONAL INFORMATION OR OTHER INFORMATION IN ANY FORM. PLEASE DO NOT PROVIDE OR ALLOW OTHERS TO PROVIDE PERSONAL INFORMATION ABOUT ANYONE UNLESS YOU, ON YOUR OWN BEHALF AND ON BEHALF OF ANYONE WHO'S INFORMATION YOU PROVIDE, ARE AUTHORIZED TO DO SO.

TO THE FULL EXTENT ALLOWED BY LAW, YOU AGREE THAT THE SMALL STEPS IN SPEECH FOUNDATION WILL NOT BE LIABLE TO YOU OR ANYONE ELSE FOR ANY SPECIAL, CONSEQUENTIAL, INCIDENTAL OR PUNITIVE DAMAGES, DAMAGES FOR LOST PROFITS, FOR LOSS OF PRIVACY OR SECURITY, FOR LOSS OF REPUTATION, FOR FAILURE TO MEET ANY DUTY (INCLUDING BUT NOT LIMITED TO THE DUTY OF GOOD FAITH OR LACK OF NEGLIGENCE OR OF WORKMANLIKE EFFORT), OR FOR ANY OTHER SIMILAR DAMAGES WHATSOEVER THAT ARISE OUT OF OR ARE RELATED TO ANY ASPECT OF THE APPLICATION AND INFORMATION DISCLOSED.

With my signature or electronic signature I understand that I agree to the Privacy and Terms and give Small Steps in Speech permission to contact all related service providers as mentioned in the application.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

I verify that I am the above named person and the name I have provided is my own. I understand that false statements will immediately invalidate my application to Small Steps in Speech.

Signature of Person Nominating Child, if other than parent

Date

Printed Name of Person Nominating Child, if other than parent

I verify that I am the above named person and the name I have provided is my own. I understand that false statements will immediately invalidate my application to Small Steps in Speech.