

# THE APRAXIA FOUNDATION: HEARING ALL VOICES INC.

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Application for coverage of services:

PERSON'S NAME:

AGE:

ADDRESS:

PHONE:

EMAIL:

**DESCRIBE CURRENT WAYS OF COMMUNICATION:**

**IS THE CHILD RECEIVING SPEECH THERAPY?  
SPEECH OR COMMUNICATION DISORDER DIAGNOSIS:**

**TOTAL ANNUAL HOUSEHOLD INCOME:**

**NUMBER OF CHILDREN LIVING IN THE HOME, INCLUDING APPLICANT:**

**HOW'D YOU HEAR ABOUT US?**

Please attach with the application the following:

- 1.) Recent W-2/ IRS 1040 Federal Tax Return or verification of income
- 2.) IEP plan if the individual has one.
- 3.) Any current speech therapy records, including frequency and duration of treatments.
- 4.) Documentation of diagnosis and other relevant information on speech conditions.
- 5.) Professional letter from Speech Language Pathologist.
- 6.) Quote of Service for requested service.