

**CERTIFICATE OF NEED
(FOR USE BY SLP ONLY)**

Please complete the following evaluation based on your knowledge of the client's need.

Communication Impairment

Please indicate the client's type of speech impairment.

Please describe the client's impairment severity (how the individual presents).

What speech device is your client currently applying for?

What is current status of your client's speech impairment and the expected course of the speech impairment as it relates to an underlying disease/condition?

Ability to Meet Communication Needs with Other Approaches

Has your client applied to receive a device funded by their insurance?

(Check One)

Yes

No

If so, what portion of the cost was the insurance company willing to pay?

If the insurance company would not cover the cost of the entire device, can your client afford the co-pay? (Check one)

Yes

No

Why is the patient unable to fulfill daily functional telecommunication needs without this particular device?

Clinician Information

Last Name

First Name

Clinic Address

Email Address

City, State, and Zip Code

Telephone Number

Fax Number

I assert to my qualification under penalty of perjury that my above answers are true and correct.

X _____

Signature

X _____

Date

APPLICANT CHECKLIST (THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ELIGIBILITY)

- APPLICATION AND CERTIFICATE OF NEED:** The sections labeled Applicant Information, Release of Information, and Certificate of Need found above.

- PROOF OF INCOME:** Applicants must show proof that **all** of their annual income does not exceed 200% of the Federal Poverty Level. If married, both incomes are required. Sources of proof can include, but are not limited to, a governmental benefit check stub or letter, pay stub, or W-2 form. Proof of income must be from within the last calendar year at the time of applying.

- PROOF OF PHONE OR INTERNET SERVICE:** Applicants must provide proof of cellphone, landline, or internet phone service. The applicant's most recent bill will suffice.

- PROOF OF GEORGIA RESIDENCY:** Applicants must be a resident of Georgia. Applicant's driver's license, state ID, rental agreement, any utility bill, or a piece of mail from a government agency may be used to determine this requirement.

APPLICANT MAY SUBMIT FORM AND REQUIRED DOCUMENTS VIA:

Mail: 2296 Henderson Mill Rd NE
#115 Atlanta, GA 30345

Fax: 404-297-9465 Phone: 888-297-9461

Email: info@gcdhh.org