

KCDDD PART C - EXTRAORDINARY EXPENSES FUNDING REQUEST FORM

Agency Name ABC Children's Agency

Child's Name/Identifier: Client's Name

Date of Birth: D.O.B.

Name of FRC: FRC's Name

Submitted By: Name

Phone: FRC's phone number

Date: Today's Date

Description:

(Client's Name) has been diagnosed with (mild to moderate sensorineural unilateral hearin loss in the right ear) which will require (hearing aid amplification of have full access to sound). (Client's Name) is (significantly delayed) in his expressive language skills.

(Client's Audiologist/Doctor) is requesting (a new hearing aid, 2 earmolds and hearing aid evaluation). This request is supported in the child's IFSP, dated (date)

(Audiologist) has selected (name and model of hearing aid). This hearing aid offers (flexibility and can be programmed to meet client's needs, should his/her hearing loss progress.)

(Audiologist) has written a letter in liue of a physician prescription. The letter is attached. The single unit price is provided in (the letter from the audiologist).

Funding Request Grid

Hearing Aids												
Calendar Year	Service Months		# of Hearing Aids	Single Unit Cost per Hr Aid	Sub-Total	# of Earmolds	Cost per Earmold	Sub-Total	Flat Fee	Total	KCDDD Approval	Notes
	From	To										
2004	07/01/04	07/31/04	1	\$ 369.00	\$ 369.00	1	\$ 45.00	\$ 45.00	\$ 250.00	\$ 664.00		
2005	01/01/05	01/31/05			\$ -	1	\$ 45.00	\$ 45.00	\$ -	\$ 45.00		
					\$ -		\$ 45.00	\$ -	\$ -	\$ -		
Sub-Total			1	---	\$ 369.00	2	---	\$ 90.00	\$ 250.00	\$ 709.00		
Autism Spectrum Disorder Services												
Calendar Year	Service Months		A.S.D. Services	Cost per month	# of months	Total	KCDDD Approval	Notes				
	From	To										
			Intensive Autism Services			\$ -						
			Intensive Autism Services			\$ -						
			Intensive Autism Services			\$ -						
Sub-Total				---	0	\$ -						
Other												
Calendar Year	Service Months		Description	Total	KCDDD Approval	Notes						
	From	To										
				\$ -								
Total EE Funding Requested				\$ 709.00								

Example

Approved By: _____

Date Approved: _____