



**REQUEST FOR
FINANCIAL ASSISTANCE**

Name: _____

Address: _____

Phone: (Home) _____ **(Cell)** _____

Email: _____

Child's name: _____ **Age:** _____

Practitioner referred? Yes No If yes, name: _____

Is your child currently taking speak™ ? Yes No If yes, changes noted: _____

How long has your child been taking speak™ ? _____ # of capsules daily? _____

Please provide information about your family's current financial situation:

What is your estimated monthly budget for speak™ ? _____

Household Yearly Gross Income ? _____

Confidentiality

All information provided above is accurate to the best of my knowledge.

Name _____ Date _____

Approved by _____ Date _____