[TODAY’s DATE]

To: [SGD PROVIDER NAME]

[SGD PROVIDERS ADDRESS LINE 1]

[SGD PROVIDERS ADDRESS LINE 2]

[SGD PROVIDERS ADDRESS LINE 3]

From: [APPLICANT NAME]

[APPLICANT ADDRESS LINE 1]

[APPLICANT ADDRESS LINE 2]

[APPLICANT ADDRESS LINE 3]

RE: Release of Information for [APPLICANT NAME] for DDTP SGD Application

Dear Mr./Ms.:

[APPLICANT NAME] is in the process of applying for funding from the California Public Utilities Commission’s (CPUC) Deaf and Disabled Telecommunications Program (DDTP) for a Speech Generating Device (SGD). The DDTP is providing SGDs as a funder of last resort pursuant to Assembly Bill 136 (Ch. 404, 2011). The Applicant, [APPLICANT NAME], requests that [SGD PROVIDER NAME] provide the following information to the CPUC:

* Client Information Form (CIF)
* Completed SLP Evaluation Report
* Prescription, completed by Physician or other Medical Professional
* Detailed Quote for SGD (including make, model, and price of equipment, including the SGD device, accessories, mounting system and telecommunication components)
* Verification of alternative sources of funding including public and private insurance
	+ Primary or other Insurance Approval Letter for partial payment (where applicable)
	+ Primary or other Insurance Letter denying services (where applicable)
	+ Explanation of Benefits/Payments from Primary and other Insurance showing payment made (where applicable)
* Unfunded Amount to be paid by the CPUC’s Deaf and Disabled Telecommunications Program

Please submit all of the above documents to:

California Public Utilities Commission

Attn: DDTP Speech Generating Device Application

Communications Division

505 Van Ness Ave.

San Francisco, CA 94102

The SGD Application cannot be processed until all of the above documents have been received by the CPUC.

I am attaching a signed Authorization for Release of Information form to this letter for your reference.

Sincerely,

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SIGNATURE OF SGD APPLICANT or FAMILY CONTACT/GUARDIAN DATE

[PRINTED NAME OF SGD APPLICANT or FAMILY CONTACT/GUARDIAN]

PRINTED NAME OF SGD APPLICANT or FAMILY CONTACT/GUARDIAN