

SAMPLE LETTER OF MEDICAL NECESSITY



Provider's letterhead

Date:

To the Exceptional Families Matter Grant Review Team,

I am writing this letter to document the medical necessity of the request described below in support of an application to the Exceptional Families Matter Grant administered by Exceptional Families of the Military (EFM).

Exceptional Family Member (EFM) Information

Name of Exceptional Family Member:

Date of Birth:

Relationship to Service Member:

Medical and Functional Background

The above-named Exceptional Family Member has a documented medical, developmental, and/or educational condition that impacts daily functioning, health, safety, and/or access to appropriate care or services.

EFMP Enrollment: ☐ Yes ☐ No

Requested Support

The family is requesting assistance through the Exceptional Families Matter Grant for the following:

Requested item, service, or support:

Estimated cost (up to \$500 per EFM per fiscal year):

Statement of Medical Necessity

Based on my professional judgment, the requested item or service is medically necessary for this Exceptional Family Member. This support is required to:

- Address needs directly related to the individual's diagnosis or functional limitations
- Improve or maintain health, safety, or developmental progress
- Prevent regression or increased medical risk
- Support access to appropriate care, education, or therapeutic services

Without this support, the Exceptional Family Member may experience increased barriers to care or negative health and functional outcomes.

Additional notes (if applicable):

Provider Attestation

I certify that the information provided above is accurate and based on my professional evaluation. This letter is provided solely to support the family's application for assistance through the Exceptional Families Matter Grant.

Provider Name:

Professional Title / Specialty:

Practice or Facility Name:

Phone Number:

Email Address:

Provider Signature: