

The Children's TherAplay Foundation, Inc.

2025 Scholarship Application

(a separate application is needed for each child)

Date of application:

Application will NOT be reviewed without ALL required documentation
** I understand that the Scholarship is not effective until approved and in
the interim the full fee for service amount will be the responsibility of the patient **

Patient's Name:	Patient's Date of Birth:		
Type of se	rvices patient is currently	receiving from The Children's TherAplay Foundation, Inc.:	
	☐ Physical Therapy	☐ Occupational Therapy ☐ Speech Therapy	
Parent/Guardian 1:		Parent/Guardian 2:	
Home Address:		Home Address:	
City, State, Zip:		City, State, Zip:	
County:			
		Phone: (Home)	
Phone: (Work)			
		Cell:	
		E-mail:	
Insurance:			
Insurance Co:		Insurance Co:	
Policy/Group #:		Policy/Group #:	
Ins. Co. Address:		Insurance Co. Address:	
City/State/ Zip:	Telephone	City/State/ Zip: Telephone:	
Insured's Name:	SSN#:	Insured's Name:SSN#:	
Insured's DOB:		Insured's DOB:	



Insured's Relationship to Client:____

Insured's Relationship to Client:_____



Household Demographics
Please indicate your annual household income: \$
Number of full time residents in your household:
How many of the above residents are school-age children?
How many of the above residents are children in childcare?
Narrative Question
Why have co-payments become burdensome and possibly prohibitive to your continuation of care at Children's TherAplay, and how might assistance from the Scholarship Fund help alleviate your family's financial barriers?
Attachment: I have included most recent Federal and State tax return (only the first and last pages are necessary).
In the event of shared/joint custody, all custodial parties must attach a copy of their most recent federal and state

Please return application to the front office by 5:00 PM on Friday, February 29, 2025

tax returns





THE CHILDREN'S THERAPLAY FOUNDATION, INC. SCHOLARSHIP BILLING POLICIES

As a recipient of the Scholarship Program, I understand that:

- The average fee for physical and occupational services averages \$135.00-225.00 per hour. The Children's TherAplay Foundation, Inc. Scholarship Program is made possible because of a generous contribution from Indianapolis Indians Charities.
- Once my Scholarship Application is completed and processed, a determination will be made of my <u>out of pocket</u> payment for each date of service.
 - 1.) I understand that I am responsible for my co-payment or co-insurance amount on every date of service.
 - 2.) I understand that I am responsible for my insurance contractual amount of payment while meeting my patient deductible. (Note: if you need assistance in obtaining this information, it can be found on your insurance EOB.)
- Applicants will be notified of determination by February 28, 2022.

Signature I have rece	ived, read, understand and will comply with	The Children's TherAplay Foundation, Inc	:.'s Scholarship Policies above.
Signature		Date	
	(One copy for your records; the second should b	e signed and returned to The Children's TherAplay Fo	oundation, Inc.)

