Children's TherAplay
The Children's TherAplay Foundation, Inc.

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2023 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 services patient is currently receiving from The Children's TherAplay Foundation, Inc.:

❑ Physical Therapy ❑ Occupational Therapy ❑ Speech Therapy

Parent/Guardian 1: __________________________
Home Address: _____________________________
City, State, Zip: ______________________________
County: ______________________________________
Phone: (Home) _____________________________
Phone: (Work)______________________________
Cell: _______________________________________
E-mail: ____________________________________

Parent/Guardian 2: _______________________________
Home Address: ___________________________________
City, State, Zip: ___________________________________
County: ____
Phone: (Home) ___________________________________
Phone: (Work)____________________________________
Cell: ____
E-mail: ____

Insurance:

Insurance Co: ______________________________________
Policy/Group #: ____________________________________
Ins. Co. Address: ___________________________________
City/State/ Zip: _______________________Telephone________________
Insured's Name: ______________________ SSN#: ___________________
Insured's DOB:_________________________________
Insured's Relationship to Client:________________________

Insurance Co: ____
Policy/Group #: ____
Insurance Co. Address: _____________________________________
City/State/ Zip: _____________________ Telephone:_______________
Insured's Name: _____________________SSN#:___________________
Insured's DOB:_________________________________
Insured's Relationship to Client:________________________________

United Way
United Way agency

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?

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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 tax returns

Please return application to the front office by 5:00 PM on April 30, 2023.

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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 out of pocket 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.)

Signature

I have received, 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 be signed and returned to The Children's TherAplay Foundation, Inc.)