THERAPY FROM THE HEART

SCHOLARSHIP APPLICATION FOR ASSISTANCE

(Scholarship applications are for an individual child living in the State of Michigan)

Therapy From the Heart (TFTH) is proud to offer scholarships to financially support children with special needs and their families with the cost of therapies or activities that are either not covered by their insurance or present a financial hardship. We encourage all families, regardless of financial status, to apply for our special needs scholarship. Our scholarships would not be possible without the donations of our friends, supporters, and fundraising events.

Scholarships are intended to assist with insurance deductibles, copays, co insurance, or to offset the costs of services that are not covered by an individual's insurance. They are intended for therapy services that enrich the life of the child.

Examples of activities which may be awarded scholarship funds include:

Speech therapy, occupational therapy, physical therapy, applied behavioral analysis therapy, hyperbaric oxygen therapy, massage therapy, and pediatric therapy camps.

Before completing the scholarship application, please gather the following:

- In order to be considered complete, each scholarship must include:
    - Copy of most recent tax return.
    - Statement or prescription from child's physician
    - Denial or explanation of benefits from insurance
    - Copy of insurance cards
    - Acceptance and Invoice from provider
    - Denials from other organizations helpful but not required
    - Completed application with parent/guardian signature

Guidelines for Scholarship Application:

- Applications must be complete.
- Applications must be received **at least two weeks prior** to each Quarterly Scholarship Review Date. Review dates are 1/1, 4/1, 7/1, and 10/1 of each year.
- Decisions will be made within 45 days of the Quarterly Scholarship Review Dates. Please do not contact the office prior to 45 days.
- Applications will be accepted without regard to race, national origin, ethnic background, sex or religion.
- Scholarship awards will be made only to service providers or the vendor/organization that employs the provider.
- Scholarships are awarded for the benefit of the individual applicant NOT to the service provider and can only be used for the benefit of the individual applicant.
- TFTH will consider applications based on merit, financial need, and the availability of funds.

The disbursement of funds from Therapy From the Heart, Inc. to recipients up to the age of 22 will consist of an application and the guidelines set forth in that application.
Upon receipt of application, information provided will be reviewed, and if necessary, verified. However, the approval of the application depends solely on the preceding information as other circumstances may apply. If the applicant's request exceeds the available funds of the organization, the request may be tabled until such funds become available or partial funds may be awarded. With applications that are denied, a letter will be sent to the applicant regarding the decision. Applicants who wish to reapply must provide additional documentation that the child or family's circumstances have changed or that all other possible alternatives have failed. By awarding finances, Therapy From the Heart, Inc. is making no recommendation as to the appropriateness or safety of a particular service for each applicant. Therapy From the Heart, Inc. is not responsible for the safety and progress of the child. Each family is strongly urged to consult with their physician and therapists regarding the choice and use of a particular service. We will not give out names or any other information on any applications or requests received.

CHECK LIST:
1. A prescription from the child's physician stating that the applicant would benefit from the service you are requesting.
2. A letter of denial from the child's insurance provider, which states that the requested service was denied and a copy of insurance verification/cards. For coverage of deductibles, copay, or co insurance a written and signed statement from you regarding financial hardship.
3. A letter from the school confirming enrollment if over 18.

4. An invoice from the service provider and dates of attendance. (Payment will be made directly to the provider).
5. Copy of most recent tax return.
6. Completed application with your signature.

The above information is required – applications that are not completed in full or missing required information will not be reviewed until complete

MAIL APPLICATION AND REQUIRED INFORMATION TO:
Therapy From the Heart
44738 Morley Dr.
Clinton Township, MI 48036

THERAPY FROM THE HEART

SCHOLARSHIP APPLICATION FOR ASSISTANCE

FOR OFFICE USE ONLY:
#
DATE RECEIVED
REQUESTED AMT
AWARD AMT
DATE PAID

The candidate's parent or guardian must complete this application in full before the board will review the case. Please be sure to include all additional documents listed on the Grant Application Submittal Checklist. All information submitted is confidential.

Questions? Please contact: Amanda Mangas
586.421.4062 Phone
586.421.4072 Fax
info@therapyfromtheheart.org

Therapy From the Heart Application for Assistance
www.therapyfromtheheart.org
info@therapyfromtheheart.org

APPLICANT INFORMATION:
Applicant Name: _____
Date of Birth: _____Sex: _____
Street Address: _____
City: _____Zip:_____County:_____

PARENT/GUARDIAN INFORMATION:
Primary Caregiver's Name(s):_____
Relationship to applicant: _____
Caregiver's address if not same as Applicant:
Street Address: _____
City: _____Zip:_____County:_____
Home phone: _____Work:_____Cell:_____
E-mail:_____

Annual household income $_____

Do you receive state of federal assistance (SSI/SDI)?____ If yes, how much?_____

Type of health insurance coverage_____

Do you have state paid insurance (i.e. Medicaid, MiChild)?___ If yes, type?_____

Out-of-pocket medical expenses in the last year for candidate $_____

Applicant's Diagnoses:_____
_____
_____
_____

Obstacles related to diagnoses:_____
_____
_____
_____

ASSISTANCE REQUEST:

Specific service requested (please provide exact name of the service requested)
_____

How will this requested service improve your child's life?_____
_____
_____
_____
_____
_____

Number of treatments/visits_____ Cost per treatment/visit $_____

Will doctor/organization participate with Therapy From the Heart through a discount?_____
If grant is awarded, who will receive payment? Name_____
Address_____ City_____
State_____ Zip_____ Phone_____

Date funding is needed:_____ Explain:_____
_____
_____
_____
_____

If funding has been sought from additional sources, please list from whom?_____
_____
_____

If funding has been received, from whom and in what amount?_____
_____
_____

Any additional information relevant to the request_____
_____
_____
_____
_____
_____
_____
_____

I hereby release, hold harmless and indemnify Therapy From the Heart, its directors, trustees, officers, employees, volunteers and agents from and against all claims, liabilities, losses, costs, damages or expenses, including reasonable attorney fees and litigation expenses, resulting from or in connection with any treatment or other benefit that is awarded to me by Therapy From the Heart pursuant to my scholarship request. In addition, I certify that all of the information that I have submitted and all of the statements that I have made in support of this grant request are true, and I agree that any false information, misrepresentation or omission of facts by me may result in the cancellation or immediate dismissal of my application and that Therapy From the Heart reserves the right to take any necessary action to recover any benefits, or the value of any benefits, awarded to me in reliance upon such false information, misrepresentation or omission of facts.

Signature: _____

Date: _____