

## TIKVAH FOR TEENS & KIDS APPLICATION

This application must be completed by a parent.

### **Section A**

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email address \_\_\_\_\_

Name of child in therapy \_\_\_\_\_ Date of Birth \_\_\_\_\_

What is the issue that requires therapy? (check all that apply)

- ADHD    mental illness    abuse    anxiety/depression    family relationships  
addiction    loss/grieving    serious illness    social issues  
struggling in school  
other (please specify) \_\_\_\_\_

Has your child seen a therapist in the last 3 years? Yes    No

If yes, please provide names and dates of service:

Name of Therapist	Approx. Start Date
_____	_____
_____	_____
_____	_____

Name of anticipated therapist: \_\_\_\_\_ Estimated cost per session: \_\_\_\_\_

If this funding is required for the evaluation or testing of your child, what is the total estimated cost? \_\_\_\_\_

Who referred the anticipated provider? \_\_\_\_\_

Is there someone advising client in pursuing care for this issue? Yes    No

If yes, who? \_\_\_\_\_

Please provide name and phone number of your family Rabbi who is familiar with your situation. \_\_\_\_\_

Have you or your child dealt with anyone at the school? Yes    No

Please provide us with someone at the school who we can make contact with regarding this request \_\_\_\_\_

How did you hear about Yesh Tikvah? \_\_\_\_\_



Please explain why this funding is important for you and state any other concerns or information that you would like to convey in order for the YT committee to fully understand your situation.

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Please explain why your child was unable to receive services through the school, school district, health insurance or Bellfaire?

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**Section B**

Your occupation \_\_\_\_\_ Spouse's occupation \_\_\_\_\_  
Total monthly income (total should include all forms of income i.e.; parental support, alimony, parsonage etc.) \_\_\_\_\_

Number of children in family \_\_\_\_\_ How many live with you or do you support? \_\_\_\_\_

Monthly tuition fees for entire family \_\_\_\_\_

Does family have health insurance?  yes  no  
If yes, please state company and policy type \_\_\_\_\_

Please provide all information regarding the amount of coverage health insurance provides for counseling (i.e. co-pay, number of visits allowed annually, deductibles etc.) \_\_\_\_\_

Does family receive government benefits?  yes  no If yes, please provide details and amounts. \_\_\_\_\_

Does your child receive any scholarships, autism scholarship, John Peterson etc.?  yes  no  
If yes, please list \_\_\_\_\_



Please list any mitigating financial circumstances that family is undergoing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Section C**

*Please note that YT may request further references or information if the situation warrants it.*

I confirm that all the above information is correct to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ For office use only. Please do not write beneath this line \_\_\_\_\_

Client ID# \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_



## GUIDELINES FOR FINANCIAL ASSISTANCE

*Please read and sign prior to filling out the application.*

The following are the Guidelines of Yesh Tikvah for providing financial assistance to individuals for mental health counseling or therapy.

Yesh Tikvah (YT) is a 501(c)(3) Non-Profit Organization. YT is funded and supported by and through the generous support of tax deductible contributions and other support of the community.

YT uniquely provides financial assistance to individuals to seek and obtain the mental health counseling and therapy they need but otherwise cannot afford.

YT financial assistance is limited to covering a certain percentage of an individual's therapy or counseling session fees. YT does not cover the costs of any other mental health services or supports and does not provide any financial or other assistance in connection with any prescriptions or medications.

YT is not a health plan, health insurance issuer, health maintenance organization or health care provider. It is a resource for financial assistance for those in need who do not otherwise qualify for comparable coverage through medical insurance and/or government programs like Medicare and Medicaid. Before applying to YT for help, those seeking financial assistance must demonstrate that they are not eligible for comparable care through medical insurance or government programs (*i.e.*, Medicare or Medicaid) or that the medical coverage they have has significant co-pays or deductibles for which financial assistance is necessary.

**Anyone wishing to seek financial assistance through Yesh Tikvah must complete the entire Yesh Tikvah Client Application honestly and in full.** A copy of the Yesh Tikvah Client Application is attached to these Guidelines. Incomplete Applications may result in delays in consideration or in rejection.

Anyone who completes and submits a Yesh Tikvah Client Application, whether they are awarded financial assistance or not, is considered a YT Client for privacy, confidentiality and security of information purposes. YT has special policies and provisions to protect the privacy, confidentiality and security of Client information.

Yesh Tikvah has established and appointed a special Committee of individuals to review Client Applications. Applications will be reviewed in the order in which they are received, on a rolling basis. Approved Applications are subject to the availability of funds to provide financial assistance.

YT funds available for financial assistance are extremely limited and subject to the generosity of donors. YT reserves the right, at its sole discretion, to limit its financial assistance to its available funding, notwithstanding the approved status of any Application.

Except in extraordinary circumstances, or as Yesh Tikvah may, in its sole discretion, make exception from time to time, YT restricts financial assistance to adults (18 and older) for mental health counseling or therapy.

YT financial assistance shall be contingent upon the Client's obtaining mental health counseling or therapy from a mental health counselor or therapist who is acceptable to YT, at rates acceptable to YT. Decisions about adding or removing a counselor or therapist are solely that of YT. Decisions as to acceptable rates are solely that of YT. Clients, therefore, are advised to check with YT on acceptable mental health counselors and therapists and acceptable rates. Since YT wishes to assist as many people as possible, we ask that Clients discuss therapy rates with the selected therapist and attempt to negotiate as low a rate as possible. If the Client is not covered by insurance, therapists may be willing to provide services at a rate that the therapist has agreed to accept from a health care insurer. Our goal is to pay therapy rates at \$100.00 or less per session, if possible.

Should YT approve a Client for financial assistance, any actual financial assistance that YT may provide shall be and is expressly subject to each and all of the following conditions, unless specifically waived by the committee:

Client must first have completed, signed and submitted to YT the Yesh Tikvah Client Application, as well as read, agreed to, signed and submitted a copy of these Guidelines.



The Client's Yesh Tikvah Client Application must first have been approved by the YT Committee for financial assistance.

YT must determine that it has sufficient funds to provide the Client financial assistance for either 18 or 24 sessions or for such other time periods and durations YT may determine.

Clients may request assistance for 18 or 24 sessions, to be completed in 6 to 8 month period or a duration that YT may determine.

YT may decide to limit, restrict or rescind Client financial assistance for any reason, at YT's sole discretion at any time.

In the event Client receives any insurance or governmental reimbursement for any sessions paid by YT, Client agrees to immediately notify YT of the reimbursement and to remit to YT any amount of the reimbursement requested by YT.

YT will only pay for the therapy if we receive the invoice and receipt of payment within 60 days of the session.

Any financial assistance YT may make on behalf of Client shall be paid to the mental health counselor or therapist, with instructions that such financial assistance be applied only to the costs of the monthly counseling or therapy sessions for which financial assistance was approved. Accordingly, YT does not pay any financial assistance directly to the Client. Further, in no event may any financial assistance be applied to any liability for past therapy sessions or to other balances or reimbursements due to the counselor, but not for approved sessions, or for missed session charges. For example, financial assistance cannot be used to pay for books, CDs, tapes, or other similar items, even if recommended by a counselor or therapist.

YT does not assume responsibility for quality of care or services. The choice of mental health counselor or therapist is that of the Client. Even though YT may limit financial assistance for Client sessions with a mental health counselor or therapist acceptable to YT, in no event does YT prohibit or restrict any person from obtaining mental health counseling or therapy from any mental health provider. Just as it is the Client's choice to decide on a mental health counselor or provider, it is the Client's choice whether to seek or pursue financial assistance through YT.

YT reserves the right to condition Client financial assistance at any time upon the Client's reporting any developments in the Client's situation that may impact YT's decision to provide financial assistance. For example, the Client is responsible to inform YT of any material change in their financial circumstances (such as obtaining insurance covering sessions) from that which existed at the time the Application was made for YT assistance. Similarly, YT reserves the right to condition Client financial assistance based on the Client's maintaining contact with YT periodically as determined by YT with respect to the Client's perceived progress as a result of mental health counseling or therapy.

As a condition for receiving any financial assistance, the Client must keep all details of YT financial assistance strictly confidential.

YT reserves the right to stop funding assistance at any time and for any reason.

Please be aware that the final responsibility to pay the provider lies with the Client. YT will not provide financial assistance unless the Client complies with all YT Guidelines and any other requirements which may be a condition of assistance. By signing, the Client agrees to abide by the above Guidelines.



I understand and agree that YT and its committee may speak to the Rabbi or provider or person advising the client (listed it on the application form) about therapy. We will only do this in order to determine if YT will fund the services requested.

I/we acknowledge that Yesh Tikvah is solely a funding organization and is not a provider of health care, nor has Yesh Tikvah selected my health care provider. I/we agree to release Yesh Tikvah for any and all liability for (i) any services I receive from any health care provider;(i) for any actions Yesh Tikvah's may take or not take based on information it receives from my health care provider(s) or others; and (iii) for any funding decisions Yesh Tikvah makes regarding my application.

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Parent Signature

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Print Name

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Date Signed

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