

## Intake Form

*Please complete the following form in order for us to finish your application.*

- 1) How often would you like to see your therapist (e.g. once a week)\_\_\_\_\_
- 2) There are 2 tracks for funding, you may either go for 18 sessions and YT will pay for 75% of the sessions or you can go for 24 sessions and YT will pay 60% of the sessions. How many sessions would you like?\_\_\_\_\_
- 3) What is your preferred method of contact?\_\_\_\_\_
- 4) If the answer to number (2) was not email, how would you like us to send you documents?\_\_\_\_\_

4) We ask that you negotiate the best price with your therapist and that it not exceed the price he/she charges insurance companies. What is the price you have agreed with the therapist?\_\_\_\_\_

5) What is the contact information for your therapist?

Name\_\_\_\_\_

Street Address\_\_\_\_\_

Suite No.\_\_\_\_\_

Zip code \_\_\_\_\_

Phone number\_\_\_\_\_ email address\_\_\_\_\_

Since the success of our programs depends on donations, we need to show that people are being helped. We will be contacting you several times during the time YT is funding your therapy, as well as up to 1 year after YT has stopped funding. We will not ask about details of therapy sessions or any interactions you have with your therapist or anyone else. It is solely to see if you are finding the therapy to be beneficial.

To help us evaluate the benefits of our funding we ask that you tell us how you are doing now. Please complete the questions in the survey by circling the correct answer.

All invoices must be received by YT within 60 days of the date of the session in order for us to reimburse your therapist.



יש תקווה  
Yesh Tikvah  
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