



enTECH and Kosair Charities Financial Assistance Program

Please complete this form and e-mail to entech@spalding.edu

1) Name of parent/legal guardian _____

Home phone _____ Mobile _____

2) Name of child _____

3) Address _____

City _____ State _____ Zip _____

4) Name of referring therapist _____

Phone Number _____ e-mail _____

5) Is this therapist: OT _____ Speech _____ PT _____

6) Does your child receive Medicaid? Yes _____ No _____

7) Name of device being requested _____

8) Has this device been trialed? Yes _____ No _____ If yes, when _____

9) Has insurance been filed for this device? Yes _____ No _____

10) If yes, what is the amount that Insurance will cover for this device? _____

11) How will this device help to enhance the daily activities for your child?

12) By checking this box, I understand that should I be awarded funding to purchase this device, I will be required to participate in a photo opportunity with my child or to write a testimony stating how this device is improving my child's quality of life.

13) Print name _____ Date _____

14) Signature _____