

the starfish project

THE STARFISH PROJECT APPLICATION

Child's Details:

First Name: _____

Surname: _____

Child's Gender: Male Female Child's DOB: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Child's Illness: _____

Date of Diagnosis: _____

Current State of Child's Health: (ie; diagnosis, seeing any specialists, and list of medication).

Insurance coverage? Yes No

Insurance company _____

If yes, please include a copy of coverage for services.

Deductible: _____

Co-pays: _____

How much has been used toward your deductible? _____

Mother's/ Legal Guardian Details:

First Name: _____

Surname: _____

DOB: _____

Occupation: _____

Address (if different than child's): _____

Phone number (H): _____ (W): _____ (C): _____

Email: _____

Employer: _____

Employer address: _____

Father's/ Legal Guardian Details:

First Name: _____

Surname: _____

DOB: _____

Occupation: _____

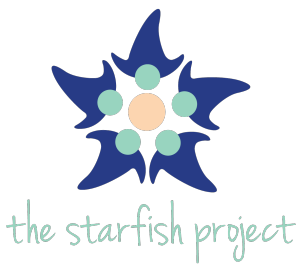
Address (if different than child's): _____

Phone number (H): _____ (W): _____ (C): _____

Email: _____

Employer: _____

Employer address: _____



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Household Income:

Please include a current pay stub of anyone residing in household and a copy of your/ their previous year tax return.

Sibling's Details:

Full Name	M/F	Age	DOB	Resides with Child Y/N

If there are additional children please provide separate sheet of paper.

Details of all other people residing with child:

Full Name	M/F	Age	DOB	Resides with Child Y/N

Has the child received assistance from any other non-profit organizations?

Yes No

If yes, please detail _____

We/I confirm that the information above is complete & true, to the best of my knowledge. We/I, the child's Parent(s)/Guardian authorize The Starfish Project, Inc., to obtain all medical information about the child which The Starfish Project, Inc., may feel necessary for consideration or fulfillment of the services with all medical information regarding the Child. If my/our child is eligible for a services, I/we agree that a copy of this application may be sent to The Starfish Project, Inc. therapist(s) that may assist with the services.

Parent/Legal Guardian Name: _____
 Signature: _____ Date: _____