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: _____