



NOTICE OF AVAILABILITY OF UNCOMPENSATED SERVICES
(Effective for 2009)

Date: _____

Dear: _____,

Redwood School & Rehabilitation Center is required by law to give a reasonable amount of its services free to persons who cannot afford to pay for care.

You can apply for “uncompensated services” for the following programs: Early Intervention, Speech/language Therapy, Occupational Therapy, Physical Therapy, Nursing, Adult Day Health Care (Life Skills I, II, III, Vocational Life Skills, and Computer Life Skills), Community Living Supports, Employment Services, and Assistive Technology Services.

You cannot apply for “uncompensated services” for: Early Childhood Childcare, School-aged Childcare, Preschool Education, Summer Day Camp, Summer Computer Camp, Computer Learning Center or After Work Program.

*

You are eligible to apply for uncompensated services if your family’s income is at or below the following levels:

<u>Size of family unit</u>	<u>Guideline</u>
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

For family units with more than 8 members, add \$3,740 for each additional member.

If you think you may be eligible for uncompensated services, please complete and return the attached application for “Determination of Eligibility” and substantiating documentation of income, to Redwood’s Child Development Billing Coordinator.

A written determination of your eligibility to receive uncompensated services will be made within 2 working days following the completion and submission of the “Determination of Eligibility” form and substantiating documentation of income.



APPLICATION/DETERMINATION OF ELIGIBILITY (2009)

A written determination of client eligibility to receive uncompensated services will be made within 2 working days following the completion and submission of this form and substantiating documentation of income

APPLICATION FOR HILL-BURTON ASSISTANCE (Completed by Client)

Date applied: _____ Client's name: _____

Type of service(s) requested: _____

I am NOT interested in applying for Uncompensated Services _____
Signature: client or family member

Family income: _____ Size of family: _____

	Last 12 months	Last 3 months
Client's gross income	_____	_____
Other family income	_____	_____
Total family income	_____	_____

I certify that the above information is true and accurate to the best of my knowledge.

Signature: client or family member: _____

ELIGIBILITY DETERMINATION (For office use only)

Date application and documentation of income received: _____

Income Verified: _____ yes _____ no Type of Verification: _____

Income eligibility standards for different family sizes:

1-\$10,830 2-\$14,570 3-\$18,310 4-\$22,050 5-\$25,790 6-\$29,530 7-\$33,270 8-\$37,010
8+ add \$3,740 for each

_____ YES – You are eligible to receive uncompensated services at Redwood, until our Uncompensated Services obligation has been met.

_____ NO – You are not eligible to receive uncompensated services at Redwood for the following reason:

Date determination was made: _____ Date applicant notified: _____

Determination made by: _____ Title: _____

Distribution of copies: (1) Copy to client stapled to "Individual Written Notice", (2) Copy stapled to "Individual Written Notice" to Child Development Billing Coordinator for central "Hill-Burton File".