



Enrollment Acknowledgment Form for MHM Child Therapy and Training Program

The Ecumenical Center for Religion and Health recently received funding from Methodist Healthcare Ministries for our Child Therapy and Training Program. The services covered under this program include counseling services, play therapy, neurofeedback, and parent child workshops. To participate in this program, Methodist Healthcare Ministries has set certain eligibility guidelines. Recently the Ecumenical Center received a revision of the previous guidelines which restricted use of the funds to clients whose incomes are less than 200% of the Federal Poverty Level. In the revision it was amended to include an additional statement which says "...and/or the clients are uninsured or underinsured for the services provided..." It is the Ecumenical Center's position that these grant funds must be used in the spirit of MHM's desire to provide services to those least served or who do not possess the means to pay for quality, professional health care services.

The purpose of this document is to inform you of these facts because your counselor has made a decision, based on his/her conversations with you, that you may be eligible to participate in the program. Please initial below next to the statement which best describes the reason why you are eligible for inclusion in our Child Therapy and Training Program grant.

_____ My family income is less than 200% of the Federal Poverty level for a family of my size.

_____ My family does not have any insurance which will cover the service(s) covered by this grant.

_____ My insurance does not provide coverage for a specific portion _____
of the grant. (Name of service provided)

_____ My insurance does not cover the total cost of child therapy services covered under this grant.

_____ Other extenuating circumstances (see comments below).

Comment: _____

My signature below acknowledges that I have read and understand the guidelines to participate in the Child Therapy and Training Program funded by Methodist Healthcare Ministries. I also acknowledge that the Ecumenical Center does not accept Medicaid and that enrollment within this program will continue as long as funding is available.

Parent/Guardian Signature Date

Name of Child

Signature of Counselor Date