

CLIENT APPLICATION



Name _____ Age _____ Birth Date ____/____/____

Address _____ City/State/Zip _____

Home Phone (____) _____ Work Phone (____) _____

Marital Status of Parent or Patient ____ Single ____ Married ____ Divorced ____ Widow (or) ____

Occupation _____ Employer _____

If not presently employed state reason:

Referred by _____ Doctor _____

Has patient been evaluated? _____ by whom? _____

Diagnosis? _____

If no diagnosis, what are the symptoms? _____

Does person have insurance? _____ Company with? _____

Does person or parent think present Doctor is _____ is not _____ helping the person?

_____ If not, why? _____

Have you applied elsewhere? _____ Results? _____

Other information that you feel will help us determine your application:

Results? _____

All accepted applicants or families must pay a \$20.00 co-pay OR volunteer time to the Foundation.

We only accept US citizens, or if person is in the process of becoming a citizen, that is also acceptable. We do not have anyone to interpret if the person cannot speak English. The J. Timothy Hogan Foundation is very small and we cannot take on this added expense at this time.

Office Use:

Date Application Rec'd _____ Status: _____

Interviewed by _____ Reviewed by _____