



PATIENT ELIGIBILITY

As of 5/1/2024, new clients currently receiving outpatient therapy services for the same discipline requested are **NOT ELIGIBLE** to receive services. Please keep in mind that our mission is to provide help and hope to as many families as possible!

Please check all of the following statements that apply to you.

- I (or my dependent) do not have insurance.
- I (or my dependent) have insurance but it does not cover the needed therapy.
- I (or my dependent) have insurance, but I have exhausted the benefits for the covered service.
- I (or my dependent) have insurance, but have been unable to locate or receive services in our area within a reasonable time (6 months.)
- I (or my dependent) have insurance that covers the services sought, but I am unable to afford my plan's co-pays and/or deductibles.
- I (or my dependent) have been directly referred by the Alabama Department of Rehab Services or the Alabama Department of Mental Health.
- I am a Faulkner employee or family member of a Faulkner employee.
(Family member = Same household or parents of employees)

Please initial beside the following statements to acknowledge your understanding.

- I understand that this is a pro-bono clinic offering Speech Therapy, Occupational Therapy, and Physical Therapy as well as Mental Health Counseling. Services may be provided by students who are supervised by a licensed provider.
- I have accurately represented the information indicated on the above "Patient Eligibility" form. I understand that any misrepresentation regarding the above information will preclude me from receiving treatment through the clinic.

Responsibility Party Signature _____

Printed Name _____ Date _____

****The Faulkner Center for Therapy and Research strongly supports our local clinics. If you do not qualify, we will gladly refer you to the appropriate local clinic! ****