Application for Location-Based Services

Please note: This application is ***ONLY*** for individuals who are able to receive massage, acupuncture, and chiropractic care at the Chanda Center for Health in Lakewood, CO. The boundaries for Location-Based Services include the Denver Metro counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert, and Jefferson. If you live outside the Denver Metro area, complete our **Provider-Based Services** application. **Please do not complete if you are eligible for the Spinal Cord Injury Waiver (see below for eligibility).**

Name: ____ **Date of Request:** ____________________________________

Phone Number: ________________________________ **Email:** ____

Address: ____ **County:** __________________

City: _______________________________ **State:** ____________ **Zip:** __________

Birthdate: _______________ **What gender do you identify with:**_______________ **Ethnicity (optional):**_________________

Physician Name: _____________________________ **Physician Phone Number:** ___________________________________

Diagnosis: ____ **Date of Injury/Diagnosis:**___________________________

If injured, how did you sustain your injury: ____

If spinal cord injury, what level (i.e. C4/C5) __________________ **Referred By:** __________________________________

If you have private insurance, Medicare or Medicare,
please list the name of insurance and ID Number: ____

Have you received support from the Chanda Plan Foundation before? **No** _____ **Yes** ______ **(year)** _______

If yes, please check type of assistance: **Provider-Based** _____ **Location-Based** _____ **(both)** _______

What type of treatment are you requesting access to? Check all that apply.

☐ **Acupuncture** ☐ **Massage** ☐ **Chiropractic**

Are you currently receiving any of these therapies, and which? _______________________________________

If yes, are you paying for these services and how much or are they being donated? ___________________________

Do you have transportation? **No** _____ **Yes** ______

Do you need assistance transferring out of your wheelchair? **No** ______ **Yes** ______

If yes, do you have an attendant who is able to assist with this? **No** ______ **Yes** ______

Are you eligible for the Spinal Cord Injury Waiver (Medicaid Pilot Program)? **No** ______ **Yes** ______

1. Be 18 years of age or older;
2. Have a diagnosis of a spinal cord injury;
3. Have been determined to have a significant functional impairment;
4. Have been determined to be financially eligible; and
5. Reside in the Denver Metro Area, which consists of Adams, Arapahoe, Denver, Douglas or Jefferson County

1630 Carr Street, Lakewood, CO 80214

Health Habits & Lifestyle

MEDICATION: please list all prescribed, over-the-counter and herbal supplements you take. If you need more space, please attach a list with your application.

Medication Name (Marijuana is considered a medication)	Dose	What does this medication treat?

Do you use recreational drugs? ______ No ______ Yes
Do you have an addictive use of pharmaceutical drugs such as pain killers? _____ No ______ Yes
If you answered yes to any of the above lifestyle questions, are you interested in setting personal goals to change any of the above habits to improve your quality of life? _____ No ______ Yes
If you'd like to elaborate on your information or history and how you think alternative treatments can help, please do so here (what kind of additional information would be helpful to us?)

Please list any symptoms for which you receive ongoing care:

Symptoms (i.e. pain, etc)	Current treatment

Please describe why integrative therapies are important to you?

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You **MUST** provide financial information and proof of income in order to be considered.

Please circle which proof of income you are including with this application:

Current year Tax Return W-2 SSDI or SSI Statement

Annual Gross HOUSEHOLD Income - Please include All Household Income, i.e. parent, step-parent, spouse, adult children (circle one):

Less than $25,000 $25,000 - $55,000 $55,000 +

Number of members in household: ___________ __________ Adults __________ Kids

Source of Income: **Annual Gross Amount:**

______________________________ $____________________

______________________________ $____________________

Total Annual Gross Household Income: **$**____________________

Assets (what do you have in savings, trusts, or investments?)

______________________________ $____________________

______________________________ $____________________

Total Assets: **$**____________________

Annual HOUSEHOLD living expenses:

Living Expenses	Monthly payment
Rent/Mortgage	$____________________
Utilities	$____________________
Loans (car, personal, etc.)	$____________________
Food	$____________________
Childcare	$____________________
Medical	$____________________
Transportation (gas, maintenance, auto insurance)	$____________________
Medical Insurance	$____________________
Other ______________________________	$____________________
TOTAL monthly living expenses	**$**____________________

Total monthly living expense x 12 = **Annual Living Expenses: $**__________________

Are you currently employed? Yes / No
If yes, how many hours/week do you work? ____

Are you currently a student? Yes / No
If yes, part time or full time? ____

Do you have private health insurance, Medicaid or Medicare? Yes / No
If yes, name of company: __________________________ **Policy Number:** __________________________
Does your insurance cover any part of the service you are seeking funding for? Yes / No

Do you have access to funds that would allow you to pay for the treatments? Yes/No
If yes, please provide details on a separate sheet of paper.
(i.e. pending legal or personal injury settlements, auto insurance due to care accident or workmen's comp claims)?

Applicant Signature: ____

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Medical Information and Publicity Release/Agreement Form:

Along with financial assistance programs to access integrative treatments, the Chanda Center for Health does outreach, fundraising and marketing (i.e. website, documentary, brochures, etc.) work to keep the Health Center information available to the community. Documentation of participant involvement and usage of material (photo, bio, etc.) is important in order to share results and the need for the Health Center. Personal health information from your integrative healthcare practitioner and medical care physician will benefit our work and increase our community support. Your release to obtain and share personal health documentation is needed for this purpose.

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I authorize Chanda Center for Health and its authorized representatives, to consult with any third party who may have information bearing on my health status at the time of my application/re-application to the Chanda Center for Health as it relates to my use of integrative therapies.

Initial ______________

I relieve and hereby agree to hold the Chanda Center for Health free and harmless from any liability arising out of the use and/or release of information; interview; photograph/videotape/film; and subsequent publication or broadcast. I understand that the interview(s) or photo session(s) are being carried out upon my consent and authorization and so assume full responsibility.

Initial ________________

I, ____, as a participant of the Chanda Center for Health, recognize and acknowledge that there are certain risks of physical injury during lifts and transfers in and out of wheelchair to treatment table for therapy. I agree to assume full risk of any injury or damage which I may sustain as a result of participating in any and all activities connected with or associated with the Chanda Center for Health. I will hold myself responsible of any damages, and I release, waive, hold harmless, discharge, and covenant not to sue the Chanda Center for Health or Chanda Plan Foundation, staff, providers, or interns from any and all liability.

Signature:____

Print Full Name:____**Date**:________________

Please fax your completed application to 1-800-533-4684 or scan and email to maggie@iamtheplan.org **or**, if you do not have access to a fax machine or scanner, **mail to**:

Maggie Cavanagh
c/o Chanda Plan Foundation
1630 Carr Street, Lakewood, CO 80214

Location-Based services at the Chanda Center for Health has been made possible through generous donors of the Chanda Plan Foundation. The intent is to provide assistance for those demonstrating a genuine financial need to receive integrative therapies. Funding is limited and all recipients are requested to develop a treatment plan with location-based providers.
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