



Applicant Information Packet

Thank you for your interest in Team Luke Hope for Minds! We look forward to the possibility of assisting your family. If you have any questions about our organization or the application process, contact us at 512-845-1466 or ronda@teamlukehopeforminds.org.

Applicants must meet the following criteria:

- The child in need of assistance must be 18 years or younger at the time of the application.
- The brain injury must have occurred after birth.
- We serve families in Texas. We do consider applications from other states on a case by case basis.

Maximum annual financial assistance eligibility per family: \$5,000

A \$2,000 lifetime maximum of financial assistance applies for families not meeting the criteria below.

Your Family Size	Adjusted Gross Income
*(as reported on your IRS 1040)	*(as reported on your IRS 1040)
2	\$50,000 or less
3	\$75,000 or less
4	\$100,000 or less
5 or more	\$125,000 or less

** If you are unable to provide an IRS 1040 form, please contact the Team Luke Hope for Minds office directly to discuss your situation and options.*

If your family applies and there are we are unable to partially or fully fund your application, we will hold the application for review again the following month. If your family's application is not able to be funded within 90 days, you are welcome to reapply at a later time.

The following restrictions apply to hyperbaric oxygen therapy (HBOT) funding requests:

- Funding requests for hyperbaric oxygen therapy treatments will only be considered with written recommendation with an attending physician present during the treatments.

Any funding requests for specialized and/or experimental medical therapies will only be considered with written recommendation and in consultation with the ordering appropriate Specialty Board Certified Attending physician and our representative qualified physician Board Member.

All funds awarded by Team Luke Hope for Minds must be used in accordance with the terms of the application. If changes occur that necessitate the use of funds in a manner other than specified in the application, a written request for that use must be submitted and approved prior to expenditure.

Funding decisions will be made within 30 days of application receipt. Once approved, funds must be used within 90 days. Funds not used within the 90 day time period will be forfeited. However, your family may reapply for funds.

Application Instructions & Checklist

Required Information

- ✓ Please complete **ALL** sections and forms of the application.
- ✓ Questions? Contact 512-845-1466 or email ronda@teamlukehopeforminds.org

- Application
- Copy of most recent signed tax return. If you are unable to provide this document, please contact TEAM LUKE HOPE FOR MINDS office directly to discuss alternative options. **If you don't meet the financial criteria, you don't need to send your tax returns. Please note this on application.**
- 1 Letter of recommendation from a healthcare professional verifying medical diagnosis and purpose for requested item (Recommendation form included, or separate letter on letter head also accepted), **ORIGINAL SIGNATURES REQUIRED. STAMPED SIGNATURES ARE NOT ACCEPTED.**
- Denial Letter(s) from insurance provider(s), or general insurance coverage information regarding request if applicable.
- Include equipment specifications and/or bid from supplier or clinic explaining what service or piece of equipment is being requested along with a price estimate.
- Photo of your child, preferably emailed.
- Please send the application to the address listed below or email it to ronda@teamlukehopeforminds.org. For prompt attention, all documents should be turned in together. Incomplete applications are subject to delay.

Please return the entire application and all supplemental information to the address below or email to ronda@teamlukehopeforminds.org.

**Team Luke Hope for Minds
5701 W Slaughter Lane, A130-324
Austin, Texas 78749**

Preparer's Statement

Person(s) completing application contact information:	
Name	Date
Home Address	City, State, Zip
Phone (Home)	Home (Cell)
Email	Relationship to Applicant

Parent/Legal Guardian(s) Assurance

I/We attest that the information provided in this application is true and correct to the best of my/our knowledge and abilities. Furthermore, I/We understand that the presence of inaccurate information in this application could result in re-evaluation or rejection of this application by Team Luke Hope for Minds.

Parent/Legal Guardian's Printed Name _____

Parent/Legal Guardian's Signature _____

Date (mm/dd/yy) _____

Parent/Legal Guardian's Printed Name _____

Parent/Legal Guardian's Signature _____

Date (mm/dd/yy) _____

Applicant Description

Recipient Information (Child)		
Name	Date of Birth (m/d/yy)	Date of Brain Injury
Permanent Address of Residence (including City, State and Zip Code)		
Number of Siblings	Ages of Siblings	

Parent/Legal Guardian Information	
By signing I certify that I'm the legal guardian of the applicant: _____	
Name	Relationship to Child
Address	City, State and Zip
Phone	Email
Name	Relationship to Child
Address	City, State and Zip
Phone	Email

Medical Information- Describe the nature of injury and/or type of accident, and assistance needed

Request Information Detail

Funding Request	
Amount of funding Requested	\$
If Team Luke Hope for Minds is unable to fulfill the entire request, is partial funding an option?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the funding request in detail.	
Have you included the equipment specifications and the bid from the vendor with your application?	

If funding request is granted, please describe how it will impact the child's and/or family's life. Please add additional pages if needed.

Insurance and Alternative Sources of Funding

Insurance Information				
Does the Applicant/Recipient have health insurance/Medicaid?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Company Name				
Is the request: <input type="checkbox"/> Partially covered by Insurance <input type="checkbox"/> Not Covered <input type="checkbox"/> Unsure of Coverage 				
Do you have a deductible?		In Network: \$	Out of Network: \$	
For therapy applicants, or if applicable: Co Pay for Services: \$ Number of visits per year:				
Insurance response to claim filed for the service/product, or overall coverage explanation (please include a copy of the EOB declining the request or the portion of the policy that shows the exclusion of the requested item):				
Has applicant requested or received support from other sources, i.e.: legal action, charitable organizations, scholarships, etc.? If yes, please provide the following information.				
Agency	Nature of Request	Amount Received	Approval pending?	If denied, please state reason

Prior Team Luke Hope for Minds Assistance	
Has the applicant received funding from Team Luke Hope for Minds in the past?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.	

In an effort to thank our supporters and partners, please state how you first became aware of Team Luke Hope for Minds.

Health Care Professional Contact Sheet

Please list the names of at least one (1) physician or health care professional who have treated the applicant and can verify the need for the request. Please sign the bottom of this form to allow TEAM LUKE HOPE FOR MINDS to contact these individuals. **This is NOT a substitution for the recommendation form on page 9.**

Name/Title	
Office Phone	
Email Address	
Length of Care of the Applicant	

Name/Title	
Office Phone	
Email Address	
Length of Care of the Applicant	

Parent/Legal Guardian's Printed Name _____

Parent/Legal Guardian's Signature _____

Date (mm/dd/yy) _____

Parent/Legal Guardian's Printed Name _____

Parent Legal Guardian's Signature _____

Date (mm/dd/yy) _____



Healthcare Professional Recommendation Form

Applicant Name: _____

Date of Completion: _____

Healthcare Professional Information:

Name: _____ Phone Number: _____

Email: _____ Connection to Applicant: _____

Company and Position: _____

License # (if applicable): _____

Please state the applicant's diagnosed condition(s):

Do you feel the request will positively impact his/her life? If so, in what ways?

Do you recommend the request for the applicant?

Signature of Healthcare Professional: _____



RELEASE AND DISCLAIMER

The undersigned, by signing below, acknowledges, agrees to, and understands that this form includes a good faith waiving of certain invaluable rights in exchange for the providing of certain equipment and/or other devices and any and all other monetary support or help received by the undersigned, from Team Luke Hope for Minds, and all of their related entities, members, employees, officers and directors, attorneys, agents, successors and assigns (all collectively referred to as "Team Luke Hope for Minds"). By signing this form, the undersigned acknowledges that they are releasing Team Luke Hope for Minds and other parties of liability for themselves, any of their natural minor children, or minor children in their legal guardianship. The use of any equipment provided by Team Luke Hope for Minds, even in the event of a malfunction resulting in injury, may give rise to liability on the part of Team Luke Hope for Minds and I/we hereby fully release any action I/we may have with regard to same. I/we recognize on behalf of myself/ourselves and any minor under my control that the use of or participation with any equipment provided involves subjecting oneself to risk of injury, and I/we hereby agree to obey any and all safety standards and the instructions of the Team Luke Hope for Minds staff, as well as hold all entities or individuals involved with Team Luke Hope for Minds free from liability.

TEAM LUKE HOPE FOR MINDS is in no way endorsing or recommending a particular course of treatment and that all treatment decisions should be made by the child's physician and parents/guardians.

TEAM LUKE HOPE FOR MINDS is in no way responsible for reclaiming, disposing of, maintaining or repairing any equipment provided. It is my/our sole responsibility as the recipient or recipient's legal guardian(s) to maintain, repair and/or dispose of the equipment. Any costs that may be associated with the equipment, such as installation, delivery, labor, disposal, etc., that are not explicitly stated in writing from Team Luke Hope for Minds as Team Luke Hope for Minds' responsibility, is my responsibility. Additionally, I/we, and not Team Luke Hope for Minds, agree to be responsible for insurance with any and all costs connected therewith.

MEDICAL RELEASE: _____ (initial) _____ (initial)

I/we understand that the involvement with Team Luke Hope for Minds is voluntary. I/we assume the risk of any and all injuries, which may occur as a result of participating with Team Luke Hope for Minds.

PHOTO/MEDIA RELEASE: _____ (initial) _____ (initial)

I/we grant Team Luke Hope for Minds, their officers, employees, agents, attorneys, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, DVDs, sound recordings, including any print, electronic, broadcast or other type of photo/media that is normally considered media in the business or trade, involving myself or any individual under my/our control for use in the materials that Team Luke Hope for Minds and its affiliates, may compile and/or distribute. I/we fully understand that there will be no form of compensation for any such use.

DISCLAIMER: _____ (initial) _____ (initial)

In the event that equipment, devices, assistance with therapeutic programs and any other type of item furnished to me, including all types of supports provided through this and any affiliate of Team Luke Hope for Minds, it is expressly understood that the item provided or assisted has no warranty whatsoever from Team Luke Hope for Minds, their officers, directors, employees, members, or other individuals associated with Team Luke Hope for Minds (hereinafter collectively referred as "Team Luke Hope for Minds"). It is expressly understood that Team Luke Hope for Minds is merely a funding source and as such delivers no warranty and any malfunction or injury resulting from the use of anything provided by Team Luke Hope for Minds carries no liability on the party of Team Luke Hope for Minds. Additionally, Team Luke Hope for Minds is not responsible for reclaiming, disposing of, maintaining or repairing any of the items provided. It is the sole responsibility of the undersigned to maintain, repair, and/or dispose of the items provided. Any cost that may be associated with the item provided, including installation, delivery, labor, disposal, repair, replacement etc. that are not explicitly stated on the application and/or award letter from Team Luke Hope for Minds is the sole responsibility of the recipient's legal guardian(s). The recipient is responsible for ensuring compliance with all codes and hereby releases Team Luke Hope for Minds from such responsibility. Additionally, recipient is responsible for maintaining compliance with all applicable building codes, and/or federal, state, or local regulations.

RELEASE OF ALL CLAIMS (Liability Release): _____ (initial) _____ (initial)

I/we have read this form and are aware of and understand that in consideration of and in exchange for the right of myself or any minor child under my control to participate with Team Luke Hope for Minds and I/we agree to indemnify and hold harmless, release and forever discharge, Team Luke Hope for Minds and all their employees, officers and directors, attorneys, agents, successors and assigns from any and all actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise as a result of my/our participation with Team Luke Hope for Minds, including costs, and reasonable attorney's fees. This release shall serve as a release not only of myself and any minors under my control but also to all heirs, executors, administrators, personal representatives, parents, guardians, and for all members of their family. As a parent or guardian signing for a minor it is agreed that I/we agree to these terms for the minor, for us individually, and as a parent or guardian. Any and all individuals signing this form acknowledge that Team Luke Hope for Minds and its affiliates have relied upon the good faith execution and delivery of this form. The parties hereto signing this form assume the risk of any and all injuries, which may occur while participating with Team Luke Hope for Minds.

I/we have read and understand this form, have had an opportunity to ask question, have had the opportunity to consult an attorney of my/our own choosing, and freely agree to the terms as expressed in return for participation with Team Luke Hope for Minds in their programs. No oral agreements, either prior to or after signing this agreement shall control over this written agreement.

Signed this the ____ day of _____, 20____.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian