



Child/Adolescent Scholarship Policy

Rise offers a limited number of need-based scholarships for treatment services. Scholarships may be awarded to families who complete a phone screen with a Rise staff member and whose child is approved for services by Rise co-owners, Melissa Dufrene and Kristin Fitch. Applicants must submit the required documentation and information, which are described below. Please understand that applications will be processed on a first-come-first-served basis and are limited in number. Recipients of scholarships will be notified of their award in writing.

Awards will be described in terms of percentage of discount for services. Applicants will qualify, based on household income, for an award of 50%, 40%, or 20% off the total fee. For example, if an applicant is awarded a 40% scholarship, the fee for the family's \$215 session would be \$129. This award can be applied to most services with Dr. Lilly. This is intended to allow recipients the most freedom to apply their award to the service they believe is most suited to their family's needs. An appropriate treatment program will be recommended by a Rise treatment provider in coordination with the wishes of the applicant. Scholarships are limited to 16 sessions. Scholarships may be extended beyond the initial 16 sessions based on several factors including (but not limited to) updated income information, treatment compliance, and prognosis. Scholarships must be reassessed annually and when financial circumstances change.

The Rise Scholarship Program will be administered through the Rise co-owners. Confidentiality will be respected for all who seek and/or are provided healthcare services.

The caregiver/responsible party must complete the scholarship application in its entirety. By signing the application, persons authorize Rise Center for OCD and Anxiety access in confirming income as disclosed on the application form. Providing false information on an application will result in disqualification. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If an applicant does not provide the

requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information.

Scholarships will be based on income and family size only. Rise uses the Census Bureau definitions of each. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

Applicants must provide verification of income. The simplest way is to provide a copy of the prior year's taxes. If that does not adequately represent your family's current financial situation, you can alternatively submit one of the following: prior year W2, two most recent pay stubs, letter from employer, Form 4506-T (if W-2 not filed), or profit-loss statements for previous quarter for self-employed individuals. Adequate information must be made available to determine eligibility for the program. Self-declaration of income may only be used in special circumstances. Specific examples include unhoused individuals. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to Rise's co-owners for review and final determination.

Scholarship applications will be maintained and preserved in a centralized confidential file. Only the co-owners will have access to this file. Rejected applications will be destroyed and discarded.



Child/Adolescent Scholarship Application

Please complete the following information and return pgs 3 - 5 to a Rise staff member to determine if a member of your family is eligible for a discount. If awarded, this discount can be applied to most services with Dr. Lilly. Scholarships are limited to the typical length of treatment and must be reassessed annually and when financial circumstances change.

Applications and **verification of income** (see pg 2 for accepted supporting materials) can be securely faxed to (504) 226-0479 or sent via Spruce. Alternatively, they can be emailed to office@riseocdandanxiety.sprucecare.com; however, please be aware that email is not a secure form of communication.

Name of person for whom services are intended (child): _____

Name of person/people that claim this child as a dependent on taxes:

Name of Head of Household:	Place of employment:	
Complete address:		Phone:

Family information:

Name	Date of Birth	Name	Date of Birth
(head of household)		(dependent)	
(spouse)		(dependent)	
(child dependent seeking services)		(dependent)	

Income information - if you receive substantial assistance from other family members/friends, include this in item 4.

Source	Self	Spouse	Other
1. Gross wages, salaries, tips, etc.			
2. Income from business, self-employment, and dependents			
3. Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement			
4. Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above is correct.

Name: _____

Signature: _____

Date: _____

For office use only:

Received by Rise on this date: _____

Staff signature: _____