



The Dr. John E. Upledger Foundation Assistance Program Application

Instructions: Please complete this form entirely. Upon completion please return by fax, email, or mail to:

The Dr. John E. Upledger Foundation

11211 Prosperity Farms Road, D-225, Palm Beach Gardens, FL 33410

Phone: 561.622.4334 Fax: 561.627.9231 Email: info@iahe.com

To apply, you or a loved one must meet the follow criteria: Be a US resident and currently receiving active treatment or ongoing medical follow up for a condition known to be benefited by hands on therapy. The JEUF Assistance Program may offer a variety of complementary treatment modalities at a significantly reduced or no fee basis, based on individual need. Assistance is based on fund availability.

Today's Date: _____

Client First Name: _____ Last Name: _____ DOB: _____

(If client is less than 18 years of age): Parent/Guardian First and Last Name

Address _____ Apt # _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How did you hear about the Assistance Program? _____

What are your top three treatment needs?

1. _____

2. _____

3. _____



Do you have health insurance? _____ if yes, please list your current provider: _____

Do you have Medicaid (Title 19)? Yes No

To be completed by the clients prescribing healthcare provider.

Healthcare Provider Name _____ License #: _____

Client Diagnosis _____ Date of Diagnosis _____

Is Patient in Active Treatment and/or Ongoing Follow-Up? Yes No

Hospital/Clinic _____

Address _____

City: _____ State: _____ ZIP: _____ Phone: _____

Healthcare Provider Signature _____ Date: _____

Client or Parent/Guardian Signature

Date

For JEUF Office Use Only:

Date Received: _____ Received by: _____

Comments: _____
