



## **APPLICATION--- THERAPEUTIC ADDENDUM**

(to accompany regular application every submission)

### **NOTE: information on therapeutic intervention awards:**

- 1) Any funding for therapeutic session attendance from the ATF, if approved, will be awarded at a 50% per session rate, having the recipient responsible for the other 50% of the cost. This means 50% of each session completed up to a maximum amount as stipulated in the award. It is session based, and does not mean just a total dollar amount to be used in any manner (only sessions completed will be reimbursed at 50%).
- 2) Therapeutic awards may be awarded up to a limit of 3 months per application, or to a maximum amount as outlined by the Taliaferro Board of Directors.
- 3) Re-applications can be submitted as per below guidelines up to a maximum amount per year, as outlined by the Taliaferro Board of Directors.

### **NOTE instructions for completion:**

- 1) Application and Addendum must be submitted together by applicant, NOT provider
- 2) ADDENDUM should be completed by Applicant AND Provider together, to outline an INDIVIDUALIZED program plan; general categories of intervention will not suffice. The foundation must, through this application and addendum, see demonstration of an organized treatment plan with clear coordination between BOTH client and provider when completing and submitting this application. The client OR provider CANNOT complete this addendum alone.
- 3) Where designated, SPECIFIC number of sessions/hours must be stated; that is what will be reviewed and voted on; NO GENERAL REQUESTS will be considered (for ex – “continue therapy”, etc.)
- 4) Each therapeutic Re-application will be considered based on specific progress from previous ATF award, future realistic goals and other factors. This specific information should be included on a Re-Application Addendum, or it will not be reviewed.
- 5) To avoid automatic disqualification of your application, please closely follow these instructions for application AND addendum completion.

For any questions on proper completion of this Application and Addendum, and to facilitate the review of your application, please contact: Mary Schmidt Read, Awards Chair, Adam Taliaferro Foundation, at [mary.schmidt@jefferson.edu](mailto:mary.schmidt@jefferson.edu) or [mschmidtr@aol.com](mailto:mschmidtr@aol.com).



Applicant NAME: \_\_\_\_\_

Parent/Guardian (if under 18 yrs of age): \_\_\_\_\_

This award can apply for those with new injuries, or those previously injured who need additional assistance at this time.

Intended purpose of the therapeutic financial award (what will it be used for)?

**SPECIFIC information is required or application will be returned:**

1) Is this a new request or repeat/ongoing request? \_\_\_New \_\_\_ Repeat request

2) Specific therapeutic program to be provided where and by whom?

\_\_\_\_\_

3) Specific therapeutic program to be provided includes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Specific therapeutic goals projected for this time period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Specific number of sessions to be provided and time allotment of each session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Full cost per session:

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7) IF REPEAT REQUEST only: What specific goals were achieved during last therapeutic period?

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If additional space is needed for any questions above, please use an additional sheet of paper and remember to scan with this Addendum!

No reimbursement will be provided for paid bills; submission must be processed prior to payment; Taliaferro Foundation will only pay directly to provider, and not to applicant.

The Adam Taliaferro Foundation has limited financial resources and therefore must prioritize awards based on applicant needs and existing resources/assets.

Additional therapeutic grants may be made on a quarterly basis covering a 3-month period, with any recurring requests providing information on outcomes achieved and improvements (as per guidelines on page 1 of this Addendum). Annual maximum awards will be based on Foundation guidelines.

Withholding financial assistance information OR litigation information may result in disqualification of application.

I attest that information provided herein is current, complete and accurate:

Applicant \_\_\_\_\_

Provider (with credentials) \_\_\_\_\_

**Applicant AND Provider** completing application addendum Date  
(print AND signature)

Completed application & addendum for financial award should be forwarded to:

**Adam Taliaferro Foundation**  
**PO Box 8232**  
**Turnersville, NJ 08012**

**Preferable if you email completed application and addendum to:**

[gostrum1981@gmail.com](mailto:gostrum1981@gmail.com) and [mschmidtr@aol.com](mailto:mschmidtr@aol.com)