

For office use only: Received on: / / Updated on : / /

**Yaldei Shluchei HaRebbe** was founded by a group of *yungeleit*, *Shluchim*, and businessmen to support and provide appropriate programming to *Shluchim* raising special-needs children. By offering opportunities for service coordination & advocacy, financial assistance, family and respite support.

**Yaldei Shluchei HaRebbe** is contributing to and strengthens the missions of our *Shluchim*.

Please complete this form to establish a working database and enable us to plan the most beneficial way of prioritizing our efforts.

Be assured that the information you provide will remain absolutely confidential. It is only with your immediate response that we can raise the required funds and devise a plan to help you and your child.

Please fax the completed form to **718-989-8586** or email it to **registration@yaldei.com**

**General Information**

Childs Name (English/Legal)	
Childs Name Hebrew:	
Gender:	Female
Date of Birth:	January / /
Parent(s) Name(s):	Mother: (Hebrew ) Father:
Address:	
City:	
State:	
Zip:	
Country:	
Home Phone :	
Work Phone :	
Cell Phone : Father Mother	
Email: Father Mother	
Senior Shliach:	

**Medical Information**

Medical condition(s) and diagnosis:	
Is child receiving SSI Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is child receiving Medicaid benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently enrolled in Medicaid Waiver Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current school/day program:	
Is child receiving services from a state or voluntary agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age at diagnosis::	

**Do you have the following documentation?**

Medical Diagnosis :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychological Evaluation :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adaptive Behavior Scale	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all current therapies your child is receiving. Use a separate sheet if necessary.

Type of therapy	Location (i.e. home, school etc.)	Cost per hour	Frequency (per week)	Total cost (per week)	Insurance coverage

Additional costs you have due to special diets, physical equipment and/or essential homecare.

Type	Additional cost
Special diet:	
Physical equipment:	
Essential homecare:	

Please list the therapies you would like for your child to receive if you had the necessary funds.

Type of therapy	Location (i.e. home, school etc.)	Cost per hour	Frequency (per week)	Total cost (per week)

Please list vacation/summer activities and/or camps that your child participates in or you would like for them to join in the future.

Type of activity or camp	Location	Currently attending	Wish to attend	Cost	Duration
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Please use this space for questions or comments.

**Yaldei Shluchoi HaRebbi will keep all your information in strict confidence.**

Thank you for giving us this opportunity to help you.

Gershon Sabol, NY (Director of [www.yedeichsed.org](http://www.yedeichsed.org) )

Rabbi Y. Wilhelm, CO

Chesky Malamud, NY

Rabbi M. Schmidt, PA