

Yaldei Shluchei HaRebbe is being 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 will contribute to and strengthen 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 get the program started. Please fax the completed form to 845-694-5423 or email it to gershons@optonline.net

**General Information**

Child's name: \_\_\_\_\_

Gender:       Male       Female      Date of Birth: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Senior Shliach: \_\_\_\_\_

Medical condition(s) and diagnosis: \_\_\_\_\_

Is child receiving SSI Benefits? Yes ( ) No ( )

Is child receiving Medicaid benefits? Yes ( ) No ( )

Currently enrolled in Medicaid Waiver Program? Yes ( ) No ( )

Current school/day program: \_\_\_\_\_

Is child receiving services from a state or voluntary agency? Yes ( ) No ( )

Age at diagnosis: \_\_\_\_\_

Do you have the following documentation?

Medical Diagnosis Yes ( ) No ( )

Psychological Evaluation Yes ( ) No ( )

Adaptive Behavior Scale Yes ( ) 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

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

Please use this space for questions or comments and to let us know of additional costs you have due to special diets, physical equipment and/or essential homecare.

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

Thank you for giving us this opportunity to help you.

Chesky Malamud, NY

Yecheal Schwerd, NY

Rabbi Y. Wilhelm, CO

Rabbi M. Schmidt, PA

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