

Instructions for filling out and returning the HBOT Assistance Program Application

First, print the application (page 2) and complete it with **black** ink. Sign and date the form and return it to me in one of two ways: Either scan the completed and signed application and e-mail it to relax@transformationswellness.net or mail it to Transformations Wellness 3720 Whitney Rd., Cheyenne, WY 82001. You will be notified of acceptance status within 30 days of submission of your application, and usually much faster.

All information is required – please fill out form in its entirety. In order to preserve the integrity and fairness of the program, please be honest and forthcoming with your answers. (Full-time employment status does not necessarily exclude you from qualification, but an application known to contain false information will be rejected.)

Name: please provide your real first and last name. Include your nickname, if you prefer to be addressed differently.

DOB: your date of birth, including year.

Contact Information: include at least two methods of contact, including a phone number, so I can notify you of eligibility.

Occupation & Employment Status: please tell me about your current & future income potential.

Hourly amount pledged: how much do you believe you can afford to pay for each treatment?

Anticipated duration of need: approximately how long do you expect that you will need to participate in the program? (you can guess – it's okay if you need to add more time later. If you are permanently disabled, you can answer "permanently". If you're a college student, you might answer in months or years.)

Explanation: When explaining why you wish to be considered for the program, you are not required to provide details about your exact income and expenses. However, the more information you provide, the better I will be able to make an informed decision about your eligibility. Please include details about your wellness needs including injuries, neurological conditions, etc.

If there is any part of the application you do not understand, or if you need help, please call or e-mail me with your questions: (307) 640-2496 / relax@transformationswellness.net. I am happy to assist you in any way I can! (Sorry that I only speak/understand English. If you need a translator, you are responsible for obtaining one.)

If your application was denied, it may not be due to ineligibility! It could be a result of inadequate information provided in your application. If you feel that you were wrongly denied, you may **appeal** the decision in writing, explaining in detail why you believe that you qualify, and why you feel that you were wrongly denied. In your appeal, please be sure to include additional details about your needs and your circumstances that were not provided in your original application.

IMPORTANT NOTE: Your HBOT Assistance Program participation status will automatically expire after three months of inactivity. I have limited space availability in the program and if you have not received treatment in three months, it will be assumed that you no longer need or want to participate and your position will be offered to another applicant. Once your participation status has expired, continued participation will be subject to reapplication and reapproval.

Equal opportunity: Your application will not be denied based on gender, race, religious beliefs, political affiliation or age (minors must have parental consent.) Your application may be denied due to lack of obvious need, inadequate or false information provided in application, lack of program funding, or scheduling shortages.

Application for HBOT Assistance Program

PERSONAL INFORMATION

NAME: _____ SEX: M / F DOB: _____

Phone: _____ Mailing or E-mail Address: _____

Occupation: _____ Employment Status: Employed Full-Time Employed Part-Time Self-Employed Other _____

Amount pledged per treatment: \$ _____ Anticipated duration of need: _____

AGREEMENT

Please read, understand and initial each statement below:

- _____ My HBOT Assistance Program is a charitable program funded by community donations, fund-raisers and corporate sponsors. Its purpose is to help offset the cost of HBOT services for people who could not otherwise afford them. It operates on the honor system, which means that I trust you to be honest about the amount you are able to afford.
- _____ A periodic review of needs will be conducted to determine continued program eligibility. Transformations Wellness reserves the right to cancel this agreement for any reason without notice. Reasons for cancellation may include: lack of funding, program abuse, scheduling shortages, dishonored appointments, change in need status, inactivity, etc.
- _____ HBOT services will be provided for donations of \$50-100 per treatment.
- _____ Program services are limited to Hyperbaric Oxygen Therapy (HBOT). No discounts are offered for manual therapies, such as massage.
- _____ My Discount HBOT Program is a **CASH-ONLY** program. Cash donations must be made prior to receiving services.
- _____ Because payments for Premium appointments also help to fund the program, Premium appointments have scheduling priority over discounted appointments. Therefore, HBOT Assistance Program appointments cannot be scheduled more than 24-hours in advance, and are limited to time availability. You are free to schedule online, as long as you remember the 24-hour rule. If you'd like me to notify you when I have short-notice cancellations, you may call or e-mail me to make your request.
- _____ No other discounts, rewards or coupons can be combined with the HBOT Assistance Program.
- _____ Broken appointments are subject to a \$50 fee, which must be paid before another appointment can be scheduled (emergencies excepted.)

Please explain why you feel that you should be considered for my HBOT Assistance Program (attach additional sheets, if necessary):

By signing below, I attest that I understand and agree to all of the above-initialed statements and that all information is accurate to the best of my knowledge. I agree to notify Transformations Wellness Holistic Therapy Center in the case that my financial circumstances improve.

Signature: _____ (circle one) Client/Legal Guardian Date: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Application is:

accepted as proposed Date: _____

accepted with exceptions: _____

denied for reason(s): _____

Important Information About My HBOT Assistance Program

Welcome to the program! In order to receive all the benefits of my HBOT Assistance Program, please read the following information carefully:

My HBOT Assistance Program is a donation-driven program, which means that people from the community donate money to help fund it. Since I am *not* a 501(c)(3) non-profit organization, and I am not able to offer tax-deductible receipts for donations, funds are very limited. Most often, the cost difference comes out of my own pocket. Therefore, I am only able to offer this program with very strict limitations, and I rely on your cooperation for the continued success of the program.

First of all, understand that it is ***your responsibility*** to remember the restrictions. When you schedule an appointment by phone, I may not remember that you are an HBOT Assistance Program participant. Therefore, do not rely solely on me to schedule your appointment within the guidelines. It is helpful if you always mention your Program status when scheduling, so I can help you remember the restrictions.

Remember: if you schedule your appointment more than 24-hours in advance, or if you forget to bring CASH, then you will be expected to pay for Premium Service, regardless of your Program status. Failure to comply with the Program restrictions, at any time, will result in termination of your Program participation status. If you break your appointment, a \$50 fee must be paid before another appointment can be scheduled.

Since the program is partially donation-driven, I also have a responsibility to my donors. Donors appreciate knowing that the money they donate is being used to help those in need. Therefore, your continued participation in the program will be subject to periodic review, in order to determine continued eligibility. Don't worry – I don't let computers do my work for me. I review each case, personally, and all extenuating circumstances are considered when making my decisions about who can participate. I feel that it is my moral and spiritual duty to help as many people as I am able. You will not be discriminated against, nor will you be treated unfairly or in an inferior way, whether or not you are accepted as an HBOT Assistance Program participant.

I reserve the right to refuse or terminate any HBOT Assistance Program participation status at any time and for any reason. However, if you feel that you have been treated unfairly, or if you believe that I have overlooked something in your circumstances, please don't hesitate to appeal the decision as instructed on page 1 of this information packet.

IMPORTANT NOTE: Your program participation status will automatically expire after three months of inactivity. I have limited space availability in the program and if you have not received bodywork in three months, it will be assumed that you no longer need or want to participate and your position will be offered to another applicant. Once your program participation status has expired, continued participation will be subject to reapplication and reapproval.

If, at any time, you have any questions, concerns or suggestions, please don't hesitate to contact me! Meanwhile, it is my pleasure to help relieve you of whatever ails you!