Tempus Empower Access Money – Individual Application

Please complete this form and submit it to Tempus Unlimited via email, fax, or mail.

Email: Resource@tempusunlimited.org | **Fax:** (781) 215-5066

Mail: Tempus Unlimited ATTN: Community Resource Department, 600 Technology Center Drive, Stoughton, MA 02072

Disclaimer: All information will be kept confidential according to all HIPAA guidelines and will only be used for the purposes of establishing your child's eligibility for the program funded by Tempus Unlimited, Inc.

1. Basic Participant Information (Person Receiving Service/Support)

Name (Last, First)

Date of Birth (mm/dd/yyyy)

Primary Health Insurance Carrier

Current School & Grade, Early Intervention Program, or Day Program

Home Address

Town/City

Zip

Primary Caregiver/Guardian Name (Last, First)

2. Contact Information

I am filling out this form for:

- Myself
- Child (Under 18)
- Adult Child (18+)
- Spouse/Significant Other
- Client/Patient
- Other

Name (if not applying for yourself)

Phone Number

Email

3. Therapeutic Services/Support

Which therapeutic service/support are you applying for?

Note: Participants for the iPad program must 1) be on MassHealth, 2) have an updated IEP or ISP, 3) be under treatment of a licensed Speech Language Pathologist

- Horseback Riding
- Swim
- Dance
- Art
- Music
- Augmentative Communication Support (iPad)

Where would you like to receive the service/support?

Note: Must be an approved vendor by our program. If they are not already, we will work with the organization to get approved. Your individual application will not be approved until the vendor is.

Organization Name

Organization Contact Information (Phone and/or Email)

4. Additional Participant Information (Person Receiving Service/Support)

Primary Diagnosis

Those applying through an Early Intervention Program, Day Program, or school group are not required to provide primary diagnosis or submit documentation of diagnosis.

Mobility Classification

- Independent Ambulation
- Assisted Ambulation
- Wheelchair

Allergies (if any)

Other Special Precautions/Notes

Physical considerations, sensory sensitivities, behavioral motivators, etc.

Proof of Disability

Example documents: IEP, neuropsychological evaluation, note from doctor

☐ I will email my proof of disability to Resource@tempusunlimited.org or fax to (781) 215-5066. I understand that my application will not be reviewed/accepted without proof of disability.

☐ I will attach a photo of my proof of disability. I understand that my application will not be reviewed/accepted without proof of disability.

☐ I am applying as part of an Early Intervention program, Day Program, or school group.

5. Consent Forms

TEMPUS UNLIMITED RELEASE FROM LIABILITY:

Tempus Unlimited, Inc. is not held liable should any accident or injury occur at the facility where facilitated services are provided. All students funded by Tempus Unlimited, Inc. are covered under the vendors liability insurance policy where relevant. WARNING: Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

☐ I understand and consent to release of liability

Photo Release

Tempus Unlimited, Inc issues newsletters, annual reports, brochures, and other public information released to the media, the public, website material, and our consumers on a regular basis. We would like your permission to possibly use your photo in connection with our public relations program. We also ask your permission to use your identified quotes that describes your feedback about the program you have participated in. You have the right to rescind your permission for Tempus Unlimited, Inc, to use your photos and/or videos at any time by calling the Community Services Department at 800-924-7570.

☐ Yes – I do give permission to be photographed, by Tempus Unlimited, Inc, and allow by photo to be used in connection with the Tempus Unlimited public relations programs. By checking this box, I give Tempus Unlimited permission to display my photo on the company website, Facebook page, Instagram page, LinkedIn page, brochures, annual reports, newsletters, and program literature.

☐ No – I DO NOT give permission to be photographed by Tempus Unlimited, Inc. Please do not publish my photos.

6. Emergency Contact Information

Emergency Contact #1 Name (Last, First)

Emergency Contact #1 Phone Number

Emergency Contact #1 Relationship to Participant

Emergency Contact #2 Name (Last, First)

Emergency Contact #2 Phone Number

Emergency Contact #2 Relationship to Participant