

Cost Share Information and Application

For ABLE, Adaptive Sports and Recreation and Aquatics & Fitness

Courage Kenny Rehabilitation Institute offers a cost share/scholarship program that are given based on financial needs. This reduction in cost is community supported by generous donors and the Allina Health Foundation that has a team that fundraises specifically for this purpose. Cost share is good for one year from approval date, then you must re-apply.

Cost Share can be applied to specific Sports and Recreation activity fees or ABLE programming or Aquatics and Fitness programming. *Applicants only need to be complete one application to be eligible for discounts in all 3 programs.* The cost share application applies to the following CKRI programs:

- **Adaptive Sports and Recreation** all Courage Kenny Adaptive Sports & Recreation activity fees for 12 months from the approval date; excludes travel costs and National Governing Bodies Membership Fees.
- **ABLE:** a reduced cost or waiver of fees to individuals or families who do not have insurance coverage or whose insurance does not cover the full payment of the services.
- **Aquatics & Fitness:** Eligible for One-to-One programming, Aquatic and Land group classes for one person per household, only one time per week per session; excludes the following services: Aquatic Body Work, Resistance Stretching, orientation or assessment fees, and personal training sessions.

How to Apply for Cost Share

1. Complete the included cost share application form.

- Answer all questions on the application completely.
- If you are filling out this application for a dependent and you claim them as a dependent on your taxes, then their Cost Share application must reflect your financial information.

2. Provide one of the following copies of your proof of income. Acceptable documents are:

- The most recent copy of your Federal Income Tax Return
- Social Security Income (SSI) or Social Security Disability Income (SSDI) statement
- MN Care or Medical Assistance (MA) letter stating who is eligible or covered by it. A copy of the card is not acceptable documentation.

* If there is no current income verification, zero income, negative income or not approved documentation of income you will not be eligible for the Cost Share program.

*We also recommend that you do not submit originals of the documents.

3. Submit your completed form and required documentation to:

- Email: ckactive@allina.com
- Turning it into a front desk staff at Stillwater or Golden Valley
- Mail to:
Courage Kenny Rehabilitation Institute - CK Active
3915 Golden Valley Road
Minneapolis, MN 55422
- Fax: 612-262-6733

Please allow at least one week for your application to be processed before you plan on purchasing any services. Once your application has been processed you will receive a call or email notifying you of your status. No discounts can be applied until your application has been processed and no retroactive reimbursements will be given.

PARTICIPANT INFORMATION

| | | | | |
|------------------|----------|--------|---------------|---------|
| Name (First) | (Middle) | (Last) | Date of Birth | Phone # |
| Address (Street) | | City | State | Zip |
| Email address | | | | |

SERVICES REQUESTED: ☐ Aquatics & Fitness ☐ Adaptive Sports & Recreation ☐ ABLE

PRESENT FAMILY FINANCIAL SITUATION

Family's gross income (before taxes or withholding) _____ Number in household: _____

| | |
|---|--|
| Expected Annual amount | |
| Last year's annual amount based on most recent tax return documents | |

Do you have Medical Assistance? Yes ☐ No ☐ Patient MA Number: _____ Effective Date: _____

****Include proof of financial status; see cover letter for requirements**

SIGNATURES AND ASSURANCES

I understand that:

1. The information in this summary is private and will not be released outside of Courage Kenny Rehabilitation Institute without my express consent.
2. All statements made on this summary are true and correct to the best of my ability. Any falsified statements will result in immediate termination of the Cost Share program.
3. I understand that filling out this form does not guarantee that I will receive this financial help.
4. It is my responsibility to notify Courage Kenny Rehabilitation Institute of changes in income or family status during the period of eligibility, which is 12 calendar months from approval date, at which time you will be required to reapply.
5. Applicants are under no obligation to provide requested information; however, incomplete applications may result in delay or a denial of the application. Information is collected and stored under the rules set forth by the Minnesota Data Privacy Act.

Signature (add relationship if not signed by client)

Date of Application

SEND COMPLETED APPLICATIONS TO:

Email: ckactive@allina.com **Fax:** 612-262-6718

Mail: Courage Kenny Rehabilitation Institute – CKActive
3915 Golden Valley Road
Minneapolis, MN 55422

Questions? Please call Stillwater 651-241-3820 or Golden Valley 612-775-2713

OFFICE USE ONLY: Date Reviewed: _____ Entered in CSI: _____ Approved by: _____ Confirmation Sent: _____

Approved %: ABLE _____ Adaptive Sports and Rec _____ Aquatics & Fitness _____