

## Cost Share Information and Application

### For ABLÉ, 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 ABLÉ 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** only eligible for one-to-one programming 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:**
  - **Aquatics & Fitness Email:** [ckactive@allina.com](mailto:ckactive@allina.com) or **Sports & Rec Email:** [ckrisportsrecreation@allina.com](mailto:ckrisportsrecreation@allina.com)
  - Turning it into a front desk staff at Stillwater or Golden Valley
  - Mail to: Courage Kenny Rehabilitation Institute - CK Active  
MR # 78434  
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.



# COURAGE KENNY REHABILITATION INSTITUTE

## 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

ADDITIONAL ACTIVITIES INTERESTED IN: \_\_\_\_\_

## 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:

**Aquatics & Fitness Email:** [ckactive@allina.com](mailto:ckactive@allina.com) **Fax:** 612-262-6718

**Sports & Rec Email:** [ckrisportsrecreation@allina.com](mailto:ckrisportsrecreation@allina.com)

**Mail:** Courage Kenny Rehabilitation Institute – CKActive  
MR # 78434  
915 Golden Valley Road  
Minneapolis, MN 55422

Questions? Please call 612-775-2400

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

Approved %: ABLE \_\_\_\_\_ Adaptive Sports and Rec \_\_\_\_\_ Aquatics & Fitness \_\_\_\_\_