

Children often experience stressful circumstances and events in their young lives. Family divorce, death of a loved one, learning problems in school, and mental, physical or sexual abuse are just some of the reasons why children benefit from treatment by a skilled mental health professional.

If your child appears angry, depressed or is displaying severe behavioral problems, The Pasco Pediatric Foundation may be able to help. ***The Children's Counseling Voucher Program*** offers financial assistance through free vouchers that can be used at many local mental health providers' offices. Regretfully, we are limited financially in terms of the number of children we can help throughout our fiscal year.

YOUR CHILD QUALIFIES IF ALL OF THE FOLLOWING GUIDELINES ARE MET

- You are a Pasco County resident.
- You have a total combined family income that meets our financial guidelines.
- You do not have mental health coverage in your insurance plan; or you have used up your annual mental health benefit; or you cannot pay your policy's deductible; or your mental health benefits don't provide proper access for your child.

HERE'S HOW TO GET STARTED

If you feel, after reading this brochure, you qualify, then fill out, tear off and mail the Application Form. Upon receipt, a committee made up of Pasco Pediatric Foundation Board Members will review your Application and may verify your information, which will remain strictly confidential. If you are not approved an explanation will be provided. If accepted, you will be notified by mail or phone and receive a list of mental health providers to choose

from. When making the appointment with one of the providers, please tell the office you are using the PPF's Mental Health Voucher Program. Please give us a call at (727) 845-0323 once you have made an appointment and let us know which provider you have chosen. This will allow us to send six vouchers to your provider, which entitles your child up to six separate sessions. If at the completion of your sessions you and your mental health care provider feel that more sessions are needed, then your provider is required to send us a brief summary on your child's progress and why he feels more sessions would be beneficial. After reviewing this request, the Pasco Pediatric Foundation's Mental Health Committee will send you and your provider a letter stating whether we will be able to provide additional vouchers.

PROGRAM GUIDELINES

All six vouchers must be used within three months of the first visit. The Pasco Pediatric Foundation requires that you notify us if your financial situation changes. The foundation may review your eligibility at any time.

Parents are responsible for arranging all of their child's office visits and for notifying the counselor's office if they cannot keep an appointment.

Vouchers may be revoked if parents do not notify the counselor's office at least 24 hours in advance when an appointment cannot be kept.

Note: These mental health providers are giving of their own personal time and discounting their fees.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800) HELP-FLA WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. FEDERAL ID #: 59-3305276. FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES: SC-13458.

PASCO PEDIATRIC FOUNDATION'S MENTAL HEALTH APPLICATION FORM

TEAR OFF AND MAIL TO:

Pasco Pediatric Foundation, Inc.
P.O. Box 816
Port Richey, FL 34673-0816

Referred by _____

Physician or Clinic Name _____

Patient's Name: FIRST MIDDLE LAST

Patient's Age _____

Parent(s) [Guardian]: FIRST MIDDLE LAST

Home Address _____

City, State, Zip _____

(_____) _____
Phone Number

Number of members in household: _____

Total combined annual family income: _____

Does your child receive any of the following:
(Check if applies)

- Free or Reduced Lunch
 Medicaid CMS
 Medipass Any Medicaid HMO

Do you have any other Health Insurance?

- Yes No

If yes, name of insurance: _____

Please complete reverse side of this form. ▶▶▶▶▶