



## Referral Program

The Aidan Project's Referral program is designed to serve families that have already received a State Evaluation and are still seeking services. For families that have received a State Evaluation, the next step we recommend is to have your child evaluated at a private clinic.



### Private Evaluation Process

- The Aidan Project will **pay up to \$200** for this evaluation.
- We will also **pay up to \$100 for a follow up meeting** for you and the therapist(s) to discuss your evaluation.
- Visit our website to view a list of clinics: [theaidanprojectkc.org/referrals](http://theaidanprojectkc.org/referrals)  
(This is not a comprehensive list of clinics in the area)
- **We will pay the clinic directly**; we do not reimburse individuals for evaluation or therapy expenses.
- Email invoices and a copy of your State Evaluation letter to [sarah@tapkc.org](mailto:sarah@tapkc.org)



### Need-based Scholarship Application Process

If your child is picked up for services after the evaluation, you can apply for a **need-based scholarship\*** to help offset the cost of therapy.

- To apply for a need-based scholarship
  - The referring clinic **must fill out & return our Application Referral Form (attached)**
  - The applicant **must provide 2 years of financial history**. Required documentation as follows:
    - Copy of last two years Federal Income Tax returns. **Provide ONLY the first 2 pages** of the Federal 1040, and "Schedule 1" if applicable.
  - This information should be provided to The Aidan Project **within 30 days from receipt of the evaluation invoice**.

**\*If applications for The Aidan Project Scholarship Program are open, we recommend you apply for a scholarship through that route, as there is no cap on the allowable award amount.**

Feel free to contact us with other questions -- and make sure to take your State Evaluation to your private evaluation, as this will help the therapists in gaining more background on your child.



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[TheAidanProjectKC.org](http://TheAidanProjectKC.org)



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## Applicant Referral Form

This form is to be submitted from a therapy provider directly to The Aidan Project. This is to serve as a recommendation from the clinic to The Aidan Project that the applicant be provided services in addition to what are currently being provided.

### Applicant Contact Information

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐

Male

☐

Female

Name of Parents: \_\_\_\_\_

### Clinic Information

Clinic Name: \_\_\_\_\_

Therapy Provider Name(s): \_\_\_\_\_

Services Provided: \_\_\_\_\_

Total hours/week currently being provided:

\_\_\_\_\_

Total hours/week being recommended: \_\_\_\_\_



1. Please describe the services currently being provided for the applicant.
2. If you are recommending additional hours of service, please describe additional services or therapy being recommended and why you think the applicant will benefit from additional services. (If you are not recommending additional services, please skip and go to next question).



3. (If you answered question 2, please skip and proceed to question 4) Please indicate why you think the applicant would benefit from continuation of existing services.
4. Please describe the level of parent involvement in treatment, or at-home intervention as it relates to the applicant's progress in the clinic.
5. Anything else you want us to know about the applicant?