



Overview of Services Available

The following services are provided by Tucker's House to pediatric clients with a documented disability. If a client qualifies for financial assistance, Tucker's House will assume responsibility for the cost of any services provided. In the event that a client does not qualify for financial assistance, it is the client's responsibility for costs incurred for services provided.

- Review of architectural plans/designs and provide recommendations for appropriate modifications to meet specific client needs.
- On site assessment of new construction, during or following completion of construction.
- Assessment of existing home structure with recommendations for permanent modifications to meet specific client needs which includes design.
- Assessment of rental property with recommendations for permanent, minor, modifications with permission of property owner, or non- permanent modifications to meet specific client needs.
- Design of space(s) with recommendations for specific equipment, and costing of project.
- Oversee construction or implementation of recommended modifications, including choosing materials and scheduling subcontractors.
- Provision of Letter(s) of Medical Necessity for Durable Medical Equipment ("DME") such as shower/bath chairs, hospital beds, etc.
- Training of caregivers in use of DME and other equipment in modified space.



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PRE-APPLICATION

Personal and Contact Information		
Child's Name:	Child's Date of Birth:	Child's Gender: _M_ _F_
Child's Home Address: Street		
City	County	State Zip Code
Parent(s) Living with Child: Mother's Name:	Parent Not Living with Child, if Applicable: Name: ___Mother ___Father	
Father's Name:	Street Address:	
Home Telephone:	Cell Telephone:	City State Zip
		Home Telephone: Cell Telephone:
Mother's Email Address:	Father's Email Address:	
Home in Which Child Resides is: ___Owned ___Leased		
If Home is Leased, include Name, Address and Telephone # of the Owner of the Home:		
Name:	Address:	
Telephone #:		
Medical and Therapy Information		
Primary Physician: Name	Office Telephone #:	
	Fax #	
Office Address: Street City	State	Zip
Diagnosis (ies):		
1.	3.	
2.	4.	
Therapy (ies):		
Type: (eg, speech, OT, PT, other)	Location:	
1.		
2.		
3.		
Means of Mobility (check those that apply):		
___Wheelchair – manual ___ Wheelchair – electric ___ Walker (type) _____		
___Crutches ___Independent ambulator		

See page 2



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PRE-APPLICATION

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Home Environment

Style of Home:

Stories: _____ # Bedrooms on Each Floor: 1st _____ 2nd _____ Basement _____

Bathrooms on Each Floor: 1st _____ 2nd _____ Basement _____

Garage: Attached _____ Detached _____ None _____

Year Home Built: _____ # Years Living in Home: _____ Approx. Years Planning to Remain in Home: _____

Persons Residing in the Home: Adults _____ Children _____

Child's Ethnicity: Black _____ Hispanic _____ White _____ Other (please describe _____)

Caregivers (defined as parents, siblings, family members, nurses or authorized individuals who regularly provide direct care for a client with a disability):

Caregiver #1 – Age: _____ Gender: Male _____ Female _____
Ethnicity: Black _____ Hispanic _____ White _____ Other _____

Caregiver #2 – Age: _____ Gender: Male _____ Female _____
Ethnicity: Black _____ Hispanic _____ White _____ Other _____

Caregiver #3 – Age: _____ Gender: Male _____ Female _____
Ethnicity: Black _____ Hispanic _____ White _____ Other _____

Caregiver #4 – Age: _____ Gender: Male _____ Female _____
Ethnicity: Black _____ Hispanic _____ White _____ Other _____

Caregiver #5 – Age: _____ Gender: Male _____ Female _____
Ethnicity: Black _____ Hispanic _____ White _____ Other _____

How did you hear about Tucker's House? ___Physician or Therapist ___Agency ___Relative or Friend ___Brochure/Flyer

Will you be seeking Financial Assistance from Tucker's House?: ___Yes ___No

Acknowledgement: It is the intent of the applicant to stay in the home after modifications are complete. Should Tucker's House have any reason to believe the modifications have been requested for the sole purpose of improving the property for resale, Tucker's House, in its sole discretion, may stop work on the project.

_____Initial

Signature – Parent/Legal Guardian

Date:

Signature – Parent/Legal Guardian

Date:

Signature – Home Owner (if other than parent(s))

Date:



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PHYSICIAN REFERRAL

Personal and Contact Information			
Child's Name:	Child's Date of Birth:	Child's Gender: ___ M ___ F	
Parent/Guardian:			
Address			
City	County	State	Zip Code
Phone Numbers:			
Home			
Work			
Cell			
Medical and Therapy Information			
<input type="checkbox"/> Home Assessment <input type="checkbox"/> New Referral <input type="checkbox"/> Annual Referral			
Reason for request for therapy: ***PLEASE CHECK ALL CODES THAT APPLY TO THIS CHILD &/OR ADD OTHER CODES BELOW***			
<input type="checkbox"/> Lack of Coordination (R27.0) <input type="checkbox"/> Down Syndrome (Q90.9) <input type="checkbox"/> Abnormality of Gait (R26.89/R26.0) <input type="checkbox"/> Delayed Milestones (R62.0) <input type="checkbox"/> Autism Spectrum Disorder (F840) <input type="checkbox"/> Sensory Processing/ Integration Dysfunction (R44.9) <input type="checkbox"/> Developmental Coordination Disorder (F82) <input type="checkbox"/> Cerebral Palsy – please specify diagnosis code	<input type="checkbox"/> Spastic Diplegia (G80.1) ____ <input type="checkbox"/> Spastic Hemiplegic (G80.2) ____ <input type="checkbox"/> Athetoid (G80.3) ____ <input type="checkbox"/> Ataxic (G80.4) ____ <input type="checkbox"/> Cerebral Palsy unspecified (G80.9) ____ <input type="checkbox"/> Seizure Disorder (G40.319) <input type="checkbox"/> Other (specify diagnosis and ICD-10 Code): _____ _____		
<i>I am in agreement with this request for a home assessment to provide recommendations for appropriate modifications for this client's home to improve the safety of the home environment for both the client and caregivers.</i>			
Physician's Name: _____, MD UPIN #: _____			
Physician's Signature: _____ Date: _____			
Phone #: _____ Fax #: _____			



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FINANCIAL ASSISTANCE APPLICATION

Personal Information			
Applicant Name:		Co-Applicant Name:	
Home Address: Street		Home Address: (if different from Applicant): Street	
City		City	
State	Zip	State	Zip
Home Telephone:	Cell Phone:	Home Telephone:	Cell Phone:
Email Address:		Email Address:	
Sources of Funds (list annual amounts)		Uses of Funds (list annual amounts)	
Salary or Wages – Applicant	\$	Mortgage and/or Rental Payments	\$
Salary or Wages – Co-Applicant	\$	Other Fixed Payments (e.g., autos, etc.)	\$
Investment Income	\$	Utilities	\$
Other Income (1)	\$	Medical Expenses (not covered by insurance)	\$
Other Sources of Funds (e.g., gifts)	\$	Taxes (income, property, etc.)	\$
Total Sources of Funds	\$	Insurance	\$
(1) e.g., alimony, child support		Education	\$
		Discretionary Spending	\$
		Savings	\$
		Total Uses of Funds	\$
Medical Insurance Information			
Primary Insurance Co:		Secondary Insurance Co:	
Telephone #:		Telephone #:	
Group #:		Group #:	
Subscriber #:		Subscriber #:	
Other Relevant Financial Information			
<p>1) Please provide a copy of Page 1 of your previous year's tax return that shows Adjusted Gross Income. We ask that you black out your social security number and any other confidential information such as names of minor children. As part of the verification process Tucker's House reserves the right to request a verified tax return. Failure to disclose accurate income information is cause for eligibility to be revoked.</p> <p>2) In order to apply for assistance for your project, Tucker's House may share this information with grant sources.</p>			
			Initial _____
Signature - Applicant		Signature – Co-Applicant	
Date		Date	



Authorization to Release Medical Information

Client: _____ DOB: _____

Parent/Legal Guardian: _____

I hereby authorize Tucker's House to: obtain from the following **OR** release to the following:

Name of Institution: _____

Address: _____

Phone: _____

The records are required for the specific purpose of:

- Completion of home assessment
- Client related level of function
- Contraindications/Precautions for client care
- Necessary background medical information

I understand this authorization will remain effective from the date of my signature until one year from this date, and that the information will be handled confidentially in compliance with all applicable federal laws. I further understand that I may see the information that is to be sent or received, and that I may revoke the authorization at any time by written, dated, communication.

Signature of Parent/Legal Guardian

Date

Media Waiver Release

I give consent for the individuals living in my home, and my home, to be in photos and videos used to promote and raise funds for Tucker's House. I understand that images and videos may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me because of such use.

Agree to release

Do not agree to release

Signature of Parent/Legal Guardian

Date



Project Reimbursement Agreement

The Homeowner(s) signed below hereby agrees that when a Project is completed by Tucker's House on the Property located at _____ ("Property") and the Property is sold during the three (3) years following the completion of the Project, the Homeowner is responsible for reimbursing Tucker's House before or at closing of the sale for all costs incurred by Tucker's House for the Project. If the Homeowner does not reimburse Tucker's House, Homeowner agrees to be liable for reasonable attorney's fees and court costs incurred in enforcing this Agreement. This Agreement is a binding legal contract under the laws of the State of Tennessee.

Homeowner's Signature

Date

Homeowner's Printed Name

Additional Homeowner's Signature

Date

Additional Homeowner's Printed Name

Tucker's House Representative

Date



**PERMISSION TO WORK ON PREMISES,
RELEASE AND WAIVER OF LIABILITY
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") executed on this date _____, by _____ (the "Property Owner") in favor of Tucker's House, a Tennessee nonprofit corporation, its directors, officers, employees, and agents collectively, ("Tucker's House").

Applicant must own the home. If it is a lease or rental, the legal homeowner must provide written permission for any modifications. A limited amount of financial resources will be applied to rental or lease properties.

By signing below I give Tucker's House (a Tennessee Non Profit Corporation), its officers, employees, volunteers, and agents permission to perform work on my premises and release Tucker's House, its officers, employees, volunteers, and agents from any liability, costs and damages resulting from work performed on the Premises located at the Property Address:

The Property Owner hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE AND WAIVER - Property Owner does hereby release and forever discharge and hold harmless Tucker's House and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from work performed on the Premises by Tucker's House. Property Owner understands that this Release discharges Tucker's House from any liability or claim that the Property Owner may have against Tucker's House with respect to any bodily injury, personal injury, illness, death, or property damage that may result from work performed on the Premises by Tucker's House, whether caused by the negligence of Tucker's House or its officers, directors, employees, volunteers, agents or otherwise. Property Owner also understands that Tucker's House does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. Any equipment that is owned or provided by Tucker's House, its officers, employees, volunteers or agents shall remain the property of Tucker's house or that individual and shall be immediately returned when no longer needed.

MEDICAL TREATMENT - Property Owner does hereby release and forever discharge Tucker's House from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with work performed on the Premises by Tucker's House.

ASSUMPTION OF THE RISK - The Property Owner understands that the Activities include work that may be hazardous to the Property Owner, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Property Owner hereby expressly and specifically assumes the risk of injury or harm in work performed on the Premises and releases Tucker's House from all liability for injury, illness, death, or property damage resulting from the work performed on the Premises.

INSURANCE - The Property Owner understands that, except as otherwise agreed to by Tucker's House in writing; Tucker's House does not carry or maintain health, medical, or disability insurance coverage for any Property Owner. Each Property Owner is expected and encouraged to obtain his or her own medical or health insurance coverage.

PHOTOGRAPHIC RELEASE - The Property Owner does hereby grant and convey unto Tucker’s House all right, title, and interest in any and all photographic images and video or audio recordings made by Tucker’s House during the work performed on the Premises by Tucker’s House, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

SUSPENSION/STOPPAGE OF WORK - The Property Owner understands that Tucker’s House, in its sole discretion, may suspend or terminate work on the Property at any point in the event there may be conditions that could make the Property unsafe. Conditions include, but are not limited to, hazardous materials, illegal activity, or noncooperation of Property Owner,

CONFIDENTIALITY STATEMENT - By definition, Tucker’s House is not considered a “covered entity” (Tucker’s House does not provide medical care) under HIPAA law and is therefore not subject to HIPAA requirements. However, because the organization does handle demographic and medical information related to the clients we serve, Tucker’s House strongly adheres to maintaining the privacy and confidentiality of this information and will only share with individuals and agencies directly related to services provided unless otherwise instructed by the client.

OTHER - The Property Owner expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of The State of Tennessee. The Property Owner agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Property Owner’s Signature

Date

Parent/Legal Guardian Acknowledgement