



ISTAR Client Assistance Program

Information for Financial Assistance

The ISTAR Client Assistance Program (ICAP) Fund was established to help adults, teenagers and children obtain speech therapy for stuttering or other speech issues at the Institute for Stuttering Treatment and Research (ISTAR). Entirely donor supported, the Fund is intended to help those who, due to their financial situation, would otherwise be unable to enter a treatment program.

The fund provides a subsidy of up to 90 percent of the actual cost of treatment depending on the degree of financial need experienced by the client. The applicant is responsible for the remainder of the cost of the treatment, the assessment fee and any costs associated with missed appointments. A subsidy for the assessment may also be provided in some circumstances, however additional conditions apply.

How does it work?

The amount of subsidy available from the Fund varies depending on the size of the client's family, and the total gross annual income of that family. The larger the family and the lower the income, the larger the potential subsidy. All individuals who are supported by the family's income should be listed on the application, including children and other adults who are supported by the wage earners. All income received by each family member living in the home should be included in the application. Other sources of available and potential assistance (such as supplementary health insurance plan) should be explored before applying to the ICAP Fund.

Am I eligible?

As funds are limited, not everyone who is eligible will receive a subsidy. At present, combined annual gross household income must not exceed \$129,500, but this figure may be adjusted from time to time by the ICAP Fund Approval Team.

The ICAP Fund is aimed at ensuring that those who need it the most, will receive the most. As noted above, eligibility for a subsidy depends on the size of your family and your family's income. The size of family is defined as all individuals supported by the family income, including: (a) adults in the home; (b) children; and (c) adults 21 years of age and under who are attending a post-secondary educational program and living away from home.

Income includes income from employment or workers' compensation, pension income, and social benefit incomes such as the Child Benefit Tax Credit, Employment Insurance, or Social Assistance. Please list income for all members of your family who are in turn supported by that income.

What information do I need to send?

If you are applying for assistance for an individual treatment program, you must obtain an estimate of the

treatment costs from an ISTAR clinician. For other treatment programs, the total cost and dates of treatment are required. If you are applying for assessment costs, please indicate that.

If you are applying between May and October, you must supply verification of your family income in the form of tax assessment notices for the most recently completed tax year for each income earner. If you are applying between November and April, please attach pay stubs indicating year-to-date income for each income earner.

Please contact ISTAR after submitting the application form if you receive alternate sources of funding (such as insurance).

How can I apply?

Application forms are available from ISTAR.

Applicants are asked to complete the application form and mail, email or fax the completed form to the ICAP Fund at the contact information listed below. You may also leave the completed application with your ISTAR/CIP clinician or receptionist to forward to the ICAP Fund approval team.

What are the conditions of receiving assistance?

Funding is provided on the condition that you begin treatment within six months of being approved for funding. After that time, funding will lapse, and a new application will be required.

If treatment is suspended for any reason for a period of six months or longer, funding will lapse and any remaining funds will return to the ICAP Fund to be made available to another applicant. A new application will then be required for additional funding.

How do I get the money?

Actually, you don't. You will be notified that your application has been approved and ISTAR will invoice the ICAP Fund directly for the approved portion of the assessment or treatment. You will be responsible for the balance of the assessment or treatment fees.

Supporting the ICAP Fund

The ICAP Fund exists because of the generosity of the donors and volunteers of ISTAR. Individuals donate money directly to the Fund and donate their time to activities that raise money for the Fund. Foundations provide grants and gifts directed specifically for use in the Fund. The ICAP Fund would not exist without these contributors.

The ICAP Fund is administered by an approval team at the University of Alberta, and operates independently of the clinical program at ISTAR.

For further information contact:

ISTAR 8205 114 St (3-48 Corbett Hall) Edmonton, Alberta Canada T6G 2C4

Email istar@ualberta.ca phone 780-492-2619 fax 780-492-8457





Application for Financial Assistance

Guidelines

The ISTAR Client Assistance Program (ICAP) Fund was established to help individuals obtain speech therapy at ISTAR. Entirely donor supported, the Fund is intended to help those who, due to their financial situation, would otherwise be unable to enter a treatment program.

While the ICAP Fund would like to assist all individuals in need, limited funds require that there be eligibility requirements on incoming applications. To ensure that help goes to those most in need, the following conditions apply:

- ☑ Combined annual gross household income must be \$129,500 or less. (To apply for assessment funding, gross household income must be \$61,000 or less.)
- ☑ You are expected to have explored all other sources of financial assistance before applying to the ICAP Fund, including those noted in the ISTAR information package and your supplementary health insurance plan.

Checklist for applying for financial assistance

Complete the ICAP Fund application form. <u>ALL SECTIONS MUST BE COMPLETED.</u> If any information is missing or the application is incomplete, it will be returned for completion resulting in a delay in processing the request.

AND

- Attach supporting tax or pay information as follows:
 - When applying between May and October: Attach a copy of the tax notice of assessment (NOT the T1 Summary) for the most current tax year for each wage earner in the household, including all adults even if they did not earn wages. If the applicant is 23+ years old and lives at home with parents, only the applicant's income is required.
 - When applying between November and April: Attach a copy of the most recent pay stub showing year-to-date income for each wage earner in the household. If the applicant is 23+ years old and lives at home with parents, only the applicant's income is required.

Granting Policies

- \square Funding approval is valid for six months from date of approval.
- ☑ Combined annual gross household income must be \$129,500 or less. (*To apply for assessment funding, gross household income must be \$61,000 or less.*)
- Funding is not guaranteed and the level of funding assistance may vary based on availability and applicant need. Funds available are dependent on donations received. Should there be insufficient funds at the time of the application, a waiting list will be employed.
- ☑ The application for financial assistant must be submitted and approved prior to services being rendered. Applications for funding during an active speech therapy program will be reviewed on an as-needed basis.
- Applicants should access all sources of funding available to them before requesting funds from the ICAP Fund.
- A maximum of \$5,000 in funding in any given five-year period will be awarded to each applicant.
- ☑ Payment is made to ISTAR not the individual.
- Send your completed application with all requested information via email, fax or mail to:

ISTAR fa 8205 114 St (3-48 Corbett Hall) Edmonton, Alberta Canada en T6G 2C4

fax number 780-492-8457 email istar@ualberta.ca

 \square Be sure to keep a copy for yourself.





ISTAR Client Assistance Program

Application Details

Applicant's Name:			Age:			
LAST NAME		FIRST NAME				
Address:	City:					
Province/State: Postal/Zip Code:	Email	Address:				
Telephone (including area code):	code): HOME CELL					
Have you previously received funding from us?	Yes 🗆 No 🗖	Year:				
Are you a landed immigrant? Yes 📮 No 🗖						
Country of citizenship □Canadian □US citiz	zen □Other					
If applicant is under 18 years of age:						
Parent/Guardian:	FIRST NAME	Relationship	»:			
		Gross annual income	e:			
Parent/Guardian:		Relationship):			
LAST NAME	FIRST NAME	Gross annual income	e:			
Household Members: (list the name, age, relationship and gross annual income of all persons who permanently reside in your home)						
Name A	Age Re	lationship	Gross annual income			
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Speech therapy program:							
ISTAR (Stuttering):	Assessment						
Individual treatment	□ Intensive clinic	DATE		Refresher clinic	DATE		
Estimated fee for treatme	ent:						
Communication Improve	ment Program (other spee	ch issues)):	Assessment	Individual treatment		
Other funding sources	you have contacted.						
Employer Extended Hea	alth Care Benefits	Yes 🛛	No 🗖	Amount of Funding	g:		
Other:		Yes 🛛	No 🗖	Amount of Funding	g:		
Other:		Yes 🛛	No 🗖	Amount of Funding	g:		





ISTAR Client Assistance Program

REQUIRED : Reason for request/Other Information. Include information to support your request for financial assistance.

Release and Waiver

I hereby agree that I have read the ICAP Fund Guidelines for Financial Assistance. I certify that the information provided in this application is true, correct and complete to the best of my ability.

Signed:

_____ Date _____

FIRST NAME LAST NAME

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the <u>Alberta Freedom of Information and Protection of Privacy Act</u> and will be protected under Part 2 of that Act. It will be used in a confidential manner, for the purpose of delivering speech therapy services and for providing updates and information about ISTAR. Direct any questions about this collection to: ISTAR, 8205 114 St (3-48 Corbett Hall) Edmonton, AB Canada T6G 2C4. Phone: 780-492-2619. Email: <u>istar@ualberta.ca</u>