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Request for Specialized Equipment

Please complete every question to avoid delay in our processing of your application

| Personal Details | | |
|----------------------|--|--|
| 1 | Name of Child: _____ Surname: _____ | |
| | Child's Date of Birth: _____ Child's ID Number: _____ | |
| | Father's Name: _____ Mother's Name: _____ | |
| | Address (Street, City, Postal Code) _____ | |
| | Mobile Phone _____ Home Phone _____ | |
| | Is the child a part of Keren Malki's 'Therapies in the Home' Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Equipment | | |
| 2 | Type of Equipment Requested: _____ | |
| Diagnosis | | |
| 3 | Child's Diagnosis _____ | |
| | Diagnosing doctor (Name & Address) _____ Doctor's Specialization <input type="checkbox"/> Neurologist <input type="checkbox"/> Developmental Pediatrician <input type="checkbox"/> Psychiatrist (in the case of PDD child) | |
| | Tel. (Phone) _____ Kupat Cholim: _____ | |
| Therapist and Doctor | | |
| 4 | If this request is based on the recommendation of a licensed Occupational Therapist or Physiotherapist, please state the name, address, telephone of that therapist: NOTE: Attaching a therapist's recommendation for the equipment is optional but can shorten the process. And attaching a price quote of the equipment is optional but can shorten process | |
| 5 | Have you applied to any public institutions? Governmental, Bituach Leumi, Kupat Cholim or other? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) | |
| 6 | Have you applied to any privately-run foundations? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) | |
| 7 | If no recommendations are attached, please specify why equipment is needed: | |
| 8 | A written medical assessment of the child, signed by a neurologist, a developmental pediatrician or (only in the case of a PDD child) a psychiatrist must be attached. This assessment must be no older than nine months before the date this application is submitted to Keren Malki. | |
| 9 | Date: _____ Parent's Signature: _____ | |