



## **WEST TEXAS REHABILITATION CENTER**

# **Donor Sponsorship Program**

### **\*What is DSP?**

The Donor Sponsorship Program (DSP) was started at West Texas Rehabilitation Center (WTRC) in April of 1998. The purpose of the program is to ensure the Mission of WTRC is met. The Mission states that every patient, who has a medical need for services, will be treated, even if financial hardships prevent the patient from being able to pay for the services on their own. This program is made possible through the generosity of thousands of donors to WTRC every year. To be responsible stewards of these donated funds, the staff at WTRC must make every effort to determine those truly in need of this program of financial assistance.

To qualify for any DSP assistance, WTRC uses federally established guidelines to determine your need for financial assistance. To do this, WTRC must obtain information from you regarding your annual income. To provide this information, you will need to provide WTRC a copy of:

1. The most recent employment check stubs (for all members of the household) or a copy of your most recent federal tax return;
2. The total number of people living in your household;
3. Itemized unreimbursed medical expenses, as these can also be used to determine your eligibility for DSP; and,
4. A Physician's Order with a diagnosis.

You should hear from WTRC regarding the status of any DSP application within two weeks of the date your signed application was received by WTRC. **Applicants must re-apply for DSP every 6 months (180 days) with current income information.**

*Please be advised that if all requested information is not received from the patient, the DSP application cannot be processed.*

### **When will I know if I am approved for DSP Therapy Services?**

A decision of financial assistance for DSP for **therapy services** (examples: PT, OT or Speech) may occur when your application is signed and all of the requested information listed above is given to WTRC. Please contact the Admissions Department in Abilene at (325)793-3400, or in San Angelo at (325)223-6300, for the status of your therapy services application.

*Please be advised that an approval for therapy services is not an automatic approval for all levels of DSP at the same financial degree. (Example: full financial assistance for therapy services is not approval for the same degree of financial assistance as equipment/supplies.)*



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### **How do I qualify for a higher level of financial assistance (such as equipment and/or supplies)?**

A different level of review is required if a higher degree of financial assistance is requested by you. *Please be advised that Hearing Aids cannot be covered under DSP.*

WTRC must obtain from you all the information listed on page one and:

1. An explanation of why the equipment is needed, which may be provided by you, your physician or both of you; and  
You may elect to provide additional information you believe will influence WTRC's approval of a higher level of financial assistance.

### **Who can I contact about the status of my DSP application for equipment and/or supplies?**

Once your information has been processed by the appropriate staff, the Social Worker should contact you with a final decision on the application, but if you should need to contact them, please call the Social Worker at (325)223-6473.

Respectfully,

*West Texas Rehabilitation Center*



MRN#: _____
Admission #(s): _____
_____
_____

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***Application for Financial Assistance***

\* **Applicants must re-apply for DSP every 6 months (180 days) with current income information.**

<b>Name of Applicant:</b>	
<b>Name of Patient:</b>	
<b>Home Address:</b>	
<b>City, State Zip:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Work Phone:</b>	
<b>Total # in Household: ( ) # of Adults: ( ) # of Children: ( )</b>	<b># of Children in Fulltime Childcare: ( )</b>
<b>Guarantor #1:</b> <i>How are paychecks received? (e.g., bi-monthly, weekly, 1<sup>st</sup> and 15<sup>th</sup> of each month, etc.)?</i>	
<b>Guarantor #2:</b> <i>How are paychecks received? (e.g., bi-monthly, weekly, 1<sup>st</sup> and 15<sup>th</sup> of each month, etc.)?</i>	
<b>Additional Information:</b>	

*Please ensure that you include the following information when you submit your application:*

- The most recent employment check stubs (for all members of the household) or a copy of your most recent federal tax return; and
- The total number of people living in your household; and
- Itemized unreimbursed medical expenses; and
- A Physician's Order with a diagnosis.

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**

**FOR INTERNAL USE ONLY:**

Date Received:	Date Approved:
Received by:	Approved by:
Forwarded to: _____	Patient Notified by: