

REQUEST FOR VERIFICATION

Dear Provider of Services,

I have applied, on behalf of my child, _____, to become a member of Reagan's Journey Inc., a non-profit organization developed to aid families with children who have special needs, by financially funding equipment, services, and additional resources for their child which are not covered by their health insurance. There is no cost associated with our membership and they raise funds on our behalf to assist us in our journeys with our child. They do, however need to verify our child's diagnosis in order to accept him/her as a member. With my signature below, I am authorizing you to release this information. Thank You for your assistance in this matter.

Parent/Legal Guardian Signature: _____ Date: _____

Applicant's Name: _____

Provider's Name and Title: _____

Office Address: _____ Phone: _____

Relationship with applicant began on what date? _____

Applicant's Diagnosis: _____

Signature: _____ Title: _____

Date: _____

Reagan' Journey...Because with a little help, those who can't...DO!