

Right Step Sponsorship Fund, INC: Approval Checklist

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Requesting sponsorship for (*circle*) WINTER SPRING SUMMER FALL

Equine Assisted Activities Participation Checklist

- Met appl. deadline *Feb 15 for March-June; May 15 for June-Sept; Aug 15 for Sept-Dec; Nov 15 for Dec-March*
- If Applicable: Physician's Prescription stating number of sessions: # \_\_\_\_\_
- Physician's Release for equestrian activities
- Accepted into Michigan Approved Provider Program  
Name of Approved Provider \_\_\_\_\_
- Contact information \_\_\_\_\_
- Outline of Total Anticipated Costs: \$ \_\_\_\_\_
- Submitted Insurance Verification Form indicating no insurance coverage
- Financial need as evidenced by income not greater than 200% of the current annual government poverty guidelines\*
- Amount of Sponsorship Requested \$ \_\_\_\_\_

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**\*Suggested guidelines for amount of Sponsorship Award:**

*These are suggested guidelines for awarding a percentage payment of treatment fees based on income and annual poverty guidelines. All factors including current debt and extenuating circumstances will be considered for final sponsorship awarded. However, sponsorship eligibility is available only up to income of 200% of annual poverty guidelines.*

Income below annual poverty guidelines is eligible for sponsorship of 100% of EAA fees up to \$1000.

Income 100-125% annual poverty guidelines is eligible for sponsorship of 75%-100% of EAA fees up to \$1000.

Income 126%-150% annual poverty guidelines is eligible for sponsorship of 50%-75% of EAA fees up to \$1000.

Income 151%-200% annual poverty guidelines is eligible for sponsorship of up to 25% - 50% of EAA fees up to \$1000.

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What period is this application for: Winter Spring Summer Fall YEAR \_\_\_\_\_

Amount of Funds Available \$ \_\_\_\_\_

# of qualified applicants: \_\_\_\_\_ Is this a re-applicant already receiving tx: YES NO

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Amount of Sponsorship Awarded (up to \$1000) \$ \_\_\_\_\_

President Signature: \_\_\_\_\_