



## **Pikes Peak Therapeutic Riding Center RIDER SUPPORT FUND**

### **General Information**

Since individuals with disabilities typically incur much greater medical, transportation and daily living expenses, most of our families and riders face serious financial constraints. So, we strive to make our services as affordable as possible by offering reduced cost lessons. However, some families cannot pay even our reduced-cost fees for therapeutic riding or their insurance does not cover Hippotherapy. Thanks to the generosity of the community, we can offer the Rider Support Fund (RSF) to these families.

### **How Support Funds are Awarded**

RSF assistance is based on financial need. Riders or their families must complete an application form at the time of registration. Forms are available at [www.pptrc.org](http://www.pptrc.org), at our office Monday through Friday 9 am to 5 pm, in the Observation Room, or by calling (719) 495-3908. The RSF Committee then reviews applications and makes award decisions based on the amount available in the fund, the number of applicants applying for assistance, as well as the applicant's attendance record and payment history. Each recipient is still required to pay a minimal fee (see chart below). No 100% awards are made. Payment is required prior to the beginning of the session.

#### **8-Week Session: Winter, Spring, Summer & Fall**

Private Hippotherapy	\$80
Group Therapeutic Riding	\$80
Semi-Private Therapeutic Riding	\$96
Private Therapeutic Riding	\$120

#### **6-Week Session: Holiday**

Private Hippotherapy	\$60
Group Therapeutic Riding	\$60
Semi-Private Therapeutic Riding	\$72
Private Therapeutic Riding	\$90

### **Eligibility Requirements**

Participants must have investigated all other funding resource options (including insurance for Hippotherapy) prior to applying for the RSF. Participants are only eligible for RSF for one weekly class per session and must meet all other rider requirements. Families with multiple riders in the program are to complete a separate RSF application for each participant and submit during the registration process.

### **Funding Policies**

If you are receiving funding from another source, you are not eligible for the RSF. Please note that submission of a RSF application does not guarantee that funding will be approved. This funding must not be considered a continuing PPTRC commitment, and you should not rely upon future RSF awards.

**PLEASE NOTE: Credits/Refunds are not issued if classes are cancelled for any reason. Funding received for one session cannot be applied to another session. We do not provide funding for our Memorial Hpot riders.**

### **Possible Alternative Sources of Funding:**

The Resource Exchange  
Cerebral Palsy Association of Colorado Springs  
Multiple Sclerosis Alliance of Southern Colorado  
Colorado Springs Downs Syndrome Association  
Air Warrior Courage Foundation (for military families)  
Gifts from relatives for birthdays/other holidays

# Rider Support Fund Application

Name of rider \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

## Financial Information

Income	# in family
<input type="checkbox"/> Below \$19,000	_____
<input type="checkbox"/> \$19,000 - \$24,999	_____
<input type="checkbox"/> \$25,000 - \$29,999	_____
<input type="checkbox"/> \$30,000 - \$39,999	_____
<input type="checkbox"/> \$40,000 - \$55,999	_____
<input type="checkbox"/> \$56,000 - \$69,999	_____
<input type="checkbox"/> \$70,000+	_____

## Sources of Income

<input type="checkbox"/> Alimony/Maintenance	<input type="checkbox"/> Wages
<input type="checkbox"/> Savings	<input type="checkbox"/> Welfare
<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension/Retirement
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Insurance Benefits
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> DSHS Respite Care/DDD*
<input type="checkbox"/> Child Support	<input type="checkbox"/> Disability Payments
<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Other

Employment Status of Rider/Parent/Guardian: \_\_\_\_\_

List Name, Address, and Phone of Applicant/Parent/Guardian if different from above:

\_\_\_\_\_  
\_\_\_\_\_

Other factors constituting financial hardship, which should be considered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Single Parent Family: Yes  No

Group Therapeutic Riding  or Hippotherapy

Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete and return to:

**Pikes Peak Therapeutic Riding Center**  
13620 Halleluiah Trail  
Elbert, CO 80106  
719-495-3908, Fax 719-494-1689