Early Literacy Program

Application to become a site

This is an application of request to the Kansas Pediatric Foundation (KPF) to become a Turn a Page. Touch a Mind. (TAP-TAM) literacy site in Kansas. KPF is the charitable arm of the Kansas Chapter, American Academy of Pediatrics, and provides funding to TAP-TAM sites so that they can distribute books at well-check visits from 6 months through 5 years old.

The information provided below will be presented to the KPF site selection committee for review. New site approvals are based on location, funding available, Medicaid/Medicare population served, and number of children served.

Contact Mel Hudelson at (913) 940-8965 or mel.hudelson@kansasaap.org if you have questions.

Completed applications should be faxed to the KPF office at (866) 519-0365.

Date: ___________________________

Full Site / Program Name: ________________________________

Type of Practice (circle one): Pediatrics       Family Physician       Other ________________________________

Participating Physicians: ________________________________

Address: ___________________________________________ City:_____________ Zip:_________ County:___________

Site Coordinator Name: _________________________________ Email:______________________________

Phone: __________________ Fax:________________________ Website: ________________________________

Insurance Coverage Information (Percentages need to total 100%)

Family Practice Applicants: complete the insurance percentages for your pediatric patients only - not for your entire practice.

_____ % Uninsured / Self Pay   _____ % HMO Medicaid

_____% Medicaid                  _____% HMO (Non-Medicaid)

_____% Medicare                  _____ % Private Insurance

_____ % Other __________________

Estimated number of well child visits ages 0-5 years annually: ______________

Please list some local community organizations that KPF could contact for funding assistance with your site:

Organization Name: __________________________ Phone:________________________

Address: __________________________________ website:________________________

Organization Name: __________________________ Phone:________________________

Address: __________________________________ website:________________________

________________________________________________

________________________________________________

Signature of Physician Champion      Printed Name

PO Box 860481  Shawnee, KS  66286  www.kansaspediatricfoundation.org