

Full Circle Wellness Resource Center  
530 S Main St, Ukiah, CA 95482  
707-462-6570

Children's Angel Fund Eligibility Questionnaire  
The Angel Fund for children provides Feldenkrais lessons to  
children with special needs in our community.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

Phone: \_\_\_\_\_

How did you find out about the Children's Angel Fund? \_\_\_\_\_

What is your child's diagnosis/concern? \_\_\_\_\_

What is your desired outcome? \_\_\_\_\_

What is your current income? \_\_\_\_\_

Do you have any dependents? \_\_\_\_\_

Are you married or single? \_\_\_\_\_

How much can you afford to pay toward a session? \_\_\_\_\_

Do you have any questions? \_\_\_\_\_

Notes or Comments: \_\_\_\_\_

Follow Up \_\_\_\_\_

Date of decision \_\_\_\_\_ Board Member \_\_\_\_\_