



## Endometriosis Foundation of Houston Healing Hou PFPT Scholarship Program

### About us:

The Endometriosis Foundation of Houston (EFHou) is a 501(c)(3) charitable organization created with the purpose of increasing disease recognition, offering vital support services to individuals battling endometriosis in the Bayou City, and helping connect patients, communities, stakeholders and healthcare providers to promote advocacy programs nationwide. We collaborate with local experts and national organizations to promote reliable, accurate endometriosis information.

### What is endometriosis?

Endometriosis is a complex disease in which cells similar to—but not the same as—the lining of the uterus are found elsewhere in the body, causing pain, inflammation, and organ dysfunction. It is estimated that endometriosis affects 200 million individuals worldwide, that's about 1 in 10 individuals assigned female at birth and is rare in individuals assigned male at birth. The most common symptom of endometriosis is severe, often debilitating, pelvic and abdominal pain, with or without a period. While we often think of intensely painful periods with excessive bleeding as the hallmark of endometriosis, other common symptoms include: pain with sex, pain with defecation, urinary pain, backaches, abdominal bloating (aka endo belly), severe fatigue, pain with exercise, hip and leg pain, nausea, constipation, headaches/migraines, diarrhea; and infertility.

### What is the EFHou Healing Hou PFPT Scholarship Program?

EFHou has partnered with Empower Yourself PT to provide pelvic floor physical therapy services (up to a Two Thousand Dollar value (\$2,000), as funds permit) to Houston area residents, who are eighteen (18) years old and older, no matter where they are with the endometriosis journey. This includes *up to* ten (10) pelvic floor therapy sessions. **Payments will be made directly to the provider on behalf of the patient. PLEASE NOTE: Each recipient will have a care plan tailored to them and their needs. Some patients may be awarded more sessions than others.**

Endometriosis is a systemic disease impacting the whole body. The body reflexively reacts to pain by tensing muscles at or near the pain. Over time, this results in distress and dysfunction, locking muscles in a shortened, tight, and painful state. This, itself, becomes a pain generator layered on top of endometriosis pain.

Pelvic floor physical therapists can use techniques to ease muscle tension, retrain and correctly strengthen muscles, mobilize organs and scar tissue, release restrictions, improve alignment, and enhance blood flow. They can help retrain bladder, bowel, and sexual function. Over time, the changes brought about by PT can also help quiet an irritated central nervous system.

### **Who is the physical therapist EFHou is partnering with for Healing Hou?**

Dr. Karen Kowenski, owner of Empower Yourself PT, is a Houston-based pelvic floor physical therapist and board certified clinical specialist in women's health. Empowering patients through confidence and care, Dr. Kowenski believes making even small, realistic changes can help you meet your goals. With over 10 years of experience treating orthopedic and pelvic floor conditions, she looks beyond the pelvis to take a full-body approach to helping patients find relief. She also serves on EFHou's Advisory Board. Physical therapy sessions will be held at West University Wellness on Buffalo Speedway and 59. To learn more about Dr. Kowenski, please visit: <https://www.empoweryourselfpt.com/about>

### **Who should apply?**

Scholarship eligibility depends on the applicant's circumstances (i.e., Underlying cause of pain, endometriosis diagnosis, financial situation and other life factors) and their meeting a set of requirements, as listed below.

**Applicants must be 18 years old or older.**

**Applicants must be a resident of the greater Houston area.**

We strive to be diverse and inclusive regarding ethnicity, sexual orientation, social economic status.

**PLEASE NOTE:** meeting scholarship requirements does not assure receiving a scholarship. We are unable to fund all of those who apply at this time.



**Endometriosis Foundation of Houston  
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**REQUIRED DOCUMENTS**

**Please submit the following REQUIRED documents along with this completed application. Please black out/redact your social security number on any documents you submit.**

Do not send originals. The EFHou office will not photocopy and return any documents.

**REQUIRED - Personal story:** We want to know your journey with endometriosis (250-500 words). Where are you now with your endo journey? We want to know who you are – hobbies, profession, family history, why you would be a worthy candidate. You are encouraged to tell the committee why you think you need a scholarship and they should present the opportunity to you.

**REQUIRED** - Copy of most recent household tax return.

**REQUIRED** - Copy of the last two (2) pay stubs, or a handwritten letter from your employer. If self-employed, please provide a self-employment letter confirming occupation type and monthly gross income. If unemployed, a copy of any financial award letters from disability, social security, or unemployment offices.

**REQUIRED** – Copy of government issued identification.

**REQUIRED** – Application form: The entire application form herein, including release form and compliance form. Incomplete applications will not be considered.

**DEADLINE:** Applications must be received by EFHou by the deadline date of **January 31, 2022**. No late submissions accepted.

Once you have completed the application, please email us at **healinghou@gmail.com** with subject line **“Request for Application Link”** and we will send you a secure link to submit the application and required documents via Dropbox.

**PLEASE NOTE:** We **do not** accept applications submitted via fax, email or mail. We strongly suggest that you retain a copy of your submission for your records.

For questions regarding the EFHou Healing Hou PFPT Scholarship Program, please contact:  
Alison Landolt, Program Services Director at [healinghou@gmail.com](mailto:healinghou@gmail.com).



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**1. BASIC INFORMATION**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First Name Last Name)

Birth Date (MO/DD/YY): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address Street: \_\_\_\_\_

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

County of residence: \_\_\_\_\_

*Optional:*

Race:  White  Black/African American  Hispanic/Latin  Asian

Native Hawaiian/Pacific Islander  American Indian/Alaska Native  Other \_\_\_\_\_

Gender identity: \_\_\_\_\_

**2. ENDOMETRIOSIS**

How did you hear about EFHOU? \_\_\_\_\_

Have you been diagnosed with or suspect you have endometriosis? \_\_\_\_\_

Please explain:

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What have you tried in order to manage endometriosis symptoms?

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Who is the physician managing your endometriosis care? \_\_\_\_\_

### 3. **HEALTH INSURANCE**

Do you have health insurance?

NO

YES Name of Company: \_\_\_\_\_

Do they pay for PT services?  YES  NO

Do you have a copay/coinsurance for PT services?  YES  NO

Copay/coinsurance amount? \_\_\_\_\_

What is the annual out of pocket max? \$ \_\_\_\_\_

What is the annual deductible amount? \$ \_\_\_\_\_

Has your deductible been met?  YES  NO

### 4. **FINANCIAL**

All financial information provided will remain confidential. Financial need will play a role in determining scholarship eligibility.

We require a copy of the first page of your most recent federal tax return and two (2) recent pay stubs.

**PLEASE NOTE: Please black out/redact your social security number on any documents you submit.**

Applicant Annual Income: \_\_\_\_\_

Annual Household Income (if different): \_\_\_\_\_

Select one:

Employed  Unemployed Since \_\_\_\_\_  Retired Since \_\_\_\_\_

Permanent disability Since \_\_\_\_\_  Active Military Since \_\_\_\_\_

Total number of persons in household: \_\_\_\_\_

Total number of wage earners in household: \_\_\_\_\_

Total number of dependents in household: \_\_\_\_\_

Please list the amount of your monthly expenses:

Rent/Mortgage \_\_\_\_\_ Utilities \_\_\_\_\_ Telephone \_\_\_\_\_ Food \_\_\_\_\_

Car \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

Are you solely responsible for your medical care expenses? Do you receive assistance from another person in your household?

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Is there any other information you would like us to consider while reviewing the financial information provided?

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## 5. PHYSICAL THERAPY

A referral is required for physical therapy. Will you be able to obtain a referral?

YES     NO

Are you currently in pelvic floor physical therapy?     YES     NO

Have you ever had pelvic floor physical therapy?     YES     NO

If so, who is/was your physical therapist? \_\_\_\_\_

If so, please tell us about this experience.

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If you are not currently in pelvic floor physical therapy, what are the barriers to care? What is preventing you?

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What are your goals for physical therapy? What do you want to get out of this opportunity?

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Realistically, how much time are you able to devote to doing PT homework each week?

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What are the barriers that would prevent you from fully participating in physical therapy?

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Our trusted pelvic floor physical therapist partner is in the clinic **Mondays from 9:30am to 1:30pm and on Tuesdays and Thursdays from 9:30am to 4:30pm**. Please list all of your availability during these times.

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**\*The following documents must be attached to this application:\***

1. First page of your latest federal tax return (**black out/redact social security number**)
2. Copy of 2 recent pay stubs, if employed
3. Patient Compliance Form
4. Personal story (see attached for instructions)
5. Copy of driver's license or government issued identification card.

**Deadline: January 31, 2021**

I am confirming that I live in Texas permanently and the information listed above is accurate to the best of my knowledge. I understand that if I qualify as an EFHou Healing Hou PFPT Scholarship Program recipient, my status as a Scholarship Program recipient may be IMMEDIATELY revoked if any evidence of fraud or misrepresentation of my diagnosis and financial status is uncovered.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (print)



**Endometriosis Foundation of Houston  
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**Patient Compliance Form**

I, \_\_\_\_\_ (print patient name), understand if accepted for EFHou assistance, I must comply with the following terms or I shall be terminated from the program:

1. Show up on time. Please be respectful of the provider's schedule as they also have a private practice with other scheduled appointments. Patient Initials: \_\_\_\_\_

2. Avoid cancellations. If you are unable to attend your appointment for whatever reason, you must contact your physical therapist's office to reschedule a minimum of twenty-four (24) hours in advance. Failure to do so will result in an Eighty-Five Dollar (**\$85**) **late cancellation fee paid for by you** and not by EFHou. You may be required to keep a card on file with the provider in case of late cancellation.

Patient Initials: \_\_\_\_\_

3. Adhere to your physical therapist's clinical policies and patients' rules of treatment. You must follow your physical therapist's policies and patients rules of treatment through the entirety of your foundation status, including attending all scheduled appointments, completing your home program, and follow through with all treatment plans. Scholarship status will be terminated due to excessive absences determined by provider's policy and agreement. Patient Initials: \_\_\_\_\_

4. You are required to wear a mask properly over your nose and mouth for the full duration of the physical therapy sessions and adhere to all other clinic protocols regarding COVID-19. Patient Initials: \_\_\_\_\_

5. Patient is responsible for transportation and lodging, if needed. Physical therapy sessions will be held at West University Wellness located at 5180 Buffalo Speedway, Houston, Texas 77005. While the EFHou Healing Hou PFPT Scholarship Program Services are covered one hundred percent (100%), you acknowledge that you are responsible for your own transportation to and from appointments. If coming from out of town, you acknowledge that you are responsible for your own lodging accommodations if you need to spend the night. No special accommodations will be made. Patient Initials: \_\_\_\_\_

6. If you and the physical therapist determine together that PT is not a good fit for you at this time, you may withdraw from the Scholarship Program and forfeit the remainder of your sessions.

Patient Initials: \_\_\_\_\_

7. Per Texas state law, you will be required to obtain a referral for physical therapy services from a physician prior to the start of treatment. Patient Initials: \_\_\_\_\_

8. Scholarship recipients will be announced by 02/15/2022. Scholarship recipients are required to schedule an appointment **within one (1) month** of award and finish **within six (6) months** of the start of



treatment. At the joint discretion of EFHou and the provider, exceptions may be made for extenuating circumstances, including but not limited to change in status or disruption due to surgery.

Patient Initials: \_\_\_\_\_

Please note that the Endometriosis Foundation of Houston pays for up to ten (10) physical therapy sessions on your behalf based on your individual treatment plan.

I have read, understand, and agree to comply with this policy. I understand if I fail to comply with the above mentioned policies, my foundation status shall be terminated.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (print)



## **Endometriosis Foundation of Houston Healing Hou PFPT Scholarship Program**

### **Informed Consent and Acknowledgement of Risk**

IN CONSIDERATION for the opportunity to apply for participation in the EFHou Healing Hou PFPT Scholarship Program, the undersigned applicant understands and agrees that:

1. There is some risk in undergoing pelvic floor therapy treatment including but not limited to a temporary increase in my current level of pain or discomfort, or an aggravation of my existing condition.
2. They assume all risk of and financial responsibility for any loss or injury related directly or indirectly to participation in the program and agree to indemnify and hold EFHou harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by the applicant as a result of, or arising out of, the applicant's participation in the EFHou Healing Hou PFPT Scholarship Program except for claims resulting wholly from the gross negligence of EFHou;
3. EFHou itself is not a medical expert or provider of any medical services and makes no determination as to whether this program is advisable or appropriate for anyone; participation in this program is voluntary and participants in the program agree to evaluate the risks of participating in the program independently and with the aid of their personal medical professionals to determine if the program is appropriate for them, their families and their medical and personal needs;
4. All aspects of the program including without limitation the services donated, the criteria for participation, the application and review process and the methods used to publicize the program are subject to change at anytime, without notice, in EFHou's sole discretion based on the availability of donated services, funding and the best interests of EFHou and the public;
5. The physical therapists, clinics and other donating medical services for this program may require additional consents and releases prior to allowing applicants selected by EFHou to participate in the program and receive pelvic floor therapy treatment; and,
6. This agreement shall be construed and interpreted in accordance with the laws of the State of Texas without regard to its conflicts of laws provisions and agree further to the submission of any dispute under this agreement or the EFHou Healing Hou PFPT Scholarship Program as a whole to Federal or Texas courts located solely within the State of Texas.
7. Any questions or issues concerning the interpretation of this agreement shall be first resolved through local mediation, and if mediation is unsuccessful, the parties agree that all claims will then proceed solely through the courts located in the jurisdiction of Harris County.

This Informed Consent and Acknowledgement of Risk shall not be amended, supplemented or abrogated without the written consent of EFHou. The undersigned applicant and her/his partner have read and understand the content of this Informed Consent and Acknowledgement of Risk and execute this agreement freely and voluntarily.

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Applicant's Signature

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Date

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Patient Name (print)



## MEDIA RELEASE FORM

I, \_\_\_\_\_, grant permission to Endometriosis Foundation of Houston, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos  Email Blasts  Recruiting Brochures  Newsletters  Magazines
- General Publications  Website and/or Affiliates  Social Media
- Other: \_\_\_\_\_

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. Any issues concerning the interpretation of this agreement shall be governed by Texas law in the jurisdiction of the state or federal courts located in Harris County, Texas.

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

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_