







Every child deserves a chance to shine!

MISSION

TheraYouth's mission is to help children from disadvantaged families overcome physical and developmental barriers through outpatient therapy, creating healthier futures.

WHAT WE DO

We treat children with special needs with sensory processing issues related to autism spectrum disorder & ADHD, to proprioceptive and auditory issues, articulation, dysarthria, stuttering, injury recovery, postural control, coordination, motor skills, and body awareness.

WHY IT MATTERS

Health

Children with injuries, disabilities or developmental delays risk succumbing to chronic ailments and face societal and emotional challenges when untreated.

Access

Therapy is inaccessible for low-income families due to high costs. Low insurance reimbursement rates lead clinics to charge high out-of-pocket fees. Clinics avoid some neighborhoods due to residents' inability to pay.

Fills Gap

Many children lack government support. Early intervention programs stop at age three. Children are excluded from school-based therapies if a condition does not affect academic ability, and Medicaid typically has a 10-session cap.

Care

By pairing licensed therapists with children in need, we are able to treat patient issues and achieve positive outcomes across symptom reduction, improved function, enhanced coping skills and better quality of life.

Recovery

Our therapy program is life changing for children, helping them overcome difficulties. Better health paves the way for a brighter future for children, their families, and the whole community.



Support Union County's Children

100% of proceeds will be used to provide children in the underserved, high-density areas of Union County with needed outpatient therapies.

TheraYouth Sponsor A Child

	e to Sponsor a Child today! e-time or annual sponsorship level below:
One child, 8 sessions \$1,0	Two children, 8 sessions ea. \$2,000
One child, 10 sessions \$1,2	Two children, 10 sessions ea. \$2,500
One child, 12 sessions \$1,5	Two children, 12 sessions ea. \$3,000
Other, pleas	e accept my \$donation
SUPPORTER INFORMATION: Supportor Name (as it should appear on m	aterials):
Supporter Level:	Amount: One time: Annual:
Contact Name:	
Contact Title:	
Address:	
City:	State: Zip:
Email:	Phone:
Website:	
PAYMENT INFORMATION:	
Check enclosed (payable to TheraYou	th Foundation)Visa MastercardAMEXOnline
Card Holder Name:	
Signature:	
Credit Card Number:	Expiration Date:/ Security Code:
Completed forms may be mailed to: TheraYouth Foundation PO Box 78 Bernardsville, NJ 07924	
	Secure donations can be made at:

https://donorbox.org/therayouth-donations

Please contact Irina Marcoff with any questions at 516.770.2055 or info@therayouth.org. Your donations are tax deductible as allowed by law. TheraYouth Foundation is a 501(c)(3). EIN: 86-1970973