



Application for Financial Assistance

Email or fax completed application to:

jjh@jackshelpinghand.org

Phone: (805) 547-1914 Fax: (805) 592-2018

Eligibility Checklist:

- The child must be less than 21 years old
- The child must reside within San Luis Obispo County, California
- Requests for Assistance should be received at least 7-10 business days prior to scheduled appointments (Exceptions may be made for an emergency)

Anti-Discrimination Policy

Jack's Helping Hand, Inc. of San Luis Obispo County is committed to a policy of non-discrimination and equal opportunity for applicants without regard to race, color, sex, creed, political affiliation, marital status, sexual preference, national origin, physical or mental handicap, or age, and does not show partiality or grant special favor to any applicant or group of applicants. All financial applications will be reviewed on a case-by-case basis and final determination will be made based upon your eligibility, Jack's Helping Hand guidelines and the availability of funds.

Release and Statement of Confidentiality

In consideration for the receipt of any financial assistance or medical equipment that Jack's Helping Hand, Inc. may provide to the applicant and/or the child applicant agrees on behalf of applicant and the child to release Jack's Helping Hand, Inc. and hold it harmless from any loss, liability, damage, cost or expense arising out of any claim or suits which may be brought or made which in any manner relates to the assistance or equipment provided to the applicant and/or the child as a result of this application.

Jack's Helping Hand, Inc. agrees to keep confidential all personal information, records, data, and files of any nature provided to it as a result of applicant's request for assistance or medical equipment (the "Confidential Matters"). The undersigned acknowledge and agree that all demographic information provided in the application is not included within Confidential Matters, and may be used by Jack's Helping Hand for funding, grant and other similar purposes. Jack's Helping Hand agrees not to disclose any Confidential Matters without the prior written consent of applicant, except when and if Jack's Helping Hand, Inc. is required or otherwise compelled by a Court of competent jurisdiction to release such Confidential Matters.

Applicant's acknowledge and agree that Jack's Helping Hand, Inc. may hereafter contact the child's physician and/or social worker to verify any or all of the information from the application, including but not limited to the child's diagnosis.

The undersigned applicant(s) execute this agreement on behalf of _____ "child" effective this ____ day of _____ 201____.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Please PRINT in black or dark blue ink and complete ALL sections accurately

Child Information

Child's Name (first, middle, last) _____ Male Female

Ethnicity: African American Asian White Hispanic/Latino Other (explain) _____
 Decline

Date of Birth _____ Birthplace (state/country) _____

Child's Physical Address _____

Mailing Address: (if different) _____

City/State/Zip _____ County _____

Please consider sending a photograph of your child with the application or by email to jhh@jackshelpinghand.org.

Parent/Guardian Information

Parent/Guardian Name _____

Permanent Phone # (____) _____ Cell # (____) _____ Work# (____) _____

Best way to contact guardian (check only one) Permanent Number Cell Work

Email: _____

Is address same as child's? Yes No If no, address _____

City/State/Zip _____

Parent/Guardian Name _____

Permanent Phone # (____) _____ Cell # (____) _____ Work# (____) _____

Best way to contact guardian (check only one) Permanent Number Cell Work

Email: _____

Is address same as child's? Yes No If no, address _____

City/State/Zip _____

Marital status of Parents/Guardians Single Married Divorced Cohabitants
 Widowed Separated Other _____

If divorced, who is the legal custodial guardian of the child? _____

Do parents/guardians speak English? Yes No If no, primary language? _____

Medical Information

*A doctor's letter documenting the child's diagnosis may be required or waived depending on circumstance. Jack's Helping Hand reserves the right to request a doctor's letter or appointment date confirmation when deemed necessary.

Referring Party/Hospital _____

Social Worker (Name) _____ Phone # (____) _____

Physician/Specialist Name _____ Address: _____

City/State/Zip _____ Phone# (____) _____

Child's Diagnosis _____

Date of Diagnosis _____ Date Child Last Hospitalized _____

Household Income

Important: Jack's Helping Hand does not base assistance on income. However, in order to comply with the requirements of our 501c3 status, we must request a copy of the first two pages of your most recent filing of your income taxes. This is required with the application (please black out your Social Security numbers)

Total annual family income \$ _____

Family income sources (please check all that apply):

Salary SSI Child Support TANF

Other (including other Foundations or Non-Profits): _____

Guardian's Employer (if self-employed please list name of business) _____

_____ Is Parent/Guardian on unpaid leave? Yes No

Guardian's Employer (if self-employed please list name of business) _____

_____ Is Parent/Guardian on unpaid leave? Yes No

In order to assist with transportation/fuel needs:

Type of Vehicle you drive? Make _____ Model _____ Year _____

Type of Vehicle you drive? Make _____ Model _____ Year _____

Insurance Information

Does patient have health insurance? Yes No

If yes, please indicate what type of insurance (check all that apply): Private Medicaid
Medicare CCS Other _____

Does insurance assist with transportation or lodging? Yes No

Demographics

This information is needed to receive donations and for grant purposes.

This information relates to the Primary Guardian(s) or Parent(s): (Please circle one)

| | |
|--------------------------------------|---|
| Education: Less than 12 years | Household Income: Less than \$10,000 |
| High School Grad or GED | \$10,000 - \$24,999 |
| Some College or Assoc. Degree | \$25,000 - \$49,999 |
| College Degree | \$50,000 - \$74,999 |
| | \$75,000 - \$99,999 |
| | Above \$100,000 |

Household count _____ (Please include total number of people living at your location)

If the child has siblings, please list names and ages:

(This information helps when we have toy drives or events that our families may be invited to)

Sibling #1 _____ Age _____

Sibling #2 _____ Age _____

Sibling #3 _____ Age _____

Sibling #4 _____ Age _____

Funding Procedures:

1. A representative from Jack's Helping Hand will contact you by phone once the application has been received and processed to determine how we can best assist you. Assistance requests are reviewed on Monday's and Wednesday's of each week. Please call if you have an emergency so that we can attempt to assist you urgently.
2. Initial Assistance Requests and applications that are over two years old require that all documentation (see below) be presented with the full application.
3. Subsequent requests require only the Assistance Request Form (pages 5-6) to be completed and sent to Jack's Helping Hand as long as the full application (pages 1-6) on file is less than two years old.

Office Hours:

Monday-Thursday 8:00am-3:30pm. We are closed Friday-Sunday and on most major Holidays. If you require assistance outside these hours, please leave a message and we will do our best to get back to you.



OFFICE USE ONLY
Date Rec'd _____

Request for Assistance

Child's Name _____ Date of Request: _____
Address: _____ City: _____ Zip _____

Program Requested
(Please see our website or call the office for more information on programs)

- Assistance Little Swimmers/Water Warriors Little Riders

For Assistance Requests please complete the following:

Reason for Travel: _____

Appointment Information: Name of Doctor/Hospital _____

Date of Appointment _____ Time of Appointment _____

Transportation: Car Bus Train Air Estimated Cost: \$ _____

From (City) _____ **Date of Departure:** _____

To (City) _____ **Date of Return:** _____

Request for Lodging? Yes* No If yes: Ronald McDonald House Other*: _____

**Lodging is only considered when other non-profit lodging is not available. Requests for lodging must be made to the Ronald McDonald house at least two weeks before appointment. Please call a Social Worker at the hospital where your child is treated for this referral. The Social Worker will contact us if lodging is unavailable.*

If Lodging is Requested: Date of check-in _____ Date of check-out _____

Number of people traveling _____ **Preference (Circle):** 2 Queens/Doubles **or** 1 King

Funding Sources: List any other funding sources utilized over the past 12 months including other Non-Profits or Foundations:

Equipment/Item Requested: Include complete ordering information (make, catalog number, size, etc.) and a denial letter from your insurance company, Medicaid, or Medicare.

Child's Disabilities associated with Equipment Requested _____

Please send the following with your completed application:

- If this is your first time applying with Jack’s Helping Hand **OR** it has been more than two years since you have applied please send in the complete application (pages 1-6)
- If you have an application on file (less than two years old) please just complete the Request for Assistance Form with this signature page (pages 5-6)
- Copy of the first 2 pages of your IRS tax form (yearly)
- Color picture of the child (optional)

In order to advance financial assistance/gift cards in conjunction with the medical treatment of _____ (child) the undersigned do hereby affirm the following:

1. The undersigned are the parents or legal guardians of the child.
2. Financial assistance provided will be with the use of said funds/gift cards to be specified by Jack’s Helping Hand. **Gift cards are to be used on the dates of requested appointments.**
3. The undersigned further agree(s) to return any unused funds immediately to Jack’s Helping Hands so that those funds can be utilized by the organization to benefit other families.
4. The undersigned acknowledge(s) and agree(s) to maintain records that will be made available to Jack’s Helping Hand upon reasonable request, detailing the expenditures made with the funds/gift cards provided by the organization.

I have read the guidelines for financial assistance and the eligibility checklist and I declare that the information furnished on this application form, including attached sheets, is true and correct to the best of my knowledge.

Dated this _____ day of _____ in the year _____

Parent/Guardian Signature

Parent/Guardian Signature

Please Print Name

Please Print Name

Relationship to the child:
 Mother Father Self
 Grandparent Other _____

Relationship to the child:
 Mother Father Self
 Grandparent Other _____

RETURN TO:

Jack’s Helping Hand
P.O. Box 14718
San Luis Obispo, CA 93406
Phone: 805-547-1914 **Fax:** 805-592-2018
Email: jhh@jackshelpinghand.org

Office Use Only:



Jack's Helping Hand
Publicity Release Form
C.C. 3344¹

Childs Name: _____ (“Child”)

RECITALS

Jack's Helping Hand Inc., (“JHH”) is a non-profit corporation that raises funds to help support vital services that are provided by the caring staff at the CCS San Luis Medical Therapy facility. The Jack's Assistance Program assists children with illnesses and disabilities, providing special treatments, services, equipment and transportation that are not provided by other sources; or which exceed family financial capabilities. Jack's Helping Hand is also in the process of developing the Jack Ready Imagination Park which will be a universally accessible park with special equipment and access for children and adults with special needs.

AGREEMENT

In order to assist JHH with it's ability to raise funds for the purposes herein stated within the recitals, as well as those purposes included within the JHH Mission Statement, as the same is stated at jackshelpinghand.org (as may be amended and/or modified from time to time) as the same is hereby incorporated, and for valuable consideration hereby acknowledged, the undersigned, as the parent(s)/legal guardian(s) with legal custody of the Child, hereby grants permission for photographs (as defined under Civil Code 3344(b)) of the Child and the Child's full name (including my surname) to be included within any print, pictures and/or public and press releases, flyers, posters and/or similar publications (collectively “publications”) which may be hereafter prepared, printed, distributed and/or published by, or otherwise connected with, Jack's Helping Hand, Inc. This permission includes the sole and exclusive right of Jack's Helping Hand to edit any and all photographs and/or videos, and to select any photographs and/or videos as Jack's Helping Hand may determine, in its sole and exclusive discretion for any and all such purposes.

This permission is provided as my/our express “prior consent” as the same is described under California Civil Code Section 3344(a), and the undersigned hereby waives any rights to assert any claims which may arise thereunder for the use of the Child's name, photograph or likeness under the terms of this agreement.

The undersigned hereby acknowledges and agrees that the permission hereby granted may be revoked by the undersigned, in writing, at any time. Any revocation by the undersigned shall be directed to Jack's Helping Hand, Inc. at 3580 Sacramento Dr. #110 San Luis Obispo, CA 93401. The undersigned further agrees and acknowledges that written revocation shall not be effective as to any publications which have been prepared for release at any time prior to the receipt by Jack's Helping Hand, Inc of the revocation provided for herein.

The undersigned further agrees and acknowledges that Jack's Helping Hand, Inc. shall have no obligation whatsoever to the any of the undersigned, or the Child for any payment or remuneration

¹ Civil Code 3344 protects against the unauthorized use of a name, voice, signature, photograph or likeness without prior consent. A complete copy of Civil Code 3344 is printed on the reverse side of this form.

whatsoever associated with, or in consideration for any publication made, published, promoted or hereafter directed by Jack's Helping Hand Inc. under the permission granted herein. All rights to any and all photographs, and publications shall be, and shall remain the exclusive rights of Jack's Helping Hand, Inc.

Signed _____ Date _____
(parent or legal guardian)

Print Name: _____ CDL: _____

§ 3344. Use of another's name, voice, signature, photograph, or likeness for advertising or selling or soliciting purposes

(a) Any person who knowingly uses another's name, voice, signature, photograph, or likeness, in any manner, on or in products, merchandise, or goods, or for purposes of advertising or selling, or soliciting purchases of, products, merchandise, goods or services, without such person's prior consent, or, in the case of a minor, the prior consent of his parent or legal guardian, shall be liable for any damages sustained by the person or persons injured as a result thereof. In addition, in any action brought under this section, the person who violated the section shall be liable to the injured party or parties in an amount equal to the greater of seven hundred fifty dollars (\$750) or the actual damages suffered by him or her as a result of the unauthorized use, and any profits from the unauthorized use that are attributable to the use and are not taken into account in computing the actual damages. In establishing such profits, the injured party or parties are required to present proof only of the gross revenue attributable to such use, and the person who violated this section is required to prove his or her deductible expenses. Punitive damages may also be awarded to the injured party or parties. The prevailing party in any action under this section shall also be entitled to attorney's fees and costs.

(b) As used in this section, "photograph" means any photograph or photographic reproduction, still or moving, or any videotape or live television transmission, of any person, such that the person is readily identifiable.

(1) A person shall be deemed to be readily identifiable from a photograph when one who views the photograph with the naked eye can reasonably determine that the person depicted in the photograph is the same person who is complaining of its unauthorized use.

(2) If the photograph includes more than one person so identifiable, then the person or persons complaining of the use shall be represented as individuals rather than solely as members of a definable group represented in the photograph. A definable group includes, but is not limited to, the following examples: a crowd at any sporting event, a crowd in any street or public building, the audience at any theatrical or stage production, a glee club, or a baseball team.

(3) A person or persons shall be considered to be represented as members of a definable group if they are represented in the photograph solely as a result of being present at the time the photograph was taken and have not been singled out as individuals in any manner.

(c) Where a photograph or likeness of an employee of the person using the photograph or likeness appearing in the advertisement or other publication prepared by or in behalf of the user is only incidental, and not essential, to the purpose of the publication in which it appears, there shall arise a rebuttable presumption affecting the burden of producing evidence that the failure to obtain the consent of the employee was not a knowing use of the employee's photograph or likeness.

(d) For purposes of this section, a use of a name, voice, signature, photograph, or likeness in connection with any news, public affairs, or sports broadcast or account, or any political campaign, shall not constitute a use for which consent is required under subdivision (a).

(e) The use of a name, voice, signature, photograph, or likeness in a commercial medium shall not constitute a use for which consent is required under subdivision (a) solely because the material containing such use is commercially sponsored or contains paid advertising. Rather it shall be a question of fact whether or not the use of the person's name, voice, signature, photograph, or likeness was so directly connected with the commercial sponsorship or with the paid advertising as to constitute a use for which consent is required under subdivision (a).

(f) Nothing in this section shall apply to the owners or employees of any medium used for advertising, including, but not limited to, newspapers, magazines, radio and television networks and stations, cable television systems, billboards, and transit ads, by whom any advertisement or solicitation in violation of this section is published or disseminated, unless it is established that such owners or employees had knowledge of the unauthorized use of the person's name, voice, signature, photograph, or likeness as prohibited by this section.

(g) The remedies provided for in this section are cumulative and shall be in addition to any others provided for by law.