



New Child Application

Jack's Helping Hand is excited to meet you and learn more about how we can assist your family! This application includes child information, medical information, parent/guardian information, and demographic information, as well as additional forms requiring your signature. We ask that you please complete this form in its entirety so we are able to contact and assist your family as effectively as possible! Please return the application via email, fax, mail, or by dropping off at our office location. Please contact us with any questions or concerns or in the case of 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 the 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 agreements on behalf of _____ ("Child") effective this _____ (day) of _____ (month) _____ (year).

Parent/Guardian Name _____ Signature _____

Parent/Guardian Name _____ Signature _____



Child Information

Eligibility Checklist:

- The Child must be less than 21 years of age.
- The Child must reside within San Luis Obispo County, California.

Child's Name (First, middle, last) _____

Gender: • Male • Female • Other _____ Date of Birth (mm/dd/yyyy): _____

Child's Physical Address: _____ City: _____

State: _____ Zip: _____

Is Mailing Address different than address above? • No • Yes (If so, please fill out information below)

Mailing Address: _____ City: _____

State: _____ Zip: _____

Child's Primary Language: • English • Spanish • Other: _____



Child's Medical Information

Child's Primary Diagnosis:
When did Child begin treatment for this diagnosis?

Child's Secondary Diagnosis:
Notes on Child's Diagnosis Information, if needed:

Primary Physician*:
Address:
Phone Number:
Is this contact referring you to our organization?

Specialist Physician*:
Address:
Phone Number:
Is this contact referring you to our organization?

Social Worker*:
Address:
Phone Number:
Is this contact referring you to our organization?

If none of the above referred you to our organization, please fill out the following:
Referring Party*:
Address:
Phone Number:

Does the Child have health insurance?
If yes, please indicate which type of insurance (check all that apply):
Does insurance assist with transportation or lodging?
If yes, please explain:

* Jack's Helping Hand reserves the right to request a doctor's letter or appointment date confirmation when deemed necessary...
**Proof of insurance required. Please attach a copy of your insurance card to the completed application or stop by our office...



Parent/Guardian Information

Parent/Guardian 1 Name _____

Relationship to Child: • Mother • Father • Self • Grandparent • Other: _____

• Phone Number () _____ - _____ • Cell () _____ - _____ • Work () _____ - _____

*Please check the box next to the best phone number to contact you.

Email Address: _____@_____ Do we have permission to email you? • Yes • No

Address same as Child's? • Yes • No – Please fill out following information:

Address _____ City _____ State/Zip _____

Marital status of Parent/Guardian 1: • Single. • Married* • Divorced/Separated

*If married, name of spouse: _____ • Other _____

Primary language of Parent/Guardian 1: • English • Spanish • Other: _____

Parent/Guardian 1 Employer (if self-employed please list name of business):

_____ Is Parent/Guardian 1 on unpaid leave? • Yes • No

Parent/Guardian 1 Education Level:

• Less than 12 years • High School/GED • Associate's Degree • Bachelor's Degree or Above

• Other: _____

Parent/Guardian 2 Name _____

Relationship to Child: • Mother • Father • Self • Grandparent • Other: _____

• Phone Number () _____ - _____ • Cell () _____ - _____ • Work () _____ - _____

*Please check the box next to the best phone number to contact you.

Email Address: _____@_____ Do we have permission to email you? • Yes • No

Address same as Child's? • Yes • No – Please fill out following information:

Address _____ City _____ State/Zip _____

Marital status of Parent/Guardian 2: • Single. • Married* • Divorced/Separated

*If married, name of spouse: _____ • Other _____

Primary language of Parent/Guardian 2: • English • Spanish • Other: _____

Parent/Guardian 2 Employer (if self-employed please list name of business):

_____ Is Parent/Guardian 1 on unpaid leave? • Yes • No

Parent/Guardian 2 Education Level:

• Less than 12 years • High School/GED • Associate's Degree • Bachelor's Degree or Above

• Other: _____

*Copy of Driver's License of Parent/Guardian required. Please attach to the completed application or stop by our office so we can make this copy for our records.

Demographic Information

Mailing address: PO Box 14718, San Luis Obispo, CA 93406

Phone: (805) 547-1914

Physical address: 710 Fiero Lane Suite #16, San Luis Obispo, CA 93401

Email: jhh@jackshelpinghand.org

Fax: (805) 592-2018



Jack's Helping Hand does not base assistance on any of the following information. We do, however, utilize demographic information to apply for grants to fund our programs. Please fill out this information as thoroughly and accurately as possible.

Does Child have siblings? • Yes* • No

*If yes, please provide name and date of birth for each sibling:

Sibling 1 Name: _____ DOB (mm/dd/yyyy): _____
Sibling 2 Name: _____ DOB (mm/dd/yyyy): _____
Sibling 3 Name: _____ DOB (mm/dd/yyyy): _____
Sibling 4 Name: _____ DOB (mm/dd/yyyy): _____

What is the total family number in the household currently? _____

Income Information: Please check the box nearest your family's total income based on prior year's tax information. If there are any significant changes compared to last year's reported income, please take this into account when filling out information below. Please include all forms of taxable income.

Total Family Income:

- Less than \$10,000
- \$10,001 – 24,999
- \$25,000 – 49,999
- \$50,000 – 74,999
- \$75,000 – 99,999
- \$100,000 or above

- Salary
- Social Security Income (SSI)
- Child Support
- Temporary Assistance for Needy Family Program (TANF)
- Other (including other foundations or nonprofits):

Family income sources (please check all that apply):

Residence Information: Please check one box based on the child's permanent place of residence.

- North County (Including Santa Margarita, Atascadero, Creston, Templeton, Paso Robles, San Miguel, Los Osos, Morro Bay, Cayucos, Cambria, San Simeon,)
- South County (Avila Beach, Shell Beach, Pismo Beach, Arroyo Grande, Grover Beach, Oceano, Nipomo)
- San Luis Obispo City

Ethnicity Information:

Child's Ethnicity:

- African-American
- Asian
- White
- Hispanic/Latino
- Other: _____

Parent/Guardian 1's Ethnicity:

- African-American
- Asian
- White
- Hispanic/Latino
- Other: _____

Parent/Guardian 2's Ethnicity:

- African-American
- Asian
- White
- Hispanic/Latino
- Other: _____

Diagnosis Group: • Cancer • Heart • Developmental (Down Syndrome, cystic fibrosis, genetic disorders, etc.)

- Acquired (accident-related, Lyme diseases, Valley Fever, burns, etc.)
- Other: _____



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 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.

Name of Parent/Guardian: _____ Driver's License Number: _____

Signature: _____ Date: _____

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.

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

Mailing address: PO Box 14718, San Luis Obispo, CA 93406
Phone: (805) 547-1914

Fax: (805) 592-2018

Physical address: 710 Fiero Lane Suite #16, San Luis Obispo, CA 93401
Email: jhh@jackshelpinghand.org



Jack's Helping Hand Publicity Release Form (Cont.) C.C. 3344¹

(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.

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.

(b) 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.

(c) 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).

(d) 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).

(e) 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.

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



Medical Records Release Form

By signing this form, I authorize you to release confidential health information about my child/myself, by releasing a copy of these medical records, or a summary or narrative of this protected health information, to the entity listed below.

Patient Name: _____ Date of Birth (mm/dd/yyyy): _____

The information you may release subject to this signed release form is as follows:

- [X] History & Physical
[X] Appointment Records
• Other: _____

Release by protected health information to the following entity directly associated with my child's care to:

Name: Jack's Helping Hand
Mailing Address: PO Box 14718, San Luis Obispo, CA 93406
Physical Address: 710 Fiero Lane Suite #16, San Luis Obispo, CA 93401
Phone: (805) 547-1914
Fax: (805) 592-2018

The purpose/reason for the release of information is as follows:

Dates of Authorization*: From (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____

*Authorization is valid for two years after the date of your signature.

Patient/Personal Representative Name

Signature of Patient/Personal Representative

Date (mm/dd/yyyy)

Description of Personal Representative's Authority