



## Application for Financial Assistance

Email or fax completed application to:

[jhh@jackshelpinghand.org](mailto:jhh@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 will 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](mailto: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.

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 for grant purposes and is kept confidential.*

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

<b>Education:</b> Less than 12 years	<b>Household Income:</b> 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)

<b>Sibling #1</b> _____	<b>Age</b> _____
<b>Sibling #2</b> _____	<b>Age</b> _____
<b>Sibling #3</b> _____	<b>Age</b> _____
<b>Sibling #4</b> _____	<b>Age</b> _____

**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 Birth: \_\_\_\_\_ 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 your health insurance card and State ID card (if applicable)
- 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](mailto:jhh@jackshelpinghand.org)

Office Use Only:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Jack's Helping Hand  
Publicity Release Form  
C.C. 3344<sup>1</sup>

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](http://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

<sup>1</sup> 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.





## Referral Form

Date of Request: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

If equipment, please list type, size and measurements:

\_\_\_\_\_

\_\_\_\_\_

Website where equipment can be ordered: \_\_\_\_\_

Name and Title of Referring Party: \_\_\_\_\_

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

**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](mailto:jhh@jackshelpinghand.org)

## 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: \_\_\_\_\_

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Complete Records | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Care Plan         |
| <input type="checkbox"/> Progress Notes   | <input type="checkbox"/> Appointment Record | <input type="checkbox"/> Medication Record |
| <input type="checkbox"/> Treatment Record | <input type="checkbox"/> Pathology Report   | <input type="checkbox"/> Other: _____      |

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

Name: Jack's Helping Hand, Inc.  
Mailing Address: P. O. 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 this release of information is as follows:

\_\_\_\_\_  
\_\_\_\_\_

Dates of Authorization: From \_\_\_\_\_ to \_\_\_\_\_

Signature:

\_\_\_\_\_  
Patient/Personal Representative Name

\_\_\_\_\_  
Signature of Patient/Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

