

Covid Related Relief

BE AN ANGEL

HELP A CHILD

Helping Children With Multiple Disabilities or Profound Deafness Since 1986

*It is our **mission** to improve the quality of life for children with multiple disabilities or profound deafness by providing needed adaptive equipment and select services.*

If your family cares for a special needs child (or children) **and** has been adversely impacted by the coronavirus pandemic and would like to request assistance, please fill out this application as thoroughly as possible. **Please note that Be An Angel is unable to purchase vehicles, provide support for surgical procedures, or ongoing therapies.**

Requests given in the Parent Letter (see check list) **must be specific and include estimated dollar amount.**

All responses must be **printed legibly in English.**
Please return every page of this completed form to:

Be An Angel Fund, Inc.
2003 Aldine Bender
Houston, Texas 77032

or

Fax to : 281-219-7746

or

Scan and email to: margaret@beanangel.org

Photos of documents are **not** acceptable.

Be An Angel has provided funding to meet the needs of special angels since 1986.
If you have any questions, or require assistance please contact our office at 281-219-3313.
Thank you for submitting your request to Be An Angel Fund.

Sincerely,

Margaret Adsit, Program Director
Be An Angel Fund, Inc.
2003 Aldine Bender
Houston, Texas 77032
Ph: 281-219-3313
Fx: 281-219-7746
margaret@beanangel.org

Office Use Only
H DFW

Be An Angel Assistance Request Form

Child's Name _____ Today's Date _____

Child's Age: _____ Child's Date of Birth _____ Circle one: Male Female

Client disabilities (list all medical diagnoses) _____

Parent/Legal Guardian Name _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

Houston: _____ DFW: _____ Email: _____

School Name: _____ School District: _____

Therapist Name: _____ Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Any additional medical professionals involved: _____

How did you hear about Be An Angel?

BAA Website _____ Child's School/Teacher _____ Child's Medical Professional _____

Be An Angel Flyer at Medical Clinic ___ TV Ad ___ BAA Flyer in Child's Christmas Gift Bag ___

Church ___ Family/Friend ___ Other: _____

What type of assistance are you requesting? Be specific as to exactly what is needed and why.

Have you applied/received assistance from us before? ___ Yes ___ No

If yes, when? _____

Please list other community agencies, doctors, and foundations that you have contacted about your current need. Provide addresses and/or phone numbers.

Attach any denial letters you may have received.

PLEASE LIST ALL HOUSEHOLD MEMBERS (including special needs child)

| Last Name | First Name | Middle Name | Relation to Client | Date of Birth |
|-----------|------------|-------------|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

All information ***must*** be provided in order to receive assistance

| Household Resources | Amount per month | Household Expenses | Amount per month |
|--|------------------|---|------------------|
| Net Employment Income (Take Home Pay) | | Mortgage/Rent Home Insurance | |
| Unemployment Income | | Electricity | |
| Child Support | | Gas | |
| Social Security | | Water/Sewer | |
| Food Stamps | | Phone: Home/Cell/Internet | |
| Savings | | | |
| Housing Assistance | | Health Insurance/Medical Bills Prescriptions | |
| Other Income | | Car Payment/Insurance | |
| | | Childcare | |
| | | Average FoodExpense (Groceries/Eating Out) | |
| | | Other Expenses | |
| Total Monthly Income | | Total Monthly Expense | |

Please attach all **CURRENT** (previous month is preferred) income and expense supporting documents (i.e., payroll stub, lease agreement, electric bill, phone bill, etc.)

Have you made this request to Medicaid or to your primary insurance carrier? ___ Yes ___ No
If yes, please attach denial letter.

All information provided on this form is true and correct to the best of my knowledge.

Parent /Legal Guardian Signature

Date

Client Assistance Request Check List

(Check applicable boxes and include this form with returned Assistance Request)

Please be sure to provide as much of the following information as possible with your completed assistance form. Feel free to provide any other supporting documentation or letters of support that you deem necessary or helpful.

- Letter from parent/guardian, in English, explaining why request is being made at this time and what the benefit to your child and family will be. Requests must be specific and include estimated dollar amount.
This letter is required

Income Verification

- Payroll Stubs
 Unemployment Income
 Supplemental Security Income (SSI)
 Child Support
 Food Stamps
 Housing Assistance
 Other

Expense Verification

- Mortgage or Lease Agreement
 Electric Bill
 Gas Bill
 Water Bill
 Telephone Bill
 Health Insurance Bill
 Automobile Note
 Childcare Expense
 Other Recurring Monthly Payments (provide statements)

**The following release forms must be signed by the applicant
and returned with the completed application**

(the Media Release form is optional depending on the circumstances)

Be An Angel Authorization for Release of Information

Client Name _____

Date _____

Refusal to provide necessary documentation or to answer an interviewer's questions will disqualify me and my household from assistance.

Any false or misleading information provided in writing or verbally will disqualify me and n household from assistance.

I certify that all information provided to Be An Angel either in writing or verbally is correct and true to the best of my knowledge.

Additionally:

I give permission for Be An Angel staff to verify information by contacting any party I have listed or verbally mentioned in the process of seeking assistance. Any discrepancies between my application information and verification efforts will be provided to me for clarification.

I release Be An Angel from any liability or legal responsibility that may arise from the verification process.

Parent/Legal Guardian

Date

MEDIA RELEASE

I give Be An Angel Fund, Inc. the right to interview/or take photographs, audio or visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I acknowledge that Be An Angel Fund, Inc. shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Be An Angel Fund, Inc. and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Be An Angel Fund, Inc. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education education, and the furtherance of the goals of Be An Angel Fund, Inc. or other lawful purposes. I acknowledge that I have the legal authority to sign this form on behalf of the minor child whose name is mentioned above.

Parent/Legal Guardian

Date

Be An Angel Fund, Inc.

Client Rights

Clients have a right to all the services of the agency they qualify for (as long as they follow the guidelines). The services will be provided in the most efficient manner that meets the client's needs.

Each client has the following basic rights:

1. A right to respect, consideration and safety
2. A right to make his/her own life decisions
3. A right to privacy and confidentiality in personal matters
4. A right to discontinue services with Be An Angel at any time
5. A right to any information kept by Be An Angel about him/her, and may review personal records upon request, by established procedures. Each client may record entries in his/her file.

Each client has the following rights regarding services available

1. A right to have services available posted for easy access to view them, and to a copy of descriptions of services.
2. A right at the time of intake to have guidelines explained and to sign understanding and consent to follow these guidelines, and to a copy of the guidelines.
3. A right to be informed of Client Grievance Resolution Procedures and to a copy of these procedures.

I have read and understand the above statements regarding my rights as a client.

My signature verifies that the information I have provided the agency is true to the best of my knowledge and may be used to determine my eligibility for the services offered at this agency. Further, I understand that my receiving assistance at this agency is determined by cooperating with the agency staff and fulfilling my responsibilities and obligation

My signature verifies I have received a copy of the client Grievance Resolution process.

Parent/Legal Guardian

Date

Be An Angel Fund, Inc.
Hold Harmless Agreement

Whereby I, (full name) _____ agree, that should I receive goods and/or services from Be An Angel Fund, Inc. (BAA) as a result of this assistance request, I do so entirely of my own initiative, risk and responsibility. Therefore, in consideration of BAA approving my request and providing requested goods and/or services I do hereby, for myself, all those on behalf of whom I may have made the request, my or their heirs, executors and assigns, release and forever discharge BAA and any of its affiliates, or subsidiaries and all of its officers, agents and employees, acting officially or otherwise, and any school district from any and all claims, demands, actions or causes of action on account of my death, or any injury to me or to those on behalf of whom I may have made the request, or my personal property, which may occur from any cause, including negligence of any type. Therefore, neither BAA nor its affiliates or subordinates, officers, agents, and employees, nor any school district shall be or become liable or responsible for any loss, injury, or damage to any person, property, or otherwise in connection with any good and/or service resulting directly or indirectly from any defect in or misapplication of said goods and/or service including any breakdown in machinery or equipment, or for any loss or damage resulting from defective equipment, materials, nutritional products, and that neither BAA nor any of its affiliates or subsidiaries, officers, agents and employees, nor any school district shall be or become liable or responsible for any additional expenses or liability sustained or incurred by recipient of goods and/or services as a result of any of the foregoing causes.

Additionally, I acknowledge that the welfare and safety of any and all of my minor children who might be the beneficiaries of goods and/or services provided by BAA will be my sole responsibility and add my consent on their behalf that all stipulations and contingencies as stated above are applicable to them as well.

Signed

Date

Client Grievance Resolution

Any client who has a complaint, problem, question, or grievance should immediately bring it to the attention of the program director.

The parties are encouraged to resolve the problem in the most direct fashion, at the most immediate level and in the least complicated manner.

However, if a satisfactory resolution is not received at that level, the client should then promptly take the matter to the next level as follows:

1. Executive Director
2. Be An Angel Board Grievance Committee

If the matter is not resolved at the Executive Director's level, the client should present his/her problem, grievance or complaint, in writing, to the Board Grievance Committee, 2003 Aldine Bender, Houston, Texas 77032. The Committee will investigate the complaint and recommend possible solutions. There is no standing time; the Committee meets on an as needed basis. A written decision by the Committee may be expected not more than fourteen (14) days from receipt of the written complaint, unless otherwise notified in writing by the Committee.

The client must include a current mailing address and phone number on all correspondence.

No decisions will be made or reported via telephone.

The decision of the Board Grievance Committee shall be final.