

## Respite

# 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.*

*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](mailto:margaret@beanangel.org)

Photos of documents are *not* acceptable.

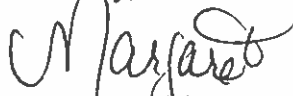
**Incomplete applications will not be considered and returned to applicant for completion. This application is for the Be An Angel In-Home respite care program called "Alternatives for Angels" only. All other requests must be submitted on the appropriate application.**

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](mailto:margaret@beanangel.org)

Office Use Only  
H DFW

### Be An Angel AFA Respite Request Form (In-Home Respite Care Service)

Child's Name (client) \_\_\_\_\_

Client 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: \_\_\_\_\_

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

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

Therapist at School: \_\_\_\_\_ 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: \_\_\_\_\_

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	
Unemployment Income		Home Insurance	
Child Support		Electricity	
Social Security		Gas	
Food Stamps		Water/Sewer	
Savings		Phone: Home/Cell/Internet	
Housing Assistance		Health Insurance/Medical Bills	
Other Income		Prescriptions	
		Car Payment/Insurance	
		Childcare	
		Average FoodExpense (Groceries/Eating Out)	
		Other Expenses	
<b>Total Monthly Income</b>		<b>Total Monthly Expense</b>	

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

### Alternative for Angels Respite Program Questionnaire

1. Has your child received any at-home respite care in the past 30 days?  Yes  No

If yes, list agency \_\_\_\_\_

2. Has your child received provider service in the past 30 days?  Yes  No

(i.e.: Person coming into your home to assist with grooming, laundry, cleaning etc.)

If yes, list agency \_\_\_\_\_

3. Is your child currently on a waiting list for respite service through MHMRA or another agency?  
 Yes  No

If yes, provide name of service coordinator. \_\_\_\_\_

\_\_\_\_\_

4. Does your child have a G-Button, Trach, or both? \_\_\_\_\_

5. Does your child have seizures?  Yes  No

If yes, are seizures under control, list medications

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

6. When was your child's last doctor's visit? \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

7. Child's last TB skin test, please provide shot records.

Date last TB skin test \_\_\_\_\_

8. Give all pertinent information about your child's health, challenges, schedule, food allergies, likes, dislikes, etc. Use additional pages as needed.

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

**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.

**Denial Letters**

- Insurance  
 Medicaid  
 Community Agencies  
 Other

**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)

### 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.

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Parent/Legal Guardian

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Date

# BE AN ANGEL

## HELP A CHILD

*Helping Children With Multiple Disabilities or Profound Deafness Since 1986*

### Release, Indemnification, and Hold Harmless Agreement

The undersigned, \_\_\_\_\_ ("Client") for and on behalf of himself/herself, and on behalf of his/her minor child, in partial consideration of the receipt of services by or on behalf of Be An Angel Fund, Inc. ("BAA") or its designees, waives for himself/herself, his/her minor child, his/her or their executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands, and any other actions whatsoever, which he/she/they, individually or in solido, may have or which may arise against BAA, its contractors or volunteers, and any of its parents, subsidiaries, affiliates, programs, predecessors, successors, assigns, employees, directors, officers, or agents (each a "BAA Party"), including but not limited to any and all injuries, damages, or illnesses suffered by Client, Client's minor child, and/or Client's property, which may, in any way whatsoever, arise out of, be related to or be connected with Client's receipt of services or use of equipment of BAA or its contractors or volunteers, *regardless of cause or of any fault or negligence of BAA, its contractors, or volunteers.* Client on behalf of himself/herself, his/her minor child and his/her/their executors, administrators, assignees, or heirs, hereby expressly releases BAA and any of its parents, subsidiaries, affiliates, predecessors, successors, assigns, employees, directors, officers, or agents from any and all such claims.

Client hereby expressly assumes the risk of receiving services or using equipment of BAA and of taking part in activities relating to the receipt of services or use of equipment of BAA or its contractors.

Client agrees to indemnify, hold harmless, and defend BAA and any of its parents, subsidiaries, affiliates, programs, predecessors, successors, assigns, employees, directors, officers or agents from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to or connected with the Client's receipt of services of BAA, *regardless of cause or of any fault or negligence of contractor.* Should any such claim, demands or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States, any state, or under any theory of law or equity, Client will indemnify, hold harmless, and defend BAA and any of its parents, subsidiaries, affiliates, programs, predecessors, successors, assigns, employees, directors, officers or agents, from any and all costs, expenses or liability including, but not limited to, the cost of any settlement or judgment made or rendered against BAA and any of its parents, subsidiaries, affiliates, predecessors, successors, assigns, employees, directors, officers, or agents, whether individually, jointly, or in solido, with Client, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand, or lawsuit, including attorney's fees.

**CLIENT ACKNOWLEDGES AND AGREES THAT THIS AGREEMENT RELEASES CLAIMS, ASSUMES RISKS, AND INDEMNIFIES, THE BAA PARTIES EVEN THOUGH CAUSED IN WHOLE OR IN PART BY A PRE-EXISTING DEFECT, THE NEGLIGENCE (WHETHER SOLE, JOINT, OR CONCURRENT), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF A BAA PARTY (OR ANY SUCH INDEMNITEE).**

\_\_\_\_\_  
Client

\_\_\_\_\_  
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.