



## FAMILY APPLICATION

*Provides continued financial and emotional support for families with a child battling cancer that are a patient at one of Ohio's children's hospitals.*

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Nickname: (if applicable) \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Date/Year

Home Address: \_\_\_\_\_  
Street Apt./Unit #  
\_\_\_\_\_  
City State Zip Code

Best Phone: \_(\_\_\_\_\_)\_\_\_\_\_ (Mother - Father - Other)

Alternative Phone: \_(\_\_\_\_\_)\_\_\_\_\_ (Mother - Father - Other)

Email: \_\_\_\_\_ (Mother - Father - Other)

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hospital: \_\_\_\_\_

Case Worker/Social Worker/Child Life Specialist/Hospice Nurse or other hospital referrer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

The participant authorizes the release of any confidential protected health information as defined by HIPAA 45 CFR Parts 160 & 164. The Participant understands that this authorization is voluntary and that the information to be disclosed is protected by law. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient to any third party involved in program participation. Participant does also hereby covenant not to sue The AngelWorks Foundation for any matter arising out of or connected with such release and/or disclosure of any confidential or protected health information. **I have reviewed the included Waiver & Release provided with this application, the terms of which are incorporated herein by reference.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Hospital Documentation:**

(To be completed by child's physician or case/social worker or hospice nurse)

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

Hospital: \_\_\_\_\_

Child's Illness: \_\_\_\_\_

Is child in active treatment?: \_\_\_\_\_

Is child in hospice care?: \_\_\_\_\_

Initial date of diagnosis: \_\_\_\_\_ . Last treatment date: \_\_\_\_\_

I am the primary physician for this child, the case/social worker, or hospice nurse, and recommend this family receive the following assistance:

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This document is being completed by: \_\_\_\_\_

Physician / Caseworker / Social Worker / Hospice Nurse

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

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

Additional information about the family: \_\_\_\_\_

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\_\_\_\_\_  
Signature (Physician or Caseworker/Social Worker/Nurse)

\_\_\_\_\_  
Date

## Participation Waiver and Release

In consideration of being allowed to participate in one or more of the programs or other offerings provide by The AngelWorks Foundation, an Ohio 501(c)3 non-profit organization (“AngelWorks”) (hereinafter “Program”), and intending to be legally bound, the participant named below, by and through their legal parent or legal guardian, agrees for themselves, their heirs, executors, administrators and assigns (hereinafter “Participant), to waive and release all rights and claims for damages which the Participant may have now or in the future against AngelWorks, it’s officers, directors, employees, agents, volunteers and affiliates, arising out of or relating in any way to the Programs, including all claims for personal injuries and/or property damage sustained by the Participant before, during, or after said Program, whether caused or alleged to be caused in whole or in part by the negligence or intentional misconduct of AngelWorks or otherwise. The Participant does also hereby covenant not to sue AngelWorks for any matter arising out of or connected with the Programs. The Participant does release and absolve AngelWorks, it’s officers, directors, employees, agents, volunteers and affiliates, from any and all actions, causes of action, claims and demands for, any damage for any incidents or occurrence which occur during the participation or consideration of participation in a Program.

The Participant does recognize that some Programs or events may involve activities that are physically demanding and may involve injury or harm and the Participant agrees that this risk is fully assumed by the Participant. This includes, but not limited to problems connected with transportation, lodging, food, all medical conditions, publicity to include photographs, accidental injury, death or harm to the Participant and that all risk is fully assumed by all Participants. Participants agree to carry medical coverage or assume personal responsibility for any costs from lack of insurance.

The Participant gives AngelWorks permission to use its name, likeness, photograph, and other information for purposes of promotion, publication, commercial advertising, or any purpose whatsoever now or at any time in the future. The Participant also gives AngelWorks permission to use any photographs or videos from events for publicity. AngelWorks may use this information: (1) in all manner and media whatsoever; whether now or hereafter invented, including electronic and print media and the internet; (2) with or without Participants’ names; (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so. The Participant hereby releases AngelWorks, its officers, directors, employees, agents, volunteers and affiliates, from all liability, damages or claims resulting from, or arising from the use, distribution or disclosure of any photographs, films, newsletters, videotapes, websites, press releases or other information regarding Participant.

The participant authorizes the release of any confidential protected health information as defined by HIPAA 45 CFR Parts 160 & 164. The Participant understands that this authorization is voluntary and that the information to be disclose is protected by law. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient to any third party involved in program participation. Participant does also hereby covenant not to sue The AngelWorks Foundation for any matter arising out of or connected with such release and/or disclosure of any confidential or protected health information.

By initialing page one of the application, the Participant agrees and acknowledges that they have read and fully understand the terms hereunder. It is further understood that this Participation Waiver and Release contains the entire agreement between Participant and AngelWorks. By initializing, you agree and acknowledge that you have fully read and understand this agreement.

**\*\*\*PLEASE KEEP THIS PAGE FOR YOUR RECORDS.**