RYAN'S REACH GRANT ASSISTANCE
"Reaching to assist TBI survivors and families."

GRANT ASSISTANCE

1. Assistance may range from $500.00 to $2,500.00 per recipient.

2. Assistance will not be awarded directly to an individual but will be paid for services or items needed to help either the survivor or family member.

3. Examples of assistance that will be considered (list not exhaustive):

      Medical equipment
      Medical services, incl. medication costs
      Therapy and Rehabilitation costs
      Caregiver assistance
      Housing or utility expenses

ELIGIBILITY REQUIREMENTS

1. Recipient must be either (1) an adult who has suffered a brain injury (whether traumatic or acquired) OR (2) a close family relative *who is providing care* for the survivor.

2. A family applicant must be physically and emotionally assisting with care for loved one affected by brain injury.

3. Income must not be more than $60,000 per year individual and $100,000 a year for families.

4. Applicants must complete an application for assistance.

APPLICATION PROCESS

1. Completed application, including acknowledge of grant terms and HIPAA waiver.

2. Letter(s) of reference (including at least one medical reference such as a doctor or nurse.)

EMAIL OR MAIL ALL REQUIRED DOCUMENTS TO:

Lindy@ryansreach.com OR Mike@ryansreach.com

Ryan's Reach
13 Augusta
Coto de Caza, CA. 92679

APPLICATION

Survivor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email Address: _____

Date of Birth: _____ Date of Injury: _____

Describe Injury and current condition: _____

_____

Are you receiving state or federal support, i.e., SSDI, SSI, Social Security? _____

Total gross annual income $_____ Source(s): _____

Representative or Family member name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email Address: _____

Relationship to Survivor: _____

Describe services rendered to Survivor: _____

_____

REQUESTED ASSISTANCE

ON THIS PAGE, PLEASE ANSWER _IN DETAIL_ EACH SECTION (ADD PAGE IF NEEDED)

DESCRIBE IN DETAIL CONDITION OF SURVIVOR (BOTH PHYSICAL AND MENTAL)

:_____

_____

_____

ASSISTANCE REQUESTED:

_____

_____

WHO IS REQUESTING:

_____

_____

WHY REQUESTED:

_____

_____

WHEN REQUESTED:

_____

_____

TO WHOM REQUEST WILL BE PAID:

_____

_____

APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

I, _____, understand and agree to the following points.

I understand Ryan's Reach is **<u>not obligated to provide any grants or sums of money and the decision to do so rests in the sole and exclusive discretion of Ryan's Reach</u>**. No legal liability shall arise from an application not being accepted or assistance provided. Ryan's Reach makes no representation or warranty that the application will be considered or that grants will be made.

I understand that my application will not be considered complete until all required documents are submitted. I further understand that should I be requested, and fail to provide, any other information, my application shall be incomplete until any further requested information is provided. I further understand that if I, or my representative, are contacted for an interview, whether in person or by phone, that I will cooperate.

I grant Ryan's Reach an unrestricted right and permission (but not an obligation) to exhibit, publish, broadcast, and otherwise exploit any grant or assistance provided in response to this application, in whole or in any manner, on the Ryan's Reach website, on social media, and through any other markets and media, without compensation to me or any other person. I confirm that I have the right to grant this permission and I do so freely and without consideration.

I declare under penalty of perjury, under the laws of California (if executed in this state) that the foregoing is true and correct.

Dated: _____ Signature: _____

Signature of Representative: _____

Capacity (Conservator, POA, Guardian): _____

HIPPA Compliance Waiver

Under the HIPAA privacy regulations, individuals have several rights relating to their personal health information (PHI) used or maintained by an employee or business associate within our company.

Although as a non-profit we are not subject to all the HIPAA privacy and security regulations; we are subject to some of the privacy rules relating to the PHI of our charity caregiver recipients that received our volunteer services.

Unless permitted in writing by the recipient, the recipients' PHI, including personal information such as diagnosis, nature of services, treatment, and provider records cannot be released to the outside public or even to the recipient unless there is a signed consent by the recipient. However, we may use general statistical data on all our recipients such as some patient demographic data, health insurance status, dates of patient services, general type of department in which a patient is serviced, treating physician information, and outcome information for the purpose of fundraising and marketing events. Any data sent electronically about our recipients is also safeguarded by the company, and this information is limited to employees and management that have received HIPAA training. If a breach of information occurs, we will notify the recipient by phone and in writing and immediately move to correct the breach. There are a few exceptions mandated by the government under the following HPAA rules:

1.PHI may be used or disclosed for the treatment, payment and health care operations of any healthcare provider having a relationship with the recipient. We may also share information as it directly relates to being able to provide financial support for your situation (ex: sharing your spouse's condition with the home health aide company for whom we would pay to provide help to your spouse). With the consent of the recipient, the company may use and release PHI such as their name, general condition, religious affiliation, and location of the provider's facility to those individual entities involved in the recipient's care and with the recipient's permission for the purposes of notifying family members and others, regarding an individual's location condition or death. An example would be a pharmacist dispensing a filled prescription to a person acting on behalf of the patient.

2.PHI may be disclosed when the recipient is incapacitated or in an emergency when the disclosure is in the best interest of the recipient.

I have read and understand this document and agree with how my PHI may be disclosed by Ryan's Reach

Recipient's name: _____ (PLEASE PRINT)

Signature: _____ Date: _____

Signature of Representative: _____

Capacity (Conservator, POA, Guardian): _____