

# *Happy 2 be Home Application for Service*

Thank you for participating in the application process with Happy 2 be Home (H2BH). Enclosed in the application packet are the following documents:

- **Application**
- **Privacy Statement**
- **Photograph and Publicity Release Form**

Once these documents have been completed, please return to:

**Happy 2 be Home**  
**c/o Patty Reynolds**  
**2211 Swamp Pike**  
**Gilbertsville, PA 19525**

If approved for service by Happy 2 be Home, the parent(s) or legal guardian(s) will be asked to sign a Liability Release and Authorization to Disclose Information to include:

**Liability Release:** Homeowners have provided proof of currently effective homeowner's insurance which sufficiently covers the value of the Property. The undersigned both individually, jointly, and on behalf of the child who is eligible to participate in Happy 2 be Home does hereby agree to release, forever discharge, and hold Happy 2 be Home's, their directors, officers, employees, agents, volunteers, successors, and assigns harmless from and against any and all actions, causes of action, liability, claims and demands for, any damages and claims of any kind whatsoever, whether known or unknown, in connection with or arising from any incident(s) or occurrence(s) during the child's and/or family's participation with Happy 2 be Home.

**Authorization to Disclose and Obtain Medical Information:** The parent(s) or legal guardian(s) give Happy 2 be Home authorization to obtain all medical information which Happy 2 be Home may feel is necessary for consideration. The parent(s) and legal guardian(s) authorize all of the child's physicians and medical care providers to provide Happy 2 be Home with all medical information regarding the child that is applying to Happy 2 be Home.

**Authorization for Disclosure the Third Parties:** The parent(s) or legal guardian(s) understand and agree that Happy 2 be Home may disclose their child's identifying information to a third party in order for the third party to provide notices to the parent(s) or legal guardian(s), such as when an event is cancelled.

**Authorization Regarding Property:** It is understood and agreed that participation in Happy 2 be Home may result in publicity that in order for Happy 2 be Home to continue its services, it is helpful to be able to portray children and families using grants in a positive way in brochures, newsletters, on Happy 2 be Home website, and other promotional materials. The undersigned both individually and on behalf of the child who is eligible to participate in Happy 2 be Home to use the name of their child for publicity or promotional purposes.

**Authorization Regarding Photo:** Due to the nature of Happy 2 be Home, publicity is an essential component to promoting its benefits to families and fundraisers. Although Happy 2 be Home cannot control outside media, the undersigned as the parent(s) or legal guardian(s) of the child, grants Happy 2 be Home the use of photographic images of their child and/or family in Happy 2 be Home's promotional materials, such as brochures, newsletters, websites, press releases, and any other means. The undersigned understands and agrees to these terms.



## Happy 2 be Home Application for Service



### **Happy 2 be Home's mission:**

*"Enable families to provide a suitable home environment for children with chronic, long term, multiple disabilities to enhance their quality of life."*

Please complete all sections of this form and return to:

**Happy 2 be Home**  
**c/o Patty Reynolds**  
**2211 Swamp Pike**  
**Gilbertsville, PA 19525**  
**Email Patty at: [patty@happy2behome.org](mailto:patty@happy2behome.org)**  
**Website: [www.happy2behome.org](http://www.happy2behome.org)**

### **Part I (to be completed by parent/guardian) Please print clearly:**

Child's name \_\_\_\_\_  
(First) (Middle) (Last)

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
(month/day/year)

Home address \_\_\_\_\_  
(street address) County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone: (Father) ( ) \_\_\_\_\_ (Mother) ( ) \_\_\_\_\_

Email Address: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Mother's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Father's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Legal guardian (if other than parents) \_\_\_\_\_

*(Note: If child is under the custody of one parent, please attach a copy of the child custody order or both parents must sign all documents.)*

**Please check the most appropriate response for the home that you are requesting service for:**

- We Own the home       We rent the home       We live with the owners/renters of the home

**A copy of one of the following documents will be required for proof of home ownership:**

- HUD Settlement Form       Real Estate Tax Bill       Mortgage Statement       Deed

Hospital where  
child is being treated: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Child is currently under the  
care of the following physician: \_\_\_\_\_

Physician Phone # \_\_\_\_\_

**Please describe your child's illness and any special medical needs or considerations:** For example, the child is confined to a wheelchair, in need of 24 hour nursing care, in need of oxygen, etc...

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

**Has your child or family ever benefited from a Happy 2 be Home award in the past?**     Yes     No

**Please provide a brief description of the home modification you are requesting:**

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

I understand and recognize that participation in Happy 2 be Home's services are not guaranteed and contingent upon approval by the Happy 2 be Home Board of Directors as well as compliance with all conditions, qualifications and restrictions designated by Happy 2 be Home.

I understand and recognize Happy 2 be Home's fundraising need as an integral part of its organizational structure. Upon approval of this application, I (and my family) agree to participate with Happy 2 be Home's Fundraising Committee in fundraising activities as a way to help defray costs associated with the approved project.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

***\*\*\*Please feel free to provide any additional information that you feel may be helpful to the board in making a fair and accurate assessment of your child's needs.\*\*\****

**PART II Medical Assessment: To be completed by physician(s)**

Name of physician completing assessment: (Please Print):

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Office Address:

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Phone

Fax

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Diagnosis of Child

Date of Diagnosis

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**Please give a brief description of the child's disorder and its effects on daily life in the space provided**

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Date of last visit:

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Physician's signature

Date

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# *Happy 2 be Home Privacy Statement*

## **PROTECTING YOUR PRIVACY**

This privacy statement describes Happy 2 be Home's policy with respect to the collection, protection, and disclosure of your information. This privacy statement was last modified on January 15, 2012.

## **HAPPY 2 BE HOME PRIVACY PHILOSOPHY**

Happy 2 be Home (H2BH) has established themselves as a trusted service provider for children and their families as written in H2BH's mission statement. Two of H2BH's cultural values are "Integrity" and "Stewardship". H2BH believes an important part of these values are in its handling of client information in a highly professional and ethical manner. We understand the importance clients place on confidentiality and view the trust held between our clients and H2BH as one of the most critical aspects of our relationship.

## **HAPPY 2 BE HOME PRIVACY STATEMENT**

### **Collection of Your Information**

In order for H2BH to conduct business with you and help determine the family's level of need, we collect the following types of information, but not limited to:

- Identification information, such as your name, address, birth date, social security number, and driver's license number.
- Application information we receive from you when you request service, such as your income, assets, and liabilities.
- Credit verification such as your current balances and/or repayment history.
- Additional information as outlined in H2BH's Liability Release and Authorization Disclosure Form.

### **Protection of Your Information**

The information we collect and record is protected by procedural measures whereby only H2BH's board of directors is granted access, the sole purpose of which is to establish the level of service to be granted the family by H2BH.

Throughout H2BH's application process, up to and including award (or denial) of service, all collected records will be stored in a locked cabinet only accessible by H2BH's board of directors. Once an award of service decision has been finalized all collected records will be returned to the family allowing the family to dispose of the records as they see fit.

### **Disclosure of Your Information**

Your information will not be shared or sold to any organization. H2BH retains all non-identifiable demographic information for tracking purposes only. We do not disclose any financial or medical information about our families. The only information potentially to be shared is the contact information where the scope of work is to be completed by an approved H2BH third party contractor.



