

## HeadNorth Response ONE Application

### Applicant Information

Response ONE is an inpatient acute care program which focuses on supporting the individual and family shortly following the spinal cord injury. It provides a financial gift to help fund immediate transportation and lodging requirements for the family, resources to educate and guide for the upcoming transition and in hospital counseling by SCI individuals and family.

Name	
Street Address	
City, State ZIP Code	
Contact Phone	
Email Address	
Date of Birth	
Gender	
Social Security Number	
Marital Status	
Name of Person Filling-out Application	
Relationship to Applicant	

### Injury Information

Injury Level	
Injury Date	
Cause of Injury	
Extent of Injury	
Prognosis	

### Hospital Information

Name of Hospital	
Address	
Room #	
Contact Person / Phone #	
Physician / Phone #	
Social Worker / Phone #	

## Supplemental Information

Briefly explain your immediate needs and concerns	
How did you hear about HeadNorth?	<input type="checkbox"/> Sharp <input type="checkbox"/> Scripps <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Friend <input type="checkbox"/> Brochure <input type="checkbox"/> Media / TV <input type="checkbox"/> Newspaper / Magazine <input type="checkbox"/> On-line <input type="checkbox"/> Other

## Waiver and Truth Statement

By signing below, I acknowledge and agree that:

(1) HeadNorth, its directors, officers, employees and agents (the "HeadNorth Parties") may ask for or learn of certain protected health information ("PHI") relating to my injury. In order to provide such information to HeadNorth, I may be requested to provide my hospital or healthcare provider with written authorization to disclose my PHI to HeadNorth and/or the HeadNorth Parties. In connection with the foregoing, I understand that it is in my sole and absolute discretion whether to authorize the disclosure of certain PHI to HeadNorth and/or the HeadNorth Parties. I understand that if I authorize the disclosure of my PHI to HeadNorth and/or the HeadNorth Parties, I may revoke such authorization at any time by providing written notice to HeadNorth.

(2) I am authorizing HeadNorth to use my name, pictures, biography, any information contained in this application, and certain PHI for marketing purposes. HeadNorth may use this information on its website, during presentations, in brochures, in the HeadNorth newsletter, and in other similar marketing materials. I understand that I have the right to revoke my authorization at any time by giving HeadNorth written notice of such revocation. However, I understand that, based on the time of the month the revocation is received, HeadNorth may or may not be able to cancel my name, picture, biography, or other related information in any upcoming publication, but that it will make a good faith effort to immediately accommodate my request.

(3) I am volunteering to be a part of the HeadNorth Peer Support Program. If I need additional information regarding this program or what it entails, I shall contact a HeadNorth representative prior to signing and submitting this application.

(4) I understand that HeadNorth has no obligation to accept my application, and my selection and participation in the program, or receipt of any grant, is in no way guaranteed. Whether a grant is awarded and, if awarded, the amount and terms and conditions attached thereto, shall be made in the sole and absolute discretion of HeadNorth.

(5) If I have any questions regarding the program, this application, or the scope of my authorization under this application, I will contact a HeadNorth representative prior to signing and submitting this application.

By signing below, I acknowledge that all the information provided on this application is true and correct in all material respects, and any false or misleading information submitted herein is grounds for my immediate elimination from consideration.

**I AGREE**

Applicant Name (printed) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**If under the age of 18, please have parent or guardian sign this Grant Request**

Guardian Name (printed) \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_