RESPONSE TWO APPLICATION

Thank you for applying for HeadNorth's Response TWO grant. To qualify for a HeadNorth Response TWO grant, an individual must be a resident of San Diego County and have sustained a traumatic spinal cord injury, defined as a sudden and immediate change in function as a result of trauma to the spinal cord. Examples include, but are not limited to, acts of violence, vehicular accidents, slips and falls, sports related injuries, effects of medical procedures. Please complete the following application and fax it to 858.362.8763 or email it to info@headnorth.org.

* *required information*

First Name:* ______________________________ Last Name:* ______________________________

Address line 1:* ____

Address line 2: ____

City:* ____________________________ State:* ________ ZIP/Postal Code:* ____________

Phone: ______________________________

Email:* ______________________________

Gender:* Female ☐ Male ☐

Birthdate: ______________________ (mm/dd/yyyy)

Marital status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Do you have children?* Yes ☐ No ☐

Injury level:* ______________________________ Complete ☐ Incomplete ☐

Injury date:* ______________________________

Cause of injury:* ____

____

____

Prognosis:* ____

____

____

Source of income:* ____

Are you currently employed? If so, where:* ____________________________________

Annual income:* ________________________________

If you are not employed, were you employed before your accident? If so, where? ____________________________

Are you active or retired Military?* Yes ☐ No ☐

Description of equipment / services requested. If multiple, please prioritize in order of importance:*

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Are you applying for the Help, Fund, Hope Project Walk funding? Yes ☐ No ☐

Name of insurance:* ________________________________

Policy type:* ______________________________________

Please explain whether your insurance company has been able to assist with the purchasing of any equipment requested:*

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____

How will this grant help you:*

____

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____

Briefly explain your immediate concerns:*

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____

Is there anything else you would like to tell us about yourself?:*

____

____

____

How did you hear about us?:* SHARP ______ Scripps ______ Word of mouth ______

Friend ______ Brochure ______ Media/TV ______

On-line ______ Other ______ Newspaper or magazine ______

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.

Applicant name (printed): ______________________________________ Date: ________________________

Signature: ______________________________________

If under the age of 18, please have a parent or guardian sign this grant request.

Guardian name (printed): ______________________________________ Date: ________________________

Signature: ______________________________________