Corwyn's Cause
Light when skies are gray

Who is eligible for assistance?

- Families with a child under the age of 18 who is medically fragile ("Medically fragile means having a chronic physical condition which results in a prolonged dependency on in-home health care or any condition that can rapidly deteriorate, resulting in permanent injury or death.")
- Families must also live in one of the following counties: Ada, Boise, Canyon, Gem, Elmore, Payette, Valley, or Washington.
- Assistance and services are provided to the families when the child is in a non-hospital setting.
- Corwyn's Cause cannot guarantee assistance to all qualifying families and will exercise its discretion in determining which families it can assist.
- Corwyn's Cause does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Who can refer a child?

- Parents
- Legal Guardians
- Physicians

Application

Parent or Guardian's Name: _____

Phone: _____

Email: _____

Address: _____

Name of the Child: _____

Date of Birth of the Child: _____

Primary Diagnosis:

_____

ICD Code: _____

Is There a Medical Reason why assistance needs to move quickly?

_____

_____

Physician's Name: _____

Phone: _____

Hospital or Treatment Facility:

_____

Signature/Electronic Signature of Physician or Qualified Healthcare Professional:

_____

LIABILITY RELEASE, AUTHORIZATION RE: MEDICAL INFORMATION AND PUBLICITY RELEASE

The undersigned ("Clients" or "Recipients") have requested services from Corywn's Cause, Inc. and its respective volunteers, officers, directors, employees and agents:

Clients/Recipients, and the parents or legal guardians of any minor clients/recipients, are signing this Liability Release, Authorization re: Medical Information and Publicity Release ("Release and Authorization") to bind themselves, their minor children, their heirs, successors, assigns and estates to the conditions described herein.

Liability Release

Clients/Recipients agree to release and hold harmless Corwyn's Cause, for any and all liability, damages and claims ("Claims") of any kind, known and unknown, which may arise from Clients/Recipients' relationship with Corwyn's Cause and any services provided in connection thereto. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, accidental injury or death.

Clients/Recipients understand that, although Corwyn's Cause does provide training to all of our volunteers and vendor partners, they are not employees of Corwyn's Cause, nor under Corwyn's Cause supervision or direct control, and therefore Clients/Recipients understand and agree that Corwyn's Cause is not responsible or liable for the actions or inactions of any of our volunteers or vendor partners.

Authorization re: Medical Information

The parents or legal guardians of _____ grant Corwyn's Cause permission to obtain all medical information necessary for consideration of or provision of

services by Corwyn's Cause; authorize _____'s healthcare providers to disclose protected health information to Corwyn's Cause to the extent necessary for consideration of or provision of services by Corwyn's Cause; and agree to sign any additional medical authorization forms that may be required. Clients/Recipients furthermore agree to allow Corwyn's Cause to share medical information with volunteers and service providers as necessary to meet the requests/needs of the Clients/Recipients during the course of their relationship with Corwyn's Cause. This Medical Authorization shall expire on

_____.

Publicity Authorization

Clients/Recipients understand and agree that receiving services from Corwyn's Cause may result in publicity. However, to the extent Corwyn's Cause has control over the matter, parents or guardians may indicate their preference regarding publicity.

____ Option 1. [Ok with publicity] Clients/Recipients authorize Corwyn's Cause to use the names, likenesses, and other information about all above-named Clients/Recipients, including reference to the minor child's medical condition, whether embodied in photographs, videotapes, recordings or any other format, ("Information") for purposes of promotion, publication, commercial advertising, or any other purpose whatsoever, now or at any time in the future. Clients/Recipients understand and agree that Corwyn's Cause may use their "Information" in all manner and media, including electronic, print media and the Internet, with or without Clients/Recipients names, without the payment or royalties or other compensation, and without the need to notify them or seek further approval before doing so.

_____ Option 2. [Prefer no publicity] Clients/Recipients request that their "Information" not be actively publicized to the electronic or print news media, posted on the Internet, or used in newsletters, brochures, etc. However Clients/Recipients understand and agree that even if Corwyn's Cause does not actively publicize their "Information", the general public and media may obtain information concerning Clients/Recipients involvement with Corwyn's Cause from other sources.

Participants acknowledge reading and understanding this Release and Authorization. For any minor child, the signature of their parent or guardian is on behalf of the parent/guardian and on behalf of the minor. Clients/Recipients agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

_____ _____

Date Parent/Legal Guardian

_____ _____

Date Parent/Legal Guardian

OUR STORY

1. Name and age of the medically fragile child: _____
2. Names of other household members and their relationship to the child:

   _____

   _____
3. How did you hear about Corwyn's Cause

   _____

   _____
4. Name and phone number of a medical care provider who Corwyn's Cause could contact to discuss the child's case?

   _____
5. What are some of the child's favorite things or what brings him/her joy?

   _____

   _____

   _____
6. What are some of the siblings favorite things or what brings him/her joy?

_____

_____

_____

_____

7. What are some of the parents favorite things or what brings him/her joy?

_____

_____

_____

_____

8. Do you have ideas for how Corwyn's Cause can help your family (go to #9) or do you need to me with us to review options and suggestions (skip to #10)?

____ I have ideas already ____ I would like suggestions

9. Please describe how we can help your family:

_____

_____

_____

_____

_____

10. Please tell us your family's story.

_____

_____

_____

_____

_____

_____

_____

_____

_____

11. If you have a short timeline for receiving services, please describe that timeline for us:

_____

_____

_____

12. Please provide name, phone number, and email address for the family's primary contact person who will coordinate services with Corwyn's Cause.

_____

13. If there is anything else we need to know, please describe it here:

_____

_____

_____

Thank you for sharing your story with us. Someone from Corwyn's Cause will be in touch with you within 5 business days. Please be aware that completing this application is not a guarantee of services. Because we are a non-profit with limited resources, provision of services will be determined on a case-by-case basis.