



## *Be An Angel Fund*

*It is our **MISSION** to improve the quality of life for children with multiple disabilities or profound deafness by providing adaptive equipment and select services to individuals and institutions that require a supplement to alternative means of funding.*

Be An Angel has provided funding to meet the needs of these special angels since 1986. **At this time, we are providing Oticon Safari (SP by request) hearing aids.** If you have any questions, or require assistance please contact our office at 281-219-3313.

Please return this completed form to:

Be An Angel Fund, Inc.  
2003 Aldine Bender  
Houston, Texas 77032  
or  
281-219-7746 (fax)

Thank you for submitting your request to Be An Angel.

Sincerely,

Michael Musters  
Program Director

## Be An Angel Hearing Aid Assistance Request Form

Today's Date \_\_\_\_\_

Have you received assistance from us before? If yes, when? \_\_\_\_\_

Disabled Child's Name (client) \_\_\_\_\_

Client Date of Birth \_\_\_\_\_

Client SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Client disabilities (list all) \_\_\_\_\_

School Name \_\_\_\_\_

School District \_\_\_\_\_

Therapist at School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please indicate hearing aid color preference (circle one): Light Pink, Light Blue, Silver, Brown, Purple, Red, Beige, Blue, Steel Grey, Black or Terracotta.

Why should Be An Angel assist you at this time? (i.e.: job loss, medical bills, etc.)

How will this assistance benefit your child and your family?

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What other community agencies, doctors, and foundations have you contacted about your current need? Provide addresses and/or phone numbers. Attach any denial letters you may have received.

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## ALL HOUSEHOLD MEMBERS MUST BE LISTED BELOW

Last Name	First Name	Middle Name	Relation to Client	Date of Birth

All information must be filled out in order to be considered for assistance

Household Resources	Amount per month	Household Expenses	Amount per month
Net Employment Income (Take Home Pay)		Mortgage/Rent/Home Insurance	
Unemployment Income		Electricity	
Child Support		Gas	
Social Security		Water/Sewer	
Food Stamps		Phone: Home/Cell/Internet	
Savings		Cable/Satellite TV	
Housing Assistance		Health Insurance/Medical Bills/Prescriptions	
Other Income		Car Payment/Insurance	
		Childcare	
		Average Food Expense (Groceries/Eating Out)	
		Other Expenses	
Total Monthly Income		Total Monthly Expense	

Please attach all income and expense supporting documents (i.e. W2 or payroll stub, lease agreement, electric bill, phone bill, etc.)

Have you made this request to Medicaid or to your primary insurance carrier? Please attach their denial letter.

All information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Client Assistance Request Check List

Please be sure to provide as much of the following information with your completed assistance form. Feel free to provide any other supporting documentation or letters of support that you deem necessary.

- € Letter from Audiologist on company letterhead recommending hearing aid use
- € Current audiogram (no more than one year old)

### Denial Letters

- € Insurance
- € Medicaid
- € Community Agencies
- € Other

### Income Verification

- € Payroll Stubs or W2
- € Unemployment Income
- € Social Security Disability Payment
- € Child Support
- € Food Stamps
- € Housing Assistance
- € Other

### Expense Verification

- € Mortgage or Lease Agreement
- € Electric Bill
- € Gas Bill
- € Water Bill
- € Telephone Bill
- € Health Insurance Bill
- € Automobile Note
- € Childcare Expense
- € Other Recurring Monthly Payments (provide statements)

## Be An Angel Authorization for Release of Information

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Refusal to provide necessary documentation or to answer an interviewer's questions will disqualify me and my household from assistance.

Any false or misleading information provided in writing or verbally will disqualify me and my household from assistance.

I certify that all information provided to Be An Angel either in writing or verbally is correct and true to the best of my knowledge.

Additionally;

I give permission for Be An Angel staff to verify information by contacting any party I have listed or verbally mentioned in the process of seeking assistance. Any discrepancies between my application information and verification efforts will be provided to me for clarification.

I release Be An Angel from any liability or legal responsibility that may arise from the verification process.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

### MEDIA RELEASE

I give Be An Angel Fund, Inc. the right to interview and/or take photographs, audio or visual-recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. I acknowledge that Be An Angel Fund, Inc. shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Be An Angel Fund, Inc. and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Be An Angel Fund, Inc. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, and the furtherance of the goals of Be An Angel Fund, Inc. or other lawful purposes. I acknowledge that I have the legal authority to sign this form on behalf of the minor child whose name is mentioned above.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

## **Be an Angel Fund, Inc.**

### **Clients Rights**

Clients have a right to all of the services of the agency they qualify for (as long as they follow the guidelines). The services will be provided in the most efficient manner that meets the client's needs.

Each client has the following basic rights:

1. A right to respect, consideration and safety
2. A right to make his/her own life decisions
3. A right to privacy and confidentiality in personal matters
4. A right to discontinue services with Be An Angel at any time
5. A right to any information kept by Be An Angel about him/her, and may review personal records upon request, by established procedures. Each client may record entries in his/her file.

Each client has the following rights in regard to services available:

1. A right to have services available posted for easy access to view them, and to a copy of descriptions of services.
2. A right at the time of intake to have guidelines explained and to sign understanding and consent to follow these guidelines, and to a copy of the guidelines.
3. A right to be informed of Client Grievance Resolution Procedures and to a copy of these procedures.

I have read and understand the above statements regarding my rights as a client.

My signature verifies that the information I have provided the agency is true to the best of my knowledge and may be used to determine my eligibility for the services offered at this agency. Further, I understand that my receiving assistance at this agency is determined by cooperating with the agency staff and fulfilling my responsibilities and obligations.

My signature verifies I have received a copy of the Client Grievance Resolution Form.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

## **Be An Angel Fund, Inc.**

### **Client Grievance Resolution**

Any client who has a complaint, problem, question, or grievance should immediately bring it to the attention of the Supervisor.

The parties are encouraged to resolve the problem in the most direct fashion, at the most immediate level and in the least complicated manner.

However, if a satisfactory resolution is not received at that level, the client should then promptly take the matter to the next level as follows:

1. Executive Director
2. Be An Angel Board Grievance Committee

If the matter is not resolved at the Executive Director's level, the client should present his/her problem, grievance or complaint, in writing, to the Board Grievance Committee, 2003 Aldine Bender, Houston, Texas 77032. The Committee will investigate the complaint and recommend possible solutions. There is no standing meeting time; the Committee meets on an as needed basis. A written decision by the Committee may be expected within not more than fourteen (14) days from receipt of the written complaint, unless otherwise notified in writing by the Committee.

The client must include a current mailing address and phone number on all correspondence. No decisions will be made or reported via telephone. The decision of the Board Grievance Committee shall be final.