



ReachOutGiving

People Helping People

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New Client Application

Date: _____

Patient First Name: _____ Last Name: _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN#: _____ Phone (home): _____ (cell): _____

Email: _____ Birthday: _____

Marital Status: _____ Spouse name: _____ # Dependents: _____

Employer (current or previous): _____ Phone: _____

Employer address: _____

Current diagnosis: _____ Date diagnosed: _____

Physician or Clinic treating you:

Your current prognosis:

IMPORTANT: How much **out-of-pocket expenses** (over and above insurance benefits) have you incurred to this point: **TOTAL AMOUNT:** _____

Patient Signature: _____ Date: _____

I the undersigned have provided the above information to ReachOutGiving and do testify that it is true and current. I release all information to ReachOutGiving or its representatives. I also agree to a background check to help combat fraud in this program:

Information provided to ReachOutGiving is the confidential property of the organization. The information will not be sold or disseminated to any other party, entity, or organization. Any client information provided to ReachOutGiving through the website will be approved in writing by the client. Any fraudulent or misleading information will result in immediate cancellation of the agreement and possible prosecution.


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Medical Information Release

Date: _____

Patient First Name: _____ Last Name: _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN#: _____ Phone (home): _____ (cell): _____

Email: _____ Birthday: _____

TO: _____

Physician or Clinic name here

You are authorized to send ReachOutGiving, or its representatives, a **one page letter on your letterhead** with the following information:

- My beginning date of treatment
- A summary of my diagnosis
- A summary of my prognosis
- A summary of future treatments required to treat this condition
- Any additional information that would be helpful to process the patient request for financial assistance through ReachOutGiving.

Patient Signature: _____ Date: _____

I understand I am releasing these records so that ReachOutGiving can administer and process the disbursement of funds according to the IRS standards for a non-profit corporation. I understand these records will be treated confidentially in accordance with the laws of the State of Washington (RCW 51.28.070). This authorization can be withdrawn by me at any time.

Dear Health Care Provider - The information requested above should be on Clinic/Physician letterhead, addressed to ReachOutGiving, and signed and dated by the Physician.

Please sign and MAIL to:

 ReachOutGiving
 11108 Woodland Ave
 Puyallup, WA 98373

OR

Please sign and FAX to:

1.800.251.6483

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**ReachOutGiving**

People Helping People

Name/Photo/Video Release

Date: _____

Patient First Name: _____ Last Name: _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN#: _____ Phone (home): _____ (cell): _____

Email: _____ Birthday: _____

I hereby grant permission to ReachOutGiving, Puyallup, Washington, to use my name, photograph, video, or sound byte(s) on its website, www.reachoutgiving.org, or in other publications or presentations without further consideration, and I acknowledge ReachOutGiving's right to crop, edit any image or audio/sound byte at their discretion. I understand that ReachOutGiving may choose to not use these images at this time, but may do so at its discretion at a later date.

Print Name: _____

Signature: _____ Date: _____

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Terms of Use

1. Acceptance of Terms

ReachOutGiving requires that all users agree to the terms and conditions set forth in this User Agreement. You should review carefully the following terms and conditions. By filling-out and signing the Application Forms, you acknowledge agreement with this User Agreement.

2. Who we are

ReachOutGiving is a non-profit organization, headquartered in the State of Washington and registered as a charitable organization in all 50 states.

3. What we do for Clients

ReachOutGiving provides online fundraising tools to Clients so that family, friends, co-workers, and people they have yet to meet can help meet their financial needs by making donor-advised, tax-deductible donations. Each Client receives a personal Client Page where he or she can share their financial needs by posting stories and photos. Their Client Page provides the ability for donors to make PayPal donations, send checks, and comment on blogs. Client Pages can also be branded by a sponsor.

4. What we do for Donors

Donors receive a tax-receipt for each donation and a tax-receipt for all their donations at the end of the year.

5. User Agreement Modifications

Please check this User Agreement and any Guidelines periodically as changes may be made to the agreement at any time.

6. Site use eligibility

Users must be granted Client Status through our application process.

7. User Conduct

You understand and agree that ReachOutGiving may monitor and delete any content that we deem illegal or offensive. Any unlawful, defamatory, harassing, hateful, racially offensive, or otherwise objectionable postings will be deleted and Client Status will be subject to being withdrawn.

8. Prohibited Uses

As a condition of your use of the Site, you will not use the Site for any purpose that is unlawful or prohibited by these Terms. ReachOutGiving also reserves the right to remove a fundraising

9. Warranty Disclaimer

ReachOutGiving makes no warranties regarding the safety of the Site and the accuracy of the content on the site. ReachOutGiving retains the right to restrict the use of the Site for any reason and at any time.

10. Client Page Content

You are solely responsible for the content you post on the Site including but not limited to photos, text, videos, graphics, and personal profiles

11. Administrative Fees

ReachOutGiving charges an Administrative Fee of 5% on all donations.

12. PayPal Fees

These fees are approximately 2.5%. They vary somewhat depending on the size of the donation. This fee is a direct PayPal cost. Nothing is added to this cost.

13. User Communications

Under this User Agreement, you consent to receive emails from the Site. We will communicate with you by email or by posting notices on the Site.

14. Entire Agreement

This User Agreement constitutes the complete and entire understanding and agreement between ReachOutGiving and you in connection with your use of this Site. As a user of the Site you, you understand it is your responsibility to review the User Agreement for updates.

Signature: _____ Date: _____

Instructions

Step 1: Send these documents to us:

- **New Client Application**
- **Medical Information Release**
- **Name/Photo/Video Release**
- **Terms of Use Agreement**

Mail:

ReachOutGiving
11108 Woodland Avenue East
Puyallup, WA 98373

Fax:

1.800.251.6483

Email:

admin@reachoutgiving.org

Step 2: Send this document to your Health Care Provider:

- **Medical Information Release**

Note: This step is important as we cannot open your account until we receive this letter from your Health Care Provider. You may need to call them to ensure the letter is sent in addition to sending the form.