



## **HEALTHY CULPEPER GOODFELLOWS**

### **Medical/Health Crisis Intervention Assistance**

763 Madison Road • Ste 209 • Culpeper, VA • 22701  
Administrator: (540) 727-0372 x409 • FAX: (540) 727-0387

#### Process/Form Suggestions:

1. If you have questions or the request is URGENT, please call the administrator, Ms. Amy Wright, at (540) 727-0372 x409 before you complete and submit a form.
2. HC Goodfellow funds are for medical/health crisis intervention requests for children and their families. We need to be the last place you look for funds after all other sources have been exhausted. Commitments will not be made until the paperwork is received, reviewed and approved. To be eligible, families must be residents of Culpeper.
3. Please complete all of the questions-there must be sufficient justification for the request. Please write large and dark if you choose to send by fax so that it is legible/readable.
4. When talking with your clients, please gather information on all of the adult members of the household and the total income situation and submit applicable information with the application.



# HEALTHY CULPEPER GOODFELLOWS REQUEST FORM

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## ID/CONTACT INFORMATION:

Child's Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
  
Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## NEED INFORMATION:

Assistance Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Total Request (\$): \_\_\_\_\_  
  
Supplier/Vendor Info: \_\_\_\_\_  
(if applicable) \_\_\_\_\_

## OTHER INFORMATION:

# of Dependents: \_\_\_\_\_  
  
Receiving any Social Services Assistance?       YES       NO  
  
Other Funding Sources Contacted:  

Organization Name	Phone	Contact Name	App \$	Yes/No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Submitted by:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature: \_\_\_\_\_

# HEALTHY CULPEPER GOODFELLOWS CLIENT RELEASE FORM

763 Madison Road • Ste 209 • Culpeper, VA • 22701  
Administrator: (540) 727-0372 x409 • FAX: (540) 727-0387



Case Name: \_\_\_\_\_

## *Client Release of Liability & Waiver of Claims*

I agree, if awarded financial assistance, to waive any and all claims against Healthy Culpeper, their Board of Directors, employees, agents or representatives and to release the releasees from any and all liability for any loss, damage, injury or expense that I may suffer or that my kin may suffer as a result of my use of Goodfellow financial assistance or participation in the Goodfellows initiative due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## *Client Permission to Release Information*

I hereby give \_\_\_\_\_ permission to give the following information to Healthy Culpeper:

\_\_\_\_\_  
\_\_\_\_\_

The agency will not give information about you in its records without your consent. By signing below, you give your consent and specify what information may be given and who may receive it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission to Healthy Culpeper to give \_\_\_\_\_ permission to give the following information:

\_\_\_\_\_  
\_\_\_\_\_

The agency will not give information about you in its records without your consent. By signing below, you give your consent and specify what information may be given and who may receive it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_