

Application for Membership in Reagan's Journey, Inc.

The establishment of an account for the purpose of the disbursement of funds on behalf of a member of Reagans Journey, Inc. consists of an application and parental/legal guardian written agreement to the guidelines set forth in this application. Upon receipt of the completed application, Reagan's Journey will review the information provided and if necessary, verify said information. However, approval of the application does not depend solely on the provided information as other circumstances may apply. There is no cost to a member's family for their child to become a Reagans Journey member.

By awarding finances, Reagan's Journey Inc. is making no recommendation as to the appropriateness or safety of a particular service for a member. Reagan's Journey Inc. is not responsible for the safety and/or progress of any member. Each family is strongly urged to consult with their physician (s) and therapist (s) regarding the choice and use of a particular service, equipment or any other therapeutic intervention. If a members request for funding exceeds the available funds of their account with Reagans Journey, the request may be tabled until such time as more funds become available or partial funds may be awarded at the time of the request. Any requests exceeding \$1,500.00 must be approved by the Board of Directors.

Member's families are encouraged to keep their child's profile and journal entries current on the website. The money donated directly to a member, goes into that member's RJ account until such time as the member's family uses it. There is a small processing fee (charged by PayPal) applied to donations online. Current balances and donor information for your child's account can be obtained by contacting the appropriate Reagans Journey team member.

The request for verification form must be signed by the member's primary Physician or Therapist in order to verify the member's diagnosis and need for intervention. The request for verification form needs to be returned to Reagan's Journey in order for funds to be released to a member for the first time. The application must be filled out completely before a child can be accepted and added to the website. Parents/legal guardians are asked to write their child's profile for the website and their first journal entry. Reagans Journey volunteers are available to assist in this process if needed. Once the first journal entry is loaded, the child's picture will appear, in addition to on their own page, on the scrolling member's photos on the first page of the website.

The information of this application will be handled with respect and confidentiality. At no time will Reagans Journey release any of the applicant's information except with permission for purposes of the Reagans Journey website, events and/or advertising. The online journals on the Reagans Journey website are the responsibility of the parent (s)/legal guardian of the member. The member's profile and photos are submitted by the member's parent (s)/legal guardian.

Please print:

Applicant (child) name: _____ Date of birth: _____ Sex: M F

Parent (s) / Legal Guardian name: _____

Street Address: _____

City: _____ State: _____

Primary Phone: _____ Email: _____

Applicant's address if not the same as parent/guardian:
Street: _____ City: _____ State: _____

Applicant's Diagnosis: _____

Does the applicant have siblings? Age (s) of siblings: _____

Is applicant covered by parent/guardian's health insurance? Y N

Has applicant previously applied for a Reagan's Journey account? Y N

Is there more than one child in this family with a special needs diagnosis? Y N

(Separate applications are required for each child)

Due to the volume of applications and staff limitations, status reports are **not provided** during the application process. Incomplete applications will not be reviewed. All decisions made by the Board of Directors are final.

By submitting this application you attest that the information you have provided in this application is factual and true to the best of your knowledge and you indemnify and hold Reagan's Journey and/or its staff or volunteers from any and all liability, claims, damage or injury sustained by the Applicant or his/her family and/or caregivers.

Reagan's Journey uses its website and social media to allow the parents/guardians of the children involved to publish the progress and needs of the child (ren). Your child will have an online account in order to share progresses, challenges and moments of wonder! Reagan's Journey would like you to document your challenges and your success stories. Your experience may benefit another family. You will be encouraged to journal their experiences and upload pictures to share with our supporters.

By signing this agreement, you are giving Reagans Journey Inc. permission to use photographs and/or your child's likeness on its website as well as in promotional and advertising mediums including but not limited to online, social media, promotional products, news coverage and event promotions. You agree to follow the Reagans Journey guidelines of participation. You agree to hold harmless Reagans Journey Inc. and its affiliates from any possible adverse events resulting from your child's membership.

Signature

Date

FOR OFFICE USE ONLY:

Received: _____

Reviewed by: _____

Interviewed by: _____

REQUEST FOR VERIFICATION

Dear Provider of Services,

I have applied, on behalf of my child, _____, to become a member of Reagans Journey Inc., a non-profit organization developed to aid families with children who have special needs, by financially funding equipment, services, and additional resources for their child which are not covered by their health insurance. There is no cost associated with our membership and they raise funds on our behalf to assist us in our journeys with our child. They do, however need to verify our child's diagnosis in order to accept him/her as a member. With my signature below, I am authorizing you to release this information. Thank You for your assistance in this matter.

Parent/Legal Guardian Signature: _____ Date: _____

Applicant's Name: _____

Provider's Name and Title: _____

Office Address: _____ Phone: _____

Relationship with applicant began on what date? _____

Applicant's Diagnosis: _____

Signature: _____ Title: _____

Date: _____

Reagan' Journey...Because with a little help, those who can't...DO!