



Béatrice Fortier Memorial Family Fund

The Béatrice Fortier Memorial Family Fund is intended as a last resort for financial assistance for families with a FOXG1 Mutation in need of medical equipment/devices, physical therapy, educational resources and more. The Fund focuses its resources on the following areas: equipment, adaptive toys, products and other services designed to improve a child with limited mobility's access to his/her community, and assists children with their medical needs.

We look forward to the possibility of working with your family. If you have any questions about this program or the application process, please contact us.

Sincerely,

Ileana Giordani
President

Heather Norwood
Executive Director

Application Instructions & Checklist

Please complete the application in its entirety, missing information may delay processing. Denial Letter from insurance provider(s), or general insurance coverage information regarding request if applicable (Insurance info not needed for adaptive bikes or iPads)

Applicant Information

Person(s) who is completing application's contact information:

Name _____

Date _____

Home
Address _____

City, State,
Zip _____

Phone (Home) _____ (Cell) _____

Email _____

Relationship to Applicant _____

Parent/Legal Guardian(s) Assurance: I/We stipulate that the information included in this Application is true to the best of my/our knowledge and abilities. Further, I/we understand that the presence of inaccurate information in this Application could result in re-evaluation or rejection of this application by IFF.

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date (m/d/yy)

Applicant Description

Child Name _____

Date of Birth (m/d/yy) _____

Address of Residence (including City, State and Zip Code)

Phone (home) _____ cell) _____

Parent/Legal Guardian Information (if same as above, write same):

Name _____

Relationship to

Child _____

Address _____

City, State and Zip _____

Phone (Home) _____ (Cell) _____

Email _____

Medical Information

Describe the nature of disability or need for assistance (i.e. child's medical condition)

Request Information Detail

If IFF is unable to fulfill the entire request, is partial funding an option?

Yes _____ No _____

Describe the funding request(s) in detail. If requesting more than one item, please list separately, including cost

If funding request is granted, please describe how it will impact the child's and/or family's life. Please add additional pages if needed.

Income and Expenses

Monthly Household Income (Net Income After Taxes)

\$ _____

Child Support- do you: Pay \$ _____ or receive \$ _____

Monthly Uncovered Medical Expenses (co-pays, deductibles, pharmacy)

\$ _____

Monthly Rent or Mortgage Payment

\$ _____

Home Utilities (Gas, Garbage, Electricity, Water, etc)

\$ _____

Home Phone, Internet Service, and/or Cable

\$ _____

Cell Phone(s) \$ _____ Food/Groceries \$ _____

Car Payments (total) \$ _____

Gas \$ _____ Car Insurance \$ _____

Child Care/Education \$ _____

Therapy Services \$ _____

Health Insurance Premiums
\$ _____

Loans/Classes/school supplies\$ _____

Misc(clothing, haircuts, dining out, entertainment, etc)\$ _____

Monthly Household/vehicle repairs\$ _____

Total Monthly Expenses\$ _____

Total Monthly Income \$ _____

Excess/Deficit \$ _____

Have you received assistance from the Béatrice Fortier Memorial Family Fund in the past? If so, for what, and when?

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date(m/d/yy) _____

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date(m/d/yy) _____

RELEASE AND DISCLAIMER

The undersigned, by signing this form, agrees to and understands that this form includes a good faith waiving of certain valuable rights in exchange for the providing of certain equipment and/or other devices and any and all other support or help received by the undersigned from, International FOXG1 Foundation, and all of their related entities, members, employees, officers and directors, attorneys, agents, successors and assigns (all collectively referred to as "IFF"). By signing this form the undersigned acknowledges that they are releasing IFF and other parties of liability for themselves, any of their natural minor children, or minor children in their legal guardianship. The use of any equipment provided by IFF, even in the event of a malfunction resulting in injury, may give rise to liability on the part of IFF and I/we hereby fully release any action I/we may have with regard to same. I/we recognize on behalf of myself/ourselves and any minor under my control that the use of or participation with any equipment provided involves subjecting oneself to risk of injury, and I/we hereby agree to obey any and all safety standards and the instructions of the IFF staff, as well as hold all entities or individuals involved with IFF free from liability. IFF is in no way endorsing or recommending a particular course of treatment and that all treatment decisions should be made by the child's physician and parents/guardians.

IFF is in no way responsible for reclaiming, disposing of, maintaining or repairing any equipment provided. It is my/our sole responsibility as the recipient or recipient's legal guardian(s) to maintain, repair and/or dispose of the equipment. Any costs that may be associated with the equipment, such as installation, delivery, labor, disposal, etc., that are not explicitly stated in writing from IFF as IFF's responsibility, is my responsibility. Additionally, I/we, and not IFF, agree to be responsible for insurance with any and all costs connected therewith.

By my signature below, I certify that the information provided in this application is accurate and complete and I have answered all questions to the best of my knowledge and ability. I further authorize IFF and any of its authorized representatives to investigate any and all information contained in this application in order to verify the accuracy of same. I further realize that providing false information or misrepresenting the facts in this application is a serious matter and will be grounds for IFF to terminate any assistance agreement without notice and/or seek repayment of any and all amounts previously paid to any third parties or to me or my family by IFF pursuant to this application. I also agree to hold harmless and indemnify IFF, and its board members, officers, employees and volunteers from any liability which may arise from investigation into the accuracy of the information presented in this application as well as any actions that are taken if information provided is not accurate.

MEDICAL RELEASE:

_____ (initial) _____ (initial)

I/we understand that the involvement with IFF is voluntary. I/we assume the risk of any and all injuries, which may occur as a result of participating with IFF.

PHOTO/MEDIA RELEASE:

_____ (initial) _____(initial)

I/we grant IFF, their officers, employees, agents, attorneys, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, DVDs, sound recordings, including any print, electronic, broadcast or other type of photo/media that is normally considered media in the business or trade, involving myself or any individual under my/our control for use in the materials that IFF and its affiliates, may compile and/or distribute. I/we fully understand that there will be no form of compensation for any such use.

DISCLAIMER:

_____ (initial) _____(initial)

In the event that equipment, devices, assistance with therapeutic programs and any other type of item furnished to me, including all types of supports provided through this and any affiliate of IFF it is expressly understood that the item provided or assisted has no warranty whatsoever from IFF, their officers, directors, employees, members, or other individuals associated with IFF (hereinafter collectively referred as "IFF"). It is expressly understood that IFF is merely a funding source and as such delivers no warranty and any malfunction or injury resulting from the use of anything provided by IFF carries no liability on the party of IFF. Additionally, IFF is not responsible for reclaiming, disposing of, maintaining or repairing any of the items provided. It is the sole responsibility of the undersigned to maintain, repair, and/or dispose of the items provided. Any cost that may be associated with the item provided, including installation, delivery, labor, disposal, repair, replacement etc., that are not explicitly stated on the application and/or award letter from IFF is the sole responsibility of the recipient's legal guardian(s). The recipient is responsible for ensuring compliance with all codes and hereby releases IFF from such responsibility. Additionally, recipient is responsible for maintaining compliance with all applicable building codes, and/or federal, state, or local regulations.

RELEASE OF ALL CLAIMS (Liability Release):

_____ (initial) _____(initial)

I/we have read this form and are aware of and understand that in consideration of and in exchange for the right of myself or any minor child under my control to participate with IFF and I/we agree to indemnify and hold harmless, release and forever discharge, IFF and all their employees, officers and directors, attorneys, agents, successors and assigns from any and all actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise as a result of my/our participation with IFF, including costs, and reasonable attorney's fees. This release shall serve as a release not only of myself and any minors under my control but also to all heirs, executors, administrators, personal representatives, parents, guardians, and for all members of their family. As a parent or guardian signing for a minor it is agreed that I/we agree to these terms for the minor, for us individually, and as a parent or guardian. Any and all individuals signing this form acknowledge that IFF and its affiliates have relied upon the good faith execution and delivery of this form. The parties hereto signing this form assume the risk of any and all injuries, which may occur while participating with IFF.

I/we have read and understand this form, have had an opportunity to ask question, have had the opportunity to consult an attorney of my/our own choosing, and freely agree to the terms as expressed in return for participation with IFF in their programs. No oral agreements, either prior to or after signing this agreement shall control over this written agreement.

Signed this the ____ day of _____, 20____.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

BEFORE ME, the undersigned Notary Public in and for the State of _____, personally appeared _____ who acknowledged the execution of the above, on this _____ day of _____, 20_____.

Notary Public in and for the State of _____.