



**Giving Hope Foundation, Inc.**  
**80 Village Road**  
**Shipman, VA 22971**  
**(434) 826-8011**  
**sk51564@hotmail.com**

**Preventive Care Program Application**

Client Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What is the best phone number to reach you? \_\_\_ Home \_\_\_ Work \_\_\_ Cell

May we leave a message? \_\_\_ Yes \_\_\_ No

Client Status:

Are you employed? \_\_\_ Yes \_\_\_ No

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

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

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

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

Do you have health insurance? Yes  No

Do you have a prescription drug plan? Yes  No

Do you have Medicare? Yes  No

Do you have Medicaid (Title 19)? Yes  No

**Applicants Statement of Understanding**

I have read and understand the above and declare the information furnished by me is true and complete to the best of my knowledge. I hereby affirm that I am releasing medical information to Giving Hope Foundation, Inc. I consent to the exchange of information between Giving Hope Foundation, Inc., my physician(s) and other community agencies to provide needed services.

\_\_\_\_\_  
 Applicant/Responsible Party

\_\_\_\_\_  
 Date

*Giving Hope Foundation, Inc. does not discriminate against any person because of their race, creed, religion, sexual orientation, gender, or age.*

# Physician's Request

Please have completed by your physician and return.

To be completed by patient's doctor.	
Patient Test Request:	
Provider Name	Hospital/Clinic
Address	City/State/Zip
Phone	
Provider Signature:	Date:
Note: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker	
Test Requested:	
_____ Mammogram	
_____ PAP and HPV Test	
_____ Prostate-Specific Antigen (PSA)	
_____ Colon	
_____ Dermatology	
_____ Other: _____	

Office Use Only:

Request Taken By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Financial Assistance Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

If Financial Assistance Denied, Reason? \_\_\_\_\_

Signed By: \_\_\_\_\_

## AGREEMENT/RELEASE OF LIABILITY

### Please Read Completely and Sign

1. **Granting of Support and Services.** Giving Hope Foundation, Inc. agrees to pursue the fulfillment of the support and services of the person named above ("Recipient") in accordance with the terms and conditions of this agreement. Giving Hope Foundation, Inc. reserves the right in its sole discretion, to decide which of the services, if any will be granted.

2. **Permission to Disclose Medical Condition.** The recipient grants Giving Hope Foundation, Inc. the right to disclose the nature of his/her medical condition to the extent necessary in the preparation, fulfillment and execution of the support and/or services.

Furthermore, the recipient grants Giving Hope Foundation, Inc. permission to obtain all medical information about the recipient which Giving Hope Foundation, Inc. may feel necessary for consideration or fulfillment of services and support, and authorize all physicians and medical care providers to provide Giving Hope Foundation, Inc. with all medical information.

3. **Waiver.** The recipients and participants accompanying the recipient hereby waives any and all rights he or she may have or may hereafter acquire against Giving Hope Foundation, Inc. its officers, directors, agents, and employees arising out of any injury, harm, damages, or losses suffered by the recipient, family, friends, or any of them, arising out of or in any way related to Giving Hope Foundation preparation, execution or fulfillment of the support and services, regardless of whether such loss or harm is caused by the active, passive or gross negligence of Giving Hope Foundation, Inc.

4. **Release.** Recipient, relative or friends, together, and each of them individually, does hereby forever release and remise Giving Hope Foundation, Inc., its officers, directors, agents and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to Giving Hope Foundation, Inc. preparation, execution or fulfillment of the support and services, regardless of whether such loss or damage is caused by the active, passive or gross negligence of Giving Hope Foundation, Inc. any other person.

5. **Indemnity.** Recipient, relatives or friends, together and each of them individually, hereby agree to indemnify and hold harmless Giving Hope Foundation, Inc., its officers, directors, agents, and employees of and from any and all losses suffered by Giving Hope Foundation, Inc., its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to Giving Hope Foundation's preparation, execution and fulfillment and warranties contained in paragraph 9 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorney's fees and costs incurred by Giving Hope Foundation, Inc., its officers, directors, agents, and employees in retaining attorneys of Giving Hope Foundation, Inc. choice to defend any and all such claims, lawsuits, and actions.

6. **Expenses.** The expense Giving Hope Foundation, Inc. has agreed to pay for are those foreseeable and directly related to the fulfillment of the support/or service. Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond Giving Hope Foundation's control, especially if fulfillment of the support and/or service involves travel. Giving Hope Foundation, Inc. shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by Giving Hope Foundation pursuant to the Agreement, which have been caused by unforeseen events, or circumstances beyond Giving Hope Foundation, Inc.

7. **Termination of support and/or service.** Giving Hope Foundation, Inc., reserves the right, in its sole and absolute discretion, to abort preparation or fulfillment of the support and/or service at any time after the signing of the Agreement, if Giving Hope Foundation, Inc. should determine that (a) fulfillment of the support and/or service will endanger the health and safety of Recipient or of others, (b) the Recipient is or will be incapable of appreciating or utilizing goods, services, or activities related to the support and/or service, (c) events or circumstance render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the support and/or service or (d) Recipient has breached any of the representations and warranties contained in the Agreement. In the event Giving Hope Foundation, Inc. aborts preparation, or fulfillment of the support and/or service, Recipient, relatives and friends agree that Giving Hope Foundation, Inc. shall not be held liable or responsible for any expense which Recipient, relatives and friends may have incurred in contemplation of Giving Hope Foundation's fulfilling the support and/or services.

8. **Further Assurances.** Recipient, relatives and friends agree that they shall, at the request of Giving Hope Foundation, Inc., execute and deliver to Giving Hope Foundation, Inc. all further documents that Giving Hope Foundation, Inc. deems necessary or appropriate in order to prepare, execute and fulfill the support and/or service.

9. **Counterparts.** This Agreement may be executed in counterparts, and of which shall be deemed to the original.

10. **Amendment.** This Agreement shall not be modified, amended, or superseded, except by a writing executed by the parties.

11. **Governing Law.** This Agreement shall be governed by the laws of the Commonwealth of Virginia.

12. **Binding Effect.** This Agreement is binding on all heirs, successors, representatives, and assigns of each and all parties hereto.

13. **Severability.** If any portion of the Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

14. **Entire Agreement.** This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understanding related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in the Agreement, and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

15. **Captions.** The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

**LIABILITY RELEASE AND PUBLICITY AUTHORIZATION** prior to signing it. For any minor participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor. Each participant agrees that no modification of Release has been made orally or in writing and this release accurately and fully expresses the understanding of Giving Hope Foundation, Inc., Recipient and each of the participants.

**IMPORTANT:** By signing below, you affirm and acknowledge that you have read this Agreement, have received a copy and fully understand its provisions.

\_\_\_\_\_  
Giving Hope Foundation, Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Responsible Party

\_\_\_\_\_  
Date