Dear Applicant,

Thank you for contacting A Giving Hand. Enclosed please find the application you requested. Please complete in its entirety.

For assistance feel free to contact us at Info@agivinghand.com. Be assured that all information you provide is treated with strict confidentiality. Please submit the completed application along with your most recent taxreturn via email to info@agivinghand.com.

The review process:

- Upon receipt, your application will be presented to the Rabbinical board for review and funding approval. After the review is completed you will be notified of its status.
- Please allow at least two weeks after submission before contacting us.
- If your request is urgent, please note as such on your application so it can be expedited.

Application

Last Name _____

Husband First Name _____ Date of Birth __/__/_____

Wife First Name _____ Date of Birth __/__/_____

Maiden Name _____ Date of Marriage __/__/_____

Husband Cell Number _____ Wife Cell Number _____

Husband Email Address _____ Wife Email Address _____

Home Address _____

Street *Apt #*

_____

City *State* *Zip* *Country*

Husband Employer _____ Job Description _____

Wife Employer _____ Job Description _____

Combined Income (including all other sources) _____

Total Combined Assets (Savings/CDs/Stocks/Real Estate, etc.) _____

Number of children _____ If any children from previous marriage(s) please note here: Husband_Wife_____

Husband Health Insurance Plan _____ Wife Health Insurance Plan _____

Doctors consulted _____ _____ _____

Diagnosis (If known)

References (preferably familiar with your situation)

Name _____ Phone Number _____

Name _____ Phone Number _____

Halachic Advisor _____ Phone Number _____

A Giving Hand

Informed Consent, Acknowledgement of Risk and A Giving Hand Policies

IN CONSIDERATION for the opportunity to apply for participation for A Giving Hand services, the undersigned understand and agree that:

1. There is risk in undergoing any medical treatment. A Giving Hand or its employees or volunteers are not doctors or health care professionals and do not directly or indirectly engage in the practice of medicine or genetic counseling. Any information provided by any person affiliated with A Giving Hand is neither intended nor implied to constitute medical advice, diagnosis or treatment. Any medical information provided should be considered as general information only and should never be used in place of a visit, call, consultation or advice of a physician or other health care provider. Always visit or speak to a qualified health service provided prior to starting any new treatment. Discuss any questions regarding an ongoing treatment or any medical condition with your healthcare service provider. Do not disregard medical advice or delay in seeking it because of any information provided by A Giving Hand or its employees or volunteers, or information you might read in its brochures or informational books.

2. You assume all risk of and financial responsibility for any loss or injury related directly or indirectly to participation in A Giving Hand services and agree to indemnify and hold A Giving Hand harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by the applicant as a result of, or arising out of, the applicant's participation in the A Giving Hand program except for claims resulting wholly from the gross negligence of A Giving Hand.

3. The laws of the State of New York shall govern this Agreement. In case of any dispute arising under this agreement, you agree to refer all claims to a Beth Din.

4. Notice of Nondiscriminatory Policy
A Giving Hand does not discriminate against any person or group based on age, political affiliation, race, national origin, ethnicity, gender, or disability. Decisions regarding funding and recipients are in the sole discretion of the Board of Directors of A Giving Hand which may delegate decisions on individual applicants to the Executive Director. In selecting funding recipients, appropriate consideration shall be given to financial need,
objective medical and physiological indicia, duration of marriage and number of progeny. No assistance will be provided to treatments utilizing third party reproduction. In addition, preference may be given to applicants if they or members of their immediate families reside in areas where the organization has a significant contributor base.

5. Genetic Program
A Giving Hand or its employees or volunteers are not doctors or health care professionals and do not directly or indirectly engage in the practice of medicinenor genetic counseling. Any genetic information provided by any person affiliated with A Giving Hand is neither intended nor implied to constitute medical advice, diagnosis, or treatment. Any genetic information provided should be considered as general information only and should never be used in place of avisit, call, consultation or advice of a physician or other health care provider. Do not disregard medical advice or delay in seeking it because of any information provided by A Giving Hand or its employees or volunteers or information you might read in its brochures or informational books. A Giving Hand or itsemployees or volunteers might suggest or refer or arrange to participate in a research study to identify genes that cause health concerns. A Giving Hand does not conduct the study. Please read the consent forms and the IRB of the researchers performing the study. A Giving Hand will not be responsible for any outcomes or losses due to participation of any research.

6. Privacy Policy
Personal Information
At A Giving Hand we recognize your right to confidentiality and are committed to protecting your privacy. We use the information that we collect on thisapplication to provide you with a better experience. We will not give, sell, rent, or loan any identifiable personal information to any third party, unless approved or requested by you, or unless we are legally required to do so. The A Giving Hand Board meets on a regular basis to discuss new applications and determine eligibility as well as to review bills submitted for payment, in order to determine funding recommendation to the Board of Directors. The Board has access to your application to determine eligibility. A Giving Hand or its employees, volunteers or its affiliates may need to contact your doctor's office to arrange payments or to confirm receipt of payment or identify you when sending payments. A Giving Hand or its employees, volunteersor its affiliates may contact your doctor(s) if you ask them to do so to discuss your medical care. A Giving Hand or its employees, volunteers or its affiliates hasthe right to contact your employer(s), doctor(s), reference(s), and Rav (Rabbonim) that you provided on your application for verification, and requestadditional information. A Giving Hand may utilize discrete demographic information but not medical information in connection with our fundraising efforts.

7. A Giving Hand's Charter prohibits us from becoming involved in any third party reproduction such as egg/sperm donorship, gestational carrier/surrogacy and the like. A statement indicating the aforementioned must be signed by the applicant. If the conditions are for any reason not kept in accordance to A Giving Hand's requirements, A Giving Hand relinquishes all payment responsibilities.

This informed Consent, Acknowledgement of Risk and Policies may not be amended, supplemented or abrogated without the written consent of A Giving Hand.

The undersigned applicant and her/his partner have read and understand the content of this Informed Consent, Acknowledgement of Risk and Policies and execute this agreement freely and voluntarily. We acknowledge that the information provide din this application is truthful and accurate. We give A Giving Hand permission to contact any individual or professional referenced in this application to verify the submitted information.

_____ _____/_____/_____
Husband's Signature *Date*

_____ _____/_____/_____
Wife's Signature *Date*

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A Giving Hand

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Name: _____ **Date of Birth:** ____/____/____
Last *First*

Name: _____ **Date of Birth:** ____/____/____
Last *First*

Authorization for Use/Disclosure of Information: I voluntarily authorize and direct my health care provider(s) to disclose my health information during the term of this Authorization to the recipient that I have identified below.

Recipient: Name of person or class of persons to whom my health care provider may disclose my health information:

Purpose: I understand that the specific purpose of this Authorization is in order to be eligible for A Giving Hand services.

Information to be disclosed: This authorization permits the above provider(s) to disclose medical records of all my health information that the provider has in his or her possession.

Term: This Authorization will remain in effect until I write a letter to A Giving Hand requesting to retract my application for services.

Redisclosure: I understand that once my health care provider discloses my health information to the recipient identified above, my health care provider cannot guarantee that the recipient will not redisclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information.

Refusal to sign/right to revoke: I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of my treatment by my health care provider.

Revocation: I understand that this Authorization will remain in effect until the term of this Authorization expires or I provide a written notice of revocation to my health care provider. The revocation will be effective immediately upon my health care provider's receipt of my written notice, except that the revocation will not have any effect on any action taken by my health care provider in reliance on this Authorization before it received my written notice of revocation.

Questions: I may contact A Giving Hand at 732-539-4615.

_____ _____
Signature Date

_____ _____
Signature Date