



Sparrow Clubs USA
Application for Assistance
Mail, Email or Fax to:
 Sparrow Clubs USA
 906 NE Greenwood Ave. #2
 Bend, OR 97701
 Email: Info@sparrowclubs.org
 Fax: 541-312-8632

2. Medical and Financial Needs:

Briefly describe your child's medical condition:

Briefly describe your financial needs related to your child's medical condition including any uninsured or under-insured medical expenses or other hardships.

Please list other practical needs, special equipment, services or items that Sparrow funds may help you:

Health Insurance Coverage (please name carrier(s)):

Annual Gross Income (family) \$ _____
 (Income levels only used for organizational statistics)

Is your family currently enrolled or enrolling for ...

Medicaid:	YES	NO
SSI:	YES	NO
State funded plan:	YES	NO

*** IMPORTANT** (If you answer **YES** on any of the above agencies, refer to **Sparrow Family Guideline #14** on page 3)

Other sources of support or assistance for your family:

Personal Reference (not related to you):

Name: _____

Phone: _____

Sparrow Application for Assistance

Please carefully read the Sparrow Family Guidelines on Page 3. Then complete the application, get appropriate signatures and mail to the Sparrow Clubs™USA address above. Please include a photograph of your child (Sparrow) with the application. You will be notified if your application is approved and your child is "adopted" as a Sparrow. **Completion of the application does not guarantee that your child will become adopted as a Sparrow. Other steps and factors are involved.**

1. Sparrow Child & Family Information

Child's Name: _____

Nickname: _____ **Sex:** M F

Birth Date: _____ / _____ / _____

Parent(s) or Legal Guardian(s) Names

If parents are not living in same household, please indicate custodial parent _____

Other Children: (names & ages)

Contact Info:

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

E-mail: _____

Child's School Information (if school-age):

School: _____

Teacher: _____

Phone: _____

Grade: _____

Is the school aware of your child's need? YES NO

Has any fundraising already occurred? YES NO



SPARROW APPLICATION FOR: _____

Child's Name

4. Sparrow Parent Consent / Release / Indemnification

We have read the **Sparrow Family Guidelines** and wish to have our child and family involved in a Sparrow Project. We agree to accept and abide by all the policies described in the Sparrow Family Guidelines for this project and for the disbursements of funds to our family. We agree to receive Sparrow Clubs™USA financial assistance as a gift, without promise or expectation of a specific dollar amount. We consent to our child's medical social worker and/or physician disclosing information about our child's medical and/or our financial needs to Sparrow Clubs™USA. We give our consent to Sparrow Clubs™USA to publicize our child's project with his/her picture(s), videos by any means and to disclose information about our child's medical condition and/or our family's pertinent needs in order to promote this project and Sparrow Clubs™USA. We understand and agree that Sparrow Clubs™USA acts only as a project consultant, fund administrator and charitable donor.

The undersigned hereby release Sparrow Clubs™USA and all parties connected with the activities contemplated herein, including but not limited to sponsors, schools, clubs, students, and the members, directors, officers, and authorized representatives of Sparrow Clubs™USA from and against any and all claims, actions, proceedings, damages, liabilities, and expenses of every kind, whether known or unknown, resulting from or arising out of this Application or any of the activities contemplated herein.

The undersigned have carefully read the foregoing Application and Family Guidelines and have answered all questions truthfully and completely and declare under the penalty of perjury that the answers and statements by the undersigned herein are true and correct. The undersigned further agree to defend and indemnify Sparrow Clubs™USA and its members, directors, officers, and authorized representatives from and against any and all claims, actions, proceedings, damages, liabilities, and expenses of every kind, whether known or unknown, resulting from or arising out of any fraud, nondisclosure, or misrepresentation in connection with this Application or the activities contemplated herein.

By signing below, the Sparrow Parent acknowledges and represents that he or she is the Sparrow's legal parent or guardian and hereby agrees to immediately notify Sparrow Clubs™USA of any changes to the Sparrow Parent's parental rights or guardianship of the Sparrow.

Sparrow Parent

Date

Spouse (secondary)

Date

5. Verification by Physician or Social Worker

Based on my knowledge of the Sparrow child's medical condition and his/her family's associated financial needs and/or need of care and moral support, I believe this project would be a credible and worthwhile service activity for a school or youth organization and would merit community support through Sparrow Clubs™USA.

Printed Name

Signature

Date

Title

Organization / Hospital

Phone (_____) _____

E-mail: _____

3. Sparrow Family Guidelines (Keep this page)

1. A **Sparrow** is a child who, at the time of “adoption”, is 17 years old or under, who is experiencing a life-threatening or seriously disabling medical condition and whose family is facing a level of financial and/or emotional difficulty because of it.

2. A **Sparrow Project** is a kids-helping-kids learning activity where a school (or youth group) “adopts” a Sparrow and does community service and fundraising on behalf of that child. It is primarily **NOT** about the money these students and their communities raise. Rather, it is a charitable cause to infuse compassion, courage, character and conscience into youth and school culture. Sparrow families should see themselves in giving roles—expressing love, dignity, courage and appreciation to the youth who learn positive life-lessons as heroic young helpers. Sparrow Projects normally last from a semester to a school year.

3. A **Sparrow Club** is not necessarily a small or exclusive group of students—rather it is a label we prefer to place on an entire school that unites to help a child in a Sparrow Project. Sparrow Clubs form in elementary schools through colleges. Schools that are Sparrow Clubs will typically adopt a new child as their “Sparrow” each year as a new project.

4. **Sparrow Cash** is money that is pledged by a business sponsor (or individuals & organizations) to be raised or earned by the school Sparrow Club to provide assistance for your family. The Sparrow Club must then complete a minimum of 300 hours of community service in your child’s name and document those hours on **Sparrow Check™ Service Vouchers**. We cannot guarantee a specific amount of sparrow cash, but we encourage each sponsor to give generously.

5. Additional funds **may** be raised by the school and/or other community members for any particular **Sparrow Project**, but this should not be expected or assumed by the Sparrow family.

6. A **Sparrow Account** is a designated, tax-exempt fund for a particular child’s Sparrow Project. Sparrow Account funds are not held as legal trust funds, but rather, are gifted to Sparrow Clubs™USA for the purpose of providing assistance for that Sparrow’s medical expenses and his/her family’s maintenance during their time of need. Medical expenses include, but are not limited to: medical bills, insurance premiums, deductibles and prescriptions. Family maintenance includes, but is not limited to, ancillary expenses such as: family travel costs, lodging, meals, as well as support for day-to-day expenses such as groceries (no tobacco or alcohol), housing, utilities, etc. Paid funeral expenses will be limited to an amount of \$2500.

7. Contributions are solicited with the understanding that Sparrow Clubs™USA has complete control over the use of all donated funds. All gifts designated to a Sparrow project are temporarily reserved for that particular project and the family’s basic needs. Our board-approved policy is that all gifts designated for a specific project be applied to that project, with up to 12 percent used for program services and to help sustain the organization. This amount applies to any monies received in addition to the Club Sponsorship for the project. Occasionally we receive more contributions for a given project than can be wisely applied to that project. When that happens, we use these funds to meet a similar pressing need.

8. Sparrow Clubs™USA project accounts have a time limit of two (2) years from the date of the school assembly introducing the Sparrow family to the club; or the withdrawal of funds by the Sparrow family from their Sparrow Clubs™USA account. In most cases, funds are not available for withdrawal until the Sparrow Club project assembly has occurred. Sparrow Accounts are closed at the end of the two (2)

year period. Any remaining funds in a Sparrow Account at the end of the 2-year period will be reallocated to other pressing needs such as un-sponsored Sparrow projects or other purposes or needs as may be determined by the Board of Directors. If additional funds are received for that sparrow or sparrow club following the closure of the sparrow account, those funds will be appropriated to other sparrow projects within the organization. Sparrow families may re-apply for assistance at the end of the two year term but are not guaranteed a new or continued project.

9. Sparrow families **must not** contact the school/club or sponsor to request funds or to solicit fundraising. The Sparrow parent must submit a **Check Request Form** to request funds from the Sparrow Account allocated for their child. After filling out the form, copies of bills, receipts, mileage and expense log or cancelled checks for approved expenses should be attached. To receive advance monies from a Sparrow Account, send copies of bills, statements or an itemization of expected costs. Advanced funds should be followed by copies of receipts or cancelled checks. Disbursement checks are issued in the name of the Sparrow Parent who signs this Application unless payment is made directly to a service provider such as a hospital, physician, utility bill, etc.

10. Sparrow Parents should use reasonable foresight and discretion in making Check Requests, keeping their Sparrow’s immediate medical needs and well-being as top priority. However, it is recognized that relief of pressing day-to-day expenses from parents releases them to focus on and better care for their child as well.

11. Sparrow Clubs™USA requests that each Sparrow family submit no more than one Check Request per month. The undersigned, including Sparrow Parent, acknowledge and agree that Sparrow Clubs™USA is the sole owner of all funds held in Sparrow Accounts and shall have exclusive ownership, control and access to such funds. Sparrow Clubs™USA shall have sole discretion to determine the best use of Sparrow Account funds. Sparrow Clubs™USA may deny or seek additional information for questionable Check Requests to preserve the spirit and integrity of kids-helping-kids funds. Submission of a Check Request Form does not guarantee payment of monies or access to funds held in a Sparrow Account.

12. Sparrow Account funds are usually expended before the Sparrow’s medical needs and family expenses are fully met. These funds are meant to “bless” the family as a gift of support, not to meet all financial needs. Sparrow Clubs offer short-term relief, not long-term reliance. Our Sparrow kids and families will always have a special place with Sparrow Clubs™USA. We encourage each family’s ongoing involvement as volunteers, spokespersons, etc. after your Sparrow Project is completed.

13. Sparrow families are often inspired and want to do something special to help other children on behalf of their own child and in honor of the young people who have impacted their family. **Sparrow Clubs “Pay-it-Forward” Program** allows our families a way to give back and voluntarily transfer any portion of Sparrow Cash on **Check Request Forms** that they submit in order to help Sparrow Clubs help other kids in need of adoption as Sparrows.

14. If your family is enrolled or planning to enroll for Medicaid, SSI and/or any state-funded insurance program, please be advised that monetary gifts or checks directly given to you may jeopardize your status for any of the above programs. In this case, Sparrow Clubs™USA can disburse checks to your service providers upon request, rather than give funds directly to your family. However, it is not the responsibility of Sparrow Clubs™USA to monitor or protect your family’s status with Medicaid, SSI or any state-funded insurance program.