

THERAPY/PRODUCT INFORMATION, continued

25. Please explain in detail why this therapy will be beneficial to the applicant (attach additional sheets, if needed)

MISCELANY

26. Would you be interested in any of the following? (please check all that apply)

- Mom's Group
- Dad's Group
- Siblings Group
- Social Circles
- Writing about your FFF experience
- Attend/speak at FFF Fundraisers
- Write thank you notes to donors
- Volunteer at FFF events

27. Please include any additional comments below:

APPLICATION VERIFICATION

If the applicant is selected to receive a scholarship, I commit to complying with all follow-up requirements and paperwork submissions within one month of the date of request.

Signature

Date

WEBSITE, SOCIAL MEDIA, AND PRINTED MEDIA RELEASE FORM

I, the undersigned, do hereby grant permission to Five Fish Foundation to post my and/or my child story, photos, or other items, hereinafter referred to as "materials", I submit to the Five Fish Foundation's website as well as their social media accounts which include LinkedIn, Facebook, and Instagram, as well as printed media.

I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors from all claims and demands arising out of or in connection with any use of said "materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the "materials" or any rights therein.

Signature of Recipient or Legally Authorized Representative

Date

Name and Relationship of Legally Authorized Representative to Recipient

Name of Scholarship Recipient

HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF RECIPIENT INFORMATION PURSUANT TO 45 CFR 164.508

TO: _____
Name of Therapy Provider

I, the undersigned, do hereby authorize and request the disclosure of protected information for the sole purpose of review and evaluation in connection with the issuance of the Five Fish Foundation scholarship.

I understand the following: See CFR §164.508(c)(2)(i-iii)

- a. I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
- b. The information released in response to this authorization may be re-disclosed to other parties.
- c. My scholarship cannot be conditioned on the signing of this authorization.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the information requested herein. This authorization shall be in force and effect until one year from date of execution at which time this authorization expires.

Signature of Recipient or Legally Authorized Representative

Date

Name and Relationship of Legally Authorized Representative to Recipient

Name of Scholarship Recipient