

Uvalde Together We Rise Fund

3 things to do before you start your Category B application

1. Decide where the money will be deposited

- A. **If the person receiving the money is an adult** (such as a teacher who was wounded) there is absolutely no restriction on where the funds go or how they are used. However, if you receive public benefits, please see the section below to consider the impact. We **recommend** that you work with a certified financial planner so the money can do whatever you want it to do.
- B. **If the person receiving the money is under the age of 18 and is receiving the money under an application in Category B** (such as a child who was wounded) the money must be paid to a third-party managed trust to ensure that the funds are safeguarded and used for the health, education, welfare, and support of the child while the child is growing up. Once the child reaches the age of 21, they will have the money free and clear and can use it as they wish.

The Parent or Guardian will get to choose:

- Where they want the trust to be held
- Whether they want the trust to be a bank account or an investment account
- Who they want the trustee to be

You must have the Trust established **before** you submit your application so that you can include the appropriate payment information in your application. Creating a Third-Party trust will require you to get a separate taxpayer identification number (TIN) for the trust. You can obtain a TIN online at <https://www.irs.gov/individuals/international-taxpayers/taxpayer-identification-numbers-tin>

These local institutions are available to assist you with opening a Third-party managed trust:

- **Edward Jones Investment Services** (investment account)
200 E. Nopal, Suite 205
Uvalde, TX 78801
Contact: Aaron Pulsford
830 278-7138
aaron.pulsford@edwardjones.com
- **Raymond James Financial Services, Inc.** (investment account)
Member FINRA/SIPC
426 E. Nopal
Uvalde, Texas 78801
830-278-4555
Contact: Tina Scott

2. Consider your Public Benefits

Do you receive any of the following public benefits?

- Public Assistance/Cash Assistance/TANF
- SNAP/Food Stamps
- Medicaid/MAGI
- SSI/Disability
- SSD/Disability
- Veterans Benefits
- Rental Assistance/Shelter
- Section 8/Belmont/Housing Choice Voucher/RAC/BMHA
- Public Housing/BMHA/HUD/rapid rehousing/SPOA
- Medicare/Medicare Part D
- Children's Health Insurance Program/CHIP

If you answer "yes" to any of the above, when the government learns about the gift you receive from us, it could possibly impact your ability to continue to receive these public benefits. Receiving public benefits will not have any impact whatsoever on the size of the gift that you receive from the fund. We also want to ensure that any gift you receive from the fund does not jeopardize your public benefits. If you receive public benefits, you will be referred to a pro bono (free) attorney who will look at your specific situation and benefits and offer you legal advice on what you can do to protect your public benefits.

The attorney may advise you that the gift you receive will have no impact on your benefits. Or the attorney may recommend the creation of a "special needs trust" so your gift does not disqualify you from any of your public benefits. It is always **your choice** how to proceed, but we want you to make an informed choice as to what option is best for you so you do not have any unexpected consequences. If you choose to create a "special needs trust" and the victim is a minor for whom you are required to create a Third-party trust, **it can be the same trust**. So, if you have public benefits and a minor is receiving the money, you should get legal advice on your benefits **before** you create a trust.

To be referred to a free attorney for advice on protecting your public benefits, contact:

- Bernadette Segura at 915-585-5100 x 5133; OR
Brittanny Perrigue Gomez at 361-880-5460
Texas RioGrande Legal Aid

3. Complete your other required documents

- A. **If you were injured and are applying under Category B**, you will need to complete the HIPAA authorization which authorizes your medical provider to validate your treatment with us. If the injured victim is under the age of 18, the HIPAA authorization must be signed by a parent or guardian. This release only authorizes the release of information related to medical treatment and hospitalization; it is not in any way related to medical expenses.

Authorization for Release of Medical Records

Authorization for Use and Disclosure of Protected Health Information Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This form gives your healthcare providers written authorization to release your health information to the persons named in section 2.

CLAIMANT Information											
First Name				MI		Last Name					
Date of Birth						Last 4 digits of SSN					

1. I hereby authorize all medical service sources and health care providers to disclose the protected health information ("PHI") described below to the Fund Administrators and their agents of the Uvalde Together We Rise Fund, National Compassion Fund.
2. I hereby authorize the release of my PHI from my healthcare providers to be used solely by the Uvalde Together We Rise Fund.
3. I authorize only the release of information confirming my treatment for injuries as a result of the shootings on May 24, 2022, and the dates of my treatment / hospitalization.
4. I do not authorize the release of Behavioral and Mental Health Service Information, referrals and treatment for alcohol and substance use disorder, Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS Related Complex)
5. The following specific entity may receive disclosures of protected health information about me:

Fund Administrator	Or its agent:
c/o National Compassion Fund	Hogan-Lovells, LLP
1450 Duke St Alexandria, VA22314	
6. This authorization of the release of my PHI covers the period: from May 24, 2022 to December 31, 2022.
7. This authorization shall be in force and in effect until March 1, 2023, at which time this authorization expires.
8. I understand that this authorization is voluntary and that I have the right to revoke this authorization, in writing, at any time by notifying the Fund Administrator at the address shown above, or by contacting my health care providers individually. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization. I understand information released pursuant to this authorization may no longer be protected by HIPAA privacy regulations and may be subject to re-disclosure according to the rules governing the National Compassion Fund.
9. I understand this authorization may be necessary as a condition of obtaining compensation from the Uvalde Together We Rise Fund, but other treatment, payment, enrollment or eligibility for benefits is not conditioned on whether I sign this authorization

Signature of patient: _____ Date: _____
 (If patient either is under legal age of has a guardian appointed by the court, this release must be signed by the patient's parent or guardian.)

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Si necesita ayuda para llenar este formulario, por favor envíe un mensaje electrónico a Uvalde@NationalCompassion.org