

Lewiston-Auburn Response Fund

4 things to do before you start your Category B or C application

There are things you need to consider and forms you should complete and have ready to upload with your application. Applications will be available around January 5th.

1. Decide how you want to be paid

- A. There is absolutely no restriction on where the funds go or how they are used. You can be paid by check or ACH transfer (See attached form).
- B. 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.

2. Decide where the money will be deposited

- C. **If the person receiving the money is an adult** 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.
- D. **If the person receiving the money is under the age of 18 and is receiving the money under an application in Category A** (such as a child who was injured), the money must be paid to custodial bank account 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 Custodian of the account (Usually a Parent or Guardian) will get to choose:

- In which bank they want to open the custodial account
- How the money should be used for the child's benefit before the child is 21 years of age

Androscoggin Bank

To set up a UTMA account at Androscoggin Bank, contact Sharon Goes who will schedule apportionments to ensure a smooth and easy experience for everyone.

sgoes@androscogginbank.com
cell phone [207-577-7237](tel:207-577-7237)

Bath Savings Bank

Any of the Customer Service Representatives will be able to help you set up a UTMA account.

3. 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 Housing
- Public Housing/BMHA/HUD/rapid rehousing/SPOA
- Medicare/Medicare Part D

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, please contact Pine Tree Legal Assistance to 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 have public benefits and a minor is receiving the money, you should get legal advice on your benefits **before** you create a trust.

Pine Tree Legal Assistance

207-774-8211

PTLA.org

4. Complete your other required documents

- A. If you were injured and are applying under Category B or C**, you will need to complete the HIPAA authorization which authorizes your medical provider to validate your treatment with us. This release only authorizes the release of information related to medical treatment and hospitalization; it is not in any way related to medical expenses.
- B. Have a photo of the front and back of a government-issued photo identification.**
- C. If you are completing an application on behalf of someone else**, such as a minor child, you will need a document that proves your relationship with the other person. For example, if that person is your child, upload a copy of their birth certificate which lists you as a parent.

Authorization for Release of Protected Health Information

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 certain health information, as designated below, 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 the following medical service sources and health care providers to disclose the limited protected health information (“PHI”) described below to the Fund Administrators and their agents of the Lewiston-Auburn Response Fund, Maine Community Foundation, for the purpose of consideration for obtaining a financial gift:

2. I hereby authorize the release of my PHI, as designated below, from my healthcare providers to the specific entities listed in (5) below, to be used solely by the Lewiston-Auburn Response Fund authorized representatives.
3. **I authorize only the release of my protected health information confirming my treatment for injuries arising from the shootings on October 25, 2023, 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 entities may receive disclosures of protected health information about me by either e-mail, electronic or hard copy:

Fund Administrator	Or its agent:
c/o Maine Community Foundation	Venable, LLP
245 Main Street, Ellsworth, ME 04605-1613	
Lewiston@MaineCF.org	
6. This authorization of the release of my PHI covers the period: from October 25, 2023, to March 15, 2024.
7. This authorization shall be in force and in effect until June 1, 2024, 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 by the recipient. I understand I have a right to a copy of the release form.
9. I understand treatment, payment, enrollment or eligibility for benefits by my healthcare providers 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 authorization must be signed by the patient’s parent or guardian.)

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

Relationship to Patient: _____

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



TRANSFER UNDER THE MAINE UNIFORM TRANSFERS TO MINORS ACT

I, Jeffrey R. Dion, as Administrator of the Lewiston-Auburn Response Fund, transfer to

_____ (name of parent/custodian), as custodian for _____

(name of minor) under the Maine Uniform Transfers to Minors Act, the following:

A CHARITABLE GIFT from the Maine Community Foundation in the amount determined by the Local Steering Committee for validated applicants, in recognition of the psychological trauma experienced by the minor as a result of the October 25, 2023, shootings at Just-In-Time Recreation and Schemengees Bar& Grill.

A handwritten signature in black ink that reads "Jeffrey R. Dion". The signature is written in a cursive style with a large initial "J".

_____ (name of custodian) is prepared to receive the funds described above as custodian for the minor named above under the Maine Uniform Transfers to Minors Act, Title 33 - Property, Chapter 32 of the Maine Code (the "Act") and assumes the duties set forth in the Act. The custodian shall observe the standard of care that would be observed by a prudent person dealing with property of another. The custodian at all times shall keep custodial property separate and distinct from all other property in a manner sufficient to identify it clearly as custodial property of the minor. The custodian shall keep records of all transactions with respect to custodial property, including information necessary for the preparation of the minor's tax returns. The custodian may deliver or pay to the minor or expend for the minor's benefit as much of the custodial property as the custodian considers advisable for the use and benefit of the minor.

Dated: _____

Signature of Custodian

Sworn and subscribed before me this ___ day of _____ [month], 20__ [year]

Notary Public

My Commission Expires: _____



ACH Electronic Funds Transfer Authorization

This is an authorization agreement for Automated Clearing House (ACH) pre-authorized payments to your account. The undersigned hereby authorizes The Maine Community Foundation, Inc. to originate credit entries via the Automated Clearing House to the account indicated below at the Depository Financial Institution named below, to accept and to credit the amount of such entries to the account.

Is this New, or Updated ACH Information for your organization? New Updated

IDENTIFICATION:

Name (as shown on bank account)	
Tax ID Number	
Address	
Contact Name and Title	
Accounting Email for Remittance	

BANKING INFORMATION:

Bank Name	
Bank Address	
Bank Routing Number	
Bank Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

PLEASE PROVIDE A COPY OF VOIDED CHECK OR BANK LETTER WITH THIS FORM

AUTHORIZATION:

Name	
Title	
Phone	
Email	
Date	
Authorized Signature	

This authorization will remain in effect until written notification has been given by the recipient and that notification has been received by The Maine Community Foundation, Inc. In addition, The Maine Community Foundation, Inc. in its discretion, may terminate the recipients' ability to participate in the Electronic Funds Transfer system. Any termination will take effect only after all entries originated by The Maine Community Foundation, Inc. have been honored by the bank.