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

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.

<table>
<thead>
<tr>
<th>CLAIMANT Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

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
     c/o Maine Community Foundation
     245 Main Street, Ellsworth, ME 04605-1613
     Lewiston@MaineCF.org
   - Or its agent:
     Venable, LLP

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.

__________________
(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

☐ Checking  ☐ 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.