Dear Managers,

"Giving Hearts" is our non-profit program here at Geritom Medical, Inc to try and help our active patients when family, friends, other programs, and the company they live in are all not able to give a gift to a patient for special occasions. We know that even something small can still have a huge impact at certain times of the year when a patient would normally not receive anything as a gift. In addition, those that are signed up for our program must be an active patient of ours and meet certain income requirements. You can list the patient's income sources on the sign-up form, and we will review it to determine eligibility. Our program has no funding outside of Geritom which is why we have these eligibility requirements. If you know of a current patient that meets the above description, then please fill out all fields of the attached form. Then fax the form back to 952-854-1082 by the deadline listed below.

COMMON QUESTIONS AND ANSWERS

IS MY CLIENT(S) SIGNED UP FOR THIS YEAR'S PROGRAM?

• I will call/email confirmation that you are entered within 5 business days of you faxing the form if they are approved for the program.

WHAT IF I DON'T GET A CONFIRMATION THAT MY CLIENT(S) ARE SIGNED UP THIS YEAR?

- I did not receive your form this year.
- I attempted to contact you for more information, and you have not finished that last step. I will attempt up to 2 times to collect this info.

WHAT DO I DO IF I DON'T GET A CONFIRMATION & ITS BEFORE THE DEADLINE?

- Please refax the form to 952-854-1082.
- Please allow 30 minutes after faxing the form for me to receive it through our fax system before you call Rebekah Jensen at 952-854-1190 between 11am-4pm.

DELIVERY

- Secret Santa gifts will be delivered by December 15th, 2021 (Wednesday).
- Birthday gifts will be delivered sometime within the 2 weeks of the birthday.
- The delivery if made by a Geritom Driver will have to be signed for just like in the past.
- Please call Rebekah Jensen 952-854-1190 11am-4pm if you need the name of the person who signed off on receiving the delivery if you cannot find it. Please look for a 10x13 envelope with a bright colored sheet attached to the front addressed to the manager of the house.

FORMS

- Sign up forms can also be found on our website at Geritommedical.com.
 - Click on "resources" then click on "Giving Hearts Secret Santa" to find links to both the birthday and Secret Santa forms.
- To enter both Birthday and Secret Santa Program you must fill out 2 different forms. the Program name is at the top of the form.

DEADLINES

- Secret Santa deadline is November 29nd, 2021 (Monday).
- Birthday program form must be sent in at least 2 weeks before the birthday.
- Birthday forms can be sent in up to 11 months before the birthdate with as many names as you have that are eligible.

Giving Hearts Birthday Form (Geritom's fax 952-854-1082) Deadline 2 weeks before the birthdate

STOP AND READ ABOUT THE REQUIREMENTS ON THE 1ST PAGE BEFORE FILLING OUT THIS FORM.

THIS FORM SHOULD BE FILLED OUT BY SOMEONE WHO KNOWS IF THE ABOVE APPLIES TO THE PATIENT BEING LISTED ON THIS FORM.

Main company name:	Location name:
	Relationship to patient:
• Phone	Time to call:
• Email	
Patient full name:	Date of Birth:
Source of income (example SSI, SSDI, Day Program, etc.):	
Estimated value of total gifts they get from other sources:	
Where does the client receive gifts from on holidays or bi	rthdays? (Examples family, friends, church, home client lives in)
Patient full name:	Date of Birth:
Estimated value of total gifts they get from other sources:	
	rthdays? (Examples family, friends, church, home client lives in)
Patient full name: Source of income (example SSI, SSDI, Day Program, etc.): Estimated value of total gifts they get from other sources: Where does the client resolve gifts from an holidays or bit	
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Source of income (example SSI, SSDI, Day Program, etc.):	
Estimated value of total gifts they get from other sources:	·
Where does the client receive gifts from on holidays or bi	rthdays? (Examples family, friends, church, home client lives in)
Patient full name:	Date of Birth:
	Date of Birth:
Patient full name: Source of income (example SSI, SSDI, Day Program, etc.): Estimated value of total gifts they get from other sources:	