

Dear Managers,

“Giving Hearts” is our non-profit program here at Geritom Medical, Inc. We try to 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 must list the patient’s income sources & amounts 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. Not filling out the questions completely will result in answers to be answered over the phone in order to be entered into the program. Please fax the form back to 952-854-1082 by the deadline listed on the sign-up form.

## **COMMON QUESTIONS AND ANSWERS**

### **IS MY CLIENT(S) SIGNED UP FOR THIS YEAR’S PROGRAM?**

- I will call/email confirmation that your patient(s) are entered and approved for the program.

### **WHAT IF I DON’T GET CONFIRMATION THAT MY CLIENT(S) ARE SIGNED UP THIS YEAR BY THE DEADLINE?**

- I did not receive your form this year or in time for the deadline.
- I attempted to contact you for more information, and you have not finished that required last step to confirm eligibility. I will only 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. Then call me between 11am-4pm.
- 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 typically will be delivered around **December 15<sup>th</sup> or after.**
- Birthday gifts will be delivered sometime within the 2 weeks of the birthday.
- The delivery will be made by a Geritom Driver and 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 large envelope with a brightly colored sheet attached to the front addressed to the manager of the house. The gift(s) will be in this envelope.

### **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 **October 31st, 2025 (Friday).**
- Birthday program form must be sent in **at least 2 weeks before** the birthday.
- Birthday forms can be sent up to 11 months before the birthdate with as many names as you have that are eligible.

# **Giving Hearts Secret Santa Sign-up** (Geritom's fax 952-854-1082)

## **Deadline is October 31st, 2025**

**STOP AND READ ABOUT THE REQUIREMENTS ON THE 1<sup>ST</sup> PAGE BEFORE FILLING OUT THIS FORM.**  
**THIS FORM SHOULD BE FILLED OUT BY SOMEONE WHO KNOWS IF THE ABOVE REQUIREMENTS  
QAULIFIES TO THE PATIENT BEING LISTED ON THIS FORM.**

**Main company name:** \_\_\_\_\_ **Location name:** \_\_\_\_\_

**Name of staff filling out this form:** \_\_\_\_\_ **Relationship to patient:** \_\_\_\_\_

- Phone \_\_\_\_\_ (you must respond to my request to confirm info to be entered)
- Email \_\_\_\_\_ (no names of patients used)

**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: \_\_\_\_\_

Who gives the client gifts for holidays or birthdays? (Examples family, friends, church, home client lives in)

\_\_\_\_\_  
\_\_\_\_\_

**Patient full name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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