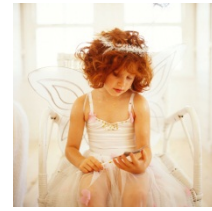


Reconstruction of a Survivor, Inc *Janet Ely's Angels of Assistance Program*



Who was Janet Ely?

Janet Ely was born in Breast Cancer Awareness month, October. She was diagnosed the first time at 41 years-old and ten years later, was diagnosed with Stage 4 breast cancer. From the very beginning to her earthly end, Janet conquered her cancer with God in the lead. Janet started the first local breast cancer support group in Fort Bend County called - Survivors Offering Support, S.O.S. When asked why Janet said, "I knew that women in this area needed a support system close by and I was going to make sure they got one." In September 2010, S.O.S. was picked up by Methodist Sugar Land Hospital as their sponsored support group with leadership and support from Reconstruction of a Survivor, Inc. Janet's attitude regarding the importance of survivor support groups was, "Everyone, pulling together, can make the world a better place."

The Program

Janet Ely's Angels of Assistance Program (AOA) was developed by Reconstruction of a Survivor, Inc. (ROS), a non-profit foundation, to provide financial assistance to individuals in the greater Houston, Texas area who are undergoing treatment for breast cancer. The goal of Janet Ely's AOA is to furnish individualized financial assistance to reduce some of the financial burden incurred by patients after cancer diagnosis, and during treatment, including but not limited to assistance with rent, childcare, groceries, medicine, utility bills, transportation to and from medical appointments, and house cleaning.

Eligibility

Eligibility for *Janet Ely's AOA* is limited to individuals who have recently (i.e. within 30 days of requesting assistance hereunder) had surgery or are currently undergoing treatment for breast cancer. **Additionally, each recipient of the assistance must attend at least three (3) of the Reconstruction of a Survivor support group sessions at any of the support group locations.**

Limits of Financial Assistance

There is a limit to the amount of financial assistance that *Janet Ely's AOA* Program can provide to any approved applicant(s), and such amount (if any) will be determined in the sole and exclusive discretion of ROS.

Application

Individuals desiring consideration in *Janet Ely's AOA* Program, must fill out the attached application in its entirety. ***Please note that approval (if at all) of your application may require confirmation from a treating physician regarding active treatment for breast cancer.**

Approval

All applicants approved for *Janet Ely's AOA Program* (if any), will be contacted directly to discuss next steps.

***Disclaimer**

Please be advised that all financial assistance provided by Janet Ely's AOA Program, is the result of donations and the fundraising efforts and ROS will disperse such funds in its sole and exclusive discretion, on a case-by-case basis, or not at all.

Questions

If you have questions or require additional information regarding Janet Ely's AOA or ROS, please do not hesitate to contact ROS directly at the address/phone number listed below.

Sincerely,

Reconstruction of a Survivor, Inc.



Application

To receive any consideration under Janet Ely's Angels Of Assistance Program, all sections of this application must be completed, and signed in the designated area (in the presence of a witness). Completed applications must be returned to the address below. All information provided will be kept confidential except that required to facilitate the application process.

Name: _____ **Age:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

Single: _____ **Married:** _____ **Significant Other/Partner:** _____

Number of children living at home: _____ **Ages:** _____

ROS Group Facilitator(If Participant): _____

Treating/Referring Doctor: _____

Other Doctors (e.g. Oncology/Radiologist/Surgeon): _____

Treatment Facility (e.g. Chemo/Radiation): _____

Address: _____ **Phone:** _____

Nurse /Social Worker /Contact Person : _____

Medical Diagnosis: _____ **Date of Diagnosis:** _____

Current Treatment: _____

Date Treatment Will Start(ed): _____ **Anticipated Length of Treatment:** _____

Additional comments/information about treatment:

How did you learn about the program? _____

Please provide your statement of why you need the assistance

***Please check all of the following that applies to your needs:**

- Housecleaning Service
- Transportation Service To/From breast cancer related appointment/treatment
- Financial/Co-Pay Assistance
- Groceries
- Medicine
- Rent
- Other (please explain) _____

Amount Requested: \$ _____

Budget for amount requested

Item requested	Cost

Signature

Date

PUBLICITY AUTHORIZATION AND GENERAL RELEASE OF LIABILITY

_____ (name) (hereinafter, "Applicant") expressly acknowledges, understands and agrees that Reconstruction of a Survivor, Inc. (ROS), in its sole and exclusive discretion will determine the eligibility and approval (if at all) of any applicant(s) to the Janet Ely's Angels of Assistance Program (AOA).

Publicity Authorization

As consideration for ROS reviewing Applicant's eligibility for AOA, Applicant irrevocably authorizes (without further notice and without compensation) ROS to (a) publicize and use Applicant's likeness, voice, features (with or without name), for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) photograph, videotape, film, post or record Applicant in any manner whatsoever; (c) copyright, convey, or otherwise distribute, now or in the future, any such material including Applicant, for any purpose whatsoever, to anyone, including the general public, social media, magazines, newspapers, television, internet, radio stations or any other person or entity whatsoever; and/or (d) to publicize, now or in the future, information regarding the Applicant including but not limited to information regarding the Applicant's name, physical or emotional conditions, or otherwise. ROS shall have complete ownership and authority of any and all media and/or masters produced whatsoever.

General Release of Liability

As further consideration for ROS reviewing Applicant's eligibility for Janet Ely's AOA, Applicant (on his/her own behalf and on behalf Applicant's heirs, executors, administrators, insurers, successors, assigns and anyone claiming by through or under any of them) agrees to release, defend, indemnify and hold ROS (including its officers, directors, employees, agents and representatives) harmless from and against any and all liability, loss, damage, suits, causes of action, costs and expenses (including legal fees) and claims of every kind and character arising directly or indirectly in connection herewith for injury, illness, death, loss, damage, or otherwise, whatsoever and howsoever caused.

Acknowledgement

Applicant expressly acknowledges, understands and agrees that neither ROS nor its representatives have made promises or assurances regarding the Applicant's eligibility or approval into Janet Ely's AOA Program. Further, the applicant, acknowledges, understands and agrees that participation in Janet Ely's AOA is contingent upon approval (if at all) by ROS (in its sole and exclusive discretion) as well as Applicant's compliance with the terms conditions, qualifications and restrictions designated by ROS from time to time.

Applicant acknowledges reading and fully understanding this PUBLICITY AUTHORIZATION AND GENERAL RELEASE OF LIABILITY and intending to be legally bound thereby, has signed of their own free will.

IN WITNESS WHEREOF, this PUBLICITY AUTHORIZATION AND GENERAL RELEASE OF LIABILITY is executed and made effective as of this ____ day of _____, 2013 by:

Applicant

(Printed Name)

(Signature)

(Witness)

Medical Release Information Form

I, _____ expressly give permission to _____
_____ to release information to Reconstruction of a
Survivor, Inc., strictly regarding my diagnosis of: _____.

Patient:

(Printed Name)

(Signature)

(Date)

(Witness)