



Family Application Packet 2021

Dear Family,

The mission of Hilton Head Heroes is to bring families with a child suffering from a life-threatening illness to Hilton Head Island for a weeklong vacation. Eligible families are housed in the Hilton Head Hero House located in The Sea Pines Resort. We are a full 501© (3) organization governed by the Federal Government and subject to its rules and regulations. Volunteers donate countless hours to help make vacations possible for deserving families.

Enclosed is an application for 2021. We will be granting 24 vacation weeks in 2021. With checkins on Sunday afternoons at 4 pm and checkouts on Sunday mornings at 10am. Weeks will be granted for the months of May, June, July, August, Labor Day week in September, Thanksgiving and Christmas weeks. **These are new scheduling dates for 2021.**

Carefully review the materials in the Family Application Packet, particularly the guidelines to ensure that your family and child qualify for a Hero vacation. If you believe that your child meets the program criterion that is enclosed with this letter, please complete the pages of documents in their entirety to begin the admissions process, making sure the forms that require signatures and notary are completed in full. **Remember to enclose a recent photo of your family with the application.**

Once we receive the admissions packet and verify your information, your application will be submitted for approval. When approval occurs, you will be notified via email the date that you have been granted a Hero vacation. A working email address is required on your application. You will have seven days to agree to accept this date (via email or telephone). After your acceptance the adults on the vacation will be subject to a background check verifying your information and looking for felony convictions or criminal mischief towards children.

Please visit our website at www.hhheroes.com for photos of the amenities and accommodations provided at the Hero House and included in our program. You can friend Hilton Head Heroes on FACEBOOK and follow us on INSTAGRAM. If you have further questions about the application process, please contact me directly at lindyruss3027@aol.com.

Sincerely,

Lindy Russell
Admissions Director



Who qualifies for a Hero Vacation? Keep this page for your records.

1. A child between the ages of 2-18 who has been diagnosed with an illness that will shorten their life span. Congenital birth defects or chronic illnesses such as Cystic Fibrosis, Muscular Dystrophy, Down's Syndrome and Sickle Cell Anemia are not included in our charter. However, some serious life-threatening genetic diseases will be viewed on a case-to-case basis and vacations granted if other conditions exist medically. Heart, Lung and Liver Transplant patients will be considered if they have been transplanted in the past 12 months. Cancer patients who are in remission will be considered if they have been in active treatment for the past 12 months. Cancer patients currently in treatment are given first priority.
2. A doctor must approve that the child is safe for travel by signing and having their signature witnessed on the Medical Acknowledgement Form (page 8) included in the Family Application Packet.
3. The person(s) accompanying the HERO child on the vacation must have full legal custody of the HERO child as well the children accompanying them on the HERO vacation and are allowed to take them out of their state of residence.
4. Single parents **may** be granted one other adult to accompany them on the trip. However, if they have an adult child traveling with them (18 or older) this will be considered the additional adult. Vacations are for immediate family members only. Children not living in the household and/or their children are not part of the HERO vacation. HERO vacations are to include biological children under the age of 18 living in the home. Grandparents will not be allowed to come on a HERO vacation unless they qualify as one of the adults accompanying a single parent.
5. Please note the Hero House is a non-smoking environment. No pets of any kind are allowed in the Hero House or on the grounds. Firearms are not permitted in the Hero House. Motorcycles and R.V. vehicles are also not allowed in The Sea Pines Resort. One car is allowed per family. The Hero family must abide by the rules of The Sea Pines Resort. The Hero family must provide their own transportation to and from the HERO House and have a car to use while on their vacation.
6. All applicants must be a citizen(s) of the United States of America or have legally obtained status to reside in the country. Documentation available if requested.



Hilton Head Hero Family Application 2021

Today's Date: _____ Child's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade in school: _____

Diagnosis: _____ Date of Diagnosis: _____

Circle One: Caucasian African American American Indian Hispanic Other

(Information used for Grant solicitation only)

Treatment for condition or illness to date: _____

Parent/Guardian Name(s): _____

Address: _____

City and State: _____ Zip: _____

Phone (home): (____) _____

Cell: (Mom) _____

Cell: (Dad) _____

Email: _____ (required)

Child lives with:

If you are not the biological parents of the Hero child, please state your relationship to the child:

Mother's Full Name: _____ Mother's Occupation: _____

Employer: _____ Employer Address: _____

Contact Name for Verification: _____ Phone # _____

Father's Full Name: _____ Father's Occupation: _____

Employer: _____ Employer Address: _____

Contact Name for Verification: _____ Phone # _____

Full names, gender and ages of siblings:

1. _____

2. _____

3. _____

4. _____

5. _____

(Use back of form if needed.)



Hero Family circle your answers and provide descriptions where indicated:

Do you require a wheelchair? **Yes / No** Crib: **Yes / No** Plastic Sheeting on bed(s): **Yes / No**

List any concerns you may have for your Hero child's mobility during the trip:

Will you be required to have HOSPICE care during your trip? **Yes/No**

Does anyone in your family smoke cigarettes? **Yes / No**

Have you been to Hilton Head Island before? **Yes / No** If yes, when? _____

Have you been granted a vacation from another organization within the past two years?
Yes / No

If yes, please describe: _____

Please list three choices of dates for a Hilton Head Hero Vacation week.

2021 Weeks: May, June, July, August (Sunday to Sunday)

Labor Day Week-September 5-12

Thanksgiving Week - November 21-28

Christmas Week- December 19-26

1. _____

2. _____

3. _____



Referral Form 2021

This form to be filled out by the Social Worker, Life Care Specialist, or Primary Care Physician

Name of Social Worker: _____

Name of Facility/Agency: _____

Address of Facility/Agency: _____

City, State and Zip Code: _____

Best contact phone number and time to reach you: () _____

Email address: **(required)** _____

Name of Patient: _____

Diagnosis: _____ Date of Diagnosis: _____

Describe the details of treatment and care schedule of this patient:

Financial needs of the family: _____

Please add additional information that might help us in the selection process. How might this vacation impact this family? Use the back of form if needed.

- Please note our goal is to provide vacations to families that might not be able to afford a beach vacation without our assistance. Please read all guidelines before referring a patient. Thank you.



Release of Liability

We the undersigned guardians of Hero Child, _____

Parents / Guardian Names: _____

In consideration of granting and or being involved in a Hilton Head Hero Vacation for our child/guardian, and provision of funds, goods or services of said Hilton Head Hero Vacation do hereby voluntarily assume all risks of accident or damage to ourselves and/or the person or the property of ourselves or minor children including the Hilton Head Hero child, siblings or other minors on the vacation accompanying the signed adults on this form. We do release, discharge and indemnify Hilton Head Heroes, Inc. 501(c) (3) a South Carolina nonprofit corporation, its employers, employees, agents, board members, volunteers or associates from any claim, liability, or demand of any kind for on account of personal injury or damage of any kind sustained as a result of carrying out said Hilton Head Hero Vacation.

Existence of a Swimming Pool

The property at which I/we and the Hero child will reside during the vacation is One Spanish Moss in The Sea Pines Resort, contains a swimming pool. The existence of the pool on the said property may increase the risk of death or injury, increasing the risk of drowning or asphyxiation. I/we realize that the pool activities related may create additional risks during our Hilton Head Hero Vacation and assume all responsibilities for the care of the minor children as well as the Hero child that we bring on our Hero Vacation. We release, discharge and indemnify Hilton Head Heroes from any claim, liability or demand of any kind relating to the swimming pool and surrounding areas.

Signature of responsible parent/guardian: _____

Notary Signature: _____ **Date:** _____

Affix Notary Seal to this document



Medical Acknowledgement

As the physician for: _____

I, _____
am familiar with the physical condition of the above-named child. I am under the opinion that this child's illness is life threatening, or the quality of the child's life has been compromised. I am aware that this child and his/her family will be traveling to Hilton Head Island, South Carolina for a resort / beach vacation. In consideration of this Child's illness, I recommend approval of this vacation. I have supplied the family with the name of a doctor for emergency treatment and have explained the necessary care required for said child to participate in a Hilton Head Hero Vacation.

Date: _____ Diagnosis of Child: _____

Printed Name of Physician: _____

Signature of Physician: _____

Complete Address of Physician: _____

Witness Signature: _____

Printed Name of Witness: _____

Please attach a recent family photo to this page.



Information Release Form

I / We _____

Hereby acknowledge and represent we are the parent(s) / guardian(s) of

I /We have not been promised anything by employees of Hilton Head Heroes, nor have we been given any counsel with respect to the risk involved with the vacation and its activities. We will rely upon advice received by our physician for authorization to participate in the Hilton Head Hero Vacation. We are aware of the dangers of travel, participating in activities and being in the Hilton Head Hero House. We release all liability for injury, theft, or loss of property to the Hilton Head Heroes Organization.

We authorize Hilton Head Heroes, agents, volunteers, employees, officers, board members, hired photographers or news agents to photograph, film or record interviews with the above-named child/parent(s)/guardian(s) should the need arise. Photographs may be used on the website, www.hhheroes.com, newspapers, magazine, advertising materials, television stations and other organizations that promote nonprofit organizations or generate the news to the general public. It is not necessary for Hilton Head Heroes or any other organization to contact me / us prior to release of any of the above said information to the general public.

Date: _____ Signature: _____

Date: _____ Signature: _____

Signature of Notary: _____

Date: _____

Affix Seal to Document



Release of Liability for Boat Excursions

Hilton Head Heroes, Vagabond Cruise Lines, HH Seafari Dolphin Cruises and The Yacht Club of Hilton Head Island are pleased to be able to offer the Hero family a boat excursion of varying types. It is understood that the intent of this excursion is to provide a short cruise/ boat trip or dolphin cruise on the waters surrounding Hilton Head Island. The cruise will be provided either or both by Vagabond Cruise Lines, HH Seafari Dolphin Cruise or volunteer members of The Yacht Club of Hilton Head Island. Vagabond Cruise Lines will use the S.S. Vagabond. HH Seafari Dolphin Cruises of Shelter Cove will use the S. S. Seafari. The Yacht Club of Hilton Head Island members will use their own personal watercraft. The employees of Vagabond Cruise Lines and HH Seafari Dolphin Cruises and the members of The Yacht Club of HHI will provide sufficient life vests for the passengers and warrant that their watercraft(s) is in seaworthy condition. It is solely the discretion of Vagabond Cruise Lines, HH Seafari Dolphin Cruises and The Yacht Club of Hilton Head Island to deny boarding or use of their watercraft for any reason they deem. Use of the watercraft and boat rides are given free by the businesses and it is their sole discretion as to when / where / time of use. I / We the undersigned parents, children and or other guardians of children do hereby acknowledge that Hilton Head Heroes, Vagabond Cruise Line, Seafari Dolphin Cruises of Shelter Cove and The Yacht Club of Hilton Head Island will not be held responsible for any injury or illness that might occur during one of the mentioned cruises, boat trips or boat excursions. By signing this form, you will release liability, discharge and indemnify Hilton Head Heroes, Vagabond Cruise Lines, HHI Dolphin Seafari of Shelter Cove and The Yacht Club of Hilton Head Island, any claim, liability or demand of any kind for or on account of any personal injury or damage of any kind sustained as a result of one of the boat excursions.

I have read this liability release and fully understand that I/we have given up substantial rights by signing it and sign it freely and without any inducement.

Hero Child's Name: _____

Name / Ages of Other Children on Trip: _____

Parent / Guardian Legal Signature: _____

Notary: _____ Date: _____

Seal:



Hilton Head Hero Child Questionnaire 2021

Hero Child's Name: _____

Facility where you receive treatment: _____ Nickname: _____

Age: _____ Gender: _____ Grade in School: _____ Date of Birth: _____

Brothers (names and ages): _____

Sisters (names and ages): _____

Pets: _____ Favorite Activity: _____

Favorites

Color: _____ Sports Team: _____ Team Player: _____

Movie: _____ Book: _____ Candy: _____

Who is your HERO? _____

Do you like the beach? _____ Can you Swim? _____ Fishing? _____

What is your favorite thing to do on the beach? _____

What is the best moment in your life? _____

Anything else you want us to know about you? _____
