

City of Laguna Woods  
2015 Community Services Grant Program  
Application Form

RECEIVED

OCT 13 2014

Applications Deadline: Monday, October 13, 2014 – 2PM  
Submit 15 Copies to: City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA  
92637, Attention: City Clerk's Office

*Applications must be received no later than the published application deadline  
Applications postmarked before the deadline, but not actually received by the City Prior to the deadline  
will not be accepted. Attach Additional Pages if necessary. Please mark fields that are not Applicable as  
N/A.*

1. Name of Organization (APPLICANT): The Dayle McIntosh Center for the Disabled
2. Street Address (FOR MAILING/NO P.O. BOXES): 501 North Brookhurst, Ste. 102,
3. City, State, ZIP Code: Anaheim, Ca 92801
4. Website Address: [www.daylemc.org](http://www.daylemc.org)
5. Federal Tax Identification Number: 95-3313707
6. Primary Contact Name: Paula Margeson
  7. Title: Executive Director
  8. Telephone Number: 714-621-3300
  9. Email Address: [pmargeson@daylemc.org](mailto:pmargeson@daylemc.org)
10. Organization's Mission and Purpose: The mission of the Dayle McIntosh Center is to advance the empowerment, equality, integration and full participation of people with disabilities in the community. Referred to as an Independent Living Center, DMC is the only organization of its type in Orange County. The governing principle of the center is to implement a service delivery system that is consumer-controlled, peer-based, and cross-disability.
11. Date Organization was Incorporated as a 501(c)3: February 1979

IRS Determination Letter: Please note that a copy of the organization's determination letter from the Internal Revenue Service (IRS) verifying that the organization is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code must be attached to this application form.

Articles of Incorporation: Please note that a copy of the organization's current Articles of Incorporation must be attached to this application form.

Board of Directors Roster: Please note that a copy of the organization's current Board of Directors roster must be attached to this application form.
12. Proposed Program Title: Aging Well with a Disability
13. Grant Amount Requested: \$ 18,000.

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**14. Type of Proposed Program:**

- X Social Services (highest priority)
- 0 Transportation (second highest priority)
- 0 Other (third highest priority)

**15. Description of the Proposed Program:**

According to the Orange County 2012 Workforce Indicators Report, the older population in the area is expected to increase by 15% between 2010 and 2060. The U.S. Census Bureau estimates that 37% of individuals sixty-five and older have disabilities. Furthermore, people with disabilities are living into old age, which proportionately adds to this statistic. Most health experts assert and, human services organizations agree, that aging in place is the preferred option for the long-term care of older persons with disabilities. In fact, the County of Orange Social Services Agency, (SSA), reports a fifty-seven percent increase since 2010 in applications for In-Home Supportive Services from residents of this demographic group.

For several years, the Dayle McIntosh Center has provided Independent Living services to older persons, who are legally blind through the Aging with Vision Loss program and grants from Laguna Woods have helped to improve and expand this service. This program has been so effective that in the last grant cycle, the actual number of Laguna Woods residents served was more than twice the projection. By helping seniors adjust to their loss of sight and improve their ability to perform activities of daily living, they have been able to maintain safety, quality of life, and independence. So successful has been the Aging with Vision Loss Program that the center's goal is to offer similar services to seniors with disabilities other than blindness.

The Dayle McIntosh Center will continue to provide the same quality home-based services for older individuals dealing with vision loss. Concurrently, the center will reach out to seniors with newly acquired disabilities, or whose disabilities have worsened over time. Services will include: adapted daily living skills training, advocacy, mediation and benefits counseling, help with recruitment and management of personal assistants, demonstration and use of assistive technology, equipment and devices, peer support, housing assistance, and information and referral. While some services will be provided in the senior's home, most will be conducted at the center's south county office in Laguna Hills.



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**16.** Please describe the goals and objectives of the proposed program.

**1.** Provision of comprehensive independent living services to forty Laguna Woods residents, who are blind or visually impaired.

Activities: conduct outreach, assess needs of referred individuals, develop and implement service plans, monitor and evaluate progress.

Outcomes: 85% of seniors with vision loss, who are enrolled in the program will report meeting all of their independent living goals and be able to function adequately in their own homes.

**2.** Provision of comprehensive independent living services for twenty Laguna Woods residents having disabilities other than blindness.

Activities: Acquire sufficient office space to increase service delivery, assign staff to assure adequate coverage, launch aggressive outreach plan, conduct intake and assessment of new consumers, develop and implement individual service plans, monitor and evaluate success.

Outcomes: 80% of participating seniors who enroll in the program will report a higher level of satisfaction with their lives, reach all of their independent living goals and be able to function adequately in their own homes.

**17.** Please describe the need within Laguna Woods that would be met by the proposed program, including any quantifiable evidence to substantiate the need.

The residential make up of Laguna Woods is 94.4% seniors with 9.8% living below the federal poverty line. According to the City of Laguna Woods 2014-2021 Housing Element report, 71% of the population has a disability. City Data also reveals that 6.3% of Laguna Woods's residents have adult diabetes. Support services are essential for such individuals to age well with a disability and avoid unnecessary institutionalization. The Dayle McIntosh Center has a proven track record for successfully serving this demographic group and does not charge a fee for assistance.

**18.** Is the proposed program a new or existing program?

Existing

**19.** If new, how many Laguna Woods residents would be served if the proposed program was funded?

N/A - Not Applicable

**20.** Proposed:

N/A - Not Applicable

**21.** If existing, how many Laguna Woods residents are currently being served by the program and how many would be served if the proposed program was funded?

**22.** Current: 43

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**23.** Proposed: 60, 40 with blindness or visual impairments and 20 with other disabilities

**24.** Would the organization intend to continue the proposed program beyond the term of the grant or is the proposed program limited-term in nature?

Yes. DMC has core funding to sustain services.

**25.** Please describe the target population for the proposed program, including any prerequisites, preconditions or other qualifying factors for participation.

Any Orange County resident with a disability, regardless of age, ethnicity, socio-economic status or type of disability, is eligible for services through the Dayle McIntosh Center.

DMC's Laguna Woods current consumer participant demographics:

84% Female & 16% Male

99% Caucasian

50% Household Income level falls under \$20,000

**26.** Please describe how the organization would publicize and promote the proposed program in order to reach the target population.

Several outreach strategies will be employed to seek and serve residents of Laguna Woods. The Aging Well with a Disability Program will be promoted through events such as agency and health fairs. Presentations will be made at senior centers and other facilities where seniors congregate. Promotional materials like brochures and fact sheets will be placed in strategic locations throughout the area. The program will also be featured on the DMC website. The center works closely with the Low Vision Club of Laguna Woods Village and this established relationship will be used to advertise the program expansion. In 2014, DMC staff participated in a Laguna Woods Public Service Announcement and will pursue a similar opportunity in 2015. Because more than 90% of consumers have a favorable experience with the Dayle McIntosh Center, word-of-mouth continues to be one of the most effective forms of promoting DMC services.

**27.** Please describe any costs for residents to participate in the proposed program.

There are no costs to Laguna Woods Residents to participate in DMC services.

**28.** Please identify the location(s) where the proposed program would occur.

The Dayle McIntosh Center uses several methods of serving consumers. Home-based assistance is most common when working with older individuals and those, who are blind, significantly visually impaired or have other disabilities. The security and comfort of receiving services at home allows program staff to identify specific services that the consumer may need such as the application of tactile markings on household appliances and using technology to organize medications. Home-based services will also be an option for new program participants, who have disabilities other than blindness. The center also maintains an office in the immediate vicinity of



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Laguna Woods to accommodate residents. The current square footage is only slightly more than 600 feet. Part of the requested grant would be used to increase office space to better accommodate consumers. Types of assistance that will be available through this site include benefits counseling, adjustment to disability support for consumers and family members, information about assistive equipment and devices, and independent living skills training. Other sites in the community may be used particularly to develop certain skills such as transportation, shopping, or banking.

**29.** Please provide a schedule for the proposed program's activities over the term of the 2015 Community Services Grant Program (FY 2015) including, at a minimum: Any start-up time necessary to prepare to offer the proposed program to Laguna Woods residents (e.g., program development; materials generation); When services would begin to be provided to Laguna Woods residents; and The frequency with which services would be provided to Laguna Woods residents (i.e., over what period of time, how often, how many times, and until when).

Quarter 1

Identify needed office space, secure a lease, and relocate staff;  
Develop promotional materials for program expansion;  
Initiate outreach plan;  
Apply for additional funding to build program resources;  
Continue assistance to 10 residents with visual impairments.

Quarter 2

Launch program expansion;  
Conduct intakes with 5 older individuals having disabilities other than blindness and begin services;  
Assist seven (7) new and (8) continuing Laguna Woods residents with visual impairments;  
Continue outreach and development activities.

Quarter 3

Conduct intakes with six (6) additional individuals having disabilities other than blindness and begin services; while continuing to assist consumers from the second quarter;  
Assist ten (10) new and ten (10) continuing Laguna Woods residents with visual impairments;  
Continue outreach and development activities.

Quarter 4

Conduct intakes with nine (9) additional individuals having disabilities other than blindness and begin services, while continuing to assist consumers from prior quarters;  
Assist fifteen (15) new Laguna Woods residents with visual impairments, while serving ongoing consumers from prior quarters;  
Continue outreach and development activities.

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30. What experience does the organization have in providing services similar to the proposed program, and over what period of time?

The Dayle McIntosh Center established the Aging with Vision Loss Program in 1995 and has successfully administered the program since that time. Hundreds of seniors facing severe visual loss have found hope and the knowledge and skills to carry on as the result of program intervention. Furthermore, the center has provided an array of independent living services to the Orange County community for thirty-six years and is a respected community resource.

31. Please describe the type, experience, and qualifications of the personnel (including paid staff, independent contractors, and volunteers) who would implement and be involved in the provision of services for the proposed program.

32. The current Program Manager has been an employee of the Dayle McIntosh Center since 2002 and has progressed from service provider to supervisor and now to primary administrator. She is attending California State University, Dominguez Hills where she is pursuing a Bachelor's degree in Spanish and a minor in English. The independent living Counselor who serves the south county area holds a Master's degree in counseling and Bachelors in psychology from California State University at Fullerton. He has been a DMC employee since 2009 and previously held positions as a college Disabled Students Service provider and Counselor at the Blind Children's learning center. Both of these staff members are visually impaired themselves.

The Dayle McIntosh Center is currently recruiting service providers to increase organizational capacity in Laguna Woods. Veteran and newly recruited staff members are fully qualified and usually have bachelor's degrees and at least two years prior experience working with people, who are disabled. When the center requires the services of consultants, a fully legal contract is executed between the agency and the independent contractor that defines the scope of work and legal requirements.



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Required Attachments:

IRS Determination Letter (see page 2)

Articles of Incorporation (see page 2)

Board of Directors Roster (see page 2)

Proposed Program Effectiveness (see Attachment "A"; page 9)

Proposed Program Budget (see Attachment "B"; pages 10-12)

I, the undersigned, hereby certify in my capacity as an authorized agent for the organization for which this application form is submitted, that the information contained on this application form, including on all attachments and supporting material, is true and correct to the best of my knowledge. I further acknowledge that I have received, read, understand, and agree to comply with the information contained in City of Laguna Woods Administrative Policy 2.8, pertaining to the Community Services Grants Program (approved August 20, 2014).

Authorized Agent's Name: Socorro Arroyo-Merchain

Authorized Agent's Title: Program Manager

Authorized Agent's Signature: Socorro Arroyo-Merchain Date: 10/10/2014

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ATTACHMENT "A"  
**PROPOSED PROGRAM EFFECTIVENESS**

A.1. How would the success of the proposed program be measured? Please correlate the proposed programs goals to quantifiable results/Outcomes.

Program Goals	Program Results/Outcomes
Conduct outreach, assess needs of referred individuals, develop and implement service plans, monitor and evaluate progress.	85% of seniors with vision loss, who are enrolled in the program will report meeting all of their independent living goals and be able to function adequately in their own homes.
Acquire sufficient office space to increase service delivery, assign staff to assure adequate coverage, launch aggressive outreach plan, conduct intake and assessment of new consumers, develop and implement individual service plans, monitor and evaluate success	80% of participating seniors who enroll in the program will report a higher level of satisfaction with their lives, reach all of their independent living goals and be able to function adequately in their own homes.
Provide services to 60 Laguna Woods residents including: 40 residents with blindness or visual impairments and 20 residents with other disabilities	60 individuals with disabilities will receive comprehensive services from DMC service providers.



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**ATTACHMENT " B "**  
**PROPOSED PROGRAM BUDGET**

B.1. Please identify any other anticipated sources of funding for the proposed program over the term of the 2015 Community Services Grant Program (FY 2015).

**State of California Grants**

B.2. Please complete the following table. Total "City Grant Revenues" should equal the total grant amount requested (see #13 on page 2 of the application form).

		Revenues	
Direct Costs	Expenditure	City Grant	Other Sources
Salaries & Benefits	233,210	18,000	215,210
Contract Services	12,500	0	12,500
Supplies/Equipment	7,300	0	7,300
Postage/Printing	500	0	500
Rental of Space/Equipment	25,500	0	25,500
Other Staff Mileage	3,000	0	3,000
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead	0.00	0	0.00
Other	4,000	0	4,000
		Revenues	
	Expenditures	City Grant	Other Sources
<b>TOTAL</b>	<b>286,010</b>	<b>18,000</b>	<b>268,010</b>
		Revenues	
Direct Costs	Expenditures	City Grant	Other Sources
Salaries & Benefits	9,500.		
Contract Services	0.00		
Supplies/Equipment	0.00		
Postage/Printing	0.00		
Rental of Space/Equipment	8,500.		

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Other	0.00		
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead	0.00		
Other	0.00		
		Revenues	
	Expenditures	City Grant	Other Sources
TOTAL	18,000		

B.3. Please explain what each direct and indirect cost consists of.

**Salaries/Benefits:** Staff of five: Three IL Counselors for the Elderly Blind, 100% of their time, with 2-1FTE, 1-.75 FTE. One Lead IL Counselor for the Elderly Blind will work 100% of their time for this program, 1FTE. The Program Manager will give 36% of their time, 1 FTE.

**Contract Services:** A portion of the costs to retain needed professional services from sources outside the agency such as a grant writer, Iron Mountain for back up and the security vault for our data backup. Also a portion of the costs for the Human Resources Consultant under contract to provide help with employee issues, coordinates employee benefits, and agency insurance. A portion of the costs to retain an accounting service to review financial statements, to keep staff abreast of pertinent changes in federal and state laws and regulations and to make recommendations to management regarding matters affecting the agency's financial position. This line item also includes a portion of the costs for acquiring an annual audit of total revenues and expenses to be conducted by an independent Certified Public Accountant. Also included on this line item are a portion of the costs for having an outside firm process our semi-monthly payroll. Portion of the costs of maintaining telephone services such as office telephone, cellular phone, internet T-1 and wireless service, fax and TDD phone service costs, all of which are the primary means of communication with consumers of the agency.

**Supplies/Equipment:** a portion of the costs to purchase routine items used by all staff such as paper, pens, and toner for fax machines and copiers. As well as specific program materials replenished on a regular basis. A portion of the costs relate to the lease of photo copiers and the mail machine in the main office facility. a portion of the costs of acquiring service contracts for all major office equipment, as well as unanticipated repairs. Projected costs to purchase visual aids and assistive devices for consumer distribution and use.

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Postage/Printing: a portion of the costs to duplicate brochures, fact sheets, consumer data forms, newsletters, and materials related to educational and outreach activities. Projected costs to develop and disseminate program materials. A portion of the costs to send usual correspondence, to disseminate consumer orientation packets, and to mail a quarterly newsletter to a circulation of 5,000 readers.

Rental of Space/Equipment: There are two facilities we are leasing a 6,582 square foot main office facility and a 664 square foot office facility on South County. The Rental costs are a portion of the total cost. The office facilities provide services and conducts business for the organization. To provide meeting space at the center for participants' dedicated use, as well as office space for the program, as well as a pro-rated cost for shared common areas.

Other Direct Costs: Projected costs for mileage reimbursement or public transportation vouchers used by program staff for travel to and from required or needed training. Reimbursement for mileage will not exceed the rate set by the Department of Personnel Administration for employees who use their personal vehicle. Includes costs for sending staff members to the CSUN Convention in San Diego.

Administrative Support/Overhead:

Other Indirect Costs: a portion of the costs of providing general liability coverage, automobile liability, and directors' and officers' insurance.



## ATTACHMENTS

IRS DETERMINATION LETTER

ARTICLES OF INCORPORATION

BOARD OF DIRECTORS ROSTER

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** February 25, 2004

Dayle McIntosh Center for the Disabled  
13272 Garden Grove Blvd.  
Garden Grove, CA. 92843

**Person to Contact:**  
Alvin Gadd 31-07339  
Customer Service Representative  
**Toll Free Telephone Number:**  
8:00 a.m. to 8:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
95-3313707

Dear Sir or Madam:

This is in response to your request of February 25, 2004 regarding your organization's tax exempt status.

Our records indicate that a determination letter issued in February 1979, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Dayle McIntosh Center for the Disabled  
95-3313707

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

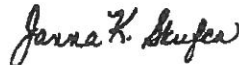
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

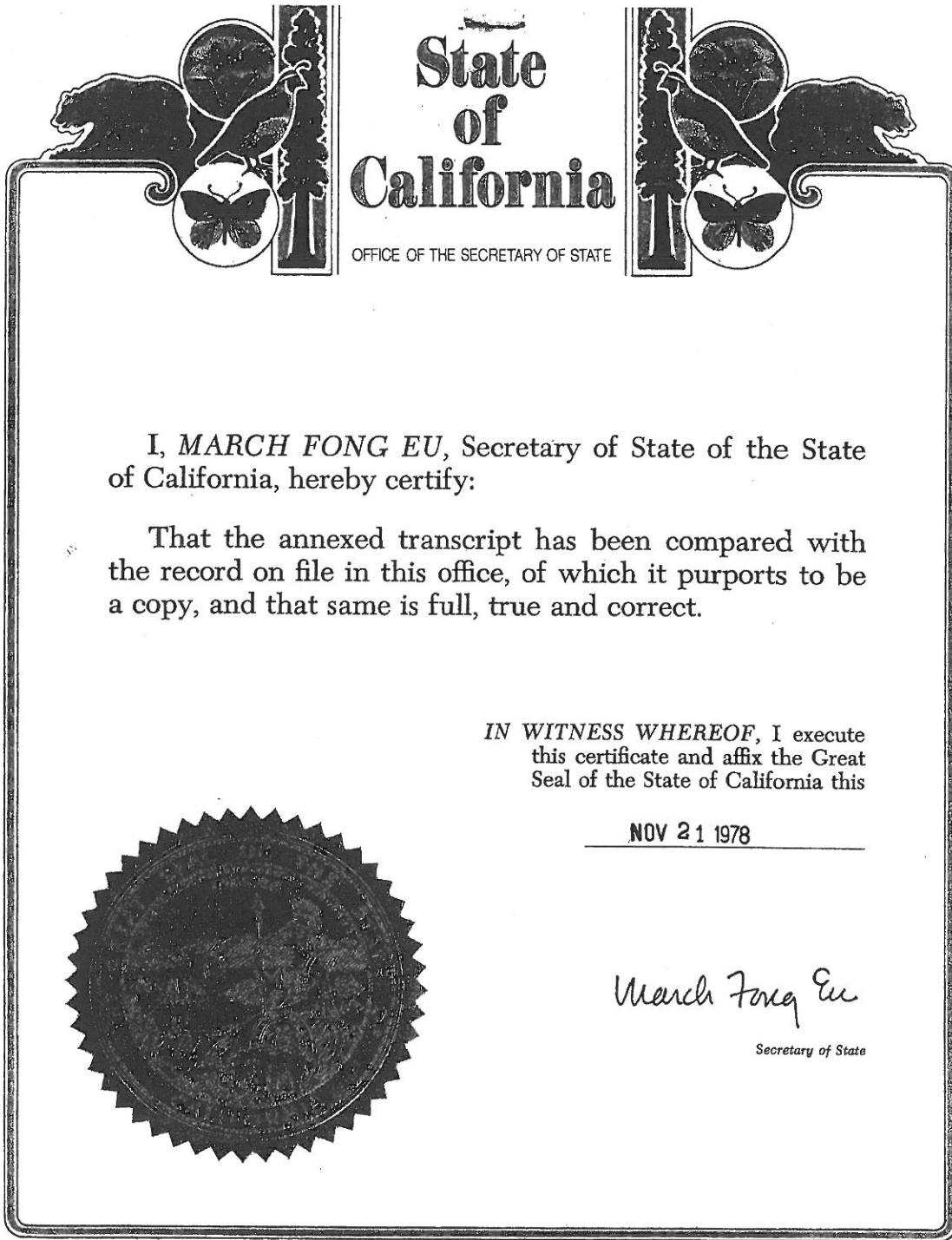
If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



Janna Skufca, Acting Director, TE/GE  
Customer Account Services



State  
of  
California

OFFICE OF THE SECRETARY OF STATE

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

NOV 21 1978



*March Fong Eu*

Secretary of State



**ENDORSED  
FILED**  
In the office of the Secretary of State  
of the State of California  
**NOV 14 1978**  
MARCH FONG EU, Secretary of State  
Gloria J. Carroll  
Deputy.

ARTICLES OF INCORPORATION  
OF  
DAYLE MCINTOSH CENTER FOR  
THE DISABLED

I

The name of this corporation shall be DAYLE MCINTOSH  
CENTER FOR THE DISABLED.

II

The purposes for which this corporation is formed are:

- (a) The specific and primary purposes are to establish a continuing program for the training, educating, and engaging of physically and mentally handicapped persons, regardless of race, color, or creed, in productive work, social activity, and living needs.
- (b) The general purposes and powers are to have and exercise all rights and powers conferred on nonprofit corporations under the laws of California, including the power to contract, rent, buy or sell personal or real property; provided, however, that the corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in the furtherance of the primary purposes of this corporation.
- (c) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation and the corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in the furtherance of the primary purpose

of this corporation.

- (d) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation and the corporation shall not participate or intervene in any political campaign (including the publication or distribution of statements) on behalf of any candidate for public office.

### III

This corporation is organized pursuant to the General Non-profit Corporation Law of the State of California and does not contemplate pecuniary gain or profit to the members and it is organized for nonprofit purposes.

### IV

The County in the State of California where the principal office for the transaction of the activities of this corporation is located is Orange County.

### V

The general management of the affairs of this corporation shall be under the control, supervision and direction of the Board of Directors. The names and addresses of the persons who are to act in the capacity of directors until the selection of their successors are:

<u>NAME</u>	<u>ADDRESS</u>
Geno Vescovi	21252 Baniff St. Huntington Beach, CA 92648
Tad Tanaka	Cypress College 9200 Valley View Cypress, CA 90630
Don Nelson	995 Hartford Way Costa Mesa, CA 92626
Mick Spencer	6331 Reubens Dr. Huntington Beach, CA 92647
Paul Culton	115744 Goldenwest Street Huntington Beach, CA 92647

<u>NAME</u>	<u>ADDRESS</u>
Lynda Reynolds	514 15th Street Huntington Beach, CA 92648
Yvonne Bagstad	1300 Adams Ave. Costa Mesa, CA 92626
Roxanne Bent	21672 Dirigo Cr. Huntington Beach, CA 9264

#### VI

The number and qualifications of members of the corporation, the different classes of membership, if any, the voting, and other rights and the privileges of members and their liability to dues and assessments and the method of collection thereof, shall be set forth in the by-laws.

#### VII

The property of this corporation is irrevocably dedicated to charitable and educational purposes, meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code, and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof to the benefit of any private individual. Upon the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment, of all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for charitable and educational purposes and which has established its tax exempt status under Section 501 (c) (3) of the Internal Revenue Code. If this corporation holds any assets in trust, such assets shall be disposed of in such manner as may be directed by decree of the Superior Court of the County in which the corporation has its principal office, upon petition therefor by the Attorney General or by a person concerned in the liquidation, in a proceeding to which the Attorney General is a party.

VIII.

This corporation reserves the right to amend these Articles of Incorporation; however, Articles II and VII may only be amended in a manner that will not affect the corporation's right to an exemption from tax.

IN WITNESS WHEREOF, the undersigned, being the persons hereinabove named as the first directors, have executed these Articles of Incorporation, this 25<sup>th</sup> day of October, 19 78.

Geno M. Vescovi  
Geno M. Vescovi

Tad Tanaka  
Tad Tanaka

Don Nelson  
Don Nelson

Mick Spencer  
Mick Spencer

Paul M. Culton  
Paul Culton

Lynda Reynolds  
Lynda Reynolds

Yvonne Bagstad  
Yvonne Bagstad

Roxanne Bent  
Roxanne Bent

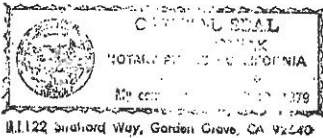
STATE OF CALIFORNIA )  
County of Orange ) ss.

On this 25<sup>th</sup> day of October, 19 78.

before me, W. C. MONIAK, a Notary Public for the State of California, with principal office in ORANGE

County, personally appeared Geno Vescovi, Tad Tanaka, Don Nelson, Mick Spencer, Paul Culton, Lynda Reynolds, Yvonne Bagstad and Roxanne Bent, known to me to be the persons whose names are subscribed to the within Articles of Incorporation, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal on the day and year above written.



W. C. Moniak  
Notary Public





**Dayle McIntosh Center  
Board of Directors**

**LIBBY PARTAIN, President**

Chair: Executive Committee  
Co-Chair (Ad Hoc): Executive Director Search Committee  
Member: Finance & Membership Committees  
Term: 9/2007 to 9/2014  
Occupation: PT, MP, PT (National Board Certified Specialist – Pediatric PT)  
Address: [REDACTED]  
Home: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**CINDY MCCLEROY, Vice President**

Chair: Development Committee  
Member: Executive & Personnel Committees  
Term: 2/2008 to 2/2015  
Occupation: Medically Retired – former Logistics Systems Manager for ConAgra  
Address: [REDACTED]  
Home: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**MICHAEL (MIKE) RYAN, Treasurer**

Chair: Finance Committee  
Member: Executive Committee  
Term: 2/2011 to 2/2017  
Reappointment Date: 2/2015  
Occupation: Financial Advisor  
Address: [REDACTED]  
Home: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**EVA CASAS-SARMIENTO, Secretary**

Co-Chair (Ad Hoc): Executive Director Search Committee  
Member: Executive Committee  
Term: 5/2007 to 5/2015  
Occupation: Disability Rights Attorney at Law  
Address: [REDACTED]  
Home: [REDACTED]  
Office: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**DAN HOLDER**

Term: 1/2009 to 1/2015  
Occupation: [REDACTED]  
Home: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**JIM BATEMAN**

Chair: Audit Committee  
Term: 9/2009 to 9/2015  
Occupation: Business Financial Consultant  
Address: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**PAULA DUNN**

Member (Ad Hoc): Executive Director Search Committee  
Liaison to Interpreter Program  
Term: 3/2014 to 3/2020  
Reappointment Date: 3/2016  
Occupation: Sign Language Interpreter  
Address: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**RICHARD DEVYLDER**

Member (Ad Hoc): Executive Director Search Committee  
Chair: Program Committee (newly appointed)  
Term: 5/2014 to 5/2020  
Reappointment Date: 5/2016  
Occupation: Advisor, CA Governor's Office of Emergency Services  
Address: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

**ART BLASER**

Term: 6/2014 to 6/2020  
Reappointment Date: 6/2016  
Occupation: Professor of Political Science  
Address: [REDACTED]  
Cell: [REDACTED]  
e-mail: [REDACTED]

Board Breakdown: 1 Deaf/Hearing Impaired, 1 Blind/Visually Impaired, 1 Physical Disability, 2 Hispanic, 3 Parents of a Child with a Severe Disability, 1 Spouse with a Severe Disability - 70% of Board Members with a Significant Disability

**ITEM III-A – Attachment E**

Grant Application, The Foundation of Laguna Woods Village (V)

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**City of Laguna Woods  
2015 Community Services Grant Program  
Application Form**

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:  
City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637  
Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

ATTACH ADDITIONAL PAGES IF NECESSARY.

PLEASE MARK FIELDS THAT ARE NOT APPLICABLE AS "N/A."

1. Name of Organization (APPLICANT): The Foundation of Laguna Woods Village
2. Street Address (FOR MAILING/NO P.O. BOXES): P.O. Box 3279
3. City, State, ZIP Code: Laguna Woods CA 92637
4. Website Address: lagunawoodsvillagefoundation.com
5. Federal Tax Identification Number: 33-0757151
6. Primary Contact Name: Marion Levine
7. Title: President
8. Telephone Number: 949-268-2246
9. Email Address: thefoundation@comline.com
10. Organization's Mission and Purpose: \_\_\_\_\_  
The Mission of the Foundation of Laguna Woods Village is to serve the residents  
of Laguna Woods Village by providing aid and relief to physically and economically  
disadvantaged persons who are residents of Laguna Woods Village.  
\_\_\_\_\_  
\_\_\_\_\_



11. Date Organization was Incorporated as a 501(c)3: May 5, 1997

*IRS Determination Letter: Please note that a copy of the organization's determination letter from the Internal Revenue Service (IRS) verifying that the organization is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code must be attached to this application form.*

*Articles of Incorporation: Please note that a copy of the organization's current Articles of Incorporation must be attached to this application form.*

*Board of Directors Roster: Please note that a copy of the organization's current Board of Directors roster must be attached to this application form.*

12. Proposed Program Title: n/a

13. Grant Amount Requested: \$ \$15,000

14. Type of Proposed Program:  Social Services (highest priority)  
 Transportation (second highest priority)  
 Other (third highest priority)

15. Description of the Proposed Program: \_\_\_\_\_

Provide financial aid to residents of Laguna Woods as requested by the Social Services department for needs such as payment of electric bills, medical co-pays, grocery scrip, etc. All individuals are vetted by Social Services and must show financial need. Family, County, State, and Federal resources must be exhausted before the Foundation is called upon. The client has to have been a resident of Laguna Woods for at least three (3) years. Individuals remain anonymous to the Foundation, all payments are made directly to the service provider. There is a maximum of \$2000 per year per individual.

16. Please describe the goals and objectives of the proposed program.

The goals and objectives of the Foundation are to offer temporary financial support to Laguna Woods Village seniors who have fallen on hard times.

17. Please describe the need within Laguna Woods that would be met by the proposed program, including any quantifiable evidence to substantiate the need.

The history of resident support by the Foundation shows increased dollar expenditures to an increasing number of residents each year.

The Foundation has increased the annual ceiling of each resident from \$1,500 to \$2,000 because of rising prices for goods and services.

The number of requests has risen from 207 in 2011 to an estimated 350 in 2014. This upward trend shows no signs of abating.

2011	\$33,000	207 requests
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2012	\$43,000	241 requests
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2013	\$68,000	266 requests
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18. Is the proposed program a new or existing program?  New  Existing

19. If new, how many Laguna Woods residents would be served if the proposed program was funded?

20. Proposed: \_\_\_\_\_

21. If existing, how many Laguna Woods residents are currently being served by the program and how many would be served if the proposed program was funded?

22. Current: 150 unduplicated 23. Proposed: 150 unduplicated

24. Would the organization intend to continue the proposed program beyond the term of the grant or is the proposed program limited-term in nature?

The Foundation intends to continue their existing program using funds

that they have received from donations and bequests..

25. Please describe the target population for the proposed program, including any prerequisites, preconditions, or other qualifying factors for participation.

There are approximately 18,000 residents in Laguna Woods. Historically the Foundation has helped a little over .5% of the population. As people are living longer, the chances of their outliving their pensions and social security will grow. The prerequisites to be eligible for help are showing financial need and having been a resident of Laguna Woods for three (3) years. All vetting is done by Social Services. Recipients remain anonymous, payments are made directly to the service provider. Payments are never made to the resident. There is a yearly ceiling per resident of \$2000.

26. Please describe how the organization would publicize and promote the proposed program in order to reach the target population.

Use of direct mail, TV6 announcements, and a monthly column for the Laguna Woods Globe which appears when space is available.

Board members make presentations at the monthly Mutual Board Meetings, at the monthly GRF meeting, at the monthly Newcomer's Orientations and to various Clubs within the Village.

27. Please describe any costs for residents to participate in the proposed program.

None.

28. Please identify the location(s) where the proposed program would occur.

Support is only available to residents of Laguna Woods Village.



30. What experience does the organization have in providing services similar to the proposed program, and over what period of time?

The Foundation has been offering aid since it's inception in 1997.

31. Please describe the type, experience, and qualifications of the personnel (including paid staff, independent contractors, and volunteers) who would implement and be involved in the provision of services for the proposed program.

All tasks and activities of the Foundation are performed by its Board of Directors; all of whom are volunteers.



Required Attachments:

- IRS Determination Letter (see page 2)
- Articles of Incorporation (see page 2)
- Board of Directors Roster (see page 2)
- Proposed Program Effectiveness (see Attachment "A"; page 9)
- Proposed Program Budget (see Attachment "B"; pages 10-12)

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:**

**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637  
Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

I, the undersigned, hereby certify in my capacity as an authorized agent for the organization for which this application form is submitted, that the information contained on this application form, including on all attachments and supporting material, is true and correct to the best of my knowledge. I further acknowledge that I have received, read, understand, and agree to comply with the information contained in City of Laguna Woods Administrative Policy 2.8, pertaining to the Community Services Grants Program (approved August 20, 2014).

Authorized Agent's Name: Marion Levine

Authorized Agent's Title: President

Authorized Agent's Signature: Marion Levine Date: 9-24-2014

**ATTACHMENT "A"**

**PROPOSED PROGRAM EFFECTIVENESS**

A.1. How would the success of the proposed program be measured? Please correlate the proposed program's goals to quantifiable results/outcomes.

<b>Program Goals</b>	<b>Program Results/Outcomes</b>
To continue to service the Residents of LWV who need aid.	The Foundation will successfully raise the necessary funds which, together our reserves, will pay for these needs.

**ATTACHMENT "B"**  
**PROPOSED PROGRAM BUDGET**

B.1. Please identify any other anticipated sources of funding for the proposed program over the term of the 2015 Community Services Grant Program (CY 2015).

Individual & Club Donations	\$100,000

B.2. Please complete the following table. Total "City Grant Revenues" should equal the total grant amount requested (see #13 on page 2 of the application form).

		Revenues	
Direct Costs	Expenditures	City Grant	Other Sources
Salaries & Benefits	00		
Contract Services	00		
Supplies/Equipment	00		
Postage/Printing	15,000		
Rental of Space/Equipment	00		
Other	75,000		
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead	2,000		
Other	3,500		
		Revenues	
		City Grant	Other Sources
<b>TOTAL</b>	<b>95,500</b>	<b>15,000</b>	<b>85,000</b>

B.3. Please explain what each direct and indirect cost consists of.

B.4. Salaries/Benefits: \_\_\_\_\_

n/a

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B.5. Contract Services: \_\_\_\_\_

n/a

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B.6. Supplies/Equipment: \_\_\_\_\_

n/a

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B.7. Postage/Printing: \_\_\_\_\_

We do two mailings annually to all residents of LWV appealing for donations. In addition, we have the costs of printing and postage as all donations are acknowledged.

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B.8. Rental of Space/Equipment: \_\_\_\_\_

n/a

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## ATTACHMENTS

IRS DETERMINATION LETTER  
ARTICLES OF INCORPORATION  
BOARD OF DIRECTORS ROSTER

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

Employer Identification Number:  
33-0757151

DLN:  
17053281237007

Contact Person:  
D. A. DOWNING

Contact Telephone Number:  
(513) 241-5199

Accounting Period Ending:  
December 31

Foundation Status Classification:  
509(a)(1)

Advance Ruling Period Begins:  
May 5, 1997

Advance Ruling Period Ends:  
December 31, 2001

Addendum Applies:  
No

LEISURE WORLD FOUNDATION OF  
LAGUNA HILLS  
PO BBOX 3279  
LAGUNA HILLS, CA 92654

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)



LEISURE WORLD FOUNDATION OF

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for

Letter 1045 (DO/CG)

LEISURE WORLD FOUNDATION OF

the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

Enclosure(s):  
Form 872-C

Letter 1045 (DO/CG)

2009877

ENDORSED  
FILED  
In the office of the Secretary of State  
of the State of California

MAY 05 1997

ARTICLES OF INCORPORATION  
OF  
LEISURE WORLD FOUNDATION OF LAGUNA HILLS  
A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION

*Bill Jones*  
BILL JONES, Secretary of State

- One: The name of the corporation is LEISURE WORLD FOUNDATION OF LAGUNA HILLS.
- Two: a) This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.
- b) The specific purpose of this corporation is to provide aid and relief to elderly and disadvantaged persons who lack physical, financial, or emotional support.
- c) This corporation is organized exclusively for charitable, literary, or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.
- Three: The name and address in California of the corporation's initial agent for service of process is: Barnet Resnick, Attorney at Law, located at 4400 MacArthur Boulevard, Suite 900, Newport Beach, California 92658.
- Four: (a) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of any candidate for public office.
- (b) All corporate property is irrevocably dedicated to the purposes set forth in Article Two, above. No part of the net earnings of this corporation shall inure to the benefit of any of its directors, trustees, officers, private shareholders or members,

or to individuals.

(c) On the winding up and dissolution of this corporation, after paying or adequately providing for the debts, obligations, and liabilities of the corporation, the remaining assets of this corporation shall be distributed to such organization (or organizations) organized and operated exclusively for charitable, literary or educational purposes, which has established tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States internal revenue law).

(d) The corporation will distribute its income for each tax year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1986 or corresponding provisions of any later federal tax laws.

(e) The corporation will not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.

(f) The corporation will not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.


(g) The corporation will not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.

(h) The corporation will not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.

Dated: May 1, 1997

  
BARNET RESNICK, Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

  
BARNET RESNICK



2009877

SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

*IN WITNESS WHEREOF*, I execute this certificate and affix the Great Seal of the State of California this

MAY 0 5 1997



*Bill Jones*

Secretary of State



ARTICLES OF INCORPORATION  
OF  
THE FOUNDATION OF LAGUNA WOODS VILLAGE  
A CALIFORNIA NON-PROFIT PUBLIC BENEFIT CORPORATION  
FEDERAL TAX #~~952650998~~ 33-0757151

One: The name of the corporation is THE FOUNDATION OF LAGUNA WOODS VILLAGE

- Two:
- a) This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.
  - b) The primary purpose of this corporation is to provide temporary, emergency aid and relief to elderly and disadvantaged persons who lack physical, financial or emotional support.
  - c) This corporation is organized exclusively for charitable, literary or educational purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law. Notwithstanding any provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal revenue law, or (b) by a corporation, contributions to which are deductible under Section 170 (c) (20) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

Three: The name and address in California of the corporation's initial agent for service of process is: Barnet Resnick, Attorney at Law, located at 4400 MacArthur Boulevard, Suite 900, Newport Beach, California 92658

- Four:
- (a) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of any candidate for public office.
  - (b) All corporate property is irrevocably dedicated to the purposes set forth in Article two, above. No part of the net earnings of this corporation



shall inure to the benefit of any of its directors, trustees, officers, private shareholders or members or to individuals.

(c) On the winding and dissolution of this corporation, after paying or adequately providing for the debts, obligations and liabilities of the corporation, the remaining assets of this corporation shall be distributed to such organization (or organizations) organized and operated exclusively for charitable literary or educational purposes, which has established tax-exempt status under Section 501 (c) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States internal revenue law).

(d) The corporation will distribute its income for each tax year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1986 or corresponding provisions of any later federal tax laws.

(e) The corporation will not engage in any act of self-dealing as defined in Section 4941 (d) of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.

(f) The corporation will not retain any excess business holdings as defined in Section 4943 (c) of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.

(g) The corporation will not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.

(h) The corporation will not make any taxable expenditures as defined in Section 4945 (d) of the Internal Revenue Code of 1986, or corresponding provisions of any later federal tax laws.

The Foundation of Laguna Woods Village  
P.O. Box 3279, Laguna Woods, CA 92654-3279  
949-268-2246

Board of Directors – as of June 19, 2014

<b>Bailey, Ruth</b> Recording Secretary
<b>Brians, Catherine</b>
<b>Gaither, Judy</b>
<b>Howard, Diane</b> Executive Secretary
<b>Levine, Marion</b> President
<b>Minichiello, Gail</b>
<b>Perak PhD, Beth</b> (John) Vice President
<b>Rowland, Marge</b> Treasurer
<b>Sheinwold J.D., Marcy</b>
<b>Vogel, Paul</b> (Kathleen)
<b>Walts, Marvin</b> (Sharon)
<b>SHADOW CABINET</b>
<b>Aronson, Syd</b>
<b>Brody, Eliot</b> (Rhoda)
<b>Charlton, Craig</b>
<b>Wilkinson, Pat</b> (Ron)

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**ITEM III-A – Attachment F**

Grant Application, Laura's House (VI)

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RECEIVED

SEP 26 2014

City Clerk  
City of Laguna Woods

**City of Laguna Woods  
2015 Community Services Grant Program  
Application Form**

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:  
City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637  
Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

**ATTACH ADDITIONAL PAGES IF NECESSARY.**

**PLEASE MARK FIELDS THAT ARE NOT APPLICABLE AS "N/A."**

1. Name of Organization (APPLICANT): Laura's House
2. Street Address (FOR MAILING/NO P.O. BOXES): 999 Corporate Drive, Suite 225
3. City, State, ZIP Code: Ladera Ranch, CA 92694
4. Website Address: www.laurashouse.org
5. Federal Tax Identification Number: 33-0621826
6. Primary Contact Name: Karen Stine
7. Title: Contract Administrator
8. Telephone Number: 949-361-3775
9. Email Address: kstine@laurashouse.org
10. Organization's Mission and Purpose: Laura's House was established in 1994 and serves as the only state-approved comprehensive domestic violence agency in the south Orange County, California area (with over 915,000 residents in 22 communities). Our mission statement is as follows: Changing social beliefs, attitudes and the behaviors that perpetuate domestic violence while creating a safe space in which to empower individuals and families affected by abuse. Over the past 20 years, Laura's House has provided shelter and support services to more than 4,000 battered women and children and counseling, life skills education and legal assistance to over 45,000 persons. Laura's House operates on the philosophy that domestic violence is a multidimensional social problem that is often cyclical in nature and that must be addressed through a range of programs and activities. Our goal is to provide education and prevention programs that educate the community about abuse with the aim of breaking the multigenerational cycle of violence to create healthy families and communities, and to provide shelter and support



programs that provide valuable assistance to battered women and their children and empower them to live independent, productive, and violence-free lives.

11. Date Organization was Incorporated as a 501(c)3: 1994

*IRS Determination Letter:* Please note that a copy of the organization's determination letter from the Internal Revenue Service (IRS) verifying that the organization is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code must be attached to this application form.

*Articles of Incorporation:* Please note that a copy of the organization's current Articles of Incorporation must be attached to this application form.

*Board of Directors Roster:* Please note that a copy of the organization's current Board of Directors roster must be attached to this application form.

12. **Proposed Program Title:** Project to End Abuse in Later Life

13. **Grant Amount Requested:** \$ 5,000

14. Type of Proposed Program:  Social Services (highest priority)  
 Transportation (second highest priority)  
 Other (third highest priority)

15. Description of the Proposed Program:

In response to the rising epidemic of elder abuse and the lack of knowledge about this issue, Laura's House began the Project to End Abuse in Later Life in 2012. The program provides clinical and psycho-educational services for adult women and men age 55 and over who are at risk of abuse or its recurrence in a domestic setting, along with community education activities raising awareness of this issue for social service and law enforcement agencies. The program consists of four phases: prevention, intervention, maintenance, and outreach. This comprehensive "wrap-around" approach provides direct assistance to both those directly impacted by abuse and social service and law enforcement agencies helping to mitigate abuse. The prevention phase involves family care conferencing to empower elders to leverage the tools and resources necessary to prevent at-risk situations from escalating into abuse. The intervention phase provides crisis intervention and case management services facilitated by the 24-Hour Crisis Hotline and Legal Advocacy/Case Management staff at Laura's House Domestic Violence Emergency Shelter and Counseling and Resource Center. The maintenance phase consists of gender-segregated support groups and individual counseling that are facilitated by our Counseling and Resource Center therapists. The outreach phase offers educational workshops to increase awareness of family violence and later life to staff members of medical centers, senior centers, assisted living facilities, law enforcement agencies, and other community-based organizations. Last year, Laura's House found that the need and demand for this program was even greater than originally estimated. In response to the success of the program, we have increased the number of seniors receiving direct services at its Emergency Shelter and Counseling and Resource Center. In addition, the program's outreach activities have been expanded to provide additional educational workshops and develop collateral materials that provide seniors and service organizations with information regarding the program. Laura's House has partnered with the Orange County Bar Association to conduct monthly legal clinics so that clients can discuss individual issues

with a volunteer attorney on a pro bono basis. Laura's House is also recruiting seniors to serve as Domestic Violence Advocate volunteers providing peer support services to senior clients. This expansion will allow Laura's House to broaden the reach and effectiveness of the program and ultimately reduce and prevent the incidence of abuse in later life.

16. Please describe the goals and objectives of the proposed program.

The goal of the program is to prevent abuse in later life through education and intervention activities. The objectives of the program are that seniors and family members receiving counseling and intervention services will increase their knowledge of abuse and learn what resources are available and how to access them as a result of their participation in the program. In addition, social service, law enforcement agency, senior centers, assisted living facilities, medical providers, and other organizations' personnel accessing the program's educational activities will increase their knowledge of abuse by better detecting and reacting to abusive situations and referring victims and families to the appropriate programs and resources. Laura's House anticipates serving approximately 225 seniors with direct client services and conducting 100 outreach education events in 2014 with a program budget of \$68,908.

17. Please describe the need within Laguna Woods that would be met by the proposed program, including any quantifiable evidence to substantiate the need.

Abuse in later life, which includes all forms of mistreatment and abusive behavior toward older adults (including physical abuse, verbal and psychological abuse, neglect, financial exploitation, and abandonment), is increasing at an alarming rate. The 2013 Orange County Community Indicators report indicates that the number of abuse in later life cases handled by the County's Social Services Agency rose to 453 cases in 2011-2012, an increase of 18% since 2008. Due to high levels of under-reporting, it is estimated that the current number of Orange County seniors who have experienced abuse exceeds 30,000 men and women. In addition, many law enforcement agencies and social service providers also lack awareness about the incidence of abuse in later life, the specific needs of older adults experiencing abuse, and appropriate assistance to address these needs. Services that assist victims of abuse and educate the public about this important and growing crisis are vitally needed.

18. Is the proposed program a new or existing program?  New  Existing

19. If new, how many Laguna Woods residents would be served if the proposed program was funded?

20. Proposed: N/A

21. If existing, how many Laguna Woods residents are currently being served by the program and how many would be served if the proposed program was funded?

22. Current: 10 (direct services) + 250 (outreach to club members, community groups, professionals)

23. Proposed: 10 (direct services) + 250 ((outreach to club members, community groups, professionals)

24. Would the organization intend to continue the proposed program beyond the term of the grant or is the proposed program limited-term in nature?

The Project to End Abuse in Later Life is an ongoing program activity of Laura's House and will continue beyond the grant term.

25. Please describe the target population for the proposed program, including any prerequisites, preconditions, or other qualifying factors for participation.

The program's target population is adult women and men aged 55 years or above who are at-risk of abuse or its recurrence in a domestic setting, along with law enforcement agencies, social services organizations, and other businesses serving seniors. Laura's House does not discriminate on the basis of race, religion, ethnicity, national origin, gender, or sexual orientation. There are no qualifying factors for participation in the program.

26. Please describe how the organization would publicize and promote the proposed program in order to reach the target population.

Laura's House will conduct outreach to health care professionals, public service organizations, social networking groups and local businesses in the Laguna Woods area who work with the senior population. The goal is to partner in hosting informational workshops to increase awareness of issues surrounding abuse in later life and the shelter and support services provided to the community. We are also working with local media resources to include information regarding elder abuse and available services that will reach all households within Laguna Woods. Laguna Woods residents are also currently being provided direct domestic violence services such as crisis intervention through our 24-hour hotline, legal advocacy, and individual and group counseling at our Counseling & Resource Center.

27. Please describe any costs for residents to participate in the proposed program.

The program is provided free of charge to participants.

28. Please identify the location(s) where the proposed program would occur.

The program's intervention team will meet with clients at a mutually agreed upon public locations and/or including the Counseling & Resource Center at Laura's House in Ladera Ranch. Outreach activities will be conducted in the City of Laguna Woods.

29. Please provide a schedule for the proposed program's activities over the term of the 2015 Community Services Grant Program (CY 2015) including, at a minimum:

- Any start-up time necessary to prepare to offer the proposed program to Laguna Woods residents (e.g., program development; materials generation);
- When services would begin to be provided to Laguna Woods residents; and
- The frequency with which services would be provided to Laguna Woods residents (i.e., over what period of time, how often, how many times, and until when).

Within the January 1, 2015 to December 31, 2015 grant timeline the Project to End Abuse in Later Life will provide the following program activities: 1) Provide training of direct service program staff and hotline advocates in responding to elder abuse calls; 2) Provide program services to the senior population including residents of Laguna Woods; 3) Recruit seniors to serve as advocates among staff and volunteers and encourage senior



volunteerism; and 4) Conduct community outreach events reaching the senior population including residents of Laguna Woods. Services will be provided on an ongoing, year-round basis. The program was established in 2012 and is in full operation; therefore, no start up time is necessary.

30. What experience does the organization have in providing services similar to the proposed program, and over what period of time?

Laura's House successfully provides a comprehensive and effective range of accessible programs and services that address the issue of domestic violence and promote community health and safety, including our Emergency Shelter (providing a 24-hour hotline and crisis intervention, 45 days of shelter, food and clothing, case management, individual and family counseling, life-skills training, and legal and social services advocacy to women and their children who are fleeing family violence and would otherwise become homeless), a Counseling and Resource Center (offering those who are not in need of shelter with individual and group counseling, social services referrals, housing assistance, and legal advocacy services), Children's Therapeutic Programs (providing counseling, educational activities, and daily child care for youth in crisis), the Transitional Living Center (providing up to one year of housing and assistance to graduates of our Emergency Shelter to help them become self-sufficient and remain free of violence), and Community Outreach Programs (educating adults and youth about domestic violence, including our Healthy Emotions and Attitudes in Relationships for Teens (H.E.A.R.T.) workshop program for at-risk youth, our 40-Hour Domestic Violence Advocate State Certified Training Program for adults, and a speakers bureau). In 2013, we provided direct services to 3,425 persons and education and community outreach activities to 16,998 persons. As we celebrate our 20<sup>th</sup> anniversary this year, we look forward to offering a high level of excellence in our services and resources for many years to come as we continue to expand and respond to the needs of the community.

31. Please describe the type, experience, and qualifications of the personnel (including paid staff, independent contractors, and volunteers) who would implement and be involved in the provision of services for the proposed program.

All of the program's personnel (as detailed in the program budget section) are members of the Laura's House staff who provide domestic violence-related services through our Emergency Shelter and Support Services Program. All staff members have strong educational credentials and extensive experience in domestic violence and social services programs, and have completed our 40-Hour Domestic Violence Advocate State Certified Training Program. The program is managed by Clinical Director Amy Borst, who earned a Master's degree in Marriage and Family Therapy from Loyola Marymount University. Ms. Borst is a licensed marriage and family therapist and has 14 years of experience in social service programs.

Required Attachments:

- IRS Determination Letter (see page 2)
- Articles of Incorporation (see page 2)
- Board of Directors Roster (see page 2)
- Proposed Program Effectiveness (see Attachment "A")
- Proposed Program Budget (see Attachment "B")

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:**

**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637**

**Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

I, the undersigned, hereby certify in my capacity as an authorized agent for the organization for which this application form is submitted, that the information contained on this application form, including on all attachments and supporting material, is true and correct to the best of my knowledge. I further acknowledge that I have received, read, understand, and agree to comply with the information contained in City of Laguna Woods Administrative Policy 2.8, pertaining to the Community Services Grants Program (approved August 20, 2014).

Authorized Agent's Name: Margaret Bayston

Authorized Agent's Title: CEO/Executive Director

Authorized Agent's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

9/25/14

**ATTACHMENT "A"**

**PROPOSED PROGRAM EFFECTIVENESS**

A.1. How would the success of the proposed program be measured? Please correlate the proposed program's goals to quantifiable results/outcomes.

<b>Program Goals</b>	<b>Program Results/Outcomes</b>
Conduct community outreach events and educational programs for Laguna Woods residents.	At-risk seniors will increase their knowledge of abuse in later life and learn what resources are available and how to access them.
Conduct presentations to community agencies, clubs, and other public service organizations	Build improved awareness within the community-at-large about abuse in later life.
Provide educational workshops to staff at medical centers, senior centers, law enforcement agencies, and other community-based organizations.	Improve knowledge of abuse in later life among medical, caregiver, legal, and other social services personnel who work with older and disabled adults to help them detect, react to, and prevent abuse.

**ATTACHMENT "B"**  
**PROPOSED PROGRAM BUDGET**

B.1. Please identify any other anticipated sources of funding for the proposed program over the term of the 2015 Community Services Grant Program (CY 2015).

Program funding for the current program year includes a \$25,000 grant from The Archstone Foundation. We will continue to seek additional corporate, foundation, and government grants to support the program's operating expenses along with our other income sources (individual and business donations, proceeds from fundraising activities, and revenue from our resale stores).

B.2. Please complete the following table. Total "City Grant Revenues" should equal the total grant amount requested (see #13 on page 2 of the application form).

		Revenues	
Direct Costs	Expenditures	City Grant	Other Sources
Salaries & Benefits	\$50,207	\$5,000	\$45,207
Contract Services			
Supplies/Equipment	\$1,750		\$1,750
Postage/Printing	\$750		\$750
Rental of Space/Equipment	\$7,900		\$7,900
Other	\$1,300		\$1,300
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead	\$6,191		\$6,191
Other			
		Revenues	
		Expenditures	City Grant
		Other Sources	
<b>TOTAL</b>	<b>\$68,098</b>	<b>\$5,000</b>	<b>\$63,098</b>



B.3. Please explain what each direct and indirect cost consists of.

B.4. Salaries/Benefits: Salaries of direct program personnel (Clinical Director, Hotline Coordinator, Legal Advocate/Case Manager, Domestic Violence Counselor, Prevention Education Specialist, Prevention Education Associate, Volunteer Coordinator, Director of Development and Communications, and Administrative Support) and payroll taxes/benefits.

B.5. Contract Services: None

B.6. Supplies/Equipment: Office supplies and program materials.

B.7. Postage/Printing: Printing of informational materials.

B.8. Rental of Space/Equipment: Proportional share of program facility rent expense.

B.9. Other Direct Costs: Mileage reimbursement for program staff.

B.10. Administrative Support/Overhead: Management, accounting, insurance, and other indirect costs.

B.11. Other Indirect Costs: None.

## ATTACHMENTS

IRS DETERMINATION LETTER  
ARTICLES OF INCORPORATION  
BOARD OF DIRECTORS ROSTER



OGDEN UT 84201-0029

In reply refer to: 4077550277  
July 09, 2014 LTR 4168C 0  
33-0621826 000000 00  
00035713  
BODC: TE

LAURAS HOUSE  
999 CORPORATE DR STE 225  
LADERA RANCH CA 92694-2156



005366

Employer Identification Number: 33-0621826  
Person to Contact: Ms Benjamin  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 22, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1995.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

ENTITY NAME:

LAURA'S HOUSE

FILE NUMBER: C1743682  
FORMATION DATE: 05/05/1994  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 14, 2014.

A handwritten signature in black ink that reads "Debra Bowen". The signature is written in a cursive, flowing style.

DEBRA BOWEN  
Secretary of State

ALL

ARTICLES OF INCORPORATION

OF

LAURA'S HOUSE

I

The name of this corporation is Laura's House.

II

A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

B. The specific purpose of this corporation is to operate a nonprofit organization to provide counseling, shelter, and other services for victims of domestic violence and abuse.

III

The name of this corporation's initial agent for service of process in the State of California is:

Gene R. Gambale  
22545 Conil  
Mission Viejo, California 92691

IV

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable

1743682

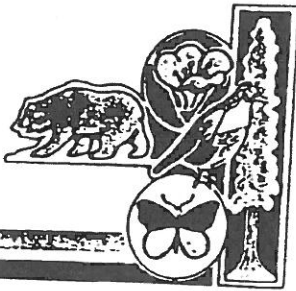
ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

MAY 5 - 1994

TONY MILLER  
Acting Secretary of State

1743682



State  
of  
California  
SECRETARY OF STATE'S OFFICE

CORPORATION DIVISION

I, *TONY MILLER*, Acting Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the corporate record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

MAY 09 1994



*Tony Miller*  
Acting Secretary of State

**LAURA'S HOUSE BOARD OF DIRECTORS  
2014**

**OFFICERS**

Wayne Pinnell

**CHAIR**

Managing Partner - Haskell & White, LLP  
City of Residence - Laguna Hills

Laura Khouri

**VICE CHAIR**

President - Western National Property Management  
City of Residence - Irvine

Kurt Ross

**SECRETARY**

Senior Vice President/Team Leader - Sunwest Bank  
City of Residence - Laguna Niguel

Brent Chase

**TREASURER**

Owner - Focus360  
City of Residence - San Juan Capistrano

**BOARD MEMBERS**

Patrick Bucklen

Integrated Project Services Inc.  
City of Residence - Irvine

Eric Chamberlain

Associate General Counsel, SVP - Consumer Banking Services  
Bank of America  
City of Residence - Laguna Niguel

Laverne Friedmann

CEO - Friedmann & Friedmann Insurance Service  
City of Residence - Newport Beach

Sandy Jacobson

Partner - Allen Matkins  
City of Residence - San Clemente

Mike James

Commander - Costa Mesa Police Department  
City of Residence - Trabuco Canyon

Linda Kearns

Proprietor - Giracci Vineyards & Farms  
City of Residence - Newport Beach

Bao-Ngoc Liu

Vice President / Business Banking Area Manager -  
Pacific Midwest Business Banking  
Wells Fargo Bank N.A.  
City of Residence - Irvine

Rick Lutzky

President - Lutzky Associates Development, LLP  
City of Residence - Laguna Niguel

Jill Murray, Psy.D.

Private Practice  
City of Residence - San Juan Capistrano

Chris Popma

Vice President-Office Operations - Irvine Company  
City of Residence - Trabuco

Joseph Ruggiero

Vice President / General Counsel, West Area - Verizon Wireless  
City of Residence - Ladera Ranch

Garett Sleichter

Partner - Rutan & Tucker, LLP  
City of Residence - Ladera Ranch

Kerri Strunk

Partner - Hittelman Law Group  
City of Residence - Irvine

Helen Timpe

Senior Vice President ~ Morgan Stanley-The Timpe Group  
City of Residence - Newport Beach

Barry Villines

Senior Vice President/Chief Accounting Officer-Institutional Housing Partners  
City of Residence - Lake Forest

Dan Weeks

Vice President Branch Manager - Union Bank  
City of Residence - Ladera Ranch

Matt West

Senior Vice President - 1st Enterprise Bank  
City of Residence - Costa Mesa



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**ITEM III-A – Attachment G**

Grant Application, The Roxanna Todd Hodges Foundation (VII)

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**RECEIVED**  
OCT 13 2014  
City Clerk  
City of Laguna Woods

**City of Laguna Woods  
2015 Community Services Grant Program  
Application Form**

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**  
**SUBMIT 15 COPIES TO:**  
**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637**  
**Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

**ATTACH ADDITIONAL PAGES IF NECESSARY.**  
**PLEASE MARK FIELDS THAT ARE NOT APPLICABLE AS "N/A."**

- 1. Name of Organization (APPLICANT): The Roxanna Todd Hodges Foundation
- 2. Street Address (FOR MAILING/NO P.O. BOXES): 23382 Mill Creek Dr. Suite 130
- 3. City, State, ZIP Code: Laguna Hills, CA 92653
- 4. Website Address: www.rthfoundation.org
- 5. Federal Tax Identification Number: 33-0809745
- 6. Primary Contact Name: Guy Navarro
- 7. Title: Executive Director
- 8. Telephone Number: 949-305-8450
- 9. Email Address: guyn@rthfoundation.org
- 10. Organization's Mission and Purpose: The mission of the RTH Stroke Foundation is to prevent stroke whenever and wherever we can.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Date Organization was Incorporated as a 501(c)3: \_\_\_\_\_

*IRS Determination Letter: Please note that a copy of the organization's determination letter from the Internal Revenue Service (IRS) verifying that the organization is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code must be attached to this application form.*

*Articles of Incorporation: Please note that a copy of the organization's current Articles of Incorporation must be attached to this application form.*

*Board of Directors Roster: Please note that a copy of the organization's current Board of Directors roster must be attached to this application form.*

12. Proposed Program Title: Stroke Prevention and Free Screenings

Stroke Prevention and Free Screenings

13. Grant Amount Requested: \$ 5,000

14. Type of Proposed Program:
- Social Services (highest priority)
  - Transportation (second highest priority)
  - Other (third highest priority)

15. Description of the Proposed Program: Experts say that 80% of all strokes are preventable, but

only if people understand and confront their risk factors. At RTH Stroke Foundation seminars our staff

and guest medical professionals explain the causes of stroke and what people can do to put themselves

in the 80% group. While people cannot control all their risk factors (e.g., age, family history),they can

control certain key factors (e.g., weight, blood pressure, cholesterol levels). During the event, we also

have trained professionals conduct carotid artery, aneurysm and cholesterol screening to identify any

attendees who are already at serious risk as well as to inform others of what their relative risk is.

16. Please describe the goals and objectives of the proposed program.

Every person who attends an event is asked to complete a detailed evaluation and virtually all of them do. Our goal is to have at least 70% of the attendees answer at least five of the six objective questions in the affirmative. We have never yet failed to meet this goal. In addition there are five one-sentence subjective questions designed to guide us in designing future events.

17. Please describe the need within Laguna Woods that would be met by the proposed program, including any quantifiable evidence to substantiate the need.

Blood pressure and cholesterol screenings are relatively routine and if people see a doctor regularly, they probably are aware of their condition. Unfortunately many seniors do not see a physician often enough.

Carotid and aneurysm screenings are not routine in many health plans. In fact the first time that some people realize they have an aneurysm is when it actually ruptures and that usually is too late.

An undetected carotid narrowing can be equally harmful. Our screening program offers people an opportunity to get critical screenings, which can cost up to \$300 each, in one place at one time with no co-pays or fees of any kind. Our experience is that once alerted, many attendees go back to their doctor or clinic for further evaluation.

18. Is the proposed program a new or existing program?  New  Existing

19. If new, how many Laguna Woods residents would be served if the proposed program was funded?

20. Proposed: \_\_\_\_\_

21. If existing, how many Laguna Woods residents are currently being served by the program and how many would be served if the proposed program was funded?

22. Current: <sup>700</sup> \_\_\_\_\_ 23. Proposed: <sup>500</sup> \_\_\_\_\_

24. Would the organization intend to continue the proposed program beyond the term of the grant or is the proposed program limited-term in nature?

If we could find other funding, they would continue.

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25. Please describe the target population for the proposed program, including any prerequisites, preconditions, or other qualifying factors for participation.

Although a stroke can occur to anyone of any age or gender, more than 75% of all stroke victims are  
65 or older, so we zero in on the senior community. Given the city's median age (78) and population  
16,507 in the 2010 census), there probably isn't another three-square-mile piece of land in the entire  
United States with a greater concentration of stroke-prone individuals than Laguna Woods. We target  
both genders because contrary to one commonly held belief, 55,000 more women than men  
have strokes each year, although that is in part because women as a group live longer and therefore  
have more years in which to suffer strokes.

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26. Please describe how the organization would publicize and promote the proposed program in order to reach the target population.

We coordinate with Laguna Woods Village Social Services. We speak with various clubs within the community. We publicize events through the Laguna Woods Globe and Channel 6 and our newsletter.

27. Please describe any costs for residents to participate in the proposed program.

No cost to residents if grant is funded.

28. Please identify the location(s) where the proposed program would occur.

Laguna Woods Village Club Houses, Age Well Senior Services facilities, Saddleback Memorial Hospital, which, although not in Laguna Woods, serves thousands of the city's residents.  
Laguna Woods City Hall.



30. What experience does the organization have in providing services similar to the proposed program, and over what period of time?

Being recipients of the community services grant program for 2014 we successfully provide

education on stroke prevention and free screenings to 700 adults. Elsewhere in Los Angeles and

Orange Counties more than 3,500 people have attended our seminars and screenings in 2014.

31. Please describe the type, experience, and qualifications of the personnel (including paid staff, independent contractors, and volunteers) who would implement and be involved in the provision of services for the proposed program.

Our staff is qualified to deliver the seminar presentations as do guest medical professionals.

Because of our close connection with all local hospital, from time to time we are able to bring in

presenters who are world leaders in stroke research and treatment.

Required Attachments:

- IRS Determination Letter (see page 2)
- Articles of Incorporation (see page 2)
- Board of Directors Roster (see page 2)
- Proposed Program Effectiveness (see Attachment "A"; page 9)
- Proposed Program Budget (see Attachment "B"; pages 10-12)

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:**

**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637  
Attention: City Clerk's Office**

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Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

I, the undersigned, hereby certify in my capacity as an authorized agent for the organization for which this application form is submitted, that the information contained on this application form, including on all attachments and supporting material, is true and correct to the best of my knowledge. I further acknowledge that I have received, read, understand, and agree to comply with the information contained in City of Laguna Woods Administrative Policy 2.8, pertaining to the Community Services Grants Program (approved August 20, 2014).

Authorized Agent's Name: Deborah Massaglia

Authorized Agent's Title: President

Authorized Agent's Signature: Deborah M. Massaglia Date: October 13, 2014

**ATTACHMENT "A"**

**PROPOSED PROGRAM EFFECTIVENESS**

A.1. How would the success of the proposed program be measured? Please correlate the proposed program's goals to quantifiable results/outcomes.

<b>Program Goals</b>	<b>Program Results/Outcomes</b>
Conduct seminars during which we acquaint attendees with risk factors for stroke and teach them how they can minimize these risks in their daily lives.	While we cannot empirically measure the post-event behavior of all attendees, we expect that individuals (a) would go home armed with better information about stroke and (b) would incorporate some of the lifestyle changes needed to reduce their risk of stroke.
Conduct carotid artery, aneurysm, cholesterol and blood pressure screening	Individuals who are severely at risk would be counseled on treatment options and if possible referred for immediate treatment. Our experience is that many attendees with negative screen results go to the doctor or clinic for preventive care.
Conduct regular post-stroke support group meetings at our offices. Since a stroke can be very isolating, it is important for Stroke Survivors to meet regularly with other members who will help each of them face and overcome common challenges.	Stroke survivors, their families, and their caregivers will learn more about stroke, share their experiences about stroke, and become inspired to move forward after their stroke.

**ATTACHMENT "B"**  
**PROPOSED PROGRAM BUDGET**

B.1. Please identify any other anticipated sources of funding for the proposed program over the term of the 2015 Community Services Grant Program (CY 2015).

These events are not above our normal operations, they are our normal operations. We take no overhead from the grant money.

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B.2. Please complete the following table. Total "City Grant Revenues" should equal the total grant amount requested (see #13 on page 2 of the application form).

		Revenues	
Direct Costs	Expenditures	City Grant	Other Sources
Salaries & Benefits			
Contract Services	\$4,000	\$4,000	
Supplies/Equipment			
Postage/Printing	\$750	\$750	
Rental of Space/Equipment	\$100	\$100	
Other	\$150	\$150	
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead			
Other			
		Revenues	
	Expenditures	City Grant	Other Sources
<b>TOTAL</b>	\$5,000	\$5,000	

B.3. Please explain what each direct and indirect cost consists of.

B.4. Salaries/Benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.5. Contract Services: The cost of diagnostic screening per event is \$400  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.6. Supplies/Equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.7. Postage/Printing: Printing of course materials per event is \$1.50 per person per event.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.8. Rental of Space/Equipment: \_\_\_\_\_  
As a precaution in the event we need to rent a few club houses throughout the year.  
\_\_\_\_\_  
\_\_\_\_\_



B.9. Other Direct Costs: \_\_\_\_\_

Refreshments for City Hall events.

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B.10. Administrative Support/Overhead: \_\_\_\_\_

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B.11. Other Indirect Costs: \_\_\_\_\_

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## ATTACHMENTS

IRS DETERMINATION LETTER  
ARTICLES OF INCORPORATION  
BOARD OF DIRECTORS ROSTER

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JUL 11 1988

THE ROXANNA TODD HODGES FOUNDATION  
C/O MARC A BRONSTEIN  
3205 OCEAN PARK BLVD STE 200  
SANTA MONICA, CA 90405

Employer Identification Number:  
33-0809745

DLN:  
17053181062038

Contact Person:  
D. A. DOWNING

Contact Telephone Number:  
(513) 241-5199

Accounting Period Ending:  
December 31

Addendum Applies:  
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that, as indicated in your application, you are a private foundation within the meaning of section 509(a) of the Code. In this letter we are not determining whether you are an operating foundation as defined in section 4942(j)(3).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA). However, since you are a private foundation, you are subject to excise taxes under chapter 42 of the Code. You also may be subject to other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other

Letter 1076 (DO/CG)

-2-

## THE ROXANNA TODD HODGES FOUNDATION

participation in fundraising activities for charity.

You are required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as a Private Foundation. Form 990-PF must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection within 180 days after the date of publication of its availability, and you must publish the notice of availability no later than the date required for filing the return. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner

Letter 1076 (DO/CG)

THE ROXANNA TODD HODGES FOUNDATION

of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

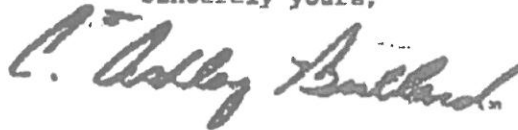
If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "C. Wesley Bullard".

District Director

2111707

ARTICLES OF INCORPORATION  
OF

THE ROXANNA TODD HODGES FOUNDATION

ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

JUN 18 1998

*Bill Jones*  
BILL JONES, Secretary of State

ARTICLE I

The name of this corporation is THE ROXANNA TODD HODGES FOUNDATION.

ARTICLE II

A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

B. The specific purpose of this corporation is to provide financial support for charitable and other activities of the kind described in Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

ARTICLE III

The name and address in the State of California of this corporation's initial agent for service of process is:

Deborah M. Firment  
6302 Princeville Circle  
Huntington Beach, California 92648

ARTICLE IV

A. This corporation is organized and operates exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

B. Notwithstanding any other provision of these Articles of Incorporation, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and this corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law, or (b) by a corporation,

## ARTICLES OF INCORPORATION

OF

THE ROXANNA TODD HODGES FOUNDATION

contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

C. No substantial part of the activities of this corporation shall consist of lobbying or propaganda, or otherwise attempting to influence legislation, except as provided in Section 501(h) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law, and this corporation shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of, or in opposition to, any candidate for public office except as provided in Section 501(h) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

ARTICLE V

A. The property of this corporation is irrevocably dedicated to the charitable purposes set forth in these Articles of Incorporation and no part of the net income or assets of this corporation, on dissolution or otherwise, shall ever inure to the benefit of any private person or individual or any director, officer or member thereof or to this corporation.

B. On the winding up and dissolution of this corporation, the assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

C. This corporation will distribute its income for each tax year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

D. This corporation will not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

E. This corporation will not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

F. This corporation will not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.



ARTICLES OF INCORPORATION

OF

THE ROXANNA TODD HODGES FOUNDATION

G. This corporation will not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law.

ARTICLE VI

The authorized number and qualification of members of this corporation, the different classes of membership, if any, the property, voting and other rights and privileges of members, and their liability to dues and assessments and the method of collection thereof, shall be set forth in the Bylaws of this corporation.

DATED: June 16, 1998

DEBORAH M. FIRMENT

Typed Name of Incorporator

*Deborah M. Firment*

Signature of Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

*Deborah M. Firment*

DEBORAH M. FIRMENT



**RTH**  
**STROKE FOUNDATION**

PREVENTION • AWARENESS • SUPPORT

**Board of Directors**

**Deborah Massaglia - President**

[REDACTED]

**Alyson Peterson – Vice President & Treasurer**

[REDACTED]

**Guy Navarro**

[REDACTED]

[REDACTED]

**ITEM III-A – Attachment H**

Grant Application, Saddleback Memorial Foundation (VIII)

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1:54 PM  
**RECEIVED** *of*

OCT 13 2014

City Clerk  
City of Laguna Woods

City of Laguna Woods  
2015 Community Services Grant Program  
Application Form

Application Deadline: Monday, October 13, 2014 – 2 P.M.

SUBMIT 15 COPIES TO:

City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637  
Attention: City Clerk's Office

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

ATTACH ADDITIONAL PAGES IF NECESSARY.

PLEASE MARK FIELDS THAT ARE NOT APPLICABLE AS "N/A."

1. Name of Organization (APPLICANT): Saddleback Memorial Foundation
2. Street Address (FOR MAILING/NO P.O. BOXES): 24451 Health Center Drive
3. City, State, ZIP Code: Laguna Hills, CA 92653
4. Website Address: www.memorialcare.org.smf
5. Federal Tax Identification Number: 33-0011887
6. Primary Contact Name: Melissa Centeno
7. Title: Director of Fund Development
8. Telephone Number: (949) 452-3106
9. Email Address: mcenteno@memorialcare.org
10. Organization's Mission and Purpose: **Saddleback Memorial Medical Center:**  
To improve the health and well being of individuals, families and our  
communities through innovation and the pursuit of excellence.  
**Saddleback Memorial Foundation:** To develop the philanthropic resources  
necessary to strengthen the ability of Saddleback Memorial to enhance the  
health and well-being of individuals, families, and our community.

11. Date Organization was Incorporated as a 501(c)3: 1979

*IRS Determination Letter: Please note that a copy of the organization's determination letter from the Internal Revenue Service (IRS) verifying that the organization is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code must be attached to this application form.*

*Articles of Incorporation: Please note that a copy of the organization's current Articles of Incorporation must be attached to this application form.*

*Board of Directors Roster: Please note that a copy of the organization's current Board of Directors roster must be attached to this application form.*

12. Proposed Program Title: Distress Screening and Follow-up System

13. Grant Amount Requested: \$ 15,000

14. Type of Proposed Program:  Social Services (highest priority)  
 Transportation (second highest priority)  
 Other (third highest priority)

15. Description of the Proposed Program: In preparation for a more comprehensive implementation of distress screening, Saddleback Memorial proposes a trial project to to implement and evaluate distress screening and follow-up among cancer patients at the Meiklejohn Radiation Oncology Center, a department of the MemorialCare Cancer Institute at Saddleback Memorial, over one year. Saddleback Memorial selected this department for the screening project because of the relative uniformity of the patient population, related to similar diagnoses, and the high level of daily patient contact at the Meiklejohn Radiation Oncology Center.

16. Please describe the goals and objectives of the proposed program.

The proposed Distress Screening and Follow-up System is expected to help identify a patient's practical and psychosocial problems as early as possible, and allow an opportunity to address them before the patient is overwhelmed or the problems interfere with treatment. The goal of this project is to implement and integrate distress screening and follow-up as a standardized program, initially with up to 300 cancer patients (potentially) participating at the Meiklejohn Radiation Oncology Center at Saddleback Memorial Medical Center, using the National Comprehensive Cancer Network's (NCCN's) validated Distress Screening Tool.

17. Please describe the need within Laguna Woods that would be met by the proposed program, including any quantifiable evidence to substantiate the need.

This project will improve cancer care for our community residents receiving treatment at Saddleback Memorial Medical Center's Meiklejohn Radiation Oncology Center. Cancer patients commonly experience distress during the course of diagnosis and treatment. Distress in these patients is known to be associated with negative social, emotional, and physical outcomes, and recent research suggests that identifying and addressing distress may improve not only quality of life, but cancer outcomes as well.



18. Is the proposed program a new or existing program?  New  Existing

19. If new, how many Laguna Woods residents would be served if the proposed program was funded?

20. Proposed: Saddleback Memorial Medical Center provided care for greater

than 8,000 Laguna Woods residents in fiscal year 2014 (July 1, 2013 to

June 30, 2014). Nearly 3,000 Laguna Woods patients had cancer related

diagnoses. In the current year, we expect to treat approximately 350 patients

at the Meiklejohn Radiation Oncology Center. We anticipate that, 20% of

those patients will be from Laguna Woods. For some of those residents, daily

treatments could last up to eight weeks. Any and all patients meeting the

inclusion criteria for use of the NCCN Screening tool would be served by the

proposed project.

21. If existing, how many Laguna Woods residents are currently being served by the program and how many would be served if the proposed program was funded?

22. Current: N/A 23. Proposed: N/A

24. Would the organization intend to continue the proposed program beyond the term of the grant or is the proposed program limited-term in nature?

Yes, Saddleback Memorial intends to continue screening for distress in patients with

a diagnosis of cancer. The trial implementation and testing of a distress screening

program, using the NCCN Distress Screening Tool, in a discrete population will allow

Saddleback Memorial to modify, refine, and streamline the process before considering

the introduction of distress screening on a wider basis. Distress screening is expected

to help identify a patient's practical and psychosocial problems as early as possible,

and allow an opportunity to address them before the patient is overwhelmed or the

problems interfere with treatment. The program will support better use of appropriate

community and medical system resources by patients in need, making it sustainable

in the long-term.

25. Please describe the target population for the proposed program, including any prerequisites, preconditions, or other qualifying factors for participation.

All patients starting treatment in the Meiklejohn Radiation Oncology Center will be screened for inclusion in the program after they have completed their first two days of intake and evaluation. The project's Licensed Mental Health Professional will screen patients for inclusion. To increase the likelihood that participants will be able to complete the self-reporting required over the duration of the program, criteria for the accessible population will include: patients prescribed radiation treatment equal to or greater than 3 weeks duration, and patients without significant mental impairments or unstable medical conditions. Patients can voluntarily opt out without any negative impact.

The Center's Licensed Mental Health Professional will present the NCCN Distress Screening Tool (See Attachment C ) to those that meet inclusion criteria. Patients will self-administer the screening tool within the first week of treatment, at the end of treatment, and if possible, at a follow-up examination approximately one month after completion of treatment. If there is no follow-up appointment in the month following treatment, and further follow-up is desired, a copy of the screening tool could be mailed or a phone call made to the patient.

26. Please describe how the organization would publicize and promote the proposed program in order to reach the target population.

This project is specific to the population of patients receiving radiation therapy at the Meiklejohn Radiation Oncology Center. The proposed project will be explained and promoted internally, within the department only; and only to patients who meet the inclusion criteria.

27. Please describe any costs for residents to participate in the proposed program.

There will be no cost for participants. This service would be provided by Saddleback Memorial Medical Center to patients. The hospital will not receive any reimbursement from any insurance companies or payors.

28. Please identify the location(s) where the proposed program would occur.

The proposed program will be offered at the Meiklejohn Radiation Oncology Center located at MemorialCare Cancer Institute at Saddleback Memorial in the Damsker Pavilion. Originally located at 24953 Paseo de Valencia in Laguna Hills, the Meiklejohn Radiation Oncology Center recently moved to the new home of the MemorialCare Cancer Institute at 24302 Paseo de Valencia, which is closer to the hospital next to Farmers & Merchants Bank.

29. Please provide a schedule for the proposed program's activities over the term of the 2015 Community Services Grant Program (CY 2015) including, at a minimum:

- Any start-up time necessary to prepare to offer the proposed program to Laguna Woods residents (e.g., program development; materials generation);
- When services would begin to be provided to Laguna Woods residents; and
- The frequency with which services would be provided to Laguna Woods residents (i.e., over what period of time, how often, how many times, and until when).

There is no necessity for start-up time or preparation before beginning the proposed program. Services could begin immediately. The frequency of services provided through the proposed program to the residents of Laguna Woods would be ongoing during the length of time an individual was receiving treatment.

Quarterly Reporting of data will be required for the following purposes:

- Internal review of the distress screening process
- To report progress toward the collection of serial patient screens , initiated or completed

- To review resource management (including utilization of all grant funding)
  - To confirm data collection
- Summary reporting of data at the end of the initial project will be required for the following purposes:
- A compilation of all quarterly reports
  - Detailed accounting of expenses and disbursements
  - Evaluation of the data collected and summary of the findings
    - Specific to projected outcomes
    - Specific to unintended outcomes
  - Quality improvements for planned continuation and expansion of a Distress Screening Program

30. What experience does the organization have in providing services similar to the proposed program, and over what period of time?

Saddleback Memorial has been providing cancer services and serving the Laguna Woods community since the hospital opened in 1974. Over that time we have developed exceptional expertise in cancer care. In our commitment to excellence, the patient's experience and outcomes are our highest priorities. How a patient feels about the healthcare environment and the medical team – as well as their emotional well-being—can have a dramatic impact on maintaining or regaining health. Going forward with this proposed project is another example of Saddleback Memorial's continuing focus on the whole patient, mind, body and spirit.

31. Please describe the type, experience, and qualifications of the personnel (including paid staff, independent contractors, and volunteers) who would implement and be involved in the provision of services for the proposed program.

A Licensed Mental Health Professional will manage and implement the program, working under the supervision of Saddleback Memorial's Executive Director of

Oncology Services Administration, the Cancer Nurse Navigator and the Director of the Radiation Oncology Department. The mental health professional will work on the program 24 hours per week. Qualifications for the position will include:

- Current licensure as a mental health professional
- At least 2 years of experience working with oncology patients
- Experience with inpatient acute care as well as outpatient oncology services
- Experience in a multidisciplinary team and ability to serve as a liaison for the patient with healthcare providers and community resources
- Knowledge of community resources and social services that serve the oncology patient population
- Ability to maintain records, statistics, and reports to support the goal of determining the efficacy of distress screening
- Competency in EPIC applications (electronic medical record)

Required Attachments:

- IRS Determination Letter (see page 2)
- Articles of Incorporation (see page 2)
- Board of Directors Roster (see page 2)
- Proposed Program Effectiveness (see Attachment "A"; page 9)
- Proposed Program Budget (see Attachment "B"; pages 10-12)

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:**

**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637**

**Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

I, the undersigned, hereby certify in my capacity as an authorized agent for the organization for which this application form is submitted, that the information contained on this application form, including on all attachments and supporting material, is true and correct to the best of my knowledge. I further acknowledge that I have received, read, understand, and agree to comply with the information contained in City of Laguna Woods Administrative Policy 2.8, pertaining to the Community Services Grants Program (approved August 20, 2014).

Authorized Agent's Name: \_\_\_\_\_

Authorized Agent's Title: \_\_\_\_\_

Authorized Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required Attachments:

- IRS Determination Letter (see page 2)
- Articles of Incorporation (see page 2)
- Board of Directors Roster (see page 2)
- Proposed Program Effectiveness (see Attachment "A"; page 9)
- Proposed Program Budget (see Attachment "B"; pages 10-12)

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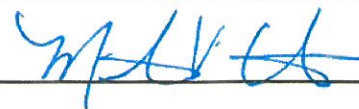
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Authorized Agent's Name: Melissa Centeno

Authorized Agent's Title: Director of Fund Development

Authorized Agent's Signature:  Date: 10/13/14



**ATTACHMENT "A"**

**PROPOSED PROGRAM EFFECTIVENESS**

A.1. How would the success of the proposed program be measured? Please correlate the proposed program's goals to quantifiable results/outcomes.

<b>Program Goals</b>	<b>Program Results/Outcomes</b>
Implement and integrate distress screening and follow-up as a standardized program, initially with up to 300 cancer patients at the Meiklejohn Radiation Oncology Center.	Quarterly data and summary reports to confirm implementation: <ul style="list-style-type: none"> <li>• Number of initial screens</li> <li>• Number of follow-up screens</li> </ul>
Provide distress intervention(s) as needed for elevated distress scores and or topics indicated by patients on the self-administered NCCN Distress Tool.	Quarterly and summary reports of all interventions, by category, offered to patients participating in the proposed program by the licensed mental health professional in the department.
Affect a measureable decrease in elevated distress score, where possible, after intervention.	Quarterly data and summary reports with comparison of initial Distress Tool score to follow-up score.
Evaluate the efficacy and value of the NCCN Distress Tool for use as the primary or initial screening tool for distress in this population.	Summary reporting from all reviewers of the data, including the licensed mental health professional, administrators and physicians, to determine future use of this particular tool for distress screening.

**ATTACHMENT "B"**  
**PROPOSED PROGRAM BUDGET**

B.1. Please identify any other anticipated sources of funding for the proposed program over the term of the 2015 Community Services Grant Program (CY 2015).

Saddleback Memorial Foundation is in the process of presenting proposals to individuals interested in helping to fund this program. We currently have no commitments, but expect to raise the remaining amount needed for the program through generous donors wishing to support this cancer program.

B.2. Please complete the following table. Total "City Grant Revenues" should equal the total grant amount requested (see #13 on page 2 of the application form).

\*Please note that expenses such as office space and supplies will be paid for by Saddleback Memorial Medical Center.

		Revenues	
Direct Costs	Expenditures	City Grant	Other Sources
Salaries & Benefits	\$60,742*	\$15,000	\$45,742
Contract Services			
Supplies/Equipment			
Postage/Printing			
Rental of Space/Equipment			
Other			
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead			
Other			
		Revenues	
		Expenditures	City Grant
TOTAL		\$60,742*	\$15,000
		Other Sources	\$45,742

B.3. Please explain what each direct and indirect cost consists of.

B.4. Salaries/Benefits: \$60,742 A licensed mental health professional will manage  
and implement the program. He/she will implement and evaluate distress  
screenings and follow-up among cancer patients.

B.5. Contract Services: None

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B.6. Supplies/Equipment: None

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B.7. Postage/Printing: None

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B.8. Rental of Space/Equipment: None

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B.9. Other Direct Costs: None

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B.10. Administrative Support/Overhead: None

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B.11. Other Indirect Costs: None

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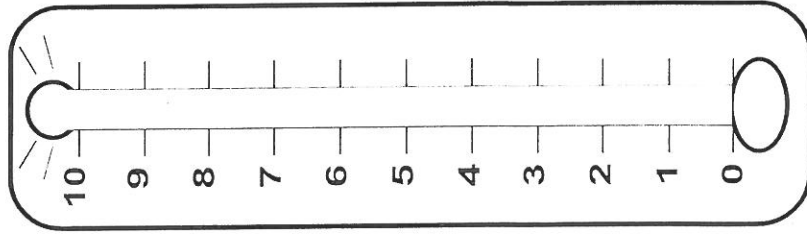
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**NCCN Guidelines Version 2.2013**  
**Distress Management**

**SCREENING TOOLS FOR MEASURING DISTRESS**

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



**Extreme distress**

**No distress**

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

<u>YES</u>	<u>NO</u>	<u>Practical Problems</u>	<u>YES</u>	<u>NO</u>	<u>Physical Problems</u>
<input type="checkbox"/>	<input type="checkbox"/>	Child care	<input type="checkbox"/>	<input type="checkbox"/>	Appearance
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Bathing/dressing
<input type="checkbox"/>	<input type="checkbox"/>	Insurance/financial	<input type="checkbox"/>	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Changes in urination
<input type="checkbox"/>	<input type="checkbox"/>	Work/school	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	<input type="checkbox"/>	Treatment decisions	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
			<input type="checkbox"/>	<input type="checkbox"/>	Eating
			<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
			<input type="checkbox"/>	<input type="checkbox"/>	Feeling Swollen
			<input type="checkbox"/>	<input type="checkbox"/>	Fevers
			<input type="checkbox"/>	<input type="checkbox"/>	Getting around
			<input type="checkbox"/>	<input type="checkbox"/>	Indigestion
			<input type="checkbox"/>	<input type="checkbox"/>	Memory/concentration
			<input type="checkbox"/>	<input type="checkbox"/>	Mouth sores
			<input type="checkbox"/>	<input type="checkbox"/>	Nausea
			<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested
			<input type="checkbox"/>	<input type="checkbox"/>	Pain
			<input type="checkbox"/>	<input type="checkbox"/>	Sexual
			<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy
			<input type="checkbox"/>	<input type="checkbox"/>	Sleep
			<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse
			<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet

Other Problems: \_\_\_\_\_

## ATTACHMENTS

IRS DETERMINATION LETTER  
ARTICLES OF INCORPORATION  
BOARD OF DIRECTORS ROSTER

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 03 2014

SADDLEBACK MEMORIAL FOUNDATION  
24451 HEALTH CENTER DRIVE  
LAGUNA HILLS, CA 92653

Employer Identification Number:  
33-0011887  
DLN:  
17053355366022  
Contact Person:  
THOMAS E GERITY ID# 31664  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
December 11, 2012  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



SADDLEBACK MEMORIAL FOUNDATION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Tamara Ripperda". The signature is written in dark ink and is positioned above a horizontal line.

Director, Exempt Organizations

SADDLEBACK MEMORIAL FOUNDATION

ADDENDUM

Our records show that you were previously tax-exempt as a subordinate under group exemption number 5661. Because you applied for and have been granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax-exemption and will be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you will lose your individual recognition of tax-exempt status and will no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt status. To reestablish your individual tax-exemption after rejoining a group exemption, you will be required to reapply and pay the appropriate user fee.

Internal Revenue Service  
District Director

RECEIVED

SEP 4 1979

Department of the Treasury

LA:EO:79 1806

Date: ~~SEP 3~~ 31 1979

Controllérs Dépt.

Employer Identification Number:

33-0011887

Accounting Period Ending:

June 30

Form 990 Required:  Yes  No

Saddleback Community Hospital Foundation  
24451 Via Estrada  
Laguna Hills, California 92653

Person to Contact:

B. Brewer  
Contact Telephone Number:

(213) 688-4553

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(3).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 2350, Los Angeles, Calif. 90053

(over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

*W. H. Connors*

District Director

jf



922771

ENDORSED  
FILED  
In the office of the Secretary of State  
of the State of California  
JUN 22 1979  
MARCH FONG EU, Secretary of State  
Gloria J. Carroll  
Deputy

ARTICLES OF INCORPORATION

OF

SADDLEBACK COMMUNITY HOSPITAL FOUNDATION

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, all of whom are residents of the State of California, have this day voluntarily associated ourselves together for the purpose of forming a corporation under the laws of the State of California; that the corporation is organized pursuant to Part 1 of Division 2 of Title 1 of the California Corporations Code, and we do hereby certify:

ARTICLE I

NAME

The name of this corporation is SADDLEBACK COMMUNITY HOSPITAL FOUNDATION.

ARTICLE II

DURATION

The period of the corporation's duration is perpetual.

ARTICLE III

PURPOSES AND POWERS

3.01. Specific and Primary Purpose. The specific and primary purpose for which this corporation is formed is

1.

to engage in the solicitation, receipt, and administration of property, and from time to time to disburse such property and the income therefrom solely to, or for the benefit of, the hospital facility and related activities operated by SADDLEBACK COMMUNITY HOSPITAL, located at 24451 Via Estrada, Laguna Hills, California. Such disbursements shall be used by said SADDLEBACK COMMUNITY HOSPITAL for only the following and no other purposes:

- (1) Major capital expenditures;
- (2) Major renovation of the hospital buildings;
- (3) Major equipment purchases;
- (4) Medical and other professional health care education;
- (5) Promotion and conduct of community health programs;
- (6) Medical research.

3.02. General Purposes and Powers. The general purposes for which the corporation is formed and the powers which it may exercise in furtherance hereof are:

(a) To obtain and administer funds to be used in furtherance of the charitable purposes of SADDLEBACK COMMUNITY HOSPITAL set forth in Section 3.01 of this Article III.

(b) To receive and administer funds in furtherance of the charitable, educational, and scientific objectives and purposes mentioned above, and to that end, in



addition to and not in limitation of, the general powers conferred by the Laws of the State of California, to take and hold by bequest, devise, gift, grant, purchase, lease or otherwise, either absolutely, or jointly, or together with any other person, persons, or corporation, any property, real, personal, tangible, or intangible, or any undivided interest therein, without limitation as to amount or value required for its purpose; to sell, convey, lease, hypothecate, or otherwise dispose of, or deal with any such property and to invest, reinvest, or deal with the principal or the income thereof in such manner as in the judgment of the Board of Directors will best promote its purposes; without limitations, except such limitations, if any, as may be contained in the instrument under which such property is received, the Articles of Incorporation or the Bylaws of the corporation, or any laws applicable thereto.

(c) To act as trustee under any trust or endowment incidental to the principal objectives of the corporation, and in connection therewith to receive, hold, administer, and to expend funds and real and personal property of every kind and character whatsoever subject to such trust or endowment.

(d) To acquire by purchase, exchange, subscription, or otherwise, and to receive, mortgage, pledge, sell, assign, transfer, exchange, or otherwise dispose of shares

of stock of, or voting trust certificates for shares of the stock of, or any bonds or other securities, evidence of indebtedness or obligations created by, and other corporation or corporations organized under the laws of the State of California or of any other state, or of any country, nation, or government, and to pay therefor, in whole or in part, with cash, or other property, or with bonds or other obligations of this corporation; and, while the owner or holder of any such shares, or voting trust certificates for shares, or bonds, or other securities, or evidences of indebtedness, or obligations of any such other corporation or corporations, to possess and exercise in respect thereof all the rights, powers, and privileges of ownership, including the right to vote thereon and to consent in respect thereof for any and all purposes.

(e) To raise monies for any of the purposes of this corporation without limit as to amount, and, from time to time, to borrow money and to issue bonds, debentures, notes, or other obligations, secured or unsecured, of this corporation for monies so borrowed, or in payment for property acquired, or for any of the other objectives or purposes of this corporation, or in connection with its business; to secure such bonds, debentures, notes and other obligations by mortgages, or deed or deeds of trust, or pledge or other lien upon any and all of the property, rights,

privileges, or franchises of this corporation, wheresoever situated, acquired, or to be acquired, and to pledge, sell, or otherwise dispose of any or all of such bonds, debentures, notes, and other obligations of this corporation for its corporate purposes.

(f) To do all other acts necessary or expedient for the administration of the affairs and attainment of the purposes of the corporation.

(g) Notwithstanding any of the above statements of purposes and powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purpose of this corporation.

The foregoing clauses shall each be construed as purposes, objectives, and powers, and the matters expressed in each clause shall, except as otherwise expressly provided, be in nowise limited by references to, or inference from the terms of any other clause, but shall be regarded as independent purposes, objectives, and powers; and the enumeration of specific objectives and powers shall not be construed to limit or restrict in any manner the meaning of the general powers of the corporation, nor shall the expression of one thing be deemed to exclude another, although it be of like nature, not expressed, provided that all of the foregoing purposes, objectives, powers, and matters set forth in this

Article III shall be limited to those which do not jeopardize the corporation's tax exempt status under Section 501(c)(3) of the Internal Revenue Code of 1954 and the equivalent exemption available under the laws of the State of California.

ARTICLE IV

DISSOLUTION

The property of the corporation is irrevocably dedicated to hospital, scientific, educational, and charitable purposes. Upon the dissolution or winding up of the corporation, after paying or adequately providing for the debts and obligations thereof, any remaining assets shall be distributed, for use in furtherance of the purposes of the corporation as set forth in Article III of these Articles of Incorporation to SADDLEBACK COMMUNITY HOSPITAL, if it is then in existence and being operated as a charitable enterprise as an exempt organization qualified under Section 501(c)(3) of the Internal Revenue Code (1954), as amended, supplanted, or revised (if amended, supplanted, or revised) at that time. If SADDLEBACK COMMUNITY HOSPITAL is not then in existence or being so operated, then any remaining assets shall be distributed directly to any other non-profit corporation selected by this corporation's Board of Directors which is engaged in activities substantially similar to those of this corpora-

tion and which is then so qualified as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (1954) as amended, supplanted, or revised (if amended, supplanted, or revised), at such time.

#### ARTICLE V

#### PROHIBITIONS

No part of the net earnings of the corporation shall inure to the benefit of any individual member, or Director, or Officer of the corporation or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes). No substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these Articles, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and related regulations as they now exist or as they may hereafter be amended, or by an organization, contributions to which are deductible under

Section 170(c)(2) of such Code and related regulations as they now exist or as they may hereafter be amended, or by the laws of the State of California as they now exist or as they may hereafter be amended.

This corporation shall have a racially non-discriminatory policy and shall not discriminate on the basis of race, color and national or ethnic origin.

#### ARTICLE VI

##### MEMBERS

The corporation shall have one or more classes of Members and one or more Members in each class. The designation of each class and the number, manner of selection, rights, and qualifications of the Members of each class shall be prescribed from time to time in the corporation's Bylaws. The Bylaws may enlarge, limit, or deny the voting rights of Members to the extent permitted by statute.

#### ARTICLE VII

##### PRINCIPAL OFFICE

The principal office for the transaction of the business of this corporation is to be located in the County of Orange, State of California.

#### ARTICLE VIII

##### DIRECTORS

The number of Directors of this corporation shall

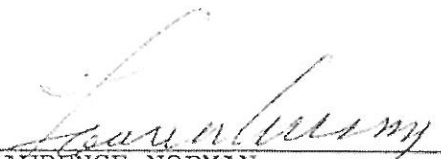
be three (3), which number shall constitute the authorized number of Directors until changed by amendment to these Articles of Incorporation or by a bylaw adopted by the Members. The names and addresses of the persons who are to act as the initial Directors until the selection of their successors are:

Lawrence Norman  
21949 Yellowstone Lane  
El Toro, California 92630

A.A. Hally  
5072 Avenida Del Sol  
Laguna Hills, California 92653

Harold L. Gano  
3321 Piragua  
Carlsbad, California 92008

IN WITNESS WHEREOF, for the purposes of forming this corporation under the laws of the State of California, we, the undersigned, constituting the incorporators and the persons named herein as the first Directors of this corporation, have executed these Articles of Incorporation this 11th day of May, 1979.

  
\_\_\_\_\_  
LAWRENCE NORMAN

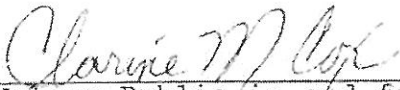
  
\_\_\_\_\_  
A. A. HALLY

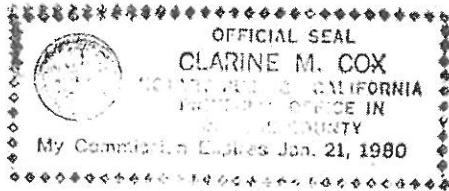
  
\_\_\_\_\_  
HAROLD L. GANO

STATE OF CALIFORNIA            )  
  ) ss:  
COUNTY OF ORANGE

On this 16 day of May, 1979, before me, the undersigned, a Notary Public in and for said County and State, personally appeared LAWRENCE NORMAN, A.A. HALLY and HAROLD L. GANO, known to me to be the persons whose names are subscribed to the foregoing Articles of Incorporation, and acknowledged to me that they, and each of them, executed the same.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public in and for  
said County and State





## Saddleback Memorial Foundation Board of Directors

Garry Baker  
Farmers and Merchants Trust Co.

Bob Ring  
Retired, Community Volunteer

Cecilia Belew  
President

Arnold Schwartz  
Retired, Community Volunteer

---

Bruce Channing  
Chair, SMMC Board of Directors

Bebe Shaddock  
Retired, Community Volunteer

Gary Damsker  
Retired, Community Volunteer

Evelyn Shopp  
Retired, Community Volunteer

Michael Douglas  
Fidelis Partners

Lawrence Tran, M.D.

Stephen B. Geidt  
CEO, SMMC

Rae Tso  
Retired, Community Volunteer

Aileen Grant  
Treasurer  
Pence Wealth Management

Barbara Victor, M.D.  
Vice Chair

Laurie Konsugar-Louie  
Community Volunteer

Barrie May, M.D.

Chirag Patel, M.D.

William A. Phillips  
Chair

Virginia Pillsbury  
Secretary  
Retired, Community Volunteer

Leila Rasouli, M.D.

Simon Reeves  
TideRock Financial

J. Scott Reid  
Alignment Healthcare

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**ITEM III-A – Attachment I**

Grant Application, South County Outreach (IX)

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RECEIVED

OCT 13 2014

City Clerk  
City of Laguna Woods

City of Laguna Woods  
2015 Community Services Grant Program  
Application Form

Application Deadline: Monday, October 13, 2014

SUBMIT **15 COPIES** TO:

City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92653  
Attention: City Clerk's Office

*Applications must be received no later than the published application deadline. Applications postmarked before the deadline, but not actually received by the City prior to the deadline, will not be accepted.*

ATTACH ADDITIONAL PAGES IF NECESSARY.

PLEASE MARK FIELDS THAT ARE NOT APPLICABLE AS "N/A."

ORIGINAL

1. Name of Organization (APPLICANT): South County Outreach
2. Street Address (FOR MAILING/NO P.O. BOXES): 7 Whatney, Suite B
3. City, State, ZIP Code: Irvine, CA 92618
4. Website Address: www.sco-oc.org
5. Federal Tax Identification Number: 33-0330233
6. Primary Contact Name: Pat Hughes
7. Title: Grants Manager
8. Telephone Number: 949-380-8144 x 222
9. Email Address: phughes@sco-oc.org
10. Organization's Mission and Purpose: South County Outreach's mission is to prevent hunger and homelessness and to provide individuals, families, seniors, and veterans in crisis with the tools that help them help themselves. We have continued to provide vital services and assistance to low-income or otherwise at-risk residents of South Orange County since 1989.

11. Date Organization was Incorporated as a 501(c)3: 1993

*IRS Determination Letter: Please note that a copy of the organization's determination letter from the Internal Revenue Service (IRS) verifying that the organization is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code must be attached to this application form.*

*Articles of Incorporation: Please note that a copy of the organization's current Articles of Incorporation must be attached to this application form.*

*Board of Directors Roster: Please note that a copy of the organization's current Board of Directors roster must be attached to this application form.*

12. Proposed Program Title: South County Outreach

South County Outreach

13. Grant Amount Requested: \$ 20,000

14. Type of Proposed Program:  Social Services (highest priority)  
 Transportation (second highest priority)  
 Other (third highest priority)

15. Description of the Proposed Program: \_\_\_\_\_

South County Outreach operates several programs that serve residents of Laguna Woods and throughout South Orange County. These include a Community Food Pantry that provides free groceries to low-income residents in need, a Computer Learning Lab that offers free classes for unemployed and underemployed residents to better position them to find employment, a Rental and Utility assistance program that helps low-income residents prevent eviction and/or utility shut-off, and case management services including a Self-Sufficiency Action Plan that identifies individual need and suggestions to help move toward individual and family self-sufficiency.

16. Please describe the goals and objectives of the proposed program.

- 1) Up to 9,500 residents will receive emergency food during 2015
- 2) Up to 60 households will receive direct rental assistance during 2015
- 3) Up to 300 households will receive direct utility assistance during 2015
- 4) Up to 500 residents will receive free computer skills classes at the Computer Learning Lab
- 5) Over 58,000 total duplicated services are anticipated for 2015.

17. Please describe the need within Laguna Woods that would be met by the proposed program, including any quantifiable evidence to substantiate the need.

The ongoing services provided by South County Outreach have address basic needs for residents of Laguna Woods. Of the nearly 60,000 duplicated services delivered to over 9,200 unduplicated residents on an annual basis, seniors served represent over 14% of clients served. A majority of the over 1,000 seniors that receive services live in Laguna Woods (over 600 served annually). This includes groceries distributed at the Food Pantry, including additional boxes of food reserved for seniors purchased from Second Harvest Food Bank, enrollment in Computer Classes to learn Microsoft Office Programs, QuickBooks, and Resume Building, and assistance with rent payments and utility payments when facing potential eviction and/or utility shut-off.

18. Is the proposed program a new or existing program?  New  Existing

19. If new, how many Laguna Woods residents would be served if the proposed program was funded?

20. Proposed: N/A

21. If existing, how many Laguna Woods residents are currently being served by the program and how many would be served if the proposed program was funded?

22. Current: 418 thru Sept. 2014 23. Proposed: 600

24. Would the organization intend to continue the proposed program beyond the term of the grant or is the proposed program limited-term in nature?

South County Outreach intends to continue services beyond the term of the grant, and has maintained a steady offering of basic needs services to south Orange County residents since 1989.

25. Please describe the target population for the proposed program, including any prerequisites, preconditions, or other qualifying factors for participation.

Our target population continues to include unemployed, very low to low-income, or otherwise at-risk residents from Laguna Woods and the surrounding communities of South Orange County. Prospective clients are screened, assessed, and must show identification and financial information to receive services. Copies of eviction notices or shut-off notices are required for rental and utility assistance. Persons with disabilities are encouraged to participate in all program services.



26. Please describe how the organization would publicize and promote the proposed program in order to reach the target population.

South County Outreach has a newly updated website that includes all of the program information and new online application forms for rental and utility assistance.

Additionally, we produce and mail a newsletter three times annually to over 4,500 community supporters including those in Laguna Woods. The Executive Director and program staff often attend community events to disseminate information about the agency, including those in Laguna Woods.

Many of our volunteers live in Laguna Woods and receive weekly electronic communication from our Director of Operations updating them on services and client needs (i.e. low food supply in the Food Pantry, need for holiday gifts, etc.) Informational literature is available at the Laguna Woods Village Social Services Department so that residents can be made aware of South County Outreach's program services. Also, the Executive Director has been a previous guest on Laguna Woods TV.

27. Please describe any costs for residents to participate in the proposed program.

All South County Outreach services are offered at no cost for residents to participate.

28. Please identify the location(s) where the proposed program would occur.

The Community Food Pantry, Computer Learning Lab, and Rental/Utility Assistance Processing offices are all located on-site at 7 Whatney, Suite B Irvine, CA 92618. Please feel free to come by for a site visit at your convenience!



30. What experience does the organization have in providing services similar to the proposed program, and over what period of time?

South County Outreach was founded in 1989 as an emergency food cupboard, and has continually offered free groceries to residents in need for the past 25 years. Over the past 15 years, South County Outreach has offered Rental/Utility assistance and Computer Learning Classes to individuals and families in need residing in south Orange County, including individuals from Laguna Woods.

South County Outreach was founded in 1989 as an emergency food cupboard, and has continually offered free groceries to residents in need for the past 25 years. Over the past 15 years, South County Outreach has offered Rental/Utility assistance and Computer Learning Classes to individuals and families in need residing in south Orange County, including individuals from Laguna Woods.

31. Please describe the type, experience, and qualifications of the personnel (including paid staff, independent contractors, and volunteers) who would implement and be involved in the provision of services for the proposed program.

South County Outreach is able to meet such a high community demand for services through an impressive volunteer component of over 1,500 annual volunteers with over 250 that are regularly scheduled on a weekly basis. Laguna Woods residents represent the largest percentage (nearly 30%) of South County Outreach volunteers. Along with a great volunteer base, South County Outreach has a handful of paid staff that efficiently carry out these services. This includes an Executive Director, Director of Operations, Finance Manager, Grants Manager, and Homeless Prevention Specialists. The Computer Learning Lab is overseen by the Director of Operations and run entirely by volunteers.

Required Attachments:

- IRS Determination Letter (see page 2)
- Articles of Incorporation (see page 2)
- Board of Directors Roster (see page 2)
- Proposed Program Effectiveness (see Attachment "A"; page 9)
- Proposed Program Budget (see Attachment "B"; pages 10-12)

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:**

**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637**

**Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

I, the undersigned, hereby certify in my capacity as an authorized agent for the organization for which this application form is submitted, that the information contained on this application form, including on all attachments and supporting material, is true and correct to the best of my knowledge. I further acknowledge that I have received, read, understand, and agree to comply with the information contained in City of Laguna Woods Administrative Policy 2.8, pertaining to the Community Services Grants Program (approved August 20, 2014).

Authorized Agent's Name: Pat Hughes

Authorized Agent's Title: Grants Manager

Authorized Agent's Signature:  Date: 10/9/14

**ATTACHMENT "A"**

**PROPOSED PROGRAM EFFECTIVENESS**

A.1. How would the success of the proposed program be measured? Please correlate the proposed program's goals to quantifiable results/outcomes.

Program Goals	Program Results/Outcomes
<i>See next page</i>	

Attachment "A"  
Proposed Program Effectiveness

***Unable to cut-and-paste into PDF document, so information included below:***

A.1. How would the success of the proposed program be measured? Please correlate the proposed program's goals to quantifiable results/outcomes.

Program Goals	Program Results/Outcomes
Provide emergency food to approximately 600 low-income or at-risk residents of the City of Laguna Woods and 58,000 services to residents of the surrounding communities in calendar year 2015.	Reduce hunger and food insecurity among the low-income population served.
Provide emergency utility assistance to approximately 30 low-income residents of Laguna Woods.	Reduce the number of utility disconnects and disruption of households.
Provide rental assistance to approximately 10 low-income residents of Laguna Woods.	Decrease the risk of homelessness for an at-risk senior population.
Provide free computer skills training to residents or workers in Laguna Woods and those residing in the surrounding communities.	Reduce social isolation in a senior population by teaching computer skills for social media connections, etc. Increase computer skills in the residents of Laguna Woods.
Provide an opportunity for community volunteer experiences for residents of Laguna Woods as they help their neighbors.	Decrease social isolation and promote a sense of community bonding as residents volunteer their service to help those in need.

**ATTACHMENT "B"**  
**PROPOSED PROGRAM BUDGET**

B.1. Please identify any other anticipated sources of funding for the proposed program over the term of the 2015 Community Services Grant Program (CY 2015).

CDBG funding (Lake Forest, Mission Viejo, Laguna Niguel, RSM, Irvine)
Community Services Support from Mission Viejo and Laguna Niguel
12-15 Foundation Grants
6-8 Corporation Grants
Revenue from Thrift Store sales and South County Outreach Fundraising Events
Individual Donations

B.2. Please complete the following table. Total "City Grant Revenues" should equal the total grant amount requested (see #13 on page 2 of the application form).

*See next page*

		Revenues	
Direct Costs	Expenditures	City Grant	Other Sources
Salaries & Benefits			
Contract Services			
Supplies/Equipment			
Postage/Printing			
Rental of Space/Equipment			
Other			
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead			
Other			
		Revenues	
		Expenditures	City Grant
			Other Sources
<b>TOTAL</b>			

Attachment "B"  
Proposed Program Budget

*Unable to cut-and-paste into PDF document, so information included below:*

Direct Costs	Expenditures	City Grant	Other Sources
Salaries and Benefits	182,101	-	182,101
Contract Services	-	-	-
Supplies/Equipment	24,753	-	24,753
Postage/Printing	12,975	-	12,975
Rental of Space/Equip	96,636	15,000	81,636
Other	97,362	5,000	92,362

Indirect Costs	Expenditures	City Grant	Other Sources
-	-	-	-
-	-	-	-

TOTAL	413,827	20,000	393,827
-------	---------	--------	---------



B.3. Please explain what each direct and indirect cost consists of.

B.4. Salaries/Benefits: \_\_\_\_\_

Includes the South County Outreach Executive Director, Homeless Prevention Coordinator, Director of Operations, and Finance Manager.

B.5. Contract Services: \_\_\_\_\_

none

B.6. Supplies/Equipment: \_\_\_\_\_

All items needed to maintain and operate the Community Food Pantry. This includes cleaning supplies, costs for pick-up and delivery, and on going needs of the Food Pantry.

B.7. Postage/Printing: \_\_\_\_\_

This includes printing of manuals for Computer Learning Lab and associated printing costs with distributing rental and utility assistance.

B.8. Rental of Space/Equipment: \_\_\_\_\_

Cost of rent for facility located at 7 Whatney, Suite B Irvine, CA 92618

B.9. Other Direct Costs: \_\_\_\_\_

\_\_\_\_\_  
This includes insurance, rental/utility assistance funds, food purchase for the Food Pantry, and  
Marketing/PR  
\_\_\_\_\_  
\_\_\_\_\_

B.10. Administrative Support/Overhead: \_\_\_\_\_

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.11. Other Indirect Costs: \_\_\_\_\_

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ATTACHMENTS

IRS DETERMINATION LETTER  
ARTICLES OF INCORPORATION  
BOARD OF DIRECTORS ROSTER



Department of the Treasury  
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248358237  
Nov. 18, 2013 LTR 4168C 0  
33-0330233 000000 00

00019779

BODC: TE

SOUTH COUNTY OUTREACH  
26776 VISTA TER  
LAKE FOREST CA 92630



006319

Employer Identification Number: 33-0330233  
Person to Contact: TODD KAMMERER  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 06, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1993.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248358237  
Nov. 18, 2013 LTR 4168C 0  
33-0330233 000000 00  
00019780

SOUTH COUNTY OUTREACH  
26776 VISTA TER  
LAKE FOREST CA 92630

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

*Richard McKee*

Richard McKee, Department Manager  
Accounts Management Operations

CT# 81594

A0646469

C1453101

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

JUN - 7 2006

**CERTIFICATE OF AMENDMENT OF  
ARTICLES OF INCORPORATION**

The undersigned certify that:

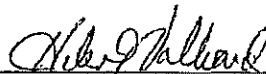
1. They are the President and the Secretary, respectively, of **Saddleback Community Outreach**, A California Nonprofit Public Benefit Corporation.
2. Article I of the Articles of Incorporation of the corporation is amended to read as follows:

**The name of this corporation is SOUTH COUNTY OUTREACH.**

3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
4. The corporation has no members.

We the undersigned further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated this 16 day of May 2006.



Helen Vallerand  
President



Kathy Allanson  
Secretary

RECEIVED

JUN 27 2006

Attorney General  
Registry of Motor Vehicles

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1453101

FILED

In the office of the Secretary of State  
of the State of California

DEC 28 1988

*March Fong Eu*  
MARCH FONG EU, Secretary of State

ARTICLES OF INCORPORATION

OF

SADDLEBACK COMMUNITY OUTREACH

A California Nonprofit Public Benefit Corporation

I

The name of the corporation is SADDLEBACK COMMUNITY OUTREACH.

II

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

This corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

III

The name of the corporation's initial agent for service of process is:

Ray Havert  
22272 Lambert, Suite 602  
El Toro, CA 92630.

IV

A. No substantial part of the activities of this corporation shall consist of lobbying or propaganda, or otherwise attempting to influence legislation except as provided in Section 501(h) of the Internal Revenue Code, and this corporation shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of any candidate for public office except as provided in Section 501(h) of the Internal Revenue Code.

B. All corporate property is irrevocably dedicated to the purposes set forth in Article Two, above. No part of the net earnings of this corporation shall inure to the benefit of any of



its directors, trustees, officers, private shareholders or members, or to individuals.

C. Upon the winding up and dissolution of this corporation, after paying or adequately providing for the debts, obligations, and liabilities of the corporation, the remaining assets of this corporation shall be distributed to such organization or organizations organized and operated exclusively for charitable purposes which have established tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

D. The corporation will distribute its income for each tax year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code.

E. The corporation will not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code.

F. The corporation will not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code.

G. The corporation will not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code.

H. The corporation will not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code.

DATED: 12/6/88

Ray Havert  
Ray Havert, Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

Ray Havert  
Ray Havert



## South County Outreach - Board of Directors & Affiliations

Debby Thraikill, President  
*Lighting Supply, Inc.*

Larry Mount, President-Elect  
*Edison Capital, Edison Mission Energy, Retired*

Andrew Morrow, Secretary  
*CBRE Brokerage Services*

Matthew Conrad, Treasurer  
*Conrad LLP*

Ken Bowen, Director  
*The Bowen Team Re/Max Real Estate Group*

Mark Cody, Director  
*Cox Communications*

Patricia Flack, Director  
*Yamaha Corporation of America*

Christina Mahr, Director  
*Applied Medical*

Robert VanEvery, Director  
*Rockwell Collins*

Steve Severy, Director  
*American Diversified Dental Systems*

Mike Thompson, Director  
*UBS – The Thompson/Katzaroff Financial Group*

Melinda White, Director  
*Toshiba America Information Systems, Inc.*

Kathy Wilbur, Director  
*Toshiba America Information Systems, Inc.*

**ITEM III-A – Attachment J**

Grant Application, Trauma Intervention Programs, Inc. (X)

This page is intentionally blank.

**RECEIVED**

SEP 11 2014

City Clerk  
City of Laguna Woods

**City of Laguna Woods  
2015 Community Services Grant Program  
Application Form**

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:**

**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637  
Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

**ATTACH ADDITIONAL PAGES IF NECESSARY.**

**PLEASE MARK FIELDS THAT ARE NOT APPLICABLE AS "N/A."**

1. Name of Organization (APPLICANT): Trauma Intervention Programs Inc.
2. Street Address (FOR MAILING/NO P.O. BOXES): 1420 Phillips Street
3. City, State, ZIP Code: Vista, CA 92083
4. Website Address: www.Tiporangecounty.org
5. Federal Tax Identification Number: 33-0317893
6. Primary Contact Name: Wayne Fortin
7. Title: CEO
8. Telephone Number: 714-314-0744
9. Email Address: Tipincco@aol.com
10. Organization's Mission and Purpose: Our citizen volunteers will provide  
emotional first aid to survivors of tragedy in order to ease their immediate  
suffering and facilitate their healing and long term recovery. To achieve this  
mission we train citizen volunteers who respond to tragic events at the  
request of public safety personnel.

April 1989

11. Date Organization was Incorporated as a 501(c)3: \_\_\_\_\_

*IRS Determination Letter:* Please note that a copy of the organization's determination letter from the Internal Revenue Service (IRS) verifying that the organization is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code must be attached to this application form.

*Articles of Incorporation:* Please note that a copy of the organization's current Articles of Incorporation must be attached to this application form.

*Board of Directors Roster:* Please note that a copy of the organization's current Board of Directors roster must be attached to this application form.

12. Proposed Program Title: TIP Liaison Program

13. Grant Amount Requested: \$ 5,000.00

14. Type of Proposed Program:  Social Services (highest priority)  
 Transportation (second highest priority)  
 Other (third highest priority)

15. Description of the Proposed Program: \_\_\_\_\_

The TIP Liaison Project will assign a veteran TIP Volunteer and Laguna Woods resident (Heather Sergeant) to conduct activities aimed at tailoring TIP services to residents in Laguna Woods. The TIP Liaison will conduct the following activities: (1) Recruit Laguna Woods residents to be TIP Volunteers; (2) Conduct an Emotional First Aid Seminar; (3) Establish an ongoing relationship with key staff in Laguna Woods (City Manger's office, OCSD/OCFA personnel who serve Laguna Woods, social workers, security guards . . . ) for the purpose of keeping TIP "in front of them"; (4) Distribute TIP Resource Guide to key persons; (5) Follow up with residents who have received TIP services to ensure they have the support they need; (6) Brief TIP staff and volunteers about special needs of residents of Laguna Woods and aspects of Laguna Woods essential for effective TIP response (how to gain access, for example).

16. Please describe the goals and objectives of the proposed program.

The goals of the program are:

1. To increase call volume to Laguna Woods by 10%.
2. Network with emergency personnel who serve Laguna Woods.
3. Provide Laguna Woods staff with 200 TIP Resource Guides to enable them to help Laguna Woods residents.
4. To provide special follow up to 35 Laguna Woods TIP clients.
5. To conduct an Emotional First Aid for 40 Laguna Woods residents.
6. To recruit 5 Laguna Woods residents into the TIP Volunteer Training Academy.

17. Please describe the need within Laguna Woods that would be met by the proposed program, including any quantifiable evidence to substantiate the need.

Because of the age of residents of Laguna Woods, residents are more likely than the population as a whole to experience the tragic loss of a spouse or other family member. When tragedy does strike, often the Laguna Woods survivor does not have the immediate support of family members who may live hours away. This project ensures that the City of Laguna Woods receives the special attention it deserves from TIP to ensure that residents receive immediate on scene support and the necessary follow up after tragedy strikes.

18. Is the proposed program a new or existing program?  New  Existing

19. If new, how many Laguna Woods residents would be served if the proposed program was funded?

20. Proposed: \_\_\_\_\_

21. If existing, how many Laguna Woods residents are currently being served by the program and how many would be served if the proposed program was funded?

22. Current: 180 23. Proposed: 210

24. Would the organization intend to continue the proposed program beyond the term of the grant or is the proposed program limited-term in nature?

This proposed program is an ongoing program.

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25. Please describe the target population for the proposed program, including any prerequisites, preconditions, or other qualifying factors for participation.

- Any Laguna Woods resident who experiences a tragedy will receive services (no prerequisites).
- Any Laguna Woods resident will be welcome into the Emotional First Aid Seminar (no prerequisites).
- Any Laguna Woods resident can attend the Volunteer Training Academy (no prerequisites).

Laguna Woods residents may graduate from the Volunteer Training Academy if TIP believes they would be effective TIP Volunteers.

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26. Please describe how the organization would publicize and promote the proposed program in order to reach the target population.

If the program is funded, an announcement of the program and its objectives will be distributed to key Laguna Woods personnel with whom the TIP Liaison will be working. The TIP Liaison will work closely with TIP staff to ensure that Laguna Woods TIP clients receive follow up.

TIP will publicize the Emotional First Aid Seminar in the local Laguna Woods newspaper.

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27. Please describe any costs for residents to participate in the proposed program.

No cost

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28. Please identify the location(s) where the proposed program would occur.

Residents will receive services in Laguna Woods and at local hospitals.

The Emotional First Aid Seminars will be conducted at City Hall.

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30. What experience does the organization have in providing services similar to the proposed program, and over what period of time?

Beginning in 2015 the TIP organization will have had 30 years of experience providing these services nationally (founded in 1985) and 20 years of providing services in Orange County, CA.

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31. Please describe the type, experience, and qualifications of the personnel (including paid staff, independent contractors, and volunteers) who would implement and be involved in the provision of services for the proposed program.

Ms. Heather Sergeant will be the TIP Liaisons will be the lead staff person. Ms. Heather has been a TIP Volunteer for over 10 years and she is a TIP National Certified Trainer. She is a Laguna Woods resident.

Ms. Sergeant will be supervised by Mr. Wayne Fortin, TIP's founder and CEO who has 30 years of experience providing on scene volunteer emergency crisis services.

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Required Attachments:

- IRS Determination Letter (see page 2)
- Articles of Incorporation (see page 2)
- Board of Directors Roster (see page 2)
- Proposed Program Effectiveness (see Attachment "A"; page 9)
- Proposed Program Budget (see Attachment "B"; pages 10-12)

**Application Deadline: Monday, October 13, 2014 – 2 P.M.**

**SUBMIT 15 COPIES TO:**

**City of Laguna Woods, 24264 El Toro Road, Laguna Woods, CA 92637  
Attention: City Clerk's Office**

*Applications must be received no later than the published application deadline.  
Applications postmarked before the deadline, but not actually received  
by the City prior to the deadline, will not be accepted.*

I, the undersigned, hereby certify in my capacity as an authorized agent for the organization for which this application form is submitted, that the information contained on this application form, including on all attachments and supporting material, is true and correct to the best of my knowledge. I further acknowledge that I have received, read, understand, and agree to comply with the information contained in City of Laguna Woods Administrative Policy 2.8, pertaining to the Community Services Grants Program (approved August 20, 2014).

Authorized Agent's Name: Wayne Fortin

Authorized Agent's Title: CEO

Authorized Agent's Signature: Wayne Fortin Date: 9/5/14

ATTACHMENT "A"

**PROPOSED PROGRAM EFFECTIVENESS**

A.1. How would the success of the proposed program be measured? Please correlate the proposed program's goals to quantifiable results/outcomes.

<b>Program Goals</b>	<b>Program Results/Outcomes</b>
To increase call volume by 10% in Laguna Woods.	TIP tracks call volume in Laguna Woods on an ongoing basis. Number of calls in 2015 will be compared to the number of calls in 2014.
To provide Laguna Woods staff with 200 Resource Guides.	TIP will track the number of Resource Guides distributed to Laguna Woods staff and residents.
To provide special follow up service to Laguna Woods residents who have received TIP immediate crisis service.	TIP staff will track the number of follow up services provided and will survey clients about their satisfaction with follow up services.
To conduct an Emotional First Aid Seminar for 40 Laguna Woods residents.	TIP staff will take attendance to measure how many Laguna Woods residents attend the seminar.
To recruit 5 Laguna Woods residents into the volunteer Training Academy.	TIP staff will track the number of Laguna Woods residents who attend the Volunteer Training Academy.

**ATTACHMENT "B"**  
**PROPOSED PROGRAM BUDGET**

B.1. Please identify any other anticipated sources of funding for the proposed program over the term of the 2015 Community Services Grant Program (CY 2015).

There are no other sources of income for this project. However, TIP volunteers donate over 17,500 hours to providing crisis services in Orange County including to Laguna Woods residents.

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B.2. Please complete the following table. Total "City Grant Revenues" should equal the total grant amount requested (see #13 on page 2 of the application form).

		Revenues	
Direct Costs	Expenditures	City Grant	Other Sources
Salaries & Benefits	\$3,500.00	\$3,500.00	
Contract Services			
Supplies/Equipment			
Postage/Printing	\$1,000.00	\$1,000.00	
Rental of Space/Equipment			
Other			
		Revenues	
Indirect Costs	Expenditures	City Grant	Other Sources
Administrative Support/Overhead	\$500.00	\$500.00	
Other			
		Revenues	
		Expenditures	City Grant
<b>TOTAL</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>	

B.3. Please explain what each direct and indirect cost consists of.

B.4. Salaries/Benefits:

- \$2,500.00 paid to the TIP Liaison who provides services described in this proposal.
- \$1,000.00 to TIP's Crisis Team Manager who works with the TIP Liaison to operate the TIP Liaison Program.

B.5. Contract Services: \_\_\_\_\_

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

B.6. Supplies/Equipment: \_\_\_\_\_

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

B.7. Postage/Printing:

\$1,000.00 to print 200 Resource Guides (\$5.00 per Resource Guide) for distribution to Laguna Woods staff and residents.

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

B.8. Rental of Space/Equipment: \_\_\_\_\_

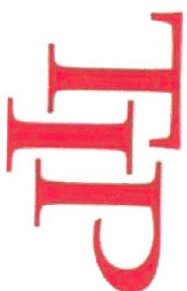
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.9. Other Direct Costs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.10. Administrative Support/Overhead: \_\_\_\_\_  
\$500.00 to TIP administrative staff to manage the grant and to prepare \_\_\_\_\_  
quarterly reports.  
\_\_\_\_\_  
\_\_\_\_\_

B.11. Other Indirect Costs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Trauma Intervention Programs, Inc.  
*Citizens Helping Citizens in Crisis*

# Resource Guide

Coping After a Tragedy	1
Helping Others in Crisis	7
Handling Estates	24
Recursos en Español	33
Support Services Directory	41

---

TIP of Orange County  
949-525-7376  
[www.TIPOrangeCounty.org](http://www.TIPOrangeCounty.org)  
[www.whentragedystrikes.org](http://www.whentragedystrikes.org)  
[www.tipnational.org](http://www.tipnational.org)

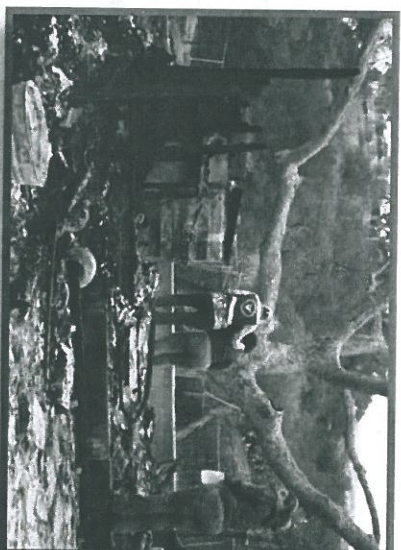
# TIP

## Orange County Chapter

Sponsorship for this Resource Guide was provided by



If you would like to become a corporate or individual financial partner with TIP, or provide a donation in memory of a loved one, please contact us through our website  
[www.TIPOrangeCounty.org](http://www.TIPOrangeCounty.org)  
[www.TIPNational.org](http://www.TIPNational.org)  
or by phone 949-525-7376



# TIP

**Trauma Intervention Programs, Inc.** is a group of specially trained, certified, and screened *citizen volunteers* who provide emotional and practical support to victims of traumatic events and their families in the first few hours following a tragedy. The volunteers are **officially called** to crisis scenes by police or sheriffs officers, firefighters, Highway Patrol, and hospital emergency room personnel.

Trauma Intervention Programs, Inc. is a national non-profit, tax exempt organization. **Services are provided to victims and their families free of charge** and are made possible by donations from local governments, hospitals, businesses, and individuals.

The Orange County TIP Chapter was founded in 1995. Over 100 local volunteers are available to respond immediately to crisis situations on a 24/7/365 basis.

## Resource Information

<b>Coping After a Tragedy</b>	<b>1</b>
Dealing with Loss 1	
Common Reactions Following a Trauma 2	
Dealing with Emotions-Resolving Grief 3	
Helping Children Grieve 4	
Helping Children Deal with Suicide 5	
Dealing with Suicide 6	
<b>Emotional First Aid</b>	<b>7</b>
Helping the Emotionally Injured After a Tragedy 7	
What Should I Say and Not Say 9	
How can you Help Later? 10	
<b>Sheriff-Coroner's Office</b>	<b>13</b>
What they do. Why they do it.	
<b>Hospitals, Police, Fire</b>	<b>15</b>
Hospitals 15,	
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<b>Media</b>	<b>21</b>
Dealing with the Media. Your Rights.	
<b>Handling Estates</b>	<b>24</b>
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Trauma Intervention Programs, Inc.

## Coping After a Tragedy Dealing with Loss

Loss from a tragedy or traumatic event can take many forms. It might involve the loss of a loved one, a home, or a pet. It could involve a life-changing injury or illness. It might involve the loss of a sense of safety and security when a crime has been committed. Although our information generally reflects the death of a loved one, your emotional responses and the recommendations regarding your health and wellbeing can apply to all categories of traumatic loss.

- **The first response to your loss may be emotional shock.** You may feel numb and like the situation is unreal. You may have moments of disbelief that your loved one is really gone. Others may want you to quickly "accept reality and get on with your life." Don't be hurried. There is no timetable. Accepting the reality of your loss is usually a slow and gradual process.
- **Be involved in burial and funeral planning.** Take the time to explore the many options available to you. Plan a service that is meaningful and special to you and your family. There are no hard and fast rules.
- **Delay major decisions.** Until you have recovered from the initial turmoil following a death, major decisions should be delayed.
- **Accept your feelings.** You may find yourself experiencing a "roller coaster" of feelings for weeks and months after the loss. Don't try to escape these feelings. They are normal. Going through these emotions is a part of the healing process. These emotions might include:
  - ✓ **Anger:** You may blame yourself, a family member, the deceased, or God for the loss ("Why me?")
  - ✓ **Guilt:** "If only I had done..."
  - ✓ **Depression:** You may feel unable to perform even basic daily tasks. You may feel "Why bother?"
- **Keep a journal.** It may help to write down how you are feeling. Re-reading it can help you see the healing that is taking place.
- **Maintain a healthy lifestyle.** Try to maintain a quiet and safe routine. Eat regular healthy meals, take your medications, and make sure to get enough exercise and sleep.



- **Seek Help From Others.**
  - ✓ **Friends and Family.** Talking to those outside of the immediate family may help you express your feelings without blaming those closest to you.
  - ✓ **Professional Help:** Seek professional help if despair and worthlessness persist, if your family relationships are deteriorating, or if you continue to blame yourself for what happened.
  - ✓ **Support Groups:** There are support groups where you can receive support from others who have lost a loved one in similar circumstances.
  - **Nurture Yourself.** On a daily basis, do something good for yourself. Exercise can be very helpful. Maintain simple routines.
  - **Hope and Healing:** It may take time and work, but you can survive a terrible loss. You will always have memories of the loss of a loved one, but you can live your life in the future with joy and perhaps with a new understanding and purpose.

**Common Reactions Following A Traumatic Event**

It is not uncommon for people who have been closely involved in a crisis or traumatic situation to experience unusual emotional detachment in order to cope and function. Some other typical reactions might include:

- ✓ Irritability/anger
- ✓ Preoccupation with the event and one's role in it
- ✓ Depression
- ✓ Guilt
- ✓ Anxiety
- ✓ Emotional "numbness"
- ✓ Silence/withdrawal
- ✓ Sleep disturbances/nightmares
- ✓ Change in personal work habits
- ✓ Poor concentration
- ✓ Difficulty in making decisions
- ✓ Memory problems
- ✓ Difficulty with details.

**Dealing With Your Emotions  
Resolving Grief**

- Accept all of the feelings you are having as normal reactions to an extraordinary event. You are not "crazy." You are reacting normally to a "crazy" event. Be patient with yourself. It takes time to recover emotionally from a traumatic event.
- Accept the fact that you have been a victim and accept the feelings that result. Remember, others may not validate your feelings. In fact, they may minimize your experience by saying things like, "You were only a witness," or "You were really lucky," or "It's been two weeks. Why are you still bothered?"
- Avoid alcohol, drugs, or overeating as a way to cope. These behaviors will only make matters worse.
- Maintain normalcy. Go about your daily routines and take care of business.
- Attempt to understand what happened by getting the facts.
- Talk about the event and write about it.
- Combat any guilt you might have by:
  - ✓ Accepting your sense of guilt as normal.
  - ✓ Talking to others about your role and their role during the event; you are probably not alone in your reaction to this event.
  - ✓ Realize you were a victim yourself and not a trained rescuer.
  - ✓ Recognize what you "did right."
  - ✓ Recognize the extenuating circumstances related to the event, such as the suddenness or the danger.
  - ✓ Help others in your family or group.
  - ✓ Reach out to support those who are particularly traumatized. Take time to talk, and to reminisce.
  - ✓ Respect each other's way of coping. Don't victimize them by judging their individual coping style. Let the "grievers" grieve and allow the "doers" to do.
  - ✓ Bereavement groups provide an opportunity to share grief with others who have experienced a similar loss.
  - ✓ If the healing process becomes too overwhelming, seek professional help.

### Helping Children Grieve

- **Tell children the truth about what happened.** In language they can understand for their age. Answer their questions in a straightforward manner. They often sense when you are not telling them important information. Let children participate in the family sorrow and in grieving rituals. It is an important learning process. Protect the child from imagined guilt, such as, "I was bad – it was my fault." Provide much love and reassurance, especially that you and others will still protect and love them.
- Reassure the child that he/she will be taken care of, loved, and cherished as before. The greatest fear of the bereaved child is that of being abandoned and deserted.
- Touch, hold and hug the child. Non-verbal communication is the most powerful and direct way of telling the child that you care.
- Explain to the child that the parent did not intend to die nor did the parent want to die. The child needs to be assured that his or her parent did not intentionally desert the child.
- Explain that it was not the child's fault that the parent died. Young children often believe they possess magic power, and through the power of such thought the child actually brought about their parent's death. The child may need help to relieve this burden of guilt.
- Encourage the child to ask questions about anything that is on his or her mind. Do this on many occasions.
- Answer the child's questions simply, directly, and honestly. Children are quick to sense deceptions and may come to distrust adults.
- Allow the child the option of participating in the funeral. Describe the proceedings in detail beforehand. The funeral has an important cultural, religious, and therapeutic function for the family, and the child is a member of that family. Excluding them may make them feel abandoned.
- Be tolerant. It is normal for a child confronting a major crisis to regress to levels below his or her present level of maturity.
- Encourage the child to express his or her feelings and thoughts.
- It is OK to let children see your tears and cry with them in a shared experience.

### In dealing with children when the trauma involves suicide, the following suggestions may be helpful:

- It is important to be honest with your children. Give the correct information in a loving, compassionate way.
- The explanation should be clear and direct. **Be careful not to over explain.**
- **Listen carefully.** Answer their questions truthfully and be consistent in telling the truth about suicide.
- Talk about the deceased family member.
- Discuss better ways than suicide to handle problems.
- Tell all your children – even the younger ones.
- Encourage children to share their grief with those at home and with trusted persons outside the family.
- Teach your children to be selective about who they tell the story of suicide.
- You can help your children grieve by letting them see your tears, by crying with them, and by letting them know that it's okay to be upset.
- Have a positive attitude toward your children.
- Be aware of your children's possible feelings of guilt. Assure them that it wasn't their fault.
- Children need to know that suicide is an individual matter. Even if family members do it, they can still choose not to.
- Children may experience all of the many emotions and phases of grief.

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 4500 Onandaga Blvd.  
 Syracuse, NY 13219

## Suggestions for Families Dealing with Suicide

It is important to sit down together to talk, cry, rage, feel guilty and even to be silent. Communication is the key to survival in the aftermath of suicide. At the same time there should be respect for each person's individual way of handling grief. Some family members will grieve privately, others openly, and others a combination of these two styles. In many ways each family member must grieve alone. Here are some suggestions to help with family grief:

- Pay attention to your family members when you're with them. Let them know that you love them.
- Be sensitive to how other family members feel.
- Listen to what is meant as well as what is being said.
- Accept the other person and what they say.
- Don't give each other the silent treatment. This has many negative effects.
- Sit back and actively listen. Let other family members have an opportunity to talk.
- Be sure to hug and touch each other at every opportunity.
- If depression, grief, or problems in your family are getting out of control, seek the advice of a counselor.
- Recognize that anniversaries, birthdays, and special holidays will be difficult for the family and each member of the family.
- Remember you can't help anyone if you are falling apart. Do what you can do, get help for what you can't do, and trust that your life will improve.
- Studies show that a bereaved person's self-esteem is extremely low. Survivors should work on their image of themselves and help each family member to think and feel good about themselves.
- If there is a suicide note, discuss as a family what to do with it. If you think it will only bring you pain, then have a private burning and commit its contents to God.

## Emotional First Aid Helping the Emotionally Injured After Tragedy Strikes

### Reach Out Physically

- Position yourself at the victim's side and at his level
- Touch – unless the victim pulls away
- Use a soft voice
- Use the victim's name

### Reach Out Emotionally

- Ask the victim how he/she is feeling
- Acknowledge the victim's experience
- Don't minimize the victim's experience (i.e. "You'll be OK")

### Don't Overlook the Quiet Victims

Many victims after a tragic event are stunned and may appear unaffected. Remember that many people can be affected by a tragic event, such as witnesses, rescuers, children, or friends who come later.

- Don't overlook these "invisible victims"
- When you suspect someone is affected by a tragic event, reach out with caring and curiosity – "How are you?"

**Protect the victim from making impulsive decisions.** Most major decisions can wait until the victim is thinking clearly.

- Protect the victim from being victimized by others who may not have the best interest of the victim in mind.
- Provide for the victim's physical needs – food, medicine, water, warmth, a safe place.

**Reassure:** Many victims have an urgent need for information after a tragic event – "What happened?"; "Why?" Assist the victim in getting the information he needs. The victim may need an Information Advocate.

- Victims often blame themselves for the crisis event. Help a guilty victim gain perspective by asking him to tell you the "whole story."
- Try to gently point out to the victim what he did right before, during, or after the tragic event.

**Organize:** Victims are often paralyzed after a tragic event and often lose their capacity to deal with all of the new demands created by the tragedy. Assist the victim in developing a simple plan. Suggest – "Let's focus on what needs to be done now."

**Reinforce** the actions which the victim is taking or wants to take to emotionally survive the tragic event. The victim will struggle to find something or someone to hold onto in the first few hours. You may need to "clear the way" so that what the victim wants to do he is able to do.

**Summary:** In the first few hours after a tragic event, the victim is often surrounded by people who have "a job to do" or who have opinions about what the victim should or shouldn't do. The primary goal of the person providing Emotional First Aid is to enable the victim to act according to his wishes, values, and beliefs and not according to what others think should be done.

- Do not "over care" or do too much for the victim. Remember that the primary psychological challenge for the victim is to be encouraged to make decisions and take action in his own behalf.
- Finally, a broken heart cannot be "fixed." Don't try! A caring presence is what you can offer someone who is emotionally devastated. Just being there is very powerful and will be experienced by the victim as very helpful.

## It is Usually Helpful to Say:

- I'm so sorry.
- What happened?
- This must be very difficult for you.
- Can you share with me how you are feeling?
- It's OK to feel ...

Often, people are uncomfortable with the victim's emotional pain, and they try to use clichés to make things better. In fact, these statements can often make people feel even worse.

## It is Not Usually Helpful to Say:

- I know how you feel.
- Don't cry, it's okay.
- Calm down!
- You don't want to do that.
- It will be better tomorrow.
- Don't feel.
- It's God's will.
- They will never hurt again.
- They are better off.
- Had they lived, they would never be the same.
- They're happier in heaven.
- You will have another child to replace this one.
- You will get married again.
- It's time to get on with your life.
- Time heals all wounds.
- Life goes on.
- It was part of God's plan.
- It is divine to forgive.
- I just don't know how you are so strong.
- I don't know what I would have done if it had been me.
- Call me if you need me.



## How Can You Help Later?

There is much you can do to help in the days and weeks that follow a traumatic loss. The following suggestions demonstrate the kinds of attitudes, words, and acts that are truly helpful.

The importance of such help can hardly be overstated. Bereavement can be a life-threatening condition, and your support may make a vital difference in the mourner's eventual recovery.

Perhaps you do not feel qualified to help. You may feel uncomfortable and awkward. Such feelings are normal – don't let them keep you away. If you really care for your sorrowing friend or relative, if you can enter a little into his or her grief, then you are qualified to help. In fact, the simple communication of the feeling of caring is probably the most important and helpful thing anyone can do.

Get in touch. Place a phone call and speak either to the mourner or to someone close and ask when you can visit and how you might help. Even if much time has passed, it's never too late to express your concern.

- Say little on an early visit. In the initial period (before burial), your brief embrace, your press of the hand, your few words of affection and feeling, may be all that is needed.
- Avoid clichés and easy answers, "He is out of pain" and "Aren't you lucky that..." are not likely to help. A simple "I'm sorry" is better.
- Be yourself. Show your natural concern and sorrow in your own way and in your own words.
- Keep in touch. Be available. Be there. If you are a close friend or relative, your presence might be needed from the beginning. Later, when close family may be less available, a friend's visit and phone call can be very helpful.
- Attend to practical matters. Find out if you are needed to answer the phone, usher in callers, prepare meals, clean the house, care for the children, etc. This kind of help lifts burdens and creates a bond. It might be needed well beyond the initial period, especially for the widowed.
- Encourage others to visit or help. Usually one visit will overcome a friend's discomfort and allow him or her to contribute further support. You might even be able to schedule some visitors so that everyone

does not come at once in the beginning and fails to come at all later on.

- Accept silence. If the mourner doesn't feel like talking, don't force conversation. Silence is better than aimless chatter. The mourner should be allowed to lead.
- Be a good listener. When suffering spills over into words, you can do the one thing the bereaved needs above all else at that time – you can listen. Is she emotional? Accept that. Does he cry? Accept that too. Is she angry at God? God will manage without your defending him. Accept whatever feelings are expressed. Do not rebuke. Do not change the subject. Be as understanding as you can be.
- Do not attempt to tell the bereaved how he or she feels. You can ask (without probing), but you cannot know, except as you are told. Everyone, bereaved or not, resents an attempt to describe his feelings. To say, for example, "You must feel relieved now that he is out of pain," is presumptuous. Even to say, "I know just how you feel," is questionable. Learn from the mourner, do not instruct.
- Do not probe for details about the death. If the survivor offers information, listen with understanding.
- Comfort children in the family. Do not assume that a seemingly calm child is not sorrowing. If you can, be a friend to whom feelings can be confided and with whom tears can be shed. In most cases, incidentally, children should be left in the home and not shielded from the grieving of others.
- Avoid talking to others about trivia in the presence of the recently bereaved. Prolonged discussion of sports, weather, or stock market, for example, is resented, even if done purposely to distract the mourner.
- Allow the "working through" of grief. Do not whisk away clothing or hide pictures. Do not criticize seemingly morbid behavior. Young people may repeatedly visit the site of the fatal accident. A widow may sleep with her husband's pajamas as a pillow. A young child may wear his dead sibling's clothing.
- Personal letters or notes can be very helpful. If you find an appropriate sympathy card, you might add a personal note that shares your love for and memories of the one who died. Your note or letter might be read and cherished many times.



- Encourage the postponement of major decisions. Whatever can wait should wait until after the period of intense grief.
- In time, gently draw the mourner into quiet outside activity. He may lose the initiative to go out on his own.
- When the mourner returns to social activity, treat him or her as a normal person. Avoid pity – it destroys self-respect. Simple understanding is enough.
- Acknowledge the loss, the change in the mourner's life, but don't dwell on it.
- Be aware of needed progress through grief. If the mourner seems unable to resolve anger or guilt, for example, you might suggest a consultation with a member of the clergy or other trained counselor.

A final thought: Helping must be more than following a few rules. Especially if the bereavement is devastating and you are close to the bereaved, you may have to give more time, more care, more of yourself than you imagined. And you will have to perceive the special needs of your friend and creatively attempt to meet those needs. Such commitment and effort may even save a life. At the least, you will know the satisfaction of being truly and deeply helpful.

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**For additional support materials please visit:**

**[www.whentragedystrikes.org](http://www.whentragedystrikes.org)**

**Orange County Sheriff-Coroner**  
**1071 W. Santa Ana Blvd., Santa Ana 92703 714-647-7400**

**What is the role of the coroner and why is the coroner's office involved in my loved one's death?**

The Coroner is required by state law (G.C. 27491) to investigate all unnatural deaths, or deaths where the attending medical doctor is unable to state a cause of death as well as cases where the deceased has not been seen by a doctor for 20 days prior to death. The Coroner's responsibility is to establish positive identity of the deceased; determine the place, date, and time; and the cause and classification of death.

The Coroner's investigation is not limited to the examination of the deceased, but may include interviews with family members and other witnesses, the collection of physical evidence and the safeguarding of personal property found at the death scene.

**Is an autopsy necessary?**

Autopsies are performed only on those cases where it is required by law or where it is necessary to determine the cause of death.

**What is an autopsy?**

An autopsy is an examination of the deceased performed by a medical doctor. This examination is a surgical procedure that is carried out with the utmost professionalism and within the standards of competent medical practice.

**Are there any Coroner fees?**

A fee for transportation of the deceased is required by state law. Generally, the mortuary or cremation society will bring a check to the coroner's office when they come to transport your loved one. This charge then becomes part of the funeral expense. There is no charge for the autopsy examination.

**What do I do now?**

Contact the funeral home of your choice. They are prepared to assist you in making your selections and decisions. They will work closely with the Coroner to arrange the release of your loved one's remains from the Coroner's facility.

**When can I have the funeral?**

The Coroner's examination should not delay your funeral plans. The Coroner will complete his/her investigation as soon as possible (typically with 24 hours).



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### What is required for the Coroner to release the remains & personal property?

The mortuary must provide the Coroner with a release form signed by the "legal next of kin".

### Will we know the "cause of death" soon after the autopsy?

Yes, in most cases the information is available late afternoon of the day the autopsy is performed. The coroner will inform you if further investigation is necessary.

### If the case is "pending investigation", will that delay the funeral of my loved one?

No. A death certificate that is issued "pending investigation" will not prevent the release of your loved one. However, some financial, estate, probate or business matters may be dependent upon the final death certificate.

### Can I purchase a "pending investigation" death certificate?

Yes. However, upon request, the coroner will issue free of charge a "Verification of Death Letter". This letter is not a substitute for a death certificate, but it may assist you in settling some matters. Please call the Coroner's office (714-647-7400) and request them if they will help.

### How can I obtain a certified copy of the death certificate?

Initially, the funeral director handling final arrangements orders several certified copies of the death certificate. Additional copies can be purchased from the Orange County Health Department located at 1200 N Main Street #100A or Post Office Box 238, Santa Ana CA 92702. (714-480 6700). If the death occurred more than two (2) years ago, contact: Orange County Recorder's Office at 10 Civic Center Plaza or Post Office Box 238, Santa Ana, CA 92701 (714-834-2500).

### How do I obtain a copy of the Coroner's report?

A copy of the autopsy report can be purchased at a cost of 15 cents/per page (the average report is 6-10 pages) and may be ordered by mail or in person. When ordering by mail, please include the name of the deceased, date of death, Coroner Case Number and a check made payable to the Orange County Coroner Office, 1071 W Santa Ana Blvd, Santa Ana CA 92703 (714-647-7400). You should receive your report within four weeks.

### How do I contact the Deputy Coroner in charge of my/our case?

**You can call at any time of the day or night 714-647-7400.**



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### Hospitals

- Anaheim General Hospital 714-827-6700  
3350 W. Ball Road, Anaheim 92894
- Anaheim Regional Medical Center 714-774-1450  
1111 W. La Palma, Anaheim 92801
- Chapman Medical Center 714-633-0011  
2601 E. Chapman Ave., Orange 92869
- Children's Hospital of Orange County [CHOC] 714-997-3000  
455 S. Main Street, Orange 92868
- CHOC at Mission Hospital 949-347-8400  
27700 Medical Center Rd., Mission Viejo 92691
- Coastal Communities Hospital 714-754-5454  
2701 S. Bristol Street, Santa Ana 92704
- Fountain Valley 714-966-7200  
17100 Euclid St., Fountain Valley 92708
- Garden Grove Hospital & Medical Center 714-537-5160  
12601 Garden Grove Blvd., Garden Grove 92843
- Hoag Memorial Hospital 949-645-8600  
301 Newport Blvd., Newport Beach 92663
- Huntington Beach Hospital 714-842-1473  
17772 Beach Blvd., Huntington Beach
- Irvine: Hoag Hospital Irvine 949-764-4624  
16200 Sand Canyon, Irvine 92618
- Kaiser Permanente Medical Care 714-644-2000  
3440 E. La Palma Ave., Anaheim 92807
- Kaiser Permanente Medical Care 949-262-5666  
6640 Alton Parkway, Irvine, CA 92618
- La Palma Intercommunity Hospital 714-670-7400  
7901 Walker St., La Palma 90623
- Los Alamitos Medical Center 562-598-1311  
3751 Katella Ave., Los Alamitos 90720
- Mission Hospital Regional Medical Center 949-364-1400  
27700 Medical Center Dr., Mission Viejo 92691



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**Orange Coast Memorial Medical Center** 714-378-7000  
9920 Talbert, Fountain Valley 92708

**Placentia-Linda Hospital** 714-993-2000  
1301 N. Rose Dr., Placentia 92870

**Saddleback Memorial Medical Center** 949-837-4500  
24451 Health Center Dr., Laguna Hills 92653

**San Clemente Memorial Medical Center** 949-496-1122  
654 Camino de Los Mares, San Clemente 92673

**South Coast Medical Center** 949-499-1311  
31872 Coast Hwy., Laguna Beach 92651

**St. Joseph's Hospital** 714-744-8700  
1140 W. LaVeta Avenue, Orange 92868

**St. Jude Medical Center** 714-871-3280  
101 E. Valencia Mesa Dr., Fullerton 92835

**Tustin Hospital** 714-669-5809  
14662 Newport Ave., Tustin 92780

**UCI Medical Center** 714-456-7890  
101 The City Dr., Orange 92868

**West Anaheim Medical Center** 714-827-3000  
3033 W. Orange, Anaheim 92804

**Western Medical Center – Anaheim** 714-533-6220  
1025 S. Anaheim Blvd., Anaheim 92805

**Western Medical Center** 714-835-3555  
1001 Tustin Ave., Santa Ana 92705



Trauma Intervention Programs, Inc.

**Police / Sheriff / CHP**

**Emergency Only**

911

**Non-Emergency Calls**

**Anaheim Police Department** 714-765-1900

**Brea Police Department – Brea** 714-990-7625

**California Highway Patrol – Santa Ana** 714-567-6000

**California Highway Patrol – So. Orange County** 949-487-4013

**California Highway Patrol – Westminster** 714-892-4426

**Costa Mesa Police Department** 714-754-5252

**Irvine Police Department** 949-724-7000

**Laguna Beach Police Department** 949-497-0701

**Los Alamitos Police Department** 562-431-2255

**Orange Police Department** 714-744-7380

**Orange County Sheriff – Homicide** 714-647-7055

**Orange County Sheriff – Economic Crimes** 714-647-7486

**Orange County Sheriff – No. Orange County** 714-647-7000

**Orange County Sheriff – Property Dept.** 714-647-4693

**Orange County Sheriff – So. Orange County** 949-770-6011

**Orange County Sheriff – Stanton** 714-891-2481

**Placentia Police Department – Placentia** 714-993-8164



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## Fire – Support Services

Anaheim Fire Department	714-765-4000
American Red Cross	714-481-5300
Brea Fire Department	714-990-7644
Costa Mesa Fire Department	714-754-5106
Laguna Beach Fire Department	949-497-0305
Los Alamitos Fire Department	714-538-3501
Orange Fire Department	714-288-2500
Orange County Fire Authority (business)	714-573-6000
Hazardous Materials Information	714-573-6000
Copies of Reports – Orange County Fire Authority	714-573-6000

Reports are made by the fire department covering a fire. You will be given a form with the incident number and the address to send for copies of the report. The copies of emergency reports are available for the cost of the copy.



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## Taking Care of Details After a Fire.

### What to Do

- **CONTACT YOUR INSURANCE COMPANY IMMEDIATELY TO REPORT YOUR LOSS. THEY WILL SEND AN ADJUSTER TO DISCUSS YOUR SITUATION.**
- Protect your property from further damage, weather, vandalism, and theft.
- Arrange for board-up if necessary to prevent entry of intruders or rain. Lock outside doors.
- Contact your local Disaster Relief Services (American Red Cross 714-481-5300) for immediate help for any essential needs. Emergency relief is provided regardless of income.
- Remove your pets (especially birds) to a cleaner and safer environment.
- Remove any valuables remaining in the building if you plan to leave the site of the fire. Try to locate and take the following items:
  - Identification
  - Medication subject to smoke, heat or water should be replaced.
  - Eyeglasses, hearing aids, prosthetic devices and other personal aids.
  - Insurance policies, check books, credit cards, savings account records, money and jewelry, etc.
- Contact your local police. They will keep an eye on your property during your absence.
- Notify the following parties of your situation and where you are locating
  - ✓ Insurance agent or adjuster
  - ✓ Family and friends
  - ✓ Mortgage company
  - ✓ Employer
  - ✓ Children's school
  - ✓ Post Office
  - ✓ Newspaper
  - ✓ Local fire department
  - ✓ Utilities companies
  - ✓ DMV
  - ✓ Bank and credit card companies

- If you are the tenant, contact the manager, the owner or the owner's insurance agent. It is their responsibility to prevent further damage. Make sure your personal belongings are secure, either in building or have them moved to another location.



- Begin collecting receipts whether you are insured or not.
- Make sure all utilities are turned off – water, at the valve, gas at the meter, and electricity at the meter. DO NOT use any utility until it has been inspected by the utility company or by a competent professional.

## What Not to Do:

- DO not sign anything immediately after property damage to home or business. Take time to read thoroughly all forms or work orders.
  - Do Not give anyone carte blanche for any repairs or work to be done. Get an estimate.
  - Do not leave the site until it is secured.
  - If you have a fire safe, DO NOT open immediately, even if there are important documents inside. The safe may explode or the contents ignite.
- Do not throw away any damaged property until inventoried.**

## Dealing With The Media – Your Rights

- **You have the right to say “No” to an interview.**  
Never feel that because you have unwillingly been involved in an incident of public interest that you must personally share the details and/or your feelings with the general public. If you decide that you want the public to be aware of how traumatic and unfair your victimization was, you do not automatically have to give up your right to privacy. By knowing and requesting respect for your rights, you can be heard and yet not violated.
- **You have the right to select the spokesperson or advocate of your choice.**  
Selecting one spokesperson – especially in multiple-victim cases – eliminates confusion and contradictory statements. You also have the right to expect the media to respect your selection of a spokesperson or advocate.
- **You have the right to select the time and location for media interviews.**  
Remember, the media is governed by deadlines. However, nobody should be subjected to a reporter arriving unannounced at the home of a victim. When you are traumatized, your home becomes your refuge. If you wish to protect the privacy of your home, select another location such as a church, meeting hall, office setting, etc. It helps if you are familiar and comfortable with the surroundings.
- **You have the right to request a specific reporter.**  
As a consumer of daily news, each of us identifies with or respects a reporter whom we may never have met. We often form personal opinions about reporters whom we feel are thorough, sensitive, compassionate and objective. If a newspaper, radio station, or television station contacts you for an interview, don't hesitate to request the reporter you feel will provide accurate and fair coverage of your story.
- **You have the right to refuse an interview with a specific reporter even though you have granted interviews to other reporters.**  
You may feel that certain reporters are callous, insensitive, uncaring, or judgmental. It is your right to avoid these journalists at all costs. By refusing to speak to such reporters, you may help them recognize their shortcomings in reporting victim-related stories. However, recognize that the reporter may write the story regardless of your participation.
- **You have the right to say “No” to an interview even though you have previously granted interviews.**  
It's important to recognize that victims often ride an “emotional roller coaster.” You may be able one day to talk with a reporter, and be physically or emotionally unable to do so the next. Victims should never feel “obliged” to grant interviews under any circumstances.
- **You have the right to release a written statement through a spokesperson in lieu of an interview.**  
There may be times when you are emotionally incapable of speaking with the media, but you still wish to express your point of view. Writing and distributing

your statement through a spokesperson allows you to express your views without personally granting interviews.

**You have the right to exclude children from interviews.**

Children already suffering from the trauma of crime are often re-traumatized by exposure to the media. Children often lack the means to verbalize their emotions and may be misinterpreted by both the media and the public. You have a responsibility to protect the interest of children at all cost!

**You have the right to refrain from answering any questions with which you are uncomfortable or that you feel are inappropriate.**

You should never feel you have to answer a question just because it's being asked.

**You have the right to know in advance what direction the story about your victimization is going to take.**

You have the right to know what questions reporters will ask you, along with the right to veto any questions. This places you in a partnership with the reporter who is covering the story.

**You have the right to ask for review of your quotations in a storyline prior to publication.**

Articles are reviewed and revised by editors who have neither seen nor spoken to you. All too often, victims' statements and the intended impact of their remarks are misinterpreted or inaccurate. To protect your interests and the message you wish to convey, you have the right to request for a review of direct quotations attributed to you in the storyline.

**You have the right to avoid a press conference atmosphere and speak to only one reporter at time.**

At a time when you are in a state of shock, a press conference atmosphere with numerous reporters can be confusing and emotionally draining. If a press conference is absolutely unavoidable, you have the right to select one reporter to ask questions for the majority present.

**You have the right to demand a retraction when inaccurate information is reported.**

All news mediums have methods of correcting inaccurate reporting or errors in stories. Use these means to correct any aspect of media coverage which you feel is inaccurate.

**You have the right to ask that offensive photographs or visuals be omitted from airing or publication.**

If you feel that graphic photographs or visuals are not the best representation of you or your loved ones, you have the right to ask that they not be used.

**You have the right to conduct a television interview using a silhouette or a newspaper interview without having your photograph taken.**

There are many ways for reporters to project your physical image without using your photograph or film footage of you, therefore protecting your identity.

**You have the right to completely give your side of the story related to your victimization.**

If you feel that a reporter is not asking questions which need to be addressed, you have the right to give a personal statement. And if the alleged or convicted offender grants interviews which are inaccurate, you have the right to publicly express your point of view.

**You have the right to refrain from answering reporters' questions during trial.**

If there is any chance of jeopardizing your case by interacting with the media during judicial proceedings, you have the right to remain silent.

**You have the right to file a formal complaint against a reporter.**

A reporter's superior would appreciate knowing when his or her employee's behavior is unethical, inappropriate or abusive. By reporting such behavior, you will also protect the next unsuspecting victim who might fall prey to such offensive reporters or tactics.

**You have the right to grieve in privacy.**

Grief is a highly personal experience. If you do not wish to share it publicly, you have the right to ask reporters to remove themselves during times of grief.

**You have the right to suggest training about media and victims for print and electronic media in your community.**

Resources are available to educate media professionals about victims, how to deal with victims, and how to refrain from traumatizing victims. You will be suggesting a greatly needed public service to benefit not only victims and survivors, but all members of the community who interact with the media.

**You have the right at all times to be treated with dignity and respect by the media**

## HANDLING ESTATES

### Practical Considerations A Guide for Survivors When Death Occurs

The death of a spouse or loved one is a very difficult time. Yet even during this period of grief and emotional readjustments, important financial arrangements must be made. Some attention may have been focused on these items prior to a death. This guide, however, was developed to help you prepare for and handle the many details which must be attended to, whether or not any prior arrangements were made. We hope the following information will help to guide you through the many decisions which need to be made and actions which need to be taken in the first few months after death.

Not all of the following items may be related to your situation. Also, whenever possible, do let other members of your family or family friends help and take over some of these tasks

#### Practical Considerations for Funeral or Memorial Services

- Decide on the time and place.
- Make a list of immediate family, close friends, and employer or business colleagues. Notify each by phone.
- Write an obituary. Normally, the mortuary does this, but you may wish to consult with them. Include age, place of birth, occupation, college degrees, memberships held, military service, outstanding work, list of survivors in immediate family. Give the time and place of services.
- If flowers are to be omitted, decide on appropriate memorial to which gifts may be given (a church, library, school, or charity).
- Select pall bearers and notify them (avoid men with heart or back difficulties, or make them honorary pall bearers).
- Arrange for family members or close friends to:
  - ✓ Take turns answering the door or phone, keeping careful records of calls.
  - ✓ See to the needs of visiting relatives and friends
  - ✓ Make appropriate plans for any childcare.
  - ✓ Coordinate special needs of the household, e.g. cleaning, grocery shopping, etc., that might be done by friends.

#### Considerations For After Funeral Or Memorial Services

- Prepare a list of distant persons to be notified by letter and/or printed notice and decide which to send each.
- Prepare a list of persons to receive acknowledgements of flowers, calls, etc. Send appropriate acknowledgements (can be written notes, printed acknowledgements, or some of each).

- If the deceased was living alone, notify utilities and landlord, cancel newspaper subscriptions and tell the post office where to send mail. **Take precautions against thieves.**

#### Collecting the Papers

##### Copies of the death certificate

You will need to give copies of the death certificate to many of the offices or agencies you contact. You can purchase certified copies of the death certificate through your funeral director or directly from the county Health Department. There will usually be a charge of a few dollars per certificate. You may save money by using a photocopy when possible, but many companies will require a certified copy. For most circumstances, you initially will want 6-8 copies, but you may need more later.

##### Insurance Policies

The deceased may have had several types of insurance policies. These could include:

- Mortgage or loan insurance
- Life insurance
- Accident insurance (if applicable)
- Auto insurance (if applicable)
- Credit card insurance
- Various types of insurance provided by the employer of the deceased

Notify insurance companies, including automobile insurance, of immediate cancellation and request any refund.

The proceeds from an insurance policy can generally be paid directly to the named beneficiary. These claims are usually processed quickly and can be an important source of money for the survivors.

You should file claims for insurance policies as soon as possible, especially if finances are a concern. It is also important to check on the possibility of income for survivors from these same sources.

You may need to make a decision regarding the type of payment plan you desire. Your options might include taking the money in a lump-sum payment, or having the insurance company make fixed payments over a period of time. The decision depends on your financial situation. You may want smaller fixed payments in order to have a steady income and to pay less tax on the money. Or you may want the full amount immediately to pay bills or to invest. You should consider consulting a lawyer or financial advisor about this decision.

##### Social Security

The deceased is considered to be covered by Social Security if he/she paid into Social Security for at least 40 quarters. Check with your local Social Security office to determine if the deceased was eligible. If the deceased was eligible, there are two type of possible benefits.



- A death benefit of \$255 [in 2009] toward burial expenses is usually available. You can complete the necessary form at your local Social Security office, or you can ask the funeral director to complete the application and apply the payment directly to the funeral bill. This payment is made only to eligible spouses or to a child entitled to survivor's benefits.

- Survivor's benefits for a spouse or children
  - ✓ If the spouse is age 60 or older, he/she will be eligible for benefits. The amount of the benefit received prior to age 65 will be less than the benefit due at age 65 or over.
  - ✓ Disable widow age 50 or older will be eligible for benefits.
  - ✓ The spouse of the deceased who is under 60, but who cares for dependent children under 16 or cares for disabled children may be eligible for benefits.
  - ✓ The children of the deceased who are under the age of 18 or are disabled may also be entitled to benefits.

When applying for Social Security benefits, you should have available the social security number, birth and death certificates of the deceased, marriage certificate and social security number of the spouse, birth certificates and social security numbers of any dependent children, and copies of the deceased's most recent federal income tax return.

Copies of a marriage certificate are available at the Office of the County Clerk where the marriage license was issued.

Copies of birth certificates are available at either the State or County Public Health offices where the child was born.

**Veterans' Benefits**

If the deceased was a veteran who received a discharge other than dishonorable, the survivors may be eligible to receive a lump-sum payment of \$300 for burial expenses and an allowance of \$300 for purchase of a plot in a private cemetery. Veterans are also eligible for a headstone or grave marker and a burial flag provided without charge. The funeral director often can help you apply for these benefits, or contact the local Veterans Administration office.

Write the Department of Defense's National Personnel Record Center, 9700 Page Boulevard, St. Louis, MO 63132, if you cannot find a copy of the discharge.

The surviving spouse and dependent children of veterans receiving disability benefits may also be entitled to monthly payments. Check with the local Veterans Administration office.

**Employee Benefits**

If the deceased was employed at the time of death, you should contact the employer regarding any benefits for the survivors. The employer may have provided life, health, or accident insurance which will yield payments. The deceased may be due a final paycheck for vacation or sick leave. If the death was work-related, there may be worker's compensation benefits.

Also check with the employer to see if the deceased belonged to a union or professional organization. These groups may offer death benefits for their members.

You should contact all past employers, including federal, state, or local government, to determine if the survivors of the deceased are entitled to any payments from a pension plan.

If the deceased was already retired and received a pension, you should check with the employer to determine if survivors will continue to receive a pension payment and whether the payment will be reduced.

**The Will**

Hopefully a valid will, signed by the deceased, is available. Try to locate a copy of it. Check with the lawyer, family, and friends of the deceased who might know where the will is kept. It may be stored in a safe deposit box, which is sealed at the time of death in some states. (See the section on safe deposit boxes)

For purposes of the will, state and federal taxes and probate, it is necessary to make a complete list of all property, including real estate, stocks, bonds, savings accounts, and personal property of the deceased. Land titles, stock certificates and other financial papers may be stored in a safe deposit box or other secure place.

If the deceased did not have a will, this is referred to as dying "intestate" In this case, the estate, including property and assets belonging to the deceased, will be disbursed according to state law. This will not include property where the title is in the name of the deceased and another person. This property will automatically pass on to the co-owner.

In California if the deceased did not have a will, the property of the deceased will be distributed according to this formula:

All of the community property is disbursed to the spouse. As to any other property, if there is only one child, one-half is disbursed to the spouse and one-half to the child; if there is more than one child, the disbursement is one-third to the spouse and two-thirds to the children. Other distribution laws will be followed if there is no spouse or no children. Contact the Probate Court for details.

**Probate**

Probate is the legal process of distributing the estate of the deceased to the rightful heirs. This process usually entails:

- The appointment of an individual by the court to act as a "personal representative" or "executor" of the estate. This person is often named in the will. If there is no will, the court will appoint a personal representative, usually the spouse or a relative.
- Proving that the will, if it exists, is valid.
- Informing interested parties, especially heirs and beneficiaries, that the will is being probated.
- Disposing of the estate by the personal representative in accordance with the will or the laws of the state.



In California, the Superior Court has jurisdiction over the probate process. The spouse or personal representative named in the will must file a petition with the court within 30 days after death. There is a filing fee for this process. Depending on the size and complexity of assets subject to probate, you may require legal assistance.

Assets that are in probate do not include property where the deceased and someone else are listed as owners. Proceeds from a life insurance policy or Individual Retirement Account (IRA) which are paid directly to a beneficiary are also not subject to probate.

**Federal Estate Tax**

Because of changes in recent years, very few estates now have to pay federal estate tax. Contact your local Internal Revenue Service office for form 706.

A federal estate tax return must be filed and taxes paid within nine months of the date of death.

**State Estate Tax**

In California any estate which pays a federal estate tax must also file a state estate tax. This amount will be paid by the estate to the state in which the deceased lived. For details on state estate tax, contact: Comptrollers Office, State Capitol Room 114 Sacramento, CA 95814

**State Inheritance Tax**

In California there is no state inheritance tax. Beneficiaries who live in another state will follow inheritance tax requirements, if any, for that state.

**Income Taxes**

The federal and state income taxes of the deceased are due for the year of death. The taxes are due on the normal filing date of the following year, unless an extension is requested.

The spouse of the deceased may file jointly for the year of death. A spouse with dependent children may file jointly for two additional years. The IRS offers a booklet, publication #559, "Information for Survivors, Executors and Administrators", which may be helpful. You can obtain this booklet by contacting your local IRS office. The phone number is listed under IRS Forms in the government section of your directory.

**Credit and Debit Cards, Other Debts And Installment Payments**

It is important to check on these as soon as practical. Some may carry insurance clauses that will cancel them. If there is to be a delay in meeting payments, consult with creditors and ask them for more time before payments are due.

Cancel credit cards held exclusively in the name of the deceased. Any payments due on these cards should be paid by the estate.

There may be credit cards in your and the deceased name, or you may have used cards which listed only the name of the deceased. In this situation, your own credit rating will be affected if you do not continue to make payments. You should begin to notify the credit card companies that your spouse is deceased, and that the card should list your name only. Some people, particularly widows, may experience difficulties in getting a new card if they do not have their own credit rating. When

applying for a card, inform the lender about credit cards you shared with your spouse, even if your name was not listed.

**General Finances**

Debts owned by the deceased will be the responsibility of the estate and should be forwarded to the personal representative or executor who is settling the estate. However, debts which are jointly owned, particularly mortgage payments and utility or phone bills, should be paid by the survivor in order to keep a good credit rating.

An extra word of caution to widows and widowers: it is generally suggested that you do not immediately make permanent significant financial decisions, such as selling your home, moving, or changing jobs. You should take the time to consider your situation so you can make these decisions responsibly. If at all possible, don't rush into a decision you might later regret.

**Changing Ownership or Title**

You may need to transfer ownership or change title on property, or revise documents after a death. Some items to check include:

• **Insurance Policies**

For policies held by the spouse of the deceased, beneficiaries may need to be changed. You may decide you no longer need to have the same amount of life insurance if you do not have dependents. Auto insurance and home insurance may also need revision. You may need to purchase your own medical insurance if you were covered under the deceased's work policy. Check with the employer to see if you can continue with their group health insurance plan, which may be less expensive. Contact the company issuing the policy to make any changes, or for more information.

• **Auto**

The title of the car owned by the deceased may need to be changed. Contact the California State Department of Motor Vehicles.

• **Will**

Your will may have passed property on to the deceased, and should be updated. You may want to contact your attorney for assistance.

• **Bank accounts, stocks, bonds**

If you had a joint bank account with the deceased, it will automatically pass to you. You should check with the bank representative to change the title and signature card of the account. To change stocks or bond titles, check with your stockbroker. If the bank account was held only in the name of the deceased, those assets will have to go through probate. An exception to this would be trust accounts.

• **Safe Deposit Box**

If the box was rented only in the name of the deceased, it will require a court order to open the box. Only the will or any other materials pertaining to the death can be removed until the will has been probated. In California if the safe deposit box was rented in joint names, you will need a letter from the Superior



Court Probate Division to get access into the box. Contact the Superior Court for details.

**Professional Assistance**

You may need or desire the services of a professional, particularly a lawyer or a financial advisor. It may be easy initially to use the services of the lawyer who wrote the will for the deceased or to work with the financial advisor of the deceased. Or you may wish to locate another professional with whom you feel more comfortable.

One good place to begin finding names of competent professionals is from friends or family members who have had successful dealings with the kind of advisors you are seeking. Professional organizations, such as the local Bar Association, may be able to provide referrals.

**Forwarding Mail**

In the event the deceased was living alone at their residence, consider having the post office forward mail to a person responsible for estate matters.

**Avoiding Fraud and Unwanted Pressure**

Remember, death statistics are public records. In the event the survivor might be vulnerable to pressure or fraudulent approaches, consider changing the mail delivery to the address of a family member or legal representative who can monitor potentially questionable situations. In some instances, it might also be advisable to change the survivor's phone number as well.



**Compiling Personal Information Could be Helpful in Funeral Planning and Handling Estate Affairs**

Name of Deceased: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Name & Birthplace of Father: \_\_\_\_\_

Maiden Name and Birthplace of Mother: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Surviving Spouse (maiden name) \_\_\_\_\_

Primary Occupation: \_\_\_\_\_

Number of years in this occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

## Personal Notes

### What to Expect When You Arrive at the Funeral Home

The first thing the funeral arranger will do is to provide you with a general price list. He or she will then guide you through the entire arrangement process, explaining how to create a memorable personal celebration of your loved one's life. This is not a one way conversation; please share your ideas and desires. They are the foundation of the arrangement process.

The process may include but is not limited to:

- Preparing and filling out the official death certificate;
- Scheduling the location, date, and time of services or events;
- Selecting a casket or urn or other items
- Preparing the obituary notice;
- Scheduling vehicles;
- Selecting pallbearers;

You may also sign necessary authorizations or make arrangements to have them signed by the appropriate family member.

Bring photos, a favorite song, or memorabilia so you and the funeral arranger can better discuss how you want your loved one remembered

## Recursos En Español [Resources in Spanish] Un Mensaje Especial

**[Coroner Information]**  
**?Cual Es La Funcion Que Cumple La Oficina Del Medico Forence Y Porque Se Ineresan En La Muerte De Mi Ser Querido?**

La ley estatal (G.C. 27491) requiere que la Oficina del Médico Forence investigue todas las muertes consideradas como no naturales o en casos en los que el médico de cabecera no puede dar la causa de la muerte y también en casos donde el difunto no haya sido visto por un médico por más de veinte días antes de su fallecimiento. Nuestra responsabilidad es establecer la indentidad del difunto, determinar el lugar, fecha, hora, causa y tipo de muerte. La Oficina del Médico Forence no solo se limita a examinar al difunto, también conduce entrevistas a miembros de familia y otros testigos; recolecta evidencias físicas y cuida de las pertenencias personales encontradas en el lugar de un siniestro.

**?Es Necesaria Una Autopsia?**

Una autopsia solo se hace en casos requeridos por la ley.

**?Que Es Una Autopsia?**

Una autopsia es un examen hecho por un médico. Este examen es un procedimiento quirúrgico hecho con el más alto grado de profesionalismo dentro de las normas médicas.

**?Que Hago Ahora?**

Contacte la funeraria de su elección. Ellos están preparados para asistirle en la toma de sus decisiones y selecciones. Ellos también se encargarán de retirar los restos de su ser querido de nuestras instalaciones.

**?Cuando Puedo Hacer El Velorio?**

Nuestra examinación no demorará sus planes. El médico forence completará el examen lo más pronto posible, comúnmente dentro de 24 horas.

**?Que Necesita La Oficina Del Medico Forence Para Entregar Los Resto Y Efectos Personales?**

La funeraria debe proporcionar a nuestra oficina un formulario de entrega firmado por un pariente más cercano al difunto.

**?Despues De La Autopsia, Nos Enteraremos De La Causa De Muerte?**

En la mayoría de los casos, si:

**?Demorara El Funeral De Mi Ser Querido Si El Caso Tiene Una Investigacion Legal Pendiente?**

No. El certificado de defunción indicará que existe un caso pendiente, pero esto no causará ninguna demora. Pero eso si, algunas materias financieras,

inmobiliarias, legalización de testamentos o negocios pueden depender de tal certificado.

**¿PUEDO COMPRAR UN CERTIFICADO DE DEFUNCION QUE INDIQUE QUE EXISTE UNA INVESTIGACION PENDIENTE?**

Si. En todos los casos tenemos disponibles a petición suya y libre de cargos un certificado llamado "VERIFICATION OF DEATH LETTER" o una carta de verificación de muerte.

Esto no substituye un certificado de defunción, pero puede solucionar algunos problemas.

**¿COMO PUEDO CONSEGUIR UNA COPIA CERTIFICADA DEL CERTIFICADO DE DEFUNCION?**

Estas se pueden comprar através del departamento de salud del condado de Orange, localizado en el 1719 West 17th Street, Santa Ana, CA 92703, teléfono (714) 834-8121. Si el fallecimiento ocurrió más de tres meses atrás, Ud. debe ponerse en contacto con la siguiente oficina: Orange County Recorder's Office, 630 North Broadway, oficina número 101 o por correo al P.O. Box 238, Santa Ana, CA 92701, teléfono (714) 834-2871.

**¿COMO PUEDO CONSEGUIR UN A COPIA DEL REPORTE DEL MEDICO FORENCE?**

Copias del reporte de la autopsia se pueden comprar por 15 centavos por hoja y pueden ser ordenadas por correo o en persona. Si desea ordenar por correo por favor incluya el nombre del difunto, fecha de defunción, número del caso y un cheque dirigido a Orange County Coroner Office.

**INFORMACION NECESARIA PARA  
El Director De La Funeraria**

Si lo desea, complete este formulario que podrá asistirle cuando haga los preparativos del velorio.

**Sobreviviendo La Perdida De Un Ser Querido**

**[Coping with the Loss of a Loved One]**

La primera respuesta a su pérdida podría ser de desconcierto: Se podría sentir adormecida y como si la situación no fuera real. Usted podría tener momentos en los que no va a creer que su ser querido se haya ido. Otros querrán "que usted acepte la realidad y continúe con su vida". Pero no se apresure, no existe un determinado tiempo. Aceptar la pérdida de su ser querido podría ser un proceso lento y gradual.

**Particpe en los planes del funeral y entierro:** Tome tiempo para explorar las muchas opciones disponibles para usted. Planee el funeral en una manera significativa y especial para usted y su familia. No hay reglas rígidas para llevar esto a cabo. Encárguese de convertir lo que decida en un planeamiento que refleje sus deseos y los de su familia.

**Evite tomar decisiones mayores:** Espere hasta que se haya recuperado del impacto inicial de lo acontecido.

**Como preparar a los niños:** Dígales la verdad sobre lo que ha pasado. Responda a sus preguntas en una manera directa. Deje que los niños también demuestren su melancolía y que sean parte de los ritos y costumbres que se lleven a cabo. Proteja a sus niños de cualquier culpa imaginaria, por ejemplo: "Yo no me portaba bien - fue mi culpa". Muéstrelles mucha confianza y amor.

**Acepte sus propias emociones:** Podría estar pasando por un periodo de sube y baja de emociones. Esto podría ser por semanas o meses después de la pérdida de su ser querido. No trate de eludir o escapar estos sentimientos, pues esto es normal. Usted tiene que pasar por esas emociones. Por ejemplo:

**Ira:** Podría culparse a usted mismo, a un miembro de su familia, al difunto, o a Dios por esta pérdida (¿por qué yo?).  
**Culpa:** "Si tan solo yo hubiera..."

**Depresión:** Usted podría sentirse incapaz de hacer hasta las labores más básicas. Usted podría decirse a sí mismo - "¿Ya para qué?" Mantenga un diario: Podría ayudarle escribir como se está sintiendo.

**Busque la ayuda de otros:**

**Amigos y familia:** El hablar con personas que no son de su propia familia podría ayudarle a expresar sus sentimientos sin culpar a aquellos cercanos a usted.

**Ayuda profesional:** Busque ayuda profesional si la desesperación y tristeza persisten, si las relaciones con su familia y amigos se están deteriorando o si usted continúa sintiéndose culpable por el fallecimiento de su ser querido.

**Grupos de apoyo:** Existen grupos de apoyo como "Compassionate Friends" (Amigos Compasivos). Este grupo y muchos similares a este están integrados por personas que brindan apoyo a los que como ellos, también han perdido a un ser querido.

**Dese gustos:** Diariamente, haga algo bueno para usted mismo.

**Esperanza y Cura:** Tomará tiempo y empeño, pero usted podrá superar su terrible pérdida. Tal vez nunca consiga hacerlo por completo. Pero eventualmente, usted podrá superarse y vivir su vida con alegría y quizás con un nuevo entendimiento y propósito.



## Primeros Auxilios Emocionales

### Ayudando A Los Emocionalmente Heridos Después De Una Tragedia [Emotional First Aid]

#### Cómo Hacer Contacto Físico

Sientese a un lado de la víctima

Toque, a menos que la víctima se sienta incomoda

Use un tono de voz suave

Use el nombre de la víctima

#### Cómo Conseguir Contacto Emocional

Pregúntele a la víctima cómo se está sintiendo

Reconozca el dolor de la víctima

No subestime el dolor de la víctima

#### No Menosprecie A Las Víctimas Calladas

Después de un evento trágico muchas víctimas están desconcertadas y podrían aparentar que no han sido afectadas. Recuerde que muchas personas pueden ser afectadas después de un evento trágico - testigos, personal de rescate, niños, etc.

No subestime a estas "víctimas invisibles".

Cuando usted sospeche que alguien está afectado por un evento trágico, haga contacto con prudencia y curiosidad - por ejemplo "¿Cómo se siente?".

#### Proteja a la víctima de tomar decisiones impulsivas:

La mayoría de decisiones pueden esperar hasta que la víctima esté pensando más claramente.

Proteja a la víctima de ser victimizada por otros que tal vez no tengan la mejor intención para la víctima.

Esté al tanto de las necesidades físicas de la víctima, por ejemplo: alimento, medicinas, y un lugar seguro.

**Proporcione Seguridad:** Muchas víctimas tienen la urgente necesidad de obtener información después de un evento traumático. Por ejemplo: "¿Qué pasó?... ¿Por qué?" La víctima podría precisar de alguien de absoluta confianza que le ayude a obtener la información que requiera.

- Las víctimas por lo general se culpan a sí mismas por un suceso traumático. Usted puede ayudar a la víctima a recobrar su sensatez al pedirle que le cuente todos los acontecimientos.

- Trate sutilmente de decirle a la víctima las cosas que hizo bien, antes, durante o después de un evento trágico.

#### Organización

Por lo general, después de un suceso trágico las víctimas se sienten paralizadas y pierden su capacidad de ponerse al tanto de las cosas. Ayude a la víctima a desarrollar un plan nuevo. Sugiera - "Vamos a enfocarnos en lo que se necesita hacer ahora".

#### Apoyo

Dé apoyo a las decisiones que la víctima quiera tomar o a lo que decida hacer para superar la tragedia. La víctima va a tratar de esforzarse para encontrar algo o alguien en quién apoyarse en las primeras horas. Usted, tal vez va a necesitar "abrir camino" para lo que la víctima desee hacer, y lo que se requiera sea hecho.

#### Resumen

Por lo general, en las primeras horas después de un trágico suceso, la víctima es rodeada de gente que tiene opiniones sobre lo que debería o no debería hacer. La meta principal de la persona que está proporcionando "Primeros Auxilios Emocionales" es de permitir que la víctima actúe de acuerdo a sus deseos, valores, y creencias y no de acuerdo a lo que otros piensen.

- No "proteja demás" o haga demasiado por la víctima. Recuerde que el primer desafío psicológico para la víctima es recuperar su sentido de control. Esto implica que la víctima debe ser alentada a tomar decisiones y usted tratará de llevar a cabo dichas decisiones.
- Finalmente, un corazón roto no puede "ser enmendado". Así es que ni lo intente! Lo que usted puede proporcionar a alguien que está destruido emocionalmente es una presencia atenta. El "solo estar ahí" es un vínculo de fuerza para la víctima, y lo recibirá con agradecimiento.

#### QUE DECIR

"¿Qué pasó?"  
"Lo siento mucho"  
"Esto ha de ser muy difícil para ti"  
"Es normal sentirse..."

#### QUE NO DECIR

"Yo se como te sientes"  
"¡Cálmate!"  
"No llores"  
"Podna ser peor"

## Reacciones Típicas Después De Un Suceso Trágico

### [Common Reactions Following a Tragic Event]

Los que proveen servicios de emergencia al igual que vecinos podrían experimentar los siguientes síntomas después de un suceso trágico. En una situación de crisis, uno puede experimentar indiferencia emocional para así poder aguantar y funcionar como se requiera en ese momento. Las siguientes reacciones podrían ocurrir horas, días, semanas o meses después del suceso.

#### Efectos Físico

- Problemas estomacales/indigestión
- Dolores de cabeza
- Dolores de pecho
- Dificultad al respirar
- Alta presión sanguínea
- Sobresaltarse fácilmente/Hiperactivo
- Irritable/Enojado/a
- Preocupación con el suceso y su papel que usted debe desempeñar
- Depresión
- Culpabilidad
- Ansiedad
- Adormecida emocionalmente

#### Conducta

- Impulsivo/a
- Tomar muchos riesgos
- Callar/Apartarse
- No poder dormir
- Sufrir pesadillas
- Cambio en hábitos personales o de trabajo

#### Razonamiento Mental

- Poca concentración
- Dificultades en la toma de decisiones
- Problemas con su memoria.
- Dificultades con detalles

## Maneras Efectivas De Como Salir Adelante Después De Un Suceso Traumático

### [Effective Ways of Coping Following a Traumatic Event]

1. Acepte todas las emociones que usted esté sintiendo como algo normal hacia un suceso inesperado. Usted no está "enloqueciendo". Usted sólo está reaccionando normalmente a un suceso inesperado. Sea paciente consigo mismo. Toma tiempo el poder recuperarse emocionalmente después de un suceso trágico.
2. Acepte el hecho de que usted ha sido una víctima y acepte las emociones que han surgido debido a ello. Recuerde: Quizás nadie le de el valor necesario a sus sentimientos. Es más, tal vez hasta le minimicen el cómo usted se siente y tal vez escuche cosas como - "Pero tu sólo fuiste un testigo" o "Tu viviste mucha suerte" o "Ya han pasado dos semanas, por qué aun sigues tan sensible?"
3. No se ponga a beber bebidas alcohólicas, a tomar drogas o a comer demasiado para contrarrestar su tragedia. Todo eso sólo hará que su situación empeore.
4. Mantenga su rutina cotidiana. Siga con sus rutinas diarias, al igual que con sus asuntos pendientes.
5. Intente comprender qué pasó al tratar de recopilar hechos de lo acontecido.
6. Desahóguese, hable acerca de lo acontecido y también escriba al respecto.
7. Luche contra cualquier sentimiento de culpabilidad que pueda tener. Esto se puede llevar a cabo de la siguiente manera:  
Aceptar que usted no tuvo nada que ver  
Hablar con otros acerca del papel que desempeñó usted y el papel que ellos también desempeñaron durante la tragedia. Probablemente no sólo usted se sienta culpable sino también otras personas a su alrededor.  
Ser realista al ver que usted fue una víctima y no una persona entrenada para salvar o rescatar.  
Reconocer lo que usted hizo bien.  
Reconocer los factores circunstanciales relacionados con lo acontecido: que fue inesperado, repentino, etc...
8. Ayudándose a sí mismo  
Trate de ayudar a aquellos que están particularmente más traumatizados.  
Respete la manera que cada quien manifiesta para hacerle frente a la situación.  
No haga una vez más víctimas a las víctimas al criticar la forma que cada persona adopta para hacer frente a la situación. Deje que se "lamenten" los que quieran lamentarse y deje a aquellos que opten por "seguir adelante" que sigan.

## Ayudar A Niños en su sufrimiento

### [Helping Children Grieve]

1. Asegure a los niños que han sufrido estrés emocional, que se les va a proporcionar el mismo cuidado, cariño y amor de siempre. El miedo más grande de un niño inconsolable es el que se le vaya a abandonar.
  2. Abrase a los niños. El contacto físico es la forma más directa y efectiva de decirle a un niño que alguien lo quiere.
  3. Explíquese a los niños que su papá o mamá no tenían, intenciones de morirse ni tampoco querían morir. A los niños se les necesita asegurar que su papá o mamá no los abandonó intencionalmente.
  4. Explíquese a los niños que no fue su culpa que su papá o mamá hayan fallecido. Los niños pequeños por lo general creen poseer poderes mágicos y por medio de estos tal vez ellos (los niños), provocaron el fallecimiento de su papá o mamá. Algunos niños tal vez necesitan ayuda para desahacerse de su sentimiento de culpabilidad.
  5. Aliente a los niños a hacer preguntas acerca de cualquier duda que tenga. Haga esto en repetidas ocasiones.
  6. Conteste todas las preguntas de los niños en una forma sencilla, directa y honesta. Los niños son muy rápidos y pueden percibir si usted les está mintiendo. Esto les podría provocar no confiar más en los adultos.
  7. Permitale a los niños la opción de estar presente durante el funeral. Explíquese los procedimientos en detalle de antemano. El funeral cumple una función importante, ya sea religiosa, cultural, o terapéutica para la familia. Recuerde los niños también son parte de esa familia.
- Sea muy tolerante. Es normal para los niños que están enfrentando una crisis muy grande que se porten por debajo de su nivel normal de madurez.
- Motive a los niños a que expresen sus sentimientos y pensamientos.**

# Business and Services Directory

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Any businesses and services shown in this Resource Guide are provided as a convenience for you. We hope you will find one or more of these resources helpful during this difficult time. Please be aware we do not endorse these businesses and services, nor can we guarantee the quality of their products and services. You should use this section as a starting point in searching for services. Then you should conduct your own more in-depth search for the particular business or service that is right for you.





Trauma Intervention Programs, Inc.

## Memorial Services Cemeteries & Memorial Parks

<b>Anaheim Cemetery</b>	714-535-4928
1400 E. Sycamore St., Anaheim	
<b>Ascension Cemetery</b>	949-837-1331
24754 Trabuco Rd., Lake Forest	
<b>Crystal Cathedral Memorial Gardens</b>	714-971-4138
12141 Lewis St., Garden Grove	
<b>El Toro Memorial Park</b>	949-951-8244
25751 Trabuco Rd., Lake Forest	
<b>Fairhaven Memorial Park &amp; Mortuary</b>	714-633-1442
1702 Fairhaven Ave., Santa Ana	
<b>Forest Lawn</b>	714-828-3131
4471 Lincoln, Cypress	
<b>Good Shepherd Cemetery &amp; Mausoleum</b>	714-847-8546
8301 Talbert Ave., Huntington Beach	
<b>Harbor Lawn Mt. Olive Memorial Park &amp; Mortuary</b>	714-540-5554
1625 Gisler, Costa Mesa	
<b>Holy Sepulcher Cemetery</b>	714-532-6551
7845 E. Santiago Canyon Rd. Orange	
<b>Loma Vista Memorial Park</b>	714-525-1575
701 E. Bastanchury Rd., Fullerton	
<b>Magnolia Memorial Park</b>	714-539-1771
12241 Magnolia St., Garden Grove	
<b>Melrose Abbey Memorial Park &amp; Mortuary</b>	714-634-1981
2303 S. Manchester Ave., Anaheim	
<b>Memory Garden Memorial Park &amp; Mortuary</b>	714-529-3961
455 W. Central, Brea	
<b>Pacific View Memorial Park &amp; Mortuary</b>	949-644-2700
3500 Pacific View, Corona del Mar	
<b>Santa Ana Cemetery</b>	714-953-2959
1919 E. Santa Clara Ave., Santa Ana	
<b>Westminster Memorial Park &amp; Mortuary</b>	714-893-2421
14801 Beach Blvd., Westminster	



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## Mortuary and Cremation Services

### There are three basic types of funeral arrangements:

1. **Traditional Service**
  - A viewing or visitation can be arranged
  - A hearse usually transports the body to the funeral location and burial site.
  - There is usually a choice between an open or closed casket
  - There is a choice as to the deceased's clothing and jewelry
  - A person is selected to conduct the service
  - Pallbearers should be chosen
  - People may be chosen to speak at the service
  - Live or recorded music selections can be presented
2. **Direct Burial**
  - The deceased is buried shortly after death
  - There is no viewing or visitation
  - The body is not embalmed
  - A memorial service may be held at the gravesite or elsewhere
3. **Direct Cremation**
  - The deceased is cremated shortly after death
  - The cremains are placed in a container
  - There is no viewing or visitation of the deceased before cremation
  - A memorial service may be held with or without the cremains
  - The cremains may be kept by a loved one, buried in a grave or mausoleum, or scattered at a favorite location.

### General Relief Fund-Orange County Social Services 714-834-8899

2020 W. Walnut Street, Santa Ana 92703

General Relief funds may be used for the burial or cremation of deceased indigent individuals who are US citizens or legally documented aliens when other resources are not available. A relative of the deceased individual must initiate the application To determine if you are eligible for GR and the amount of benefits, you should speak to an Eligibility Technician.

### The Unforgettables Foundation-Orange County 949-463-8197

The Unforgettables Foundation provides financial assistance to those families with limited resources to help offset the costs of final arrangements.

[www.theunforgettables.com](http://www.theunforgettables.com)

### Veteran's Administration 800-827-1000

No cost burial at a National Cemetery for veterans 714-834-5400

[www.veterans.ocgov.com](http://www.veterans.ocgov.com)

### Anaheim

**Hilgenfeld Mortuary 714-535-4105**  
Spanish speaking 120 E. Broadway

**Melrose Abbey Memorial Park & Mortuary 714-634-1981**  
Spanish, Vietnamese, and Arabic 2303 South Manchester

**Pierce Bros. Anaheim Mortuary 714-828-6440**  
Spanish speaking 2425 W. Lincoln



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**Brea**

**Memory Garden Memorial Park & Mortuary**  
Spanish speaking  
**Neels Brea Mortuary**

**714-529-3961**  
455 W. Central  
**714-529-2194**  
835 S. Brea Blvd.

**Buena Park**

**Renaker & Klockgether Mortuary**  
Spanish speaking

**714-521-1010**  
7651 Commonwealth

**Corona del Mar**

**Pacific View Memorial Park & Mortuary**

**949-644-2700**  
3500 Pacific View

**Costa Mesa**

**Harbor Lawn Mt. Olive Memorial Park & Mortuary**  
Spanish and Vietnamese  
**Neptune Society**

**714-540-5554**  
1625 Gisler  
**949-646-7431**  
758 W. 19<sup>th</sup> St.

**Cypress**

**Forest Lawn**  
Spanish, Armenian, Chinese and Koran speaking

**714-828-3131**  
44471 Lincoln

**Fullerton**

**Accu-Care Cremation Center**

**800-323-1342**  
1410 S. Acacia

**Blue Pacific Cremation & Burial Service**

**800-449-4449**  
1175 N. Berkeley Ave., Suite B

**Loma Vista Memorial Park**

**714-525-1575**  
701 E. Bastanchury Road

**McAulay & Wallace Mortuary**

**714-525-4721**  
902 N. Harbor

**Garden Grove**

**Diamond & Shannon Mortuary**

**714-537-1038**  
10630 Chapman Avenue

**Huntington Beach**

**Advantage Funeral & Cremation Service**

**714-536-6539**  
627 Main Street

**American Family Society Cremation-Burial**

**714-841-6150**



Trauma Intervention Programs, Inc.

**Huntington Beach**

**Diiday Brothers**  
Spanish speaking

**714-842-7771**  
17911 Beach Blvd.

**Irvine**

**O'Connor Mortuary Irvine Arrangement Center**  
Spanish Speaking

**949-296-1010**  
4010 Barranca Pkwy., Suite 200

**La Habra**

**Coleman Mortuary**  
Spanish speaking  
**Community Funeral Service**  
Spanish Speaking

**714-992-4579**  
215 N. Euclid  
**877-688-5533**  
1301 S. Beach Blvd. #B

**Laguna Beach**

**McCormick and Son Mortuary & Crematory**

**949-494-9415**  
1795 Laguna Canyon Road

**Laguna Hills**

**O'Connor Mortuary Laguna Hills Chapel & Crematory**  
Spanish Speaking

**949-581-4300**  
25301 Alicia Parkway

**McCormick & Son Mortuary**

**949-768-0933**  
25002 Moulton Parkway

**Lake Forest**

**Atlantis Cremation & Burial**

**949-581-9544**

**Saddleback Funeral Alternatives**

**949-837-8403**  
21098 Bake Pkwy., Suite 1048

**Mission Viejo**

**Fairhaven Memorial Services**  
Funerals, Cremations, Reception Center

**949-380-8911**  
27856 Center Drive

**Newport Beach**

**Atlantis Society, Inc.**

**949-252-0772**  
4750 Von Karman Avenue

**Orange**

**Atlantis Cremation & Burial**

**949-493-2273**

**Omega Society Cremation & Burial Service**

**714-754-7781**  
1577 N. Main St., 92867



Trauma Intervention Programs, Inc.

**Orange Coast Burial & Cremation Service**

800-678-0669  
333 City Blvd. West, Suite 1700

**Ferrara Colonial Mortuary**

Spanish speaking

714-639-2711  
351 N. Hewes

**Placentia**

**New Options Funeral Services**

A Tribute Without A Financial Burden. www.newopt.com

714-528-7100  
2150 Brookhaven

**San Clemente**

**Lesneski Mortuary**

949-492-1717  
640 S. El Camino Real

**San Juan Capistrano**

**Atlantis Cremation & Burial**

949-493-2273  
32086 Camino Capistrano, #4

**O'Connor Mortuary Arrangement Center**

Spanish Speaking

949-325-0143  
31920 Del Obispo, Suite 270

**Santa Ana**

**Brown Colonial Mortuary**

Spanish speaking

714-542-3949  
204 West 17th Street

**Fairhaven Memorial Park and Mortuary**

714-633-1442  
1702 Fairhaven Ave

**Family Mortuary and Funeraria Familiar**

Spanish speaking

714-953-9045  
1201 N. Main Street

**Funeraria Los Angeles MacDougall Family Mortuary**

Spanish speaking

714-543-9351  
1610 East 1st Street

**Tustin**

**Saddleback Chapel Mortuary**

Spanish, Filipino, Czech, German, and Polish speaking

714-544-1450  
220 E. Main Street

**Westminster**

**Peek Funeral Home**

Spanish, Korean and Vietnamese speaking

714-893-3525  
7801 Bolsa Ave.

**Westminster Memorial Park**

Spanish, Korean and Vietnamese speaking

714-893-2421  
14801 Beach Blvd.

**Yorba Linda**

**A Ashes at Sea**

**McAulay & Wallace**

Spanish speaking

800-372-7211  
714-777-2692  
18311 Lemon Drive



Trauma Intervention Programs, Inc.

**Cremation Societies**

**Accu-Care Cremation Fullerton**

800-323-1342  
www.accucrenautubceber.com

**Atlantis Cremation**

949-493-2273  
www.atlantiscremationsandburials.com

**California Cremation Centers**

800-466-6110  
www.californiacremationcenters.com

**Cremation Society of Orange Coast**

800-678-0669  
www.cremationorangecounty.com

**Eternity Cremation Services**

714-771-5900  
www.eternitycremation.com

**Infinity Cremation Society**

888-501-3888  
www.infinitycremationsociety.com

**Loma Vista Mortuary**

800-660-6702  
www.lomavistamortuary.com

**McKenzie Cremation**

562-961-9301  
www.mckenziemortuary.com

**Neptune Society**

758 W. 19<sup>th</sup> St. Costa Mesa

949-646-7431  
www.neptunesociety.org

**Omega Society**

800-646-6342  
www.omegasociety.com

**Public Direct Cremations**

1835 S. Lewis St., Anaheim, CA 92805

714-456-9944

**Portal of Peace**

2230 W Chapman Ave., Orange CA 92868

714-991-9377

**Stricklin Snively Funerals and Cremations**

**Trident Society**

562-426-3365  
888-987-4336  
www.tridentsociety.com

**Telephase Cremation Society**

**Nautilus Society**

16316 Hawthorne Blvd. Lawndale

800-245-7830  
310-370-8080  
Nautiluscremation.com



Trauma Intervention Programs, Inc.

### Mortuary Services Outside Orange County

Forest Lawn Mortuary	888-204-3131
Japanese Traditional Mortuaries	
Fukui Mortuary	213-626-0441
707 East Temple St., Los Angeles 90012	
Kubotoa Nikkei Mortuary	213-749-1449
911 Venice Blvd., Los Angeles	
Mount Sinai Memorial Park & Mortuary	800-600-0076
Jewish Cemetery and Memorial Park	
Rose Hills Mortuary	562-699-0921

### Body Donation

Criteria for each of these services must be met prior to donation being accepted.

**Science Care** 800-417-3747  
 Long Beach, CA www.sciencecare.com  
 Organization does not charge a fee for transportation or cremation if the family agrees to donate their loved one to "science". The ashes can be returned to the family. Families have the opportunity to have a tree dedicated in their loved ones name.

**University of California, Irvine** 949-824-6061  
 School of Medicine, Willed Body Program www.som.uci.edu/willedbody  
 Give the gift of knowledge – and life – by donating your body for medical education and research. The donations are made to the UC Irvine Willed Body Program, which covers the cost of cremation and scattering at sea after study is completed.

### Ash Distribution

**The Historic Schooner Curlew** 949-922-2759  
 Tall Ship Burials at Sea www.TallShipBurialsatSea.com  
 34145 Pacific Coast Hwy. #608  
 Dana Point, CA 92629



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### Grief and Trauma Support Groups and Services

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Many additional bereavement and support groups can be found at local houses of worship and hospitals.

### Info Link

2-1-1 Orange County provides information and referrals with links to community health and human services--from securing care for a child, an aging parent, to finding treatment for substance abuse. www.211oc.org

211 or 888-600-4357

### Lotsa Helping Hands

Online support network for families going through crisis, health or otherwise, to provide meals, transportation, help support existing support network. https://www.lotsahelpinghands.com

### Professional Therapist and Support

Ellen Gecht, MFCC	949-831-0939
Robert Malmberg, M.S (Spanish) Licensed Marriage and Family Therapy	714-724-0738





Trauma Intervention Programs, Inc.

## Addiction Intervention and Support

- Alcohol and Drug Abuse Services/ Orange County Health Care Agency**  
888-424-2327
- Alcoholics Anonymous, 24 hour**  
714-556-4555
- Alcoholism Service Center-Garden Grove--Hispanic**  
714-531-4624
- Hope House**  
714-776-7490 714-776-6090  
Drug Addiction & Substance Abuse Program  
[www.hopehouseoc.com](http://www.hopehouseoc.com)
- Narcotics Anonymous, 24 hour hotline**  
949-661-6183  
South Orange County  
[www.southcoastareana.com](http://www.southcoastareana.com)
- Teens--Ascent Life Changing Intervention for Teens**  
800-974-1999  
[www.cedu-ascent.com](http://www.cedu-ascent.com)

## Clean-Up Services

- A-1 Clean the Scene**  
888-867-2141  
Crime Scenes | Biohazard | Decontamination | Accidents | Hoarding
- BIOSAFE**  
714-826-3766 888-431-7233  
Clean-up after Homicide, Suicide, Unattended Death, Blood, Crime Scenes  
Odor Control 24/7 Reasonable rates.  
[www.biosafe.us](http://www.biosafe.us)
- Crime Scene Steri Clean, LLC**  
714-899-4225  
888-577-7206
- Critical Incident Response**  
866-304-2220  
Crime Scenes | Decontamination | Biohazard | Accident | Hoarding
- Harmony Environmental Services, Inc.**  
888-623-4191  
Non Profit Crime & Trauma Scene Clean-up.  
[www.SDHazmat.com](http://www.SDHazmat.com)
- Servpro of Cerritos/Hawaiian Gardens**  
562-916-7646 888-916-1414  
Crime Scene | Biohazard | Accident | Fire & Water Clean Up
- Servpro of Tustin**  
714-480-1340 888-844-1340  
Fire & Water Clean Up | Restoration | Biohazard



Trauma Intervention Programs, Inc.

## Cultural Center's and Consulates

- Mexican Consulate - Orange County**  
714-835-3069  
828 N Broadway, Santa Ana, CA 92701
- Vietnamese Consulate**  
415-922-1707
- Islamic Center of Orange County**  
714-531-1722  
<http://www.isocmasjid.com>
- Buddhist Center of Orange County**  
714-827-9590  
[www.ocbuddhist.org](http://www.ocbuddhist.org)

## Government Services & Agencies

- Administration on Aging**  
800-677-1116  
U.S. Department of Health and Human Services. Provides sources of information on senior services, caregiver resources, federal resources, and assessment tools.  
[www.eldercare.gov](http://www.eldercare.gov)
- Adult Mental Health Service-Orange County**  
714-834-6900  
Recovery, mental health and episodic treatment services.  
[www.ochealthinfo.com/behavioral/amhs](http://www.ochealthinfo.com/behavioral/amhs)
- Adult Protective Services--Orange County Social Services Agency**  
24 Hour Hotline 800-451-5155  
Adult Protective Services (APS) are directed at preventing or remedying neglect, abuse or exploitation of adults who are unable to protect their own interests because of age or disability.  
[www.http://legov.ocgov.com/ocgov/Social Service Agency](http://http://legov.ocgov.com/ocgov/Social Service Agency)
- Domestic Violence Orange County Sheriff's Dept.**  
714-935-7956  
OCSD website describing shelters and important domestic violence information.  
[www.ocsd.org/information/victim\\_referral\\_services/domestic\\_violence](http://www.ocsd.org/information/victim_referral_services/domestic_violence)

<p><b>Orange County Adult Protective Services OCSSA Orange County Social Services Agency OCSSA</b> 24 Hour Hotline 800-451-5155</p>	<p>714-541-7700 800-451-5155</p>
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Trauma Intervention Programs, Inc.

## Government Services & Agencies cont

### Orange County Health Care Agency

714-834-8282

Outpatient alcohol treatment, mental health, immunizations, nutrition, special diseases.

### Orange County-Families and Communities Together

714-704-8282

#### County of Orange Social Services Agency

Services & Programs: child raising skills, anti-gang program, after school activities, domestic violence counseling & education, emergency food & financial assistance, bilingual mental health counseling, medical & dental services, in-home counseling, emergency & transitional homeless shelter, community leaders training, youth mentoring & scholarship programs, parent support groups

### Public Administrator/Public Guardian Orange County

714-567-7660

(PA) protects the assets and manages the affairs of deceased residents of Orange County who, at the time of death, left no known heirs, no will, no names, executor, or an executor who is ineligible. [www.papg.ocgov.com/public](http://www.papg.ocgov.com/public)

### Public Health Department

714-834-5400

### Public Health & Medical Services (Health Care Agency) 8 a.m. – 5 p.m.

714-834-5400

## Veteran Services

### Strength in Support

949-505-5015

Mental health services for active vets and their families.

[Strengthinsupport.org](http://Strengthinsupport.org)

23046 Avenida de Carlota suite 600

Laguna Hills, CA 92653

### Veteran's Administration

No cost burial at a National Cemetery for veterans

800-827-1000

714-834-5400

714-480-6555

[www.veterans.ocgov.com](http://www.veterans.ocgov.com)

### OC Vet Center

12453 Lewis Street, Suite 101, Garden Grove, CA 92840

714-776-0161

### Vet Center - South County

26431 Crown Valley Parkway, Mission Viejo, CA 92691

949-348-6700

### 24 Hours Crisis Line

800-273-8255



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## Hotlines—24 Hour

### Adult Protective Services OCSSA-Orange County

24 Hour Hotline

800-451-5155

### AIDS/HIV Hotline Southern California

Spanish

800-922-2437  
800-400-7432

### Alzheimer's Association Safe Return Program

To report someone missing or found.

800-572-1122

### Domestic Violence Assistance Program

714-935-7956

### Domestic Violence Hotline

800-978-3600

### Domestic Violence Hotline

National 1-800-799-SAFE

### Gang Victims--Safe Way Out

800-978-3600

Orange County Family Violence Council & O.C. Human Relations Commission sponsors hotline for the nearest shelter-*homicide and gang victims*.

### Human Options 24 Hour Bilingual Hotline 877-854-3594 949-854-3554

Elder abuse. Safe options for seniors, domestic abuse. [www.humanoptions.org](http://www.humanoptions.org)

### Interval House Crisis Shelters & Centers

714-891-8121

Domestic Violence

[www.intervalhouse.org](http://www.intervalhouse.org)

### Laurel House—Teen-Aged Runaways (girls only)

Residential home for teenage girl runaways and youth in crisis. Ages 12-17.

714-832-0207

### MADD--Mothers Against Drunk Drivers 800-1-AM-MADD 714-838-6199

Trained victim advocates. Provide not only a shoulder to cry on but information and resources from the moment a crash victim calls.

[www.maddororangecounty.org](http://www.maddororangecounty.org) [www.madd.org](http://www.madd.org)

### Rape Crisis Hotline 24 hour Orange County

714-957-2737

### Runaway Switchboard-National

Provides education and interventions, non-judgmental support. Confidentiality for at-risk youth and families.

800-621-4000

[www.1800runaway.org](http://www.1800runaway.org)

### SIDS--Guild for Infant Survival – 24 hour 800-247-4370

Parent support group for Sudden Infant Death Syndrome.

714-973-8417

[www.gisoc.org](http://www.gisoc.org)

### Suicide Hotline--With Hope Foundation

(1-800-784-2433)

1-800-SUICIDE

[www.withhopefoundation.org](http://www.withhopefoundation.org)

### Suicide Hotline of Southern California

562-596-5548

714-894-4242

8:00 am to 12:00 midnight

310-391-1253



Trauma Intervention Programs, Inc.

## Hotlines—24 Hour-continuing

**Suicide Prevention Center**  
**Victim Information and Notification Everyday**  
V.I.N.E. A service from the Orange County Sheriff's Department to notify you when the status of an inmate changes.  
877-727-4747  
800-721-8021  
www.virelink.com

**Youth Crisis Line--California**  
Support, encouragement, and referrals to youth in crisis situations  
800-843-5200  
www.youthcrisisline.org

## Legal Services/Estate Planning

**AARP Legal Network Services**  
800-424-3410  
**Beall, John, Attorney-at-Law**  
Probate | Estate Planning  
714-532-2777  
877-539-0444  
Santa Ana, CA  
www.jbeall4law@aol.com

**Legal Aid Society of Orange County**  
Free, civil legal services to low-income persons and seniors.  
800-834-5001 or 714-571-5200  
www.legal-aid.com

**Orange County Bar Association**  
Attorney referrals.  
949-440-6747  
www.ocbar.org

## Pet Services

**Animal Ambulance**  
Emergency pet ambulance. 24 hours. Home euthanasia. Removal and cremation services.  
866-473-8911  
www.MyPet2Vet.com

**Animals-Only Cremations--Newport Beach**  
949-852-1485  
**Animal Urgent Care-South Orange County**  
24 hour emergency response – Veterinarian always available  
949-364-6228

**Dogs Orange County Dog Resource Guide**  
Comprehensive listing of dog services in Orange County.  
www.dogsoc.com

**Orange County Animal Care Services**  
561 The City Drive South, Orange  
714-935-6848

**Pet Loss & Bereavement Counseling—Orange County**  
Online directory-various resources for counseling from loss of a pet.  
www.pet-loss.net/resources/CA.shtml



Trauma Intervention Programs, Inc.

## Psychological Support

**AARP Grief & Loss Programs**  
On-line chat and discussion groups. Comprehensive source of information for bereaved adults of all ages, as well as professional providers of bereavement support.  
www.aarp.org/griefandloss  
e-mail: griefandloss@aarp.org

**Accidental Impacts: Coping With Causing a Serious Accident**  
www.accidentallimpacts.org

**AIDS Services Foundation**  
To prevent the spread of HIV and improve the lives of men, women, and children affected by HIV/AIDS in Orange County.  
949-809-5700  
www.occasf.org

**Art & Creativity for Healing**  
949-367-1902  
www.art4healing.org

**Bereaved Parents USA**  
Crystal Cathedral: families who experienced death of a child.  
714-750-9237  
www.bereavedparentsusa.org

**Brain Injury Foundation, American**  
949-830-7348  
www.biausa.org  
**Brea Family Resource Center**  
714-990-7150  
www.cityofbrea.net

**Caregiver Resource Center - Orange**  
800-543-8312  
Part of a Statewide System of Caregiver Resource Centers. Serving Families and Caregivers of Brain-Impaired Adults  
www.caregiveroc.org

**FACES (Family Assessment Counseling & Education Services)**  
714-879-9616  
Counseling strategies for children of divorce.  
www.facescal.org

**Families and Communities Together—Costa Mesa**  
949-574-3970  
Multiple services to families: health, families in crisis.  
www.factorc.org

**Families Forward**  
949-552-2727  
Transitional Housing for homeless.  
www.families-forward.com

**Forgotten Victims**  
877-668-4468  
Forgotten Victims-who have been the cause of accidents resulting in catastrophic injuries or death to another.  
www.forgottenvictims.net

**Gang Victims--Safe Way Out**  
800-978-3600  
Orange County Family Violence Council & O.C. Human Relations Commission sponsors hotline for the nearest shelter-*homicide and gang victims*.





Trauma Intervention Programs, Inc.

**Gary's Place for Kids**

Grief Support Group for Children 5 to 18 who have experienced the death of someone close to them.

949.348.0548  
www.gpfkoc.org

**Guid for Infant Survival SIDS**

Parent support group for Sudden Infant Death Syndrome

24 Hour 714-973-8417  
www.gisoc.org

**Healing Hearts for Bereaved Parents**

Online Bereaved Parent Support Group. Hosted by bereaved parents offering support to other bereaved parents. Christian based.

www.healingheart.net

**Healing Hearts Share**

Support for the loss of an infant due to miscarriage, still birth or terminated pregnancy due to medical conditions. Support meetings held at Saddleback Women's Hospital

949-222-6604  
E-mail: healingheartsshare@cox.net

**Hoag Memorial Hospital Presbyterian**

Short-term bi-lingual counseling services to the neighboring communities of Newport Beach and Costa Mesa

949-574-6278

**Heart2Soul**

Online resources for funeral information, how-to discussions, funeral etiquette, religious differences, funeral planning.

heart2soul.com

**Human Options 24 Hour Bilingual Hotline 877-854-3594 949-854-3554**

Elder abuse. Safe options for seniors, domestic abuse. www.humanoptions.org

949-752-2738

**Irvine-Center for Hope & Healing**

Helping Orange County's families since 1991 for people struggling with traumatic situations Sliding scale/Non-profit.

949-552-2800

**Irvine-Compassionate Friends**

Offering support for families grieving the death of a child.

www.compassionatefriends.org

**Jewish Family Service of Orange County**

Comprehensive family services for all.

949-435-3460  
www.jfsoc.org

**Living Success Center, Inc.**

Sliding scale. Stress and anxiety management. Adjusting to life. Transition. Death of a loved one.

www.livingsuccesscenter.org

**Mental Health Association of Orange County**

Adults with severe and persistent psychiatric disorders. Non-profit.

714-547-7559  
www.mhaoc.org

**Motherless Daughters of Orange County**

For Daughters who have lost their mothers  
motherlessdaughtersfororangecounty.org



Trauma Intervention Programs, Inc.

**N.A.M.I. (National Alliance for the Mentally Ill)**

Mental Health Information Helpline

714-991-6412  
www.nami.org

**New Hope Grief Support Community**

Grief support through education and grief groups. Kids and Teen groups. Speakers Bureau. Hospital and community programs.

562-429-0075  
www.newhopegrief.org

**Parents of Murdered Children--Greater Orange County Chapter**

(714) 999-7132 or 562-508-2397  
www.goopomc.org

**Pilgrimage Family Therapy Center - Mission Viejo**

General counseling services. Sliding scale/non-profit

949-249-8450 or 949-442-1000  
pilgrimage-oc.org

**SIDS--Guid for Infant Survival - 24 hours**

Parent support group for Sudden Infant Death Syndrome SIDS.

714-973-8417  
www.gisoc.org

**SIDS--California SIDS Program**

800-369-SIDS (7437)  
www.californiasids.com

**S.P.A.R.E. Society Providing Assistance, Rehabilitation and Education**

Christian based Counseling and care for individuals and families confronted with the pain of trauma Sliding Scale/Non-Profit

949-295-6878  
www.spareministries.org

**Shanti HIV/AIDS support [Sanskrit for Inner Peace]**

Additional AIDS/HIV support groups

949-452-0888  
www.shantioc.org/resources.shtml

**S.O.L.A.C.E Orange County**

Support group for those who have lost a loved one to substance abuse and for families currently struggling with addiction.

www.solaceoc.org

**Survivors of Suicide (SOS)**

For families of teens in trouble

714-539-1429  
www.survivorsofsuicide.org

**Teen Solutions**

For families of teens in trouble

800-429-6099  
www.teenolutions.com



Trauma Intervention Programs, Inc.

## Shelters—Domestic Violence

- Battered Women Self-Help** 24 hours 949-854-3554
- California State University Women's Center** 714-278-3928  
Community services, grief counseling. Directory of professional assistance.  
<http://campusapps.fullerton.edu/womencenter>
- Eli Home-Orange** 714-300-0600  
Shelter home for abused children and their mothers. [www.theelilhome.org](http://www.theelilhome.org)
- Home on the Green Pastures - Tustin** 714-532-2787  
Korean-speaking shelter for abused women and children.
- Human Options 24 Hour Bilingual Hotline** 877-854-359 949-854-3554  
Elder abuse. Safe options for seniors. [www.humanoptions.org](http://www.humanoptions.org)
- Interval House Crisis Shelters & Centers** 714-891-8121  
24 hour crisis and teen hotline 800-978-3600  
Domestic Violence-Seal Beach [www.intervalhouse.org](http://www.intervalhouse.org)
- Laura's House 24 Hour Hotline** 949-498-1511  
Domestic violence. For women and children in need of emergency shelter. [www.laurashouse.org](http://www.laurashouse.org)
- Laurel House** 714-832-0207  
Residential home for teenage runaways and youth in crisis. San Clemente. [www.laurelhouse.org](http://www.laurelhouse.org)
- Safety on Shore** 714-538-1878  
Domestic Violence Family Crisis And Support Center.
- Wise Place - Santa Ana** 714-542-3577  
Transitional Shelter for Women in crisis. [www.wiseplace.org](http://www.wiseplace.org)
- Women's Transitional Living Center Hotline** 714-992-1931
- Yellowstone** 800-941-9048  
Domestic Violence - Costa Mesa



Trauma Intervention Programs, Inc.

## Shelters—Homeless/Disadvantaged/Seniors

- Friendship Shelter - Laguna Beach** 949-494-6928  
Homeless—up to 60 day stay. Relapse-Prevention-Employment-Development-Affordable Housing--Determined by You. [www.friendshipshelter.org](http://www.friendshipshelter.org)
- H.I.S. House [Homeless Intervention Shelter]- Placentia** 714-993-5774  
Transitional living center for homeless individuals and families. [www.hishouseplacentia.org](http://www.hishouseplacentia.org)
- Homeaid Orange County.** 949-553-9510  
Directory of homeless shelters and programs in Orange County. [www.homeaidoc.org](http://www.homeaidoc.org)
- Human Options 24 Hour Bilingual Hotline** 949-854-3554  
Elder abuse. Safe options for seniors. [www.humanoptions.org](http://www.humanoptions.org)
- Mercy House Center** 714-836-7188  
Transitional centers. Regina House-women with children. Joseph's House—employable men. Emmanuel House—HIV. [www.mercyhouse.net](http://www.mercyhouse.net)
- Orange Coast Interfaith Shelter** Irvine 949-263-1774  
Emergency and transitional shelter for homeless. Fullerton 714-738-0534 [www.ocinterfaithshelter.org](http://www.ocinterfaithshelter.org)
- OC Rescue Mission** Santa Ana 714-247-4350  
24 hour emergency shelter for men [www.rescuemission.org](http://www.rescuemission.org)
- Salvation Army Hospitality House** Orange County 714-628-3000  
Emergency shelter before 9 p.m. 714-542-9576
- Shelter for the Homeless** 714-897-3221  
To provide emergency, transitional, and permanent affordable housing, as well as counseling and life skills training, to equip homeless and low-income individuals and families. Midway City. Families with children – 3 to 6 month. [www.shelterforthehomeless.org](http://www.shelterforthehomeless.org)
- Shine Home Care** 949-707-1178  
Senior Home Care and Companionship (Live-in/Live Out) | Transportation and daily activities, help. [www.shinehomecare.com](http://www.shinehomecare.com)
- Thomas House** Garden Grove 714-647-7534  
Temporary shelter for homeless families. [www.thomashouseshelter.org](http://www.thomashouseshelter.org)
- Toby's House--Capistrano Beach** 949-661-4408  
Homeless and pregnant women and girls. [www.tobyshouse.com](http://www.tobyshouse.com)



Trauma Intervention Programs, Inc.

## Transportation

If you need assistance arranging emergency air transportation or hotels, TIP may be able to assist you. **24 hours 714-343-0738**

### A AAA Airport Transportation

**949-380-8080**

### AAA Yellow Cab

**949-361-1155**

### ABC Ride Taxi

**949-650-4768 or 714-809-9000**

[www.abcride.com](http://www.abcride.com)

### Airlines

Aero Mexico	800-237-6639	Northwest	800-225-2525
Air Canada	888-247-2262	Phillipine	800-435-9725
Alaska/Horizon	800-252-7522	Qantas	800-227-4566
American	800-433-7300	Southwest	800-435-9792
Continental	800-523-3273	United	800-225-5833
Delta	800-221-1212	US Airways	800-428-4322
Hawaiian	800-367-5320	Virgin Atlantic	800-862-8621
Jet Blue	800-538-2583		

### Amtrak

**800-872-7245**

### Metrolink

[www.metrolinktrains.com](http://www.metrolinktrains.com)

**800-371-5465**

### OCTA Access

Door-to-door transportation for seniors & disabled.

**877-628-2232**

[www.octa.net/access\\_service.aspx](http://www.octa.net/access_service.aspx)

### OCTA Transportation Authority

**714-636-7433**

[octa.net](http://octa.net) TDD (for deaf callers only)

**714-636-4327**

### Taxi Services

**800-4mytaxi**

[www.18004mytaxi.com](http://www.18004mytaxi.com)



Trauma Intervention Programs, Inc.

## Victim Services

### American Red Cross

Orange County **714-481-5300**  
National **1-800-733-2767**

### American Red Cross Disaster Services

**800-696-3873**

**Military Emergency Notifications.** Be prepared to provide: Name of Military Service Member, Rank and Branch, Social Security Number, Date of Birth, Military Duty Address.

### Community Service Programs (CSP)

1221 East Dyer Road, Suite 120, Santa Ana

[email.generalinfo@CSPinc.org](mailto:email.generalinfo@CSPinc.org)

### CSP Victim/Witness Assistance Programs/Dispute Resolution

Services for victims of crime (specifically violent) and conflict settlement through mediation (Dispute Resolution Services)

**949-250-4058**

### CSP Youth Shelter

Crisis Shelter and counseling for youth 11 to 17

**949-494-4311**

### CSP Youthful Offender Wraparound Services

**949-250-0488**

### CSP 24 Hour Rape Crisis

**714-957-2737 or 949-831-9110**

### CSP Sexual Assault Victim Services

North County **714-834-4317**  
South County **949-752-1971**

### CSP Project PATH Drug Abuse Prevention-education

**949-757-1096**

### CSP Temporary Restraining Order Info line

**714-935-7956**

24 hour recorded message, in English, Spanish, and Vietnamese. Advice on obtaining a domestic violence temporary restraining order.

### Orange County Family Justice Center

**714-765-1645**

150 W. Vermont Ave., Anaheim, 92805 <http://orangecountyfamilyjusticecenter.org>  
The Orange County Family Justice Center is a safe, confidential and friendly place where assistance is provided to Survivors of Domestic Violence, Child Abuse, Sexual Assault and Elder/Dependent Adult Abuse.

### California Victim Compensation Program

**800-777-9229**

Financial recovery options for victims of crime in California. Medical and dental bills, mental health counseling, funeral costs, lost income, relocation, crime scene clean-up when someone is killed.

[www.victimcompensation.ca.gov](http://www.victimcompensation.ca.gov)

### Crime Survivors, Inc.

**949-872-7895**

Providing support and guidance to survivors of crime.

[www.crimesurvivors.com](http://www.crimesurvivors.com)

### Get Safe

**714-834-0050**

Personal safety training, education, empowerment.

[www.getsafeusa.com](http://www.getsafeusa.com)



Trauma Intervention Programs, Inc.

**Rape Crisis Center** 949-831-9110 714-957-2737

The Orange County Rape Crisis Center works to stop sexual violence and its impact through support, education and advocacy.

www.cspinc.org

**Victim-Witness Assistance Program-**

Support services for victims of crime.

Irvine-Costa Mesa-Newport Beach Fullerton 714-773-4575

Laguna Niguel 949-476-4855

Santa Ana 949-249-5037

Westminster 714-843-4350

714-896-7188



Trauma Intervention Programs, Inc.

## TIP Resources

Trauma Intervention Programs has a number of pamphlets, books and videos that can help in understanding various traumatic losses. Feel free to contact our business office at 949-525-7376 and explain your needs. It is likely we can provide you with additional materials or referrals that you might find helpful.

If you wish to personally research additional materials or referrals, you may find the following useful:

- 1) The reference librarian at your local library should be able to direct you to readings in books or magazine articles.
- 2) The internet contains powerful search capabilities that can lead you to books, magazine articles, helpful websites, and local resources. The most common search tools could be [google.com](http://google.com), [bing.com](http://bing.com), [ask.com](http://ask.com), and others. Simply enter the kind of information you are seeking, such as: suicide survivors, grief support, depression, estate planning, or other similar topics specific to your needs. If you are looking for local support services, add the words Orange County or your local city to the search topic, and local providers will be shown.

If you need immediate counseling for trauma or depression, feel free to contact our TIP volunteer psychologist, Ellen Gecht, MFCC 949-831-0939 [see listing page 52.] Ellen can provide free initial personal or telephone contact for trauma or grief counseling, or she can make appropriate referrals for your specific needs.

Additional resources are available from Trauma Intervention Program, Inc.

Orange County Chapter [www.tiporangecounty.org](http://www.tiporangecounty.org) or

[www.whentragedystrikes.org](http://www.whentragedystrikes.org) or

[www.tipnational.org](http://www.tipnational.org)



### We Would Appreciate your Feedback

We value your feedback. Whether you want to tell us about a positive experience you had with our organization, or you have constructive criticism for us, we promise to take what you say very seriously. Your comments will help us continually improve the service we offer to our community.

Who are you? [Spouse, child, friend, etc.] \_\_\_\_\_

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Your feedback:

If you wish us to contact you, please provide your name and telephone number: \_\_\_\_\_

Please mail this page to:

Trauma Intervention Programs  
1420 Phillips Street, Vista, CA 92083  
or access our webpage <http://www.tipnational.org/giveusfeedback.html>



Date \_\_\_\_\_ Time Out \_\_\_\_\_

Response Time \_\_\_\_\_ Finished Time \_\_\_\_\_

Agency & Contact On Scene \_\_\_\_\_

Location (ER, Home, Scene) \_\_\_\_\_ Map Location \_\_\_\_\_

Victim's Name \_\_\_\_\_ Age \_\_\_\_\_

Client Name \_\_\_\_\_ Age \_\_\_\_\_

Client Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to Victim \_\_\_\_\_

Client \_\_\_\_\_ Address/Phone \_\_\_\_\_

Hero With Heart \_\_\_\_\_ Agency or Relationship (i.e. Emergency Responder, Neighbor, Relative)

### Incident Information

You may find this page helpful in organizing important information about the emergency for easier future reference.

Police/Sheriff/CHP/Fire \_\_\_\_\_

Officer's Name/Badge \_\_\_\_\_

Officer's Name/Badge \_\_\_\_\_

Phone \_\_\_\_\_ Case # \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Doctors/Nurses \_\_\_\_\_

Orange County Sheriff-Coroner  
714-647-7400  
1071 W. Santa Ana Blvd., Santa Ana, CA 92703

Coroner's Case # \_\_\_\_\_

Coroner's Name \_\_\_\_\_

You may call the Coroner's Office 24/7 with any questions.

TIP Volunteer \_\_\_\_\_

TIP Volunteer \_\_\_\_\_







Trauma Intervention Programs, Inc.  
*Citizens Helping Citizens in Crisis*

**24-Hour Assistance**  
**949-525-7376**

**We Appreciate Your Feedback at**  
**[www.TIPOrangeCounty.org/giveusfeedback.html](http://www.TIPOrangeCounty.org/giveusfeedback.html)**

Citizens Resource Guide © 1993-2014  
Trauma Intervention Programs, Inc.

Rev.03/17/14

## ATTACHMENTS

IRS DETERMINATION LETTER  
ARTICLES OF INCORPORATION  
BOARD OF DIRECTORS ROSTER

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
2 CUPANIA CIRCLE  
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: ~~1111~~ 03 1989

Employer Identification Number:  
33-0317893

Contact Person:  
TYRONE THOMAS

Contact Telephone Number:  
(213) 894-2289

TRAUMA INTERVENTION PROGRAMS INC  
2560 ORION WAY  
CARLSBAD, CA 92008-3898

Our Letter Dated:  
April 21, 1989

Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours



Michael J. Quinn  
District Director

Letter 1050 (DO/CG)

1629482

ENDORSED  
FILED  
In the office of the Secretary of State  
of the State of California

DEC 16 1988

MARCH FONG EU, Secretary of State

ARTICLES OF INCORPORATION

OF

TRAUMA INTERVENTION PROGRAMS, INC.

I

The name of this corporation is : TRAUMA INTERVENTION PROGRAMS, INC.

II

A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

B. The specific purpose of this corporation is to ensure that victims of traumatic events receive the emotional and practical support they need immediately following the traumatic occurrence by educating emergency first responders and citizens in principles and techniques of victimology and trauma intervention.

III

The name and address in the State of California of this corporation's initial agent is:

Mr. Wayne Fortin  
% Trauma Intervention Programs  
North Coastal Mental Health Center  
1701 Mission Avenue, Suite A  
Oceanside, CA 92054