



Emergency Financial Assistance and Financial Aid Fund Non-Emergency and Compassionate Care Guidelines, Policy and Procedures

Purpose: The Hemophilia of South Carolina Emergency Financial Assistance Fund is intended to improve the quality of life of individual and families affected by a bleeding disorder. The assistance fund provides funds to eligible individuals and families who need emergency financial assistance and non-emergency aid for; basic living expenses emergencies, expenses incurred due to the medical care associated with a bleeding disorder, ie; transportation and lodging, medical equipment needs, Medical Alert ID and bills. Details are described below under Eligible Needs.

Eligibility:

To be eligible for assistance:

You must be registered with Hemophilia of South Carolina or be a current patient under the care of a Hemophilia Treatment Center / medical facility in South Carolina. If referred to HSC for financial aid, you must register with the Chapter at the time of your request. The applicant must be a person with a bleeding disorder or caregiver of a person living in the household with a bleeding disorder. The individual must reside in the State of South Carolina.

Guidelines and Administration:

- Financial assistance will be evaluated on a case by case basis. Financial assistance will be based on availability of funds, and payments will be made directly to the appropriate creditor.
- The assistance program is funded each year by grants/donations/fundraising monies.
- The maximum benefit may only be received by one individual or household and if received by an individual, that individual shall be representative of that household as to the family maximum.
- The benefit period shall be 12 consecutive months starting from the date the individual received their first application request payment. Only one application request payment approval per individual/family per year unless approved, under special circumstances, by the Board of Directors.
- The maximum per request is to be no more than \$500.00. (Unless under special circumstance the board approves outside the guideline max).

Application Process: Applicants are to apply to the Chapter by filling out an application form. The application form is sent via mail or fax to the Chapter which will be reviewed and recommended if applicable to be reviewed by the assistance fund committee for approval or denial. Upon review, the assistance fund committee will make their recommendation. The Chapter staff will inform the individual asking for assistance that their application has been accepted or denied. The Chapter staff will inform the treasurer to complete the assistance fund request for payment. This process should take no more than two weeks for payment.

Assistance Fund Committee: A committee of no less than three board members will review applications and vote on eligibility of applicants.

Confidentiality: Hemophilia of South Carolina recognizes that our member's confident information, personal health and financial informational pertaining to funding requests are confidential and remain confidential to the Chapter. No personal information will ever be disclosed, not even to the committee upon which decides approvals and denials of requests.

Possible Eligible Needs:

- **Electric/Water/Heating bills-** (Must provide a copy of the final notice or bill in question for payment) Maximum payment \$300.00 unless board approves an exception.
- **Rent/House Payment-** (Must provide eviction notice or something that would show the individual was in danger of becoming homeless).
- **Food-** (This should be only in special cases as there are plenty of social programs which provide food services. In a special case, the individual may be supplied with a gift card.
- **Medical Transportation and Lodging Needs, medical equipment, ID Bracelets, etc-** Gas cards may be given to help pay for transportation to and from medical appointments and treatment facilities. Lodging support may also be covered in these situations. Medical equipment not secured / available through other services may be considered as well as some medical bills due to bleeding disorders care.
- **Vehicle/Car Payments-** In special cases where this may be provided, the guidelines are to be as follows:
The individual has provided proof that repossession is imminent. The portion provided by HSC, if not the entire payment, must also be accompanied by proof that, if not provided in full, will also be subsidized so that the entire payment, with our help will be met.

Request Process: Application forms are available by calling the Chapter office or by downloading on the website and making a request. Completed applications and a copy of the bill and any information needs are to be mailed or faxed to the chapter, **attention: Financial Assistance Program**. The Chapter staff will make contact with the assistance fund committee for review and recommendation. If an application is incomplete, it will be returned to the applicant with notice of needed requirements for consideration. If the application is approved, the applicant will be notified the date of the mailing of payment to the creditor. If denied, the applicant will be notified with an explanation as to why the request was denied.

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