

Emergency Financial Assistance Program Guidelines

1. Financial assistance is for people with bleeding disorders and their families with basic life support issues (rent, electricity, food (store gift card), & transportation (gas gift card) only. Please see the attached page listing non approved items.
2. Clients receiving treatment at an HTC must be referred to the HFGF by the HTC.
3. The person seeking assistance must submit the name(s) of person(s) living in the household affected with a Bleeding Disorder & state the Bleeding Disorder type before HFGF can review the financial request.
4. The person seeking assistance will be mailed, emailed, or faxed the emergency financial assistance a form. Forms must be completed in order to receive consideration. A detailed written explanation of the reason needing financial assistance is required with the application. Failure to complete the forms will delay or terminate the financial assistance.
5. The names of all employed person(s) in the household and gross earnings per week, month, or year must be provided.
6. Clients must disclose all sources of financial income, disclose all debts, and provide documentation of all household income (most recent tax return, W-2 Form, most recent pay stubs (at least (2) pay stubs), current SSI (Social Security Income) / SSDI (Social Security Disability Income award letter(s) or two (2) recent bank statements showing employment income received through direct deposit). Failure to do so will hinder the current and all future financial requests.
7. The person seeking assistance must provide proof of loans, contributions, or gifts used to pay your expenses since the start of the New Year or a statement from anyone paying the household's bill(s).
8. The person seeking assistance must disclose the names of community agencies they contacted and applied to assistance.
9. For rent/mortgage assistance a letter from the landlord or mortgage loan holder stating the amount due including the date and year must accompany the HFGF Emergency Financial Assistance application.

- 10. Please include a copy of the bill or invoice that you are requesting for payment. Make sure you have the correct amount of the bill and address. All payments will be made directly to the service provider or creditor. No payments will be paid directly to the party requesting assistance.**
- 11. Requests for financial assistance will be granted one time per 12 month period per family and granted up to \$500.00 for ONE (1) single request. Any additional or multiple requests thereafter are prohibited and will be denied.**
- 12. A period of no less than 5 (five) business days will be required by the HFGF to evaluate the request.**
- 13. The Foundation reserves the right to refuse financial assistance to anyone requesting assistance. If a client's request is denied, that client has the right to appeal to the foundation Board of Directors.**

Non Approved Items & Services

- **Car Payments**
- **Car Insurance**
- **Car Repairs**
- **Cable (TV)**
- **Auto Tires**
- **Auto Tags/Registration**
- **Home Owners Dues/Fees**
- **Home Owners Insurance Premiums**
- **Home Phone or Cell Phone fees**
- **Durable Medical Equipment** (Exception: If insurance does not provide coverage)
- **Household Modification(s)**
- **Car Rental**
- **Household Furniture**
- **School Uniforms**
- **Clothing, Shoes**
- **Airline Tickets**
- **Medical bills (More than 2 months old)**