



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

Purpose: The Hemophilia of South Carolina Emergency and Non-Financial Assistance Fund is intended to improve the quality of life of individuals and families affected by bleeding disorders. The assistance fund provides funds to eligible individuals and families who need emergency financial assistance and non-emergency aid for; basic living expenses emergencies, IE: utility, electric, housing, water; expenses incurred due to the medical care associated with a bleeding disorder; transportation and lodging to HTC clinics, hospitals; medical equipment needs and supplies; Medical Alert ID; and dental expenses.

Because of the time-line in processing these requests, these funds cannot be considered for most emergency related expenses. Every effort should be made to utilize other community resources such as Social Services, food banks, and other organizations that supply these types of needs. 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 for treatment in bleeding disorders care in South Carolina. If referred to HSC for financial aid, you must register with the Chapter at the time of your request if not a current member. The applicant must be a person with a bleeding disorder (including confirmed carriers of 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. Funding assistance is not guaranteed and disbursements will be made to the creditor and not to the individual.
- 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 Executive Director and / or 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 may be sent via mail, email, 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. The application will be reviewed as an “identity blinded” document. 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. This process could take up to 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 \$350.00 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 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.
- **Dental Assistance Program-** Financial assistance for dental emergencies or needs such as pulling of teeth, filling cavities, abscess teeth, or other dental needs not covered by dental or medical insurance. Corrective orthodontia for cosmetic wished are not covered.

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, emailed, 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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