



FINANCIAL ASSISTANCE PROGRAM (FAP)

PURPOSE:

The purpose of the Financial Assistance Program (FAP) is to provide financial support to members of our community in our continuing effort to improve the quality of life of individuals and families affected by bleeding disorders. NHF Nebraska provides financial support, based on availability of funding, to help defray the costs of:

- ✓ Expenses incurred in the care, treatment, or prevention of a bleeding disorder;
- ✓ Health insurance premiums;
- ✓ Emergency transportation services to HTC's;
- ✓ Basic living expense emergencies; and
- ✓ Other related expenses determined to be appropriate by the NHF Nebraska.

ELIGIBILITY:

Applicants for financial assistance will need to meet the following criteria:

- ☐ Be a resident of Nebraska and receive treatment from a Nebraska Hemophilia Treatment Center (HTC). Residents outside of Nebraska will not be eligible and should contact their local chapter for assistance.
- ☐ Be a parent or caregiver of a minor child who lives in your home and who has a diagnosis of a bleeding disorder OR be an individual with a diagnosed bleeding disorder.
- ☐ Complete the Financial Assistance application and meet the financial need requirements of the Financial Assistance Program policy.
- ☐ NHF Nebraska *recommends* requesting assistance from at least two (2) other agencies before applying to NHF Nebraska for funding. (Example: Colburn Keenan) Applicants may contact the Nebraska Hemophilia Treatment Center (HTC) for guidance to other assistance agencies. Please provide any relevant contact information for those agencies and the status of your request.

ADMINISTRATION:

Requests for financial assistance shall be reviewed and approved or disapproved by the Financial Assistance Application Committee. Financial assistance depends on the availability of funds and applicant eligibility. Funding is not guaranteed. ***Applicants should allow at least 14 business days for NHF Nebraska to process their request.***

Assistance is limited to one grant per calendar year per household with a maximum of \$500 being available for financial assistance. If a household has requested and been granted assistance for three consecutive years, they will be informed in writing that they will not be eligible to access the Financial Assistance Program the following year in all categories except for funeral expenses.

NHF Nebraska cannot provide funding directly to the individual applicant(s). Disbursements will be made directly to vendors identified in the application that have been verified by NHF Nebraska. In the case of a request for food or gas, the requesting staff person will facilitate expenditure without giving cash directly to the client.

The NHF Nebraska Financial Assistance Application Committee or other designated staff will review applications for completeness. If the assistance request does not provide the necessary information, the Committee or staff member will contact the applicant for additional details. If the request cannot be completed, then it will be denied.

Once the NHF Nebraska receives the assistance request, the application will be sent onto the Financial Assistance Application Committee for review. The committee will review (email or via conference call) the financial assistance request within one week of receipt and submit a majority-vote recommendation. Assistance provided will be at the sole discretion of the Financial Assistance Application Committee.

The Executive Director will notify the applicant about the decision within two business days of the committee meeting via email or phone communications. In most cases, approved applicants can expect a total of two – three weeks for the entire process and payment to be submitted.

Please submit all applications along with relevant bills and other relevant supporting documentation via email or postal mail (no fax available):

mgrace@hemophilia.org OR National Hemophilia Foundation, Nebraska Chapter
8031 W Center Road, Suite 304
Omaha, NE 68124



NHF NEBRASKA FINANCIAL ASSISTANCE PROGRAM APPLICATION

Please review the NHF Nebraska Financial Assistance Program guidelines and policy before submitting your application.

I. I have read and understand the Financial Assistance Program guidelines and policy. Initial here: _____

Completion of this application will automatically register you with the Nebraska Chapter of the National Hemophilia Foundation and place you on the mailing list. If you do not wish to be placed on the mailing list, please initial here: _____

Complete the following information in a different font or color if filling out electronically. Sign, scan, and email, or send via postal mail.

II. APPLICANT INFORMATION

APPLICANT FIRST & LAST NAME:		DATE:
ADDRESS:		CITY, STATE, ZIP
HOME PHONE:		CELL PHONE:
NUMBER OF PEOPLE IN HOUSEHOLD:	NUMBER OF PERSONS RECEIVING INCOME IN HOUSEHOLD:	TOTAL HOUSEHOLD MONTHLY INCOME:
MARITAL STATUS:		SPOUSE NAME:
TYPE(S) OF MEDICAL INSURANCE:		IS THE APPLICANT ON DISABILITY? YES NO
APPLICANT'S EMPLOYER NAME:		EMPLOYER CONTACT INFORMATION:
APPLICANT'S OCCUPATION:		EMAIL:

III. FINANCIAL ASSISTANCE REQUEST

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your family, patient(s) of the Nebraska Hemophilia Treatment Center? Are you or a family member affected with a bleeding disorder? If so, explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or a family member had any hospitalizations or surgeries in the past year? If yes, explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the applicant have mobility issues, chronic pain or joint replacement issues as a result of a bleeding disorder? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the applicant have any other medical conditions besides a bleeding disorder? If yes, explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you applied to other financial assistance programs for your current need? If yes, please list and indicate the amount received:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or your family applied to NHF Nebraska's financial assistance program in the past 3 calendar years? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or your family attended NHF Nebraska's programs or events such as Family Camp, NHF Nebraska Walk, Education Weekend or the Parent Information & Networking Group? If no, please explain further:



IV. Narrative. Please use as MUCH detail as possible to describe your request. Applications without significant detail will be sent back for follow up.

Describe any past or current involvement and or participation in the bleeding disorder community, to include but not limited to participation in events, volunteering or financial or other contributions to the community.

Describe in detail how assistance will help resolve your current need:

In your opinion, is this a one-time or a recurring financial need?

Amount requested (up to \$500):

NHF Nebraska is able to provide a maximum of \$500 funding per household per year.

When are these funds needed?

NHF Nebraska cannot provide funding directly to individuals. However, if approved, NHF Nebraska will pay to a vendor directly. Please list your bill payment information below and include copies of bills with contact information wherever possible. Please review the Financial Assistance Program guidelines and policy for more information.



V. Bill Payment Request #1

Company Name/Establishment:	Account number:
Mailing address (address, city, state, zip):	Phone:
Website (if available):	Contact (if available):

Bill Payment Request #2

Company Name/Establishment:	Account number:
Mailing address (address, city, state, zip):	Phone:
Website (if available):	Contact (if available):

I, _____, certify that the information I have submitted is true and accurate to the best of my knowledge.

Signature:	Date:
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Please submit via email to mgrace@hemophilia.org OR mail to:

National Hemophilia Foundation, Nebraska Chapter
8031 W Center Road, Suite 304
Omaha, NE 68124

CONFIDENTIALITY

Applicant names and information pertaining to funding requests are considered confidential to the full extent permitted by law.

Information from the NHF Nebraska Financial Assistance Program applications may be compiled for statistical purposes and for compliance with local, state, federal, or affiliate organization requirements. However, any publication of this data will be in aggregate form only and will not include names or any other information that could be used to identify individual applicants or recipients.

No personal information will be used or disclosed for any purposes other than that for which it was collected without the applicant's written permission. At no time will personal information be shared with any individual, company, and organization outside The Nebraska Chapter of the National Hemophilia Foundation.

DO NOT WRITE BELOW THIS LINE

To be completed by NHF Nebraska Financial Assistance Application Committee

Request approved: Yes _____ No _____

Reason for disapproval:

Amount approved:

Check number(s):

Date(s) assistance mailed:

Sent by:

Sent to:

Address (address, city, state, zip):