



## APPLICATION FOR PATIENT ASSISTANCE FROM THE HELP HAILEY FOUNDATION

Upon receipt of an application packet, all information will be reviewed and verified if necessary. Applications are reviewed on a first-come, first-served basis on complete application packets. For this reason please make sure your application is complete prior to submitting it. Applicants with incomplete packets will be notified via email and applications will not be considered until completed.

The disbursement of funds from the Help Hailey Foundation will consist of the Board of Directors reviewing completed applications and making a determination. All applicants will receive notification via email regarding approval or denial of their application. Upon request of the Board, a personal interview with child and parents may be needed. Denied applicants may re-apply but will need to provide additional documentation that the child or family is still in need and/or that other possible alternatives for funding/support have failed.

If approved, donations are granted on a case-by-case basis and the amount will be determined by the need of the child and current available funds of the foundation. Non-financial means of support will also be distributed on a case by case basis and as determined by the Board.

### **PARENT/GUARDIAN & PATIENT INFORMATION (please print)**

Date of application: \_\_\_\_\_

#### **Parent/Guardian Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone number: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **Patient Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

**CHILD'S DIAGNOSIS:** (Include primary and secondary, if applicable)

**ASSISTANCE REQUESTED:** (For financial assistance, please list the reason for seeking treatment and what the financial aid would directly be used for. Please attach any Physician treatment plans, anticipated travel expense, or receipts.)

(For equipment, please include name and type of item, name of manufacturer or provider, cost of item, and the contact information for the vendor when applicable. If brochures or websites are available please forward as well)

**ESTIMATED COST:** (Include any receipts, treatment estimates, for cost of care/equipment, or travel itineraries including length of stay, room and board expense, etc.)

**INDICATE ANY SPECIAL CIRCUMSTANCES YOU FEEL ARE PERTINENT TO THIS REQUEST:** (You may attach additional paperwork if necessary)

**Completed packet must include:**

- ✓ Completed and signed application
- ✓ A letter of medical necessity from the child's physician and/or a letter from a health care professional explaining how the child would benefit from the assistance/equipment you have requested
- ✓ If Equipment: A letter of denial from the child's insurance provider, which states that the specific equipment you are requesting has been denied
- ✓ Willing to show proof of all income (including your most recent W2 form) if requested

**Optional items to include:**

- ✓ Any additional documentation (such as brochures) on the equipment requested
- ✓ Any additional document or narratives pertaining to the child or the nature of the request

**By awarding financial assistance or support, The Help Hailey Foundation is making no recommendation to the appropriateness of safety of a particular piece of equipment or therapy in treating childhood sickness and other conditions. The Help Hailey Foundation and its Board of Directors is not responsible for the safety and use of awarded equipment or therapies. Applicants are strongly urged to consult with their medical professionals and therapists regarding equipment and therapies that would be most beneficial for their situation.**

We will only share information about you as needed and as allowed or required by law. Otherwise, we will only release protected health information and other private information to you and people you have given permission to see or copy the information. You may have to pay for copies of the information. We do ask that award recipients submit a photo showing the child using their equipment or therapy that we may use for advertising purposes of this grant program. Children will only be identified by their first name and only with written consent of their guardian.

You do not have to give us your personal information. However, without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud. **AUTHORIZATION TO SHARE INFORMATION FOR FRAUD INVESTIGATION:** I agree that third parties may share information about me and my child with persons investigating fraud. This may include, but is not limited to:

- Employers and Schools
- Landlords and Utility Companies
- Financial and Insurance agencies, and
- Other Government Offices

*I have read and understand the information above. I also understand that applications that are not completed in full or missing necessary documentation will not be reviewed until completed.*

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_