



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 Hawaii 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;
- ✓ Funeral expenses;
- ✓ Emergency transportation services to HTC's;
- ✓ Basic living expense emergencies; and
- ✓ Other related expenses determined to be appropriate by the NHF Hawaii.

ELIGIBILITY:

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

- Be a resident of Hawaii and receive treatment from a Hawaii Hemophilia Treatment Center (HTC) at Kapiolani. Residents outside of Hawaii 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 Hawaii *recommends* requesting assistance from at least two (2) other agencies before applying to NHF Hawaii for funding. (Example: Colburn Keenan) Applicants may contact the Hawaii 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 Hawaii to process their request.***

Assistance is limited to one grant per calendar year per household with a maximum of \$750 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 Hawaii 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 Hawaii. 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 Hawaii 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 Hawaii 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):

bdannals@hemophilia.org OR National Hemophilia Foundation, Hawaii Chapter
PO Box 6232
Kaneohe, HI 96744