HOPE FOR HEMOPHILIA
GIVING SEEDS OF HOPE THROUGH SEASONS OF CRISIS

Hope Assistance Application

Thank you so much for applying for assistance from Hope for Hemophilia. We exist to help patients who are suffering through crisis caused by hemophilia! We consider it our honor to try to help you through this difficult season.

We strive to be a conduit of hope, strength and resources to patients and their families who are suffering through crisis. We evaluate ALL applications based on type of need, amount of assistance requested, and state of crisis. *We do not discriminate on the basis of age, race, sex, or religion.*

Your personal information is of the upmost importance to us and will be kept strictly confidential.

We ask that you please fill out this form completely. We need all the information requested. Please do not ignore any of the blanks, unless it does not apply (i.e.: 2nd parent/guardian).

Please include the following with your signed and dated application:

- A copy of a valid driver's license or government issued ID
- Copies of all bills that you are requesting assistance with
- Signature and date

Return your application and supporting documents to us via:
fax to (888) 835-1449
email to info@hopeforhemophilia.com
the postal service to PO Box 77728, Baton Rouge, Louisiana 70879

Once we receive all of your information,(your signed application and all supporting documents), we will start working on your request right away!

What can you expect?

- ✓ A Hope for Hemophilia team member will contact you within two business days to confirm receipt of your application.
- ✓ Some applications can take up to two weeks to obtain a decision.
- ✓ If we need to request further information (for example: the information is incomplete, the application is unsigned or undated, information is not understandable, answers are illegible, etc.), your application will be delayed for decision until ALL information is gathered for your file.

Thank you for applying to become a recipient of hope! We will honor your time by having one of our team members carefully evaluate your application in person. We will take into consideration ALL of the information you have supplied and may request further information if needed.

If you have questions you may contact us anytime at info@hopeforhemophilia.com or by calling (888) 529-8023.

Thank you for giving us the opportunity to serve you and your family through this very difficult season!

Sincerely,

Hope for Hemophilia Team

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Patient Information

Patient Name: _____ DOB: ___/___/_____
First Last MM DD YYYY

SSN: _____-____-_____ Grade/Occupation: _____

Address: _____ Apt/Ste #: _____

City: _____ ST: _____ ZIP: _____

Cell: (_____)_____ Home Phone: (_____)_____

Email Address: _____

Parent/Guardian Information

Please complete if the patient is under 18 years of age

1) Parent/Guardian Name: _____
First Last

Employer Name: _____ Occupation: _____

Cell: (_____)_____ Home Phone: (_____)_____

Email Address: _____

2) Parent/Guardian Name: _____
First Last

Employer Name: _____ Occupation: _____

Address: _____ Apt/Ste #: _____
(If address is different than patient's)

City: _____ ST: _____ ZIP: _____

Cell: (_____)_____ Home Phone: (_____)_____

Email Address: _____

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Tell us about your Hemophilia:

What type of bleeding disorder have you been diagnosed with?

- ☐ Hemophilia A (Factor VIII)
- ☐ Hemophilia B (Factor IX)
- ◉ Other _____

What HTC (Hemophilia Treatment Center) do you visit? _____

What is the name of your Hematologist/Doctor? _____

What Hemophilia Chapter are you involved in? _____

How do you get your factor?

- ☐ Treatment Center (HTC/340b)
- ☐ Home Care Company
- ☐ Specialty Pharmacy
- ☐ Manufacturer
- ◉ Other _____

Name of company/program you receive your factor from:

_____

Name of person, contact, or representative whom you order from:

_____

May we contact this person for medical reference? ☑ Yes ☐ No

How did you hear about Hope for Hemophilia?

_____

Person who referred you: _____

Tell us your hemophilia story:

_____

_____

_____

_____

_____

_____

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How can we help?

In order for us to help you best, we need to know what other organizations you have applied to or organizations that have helped you during this difficult season.

Please list the other organizations you have applied to for assistance. What is the most recent status?

Tell us about the challenges you are facing now and why you need assistance at this time.

What financial needs do you have?

What is your single most pressing need at this time?

How much is the total amount of financial support you are requesting? $ _____

** By signing this document you are stating that all information given on this application is completely accurate and true.

Signature: _____ Date: _____
Patient (Parent or Legal Guardian if patient is a minor)

Email this signed application along with a copy of a valid driver's license (or government issued ID), and copies of bills for any financial assistance requested, to info@hopeforhemophilia.com. Or **fax** to 888-835-1449. Or **mail** to P.O. Box 77728, Baton Rouge, Louisiana 70879.

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Patient Privacy and Consent

The information you provide will be used by Hope for Hemophilia, Hope Charities, and parties acting on their behalf to determine eligibility, to manage and improve Hope for Hemophilia's assistance programs, to communicate with you about your experience with Hope for Hemophilia's assistance programs, and/or to send you materials and other helpful information and updates relating to Hope for Hemophilia's programs.

I understand that:

- Completing this application does not guarantee that I will qualify for Hope for Hemophilia's assistance programs.
- I agree to provide all requested documentation in a timely manner.
- Payments cannot be disbursed until I submit this documentation and that it is my responsibility to ensure that my accounts do not default.
- Hope for Hemophilia is not responsible for any cancellation of service or coverage.
- If approved, I certify that I will notify and provide documentation of any changes in my income or financial situation that may impact upcoming assistance.
- Failure to provide any requested information may jeopardize further assistance.
- If approved, I agree to promptly return to Hope for Hemophilia any refund check from a company due to overpayment resulting from assistance.
- Hope for Hemophilia may verify the accuracy of the information I have provided and may ask for more information.
- Hope for Hemophilia contends that it is not a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), but will take all reasonable steps to protect the privacy of all Personal Health Information received from a patient, in the context of Hope for Hemophilia's authorization from you, the patient, to facilitate the satisfaction of the request for need.
- Hope for Hemophilia reserves the right to change or cancel Hope for Hemophilia's assistance programs, or terminate my enrollment, at any time.

I give consent, and hereby authorize, Hope for Hemophilia to verify the information contained in this application and in all supporting documentation. I further acknowledge that I am, as the patient/individual/applicant, voluntarily disclosing personal health information (PHI) for the purposes of requesting financial assistance from Hope for Hemophilia. I acknowledge that I am applying not only for direct financial assistance, but I am, by virtue of my application, authorizing Hope for Hemophilia to find and connect me, the applicant, with resources from other sources and/or organizations. As part of the resource connection program, Hope for Hemophilia may have to disclose PHI to third parties and I hereby acknowledge my consent to such disclosures. Accordingly, I hereby give my consent and authority to disclose any personal health information to a third party, as deemed reasonably necessary on the part of the Hope for Hemophilia, based upon the nature of the application. Hope for Hemophilia may contact any company, agency, medical office, records bureau, insurance carrier, referral source, case manager, treatment center, doctor, nurse, or service provider to obtain any further necessary information in the course of assistance review and, if approved, disbursement. Hope for Hemophilia is permitted to phone, fax, write, or email with any company from which I submit a bill, invoice, or statement as part of this grant application. All records, including records in these subject areas financial, medical history and treatment, vocational records, case management, treatment plans (including hospice advance directives) may be shared with, released to, provided to, etc. Hope for Hemophilia. This information has been disclosed to Hope for Hemophilia from records which may be protected by state and/or federal laws that protect confidentiality. While Hope for Hemophilia is not defined as a covered entity, the organization shall strive to reasonably protect the confidentiality and privacy of your personal health information and will not disclose apart from what is deemed necessary by Hope for Hemophilia to satisfy the need reflected in your Patient Assistance Application. Any and all information pertaining to grant applicants, grant applicant's medical records, medical information, financial information, etc. is strictly confidential and proprietary to Hope for Hemophilia consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I release each any of the involved companies, agencies, institutions, persons, etc. and the Hope for Hemophilia staff and counsel from all legal responsibility or liability that may arise from authorized release of this information. I understand and that I may revoke this consent at any time. This consent expires one year after the date signed.

By signing, I attest that I have read the above and agree to abide by the policies of Hope for Hemophilia as outlined in this application and through all other correspondence with Hope for Hemophilia.

Signature: _____ Date: _____

Print Name: _____

8550 United Plaza Blvd., Suite 702, Baton Rouge, LA 70809
Phone: (888) 529-8023 Fax (888) 835-1449
www.hopeforhemophilia.org
info@hopeforhemophilia.com