



## Emergency Financial Assistance Policy

### PURPOSE:

The purpose of Emergency Financial Assistance is part of the Nevada Chapter of the National Hemophilia Foundation (NHF) continuing effort to improve the quality of life of individuals and families affected by bleeding disorders. Nevada Chapter of NHF provides emergency financial support, based on availability of funding, to help pay for:

- ✓ Expenses incurred in the care, treatment, or prevention of a bleeding disorder;
- ✓ Transportation services to medical appointments and HTC's;
- ✓ Basic living expense emergencies (rent, mortgage, utilities, food, etc);
- ✓ Medic Alert Bracelets;
- ✓ Educational Needs

### ELIGIBILITY:

Prospective applicants will need to meet the following criteria:

- Be a resident of Nevada and/or receive treatment from a comprehensive hemophilia treatment center that is funded in part by The Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders as part of the Western States Regional Hemophilia Network.
- 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 Emergency Financial Assistance application and Nevada Chapter of NHF determines that the applicant qualifies for financial assistance pursuant to its Emergency Financial Assistance Policy.
- Nevada Chapter of NHF requires that applicants request assistance from at least two (2) other agencies before applying to the Nevada Chapter of NHF for funding. Please provide any relevant contact information for those agencies and the status of your request.

### ADMINISTRATION:

Emergency financial assistance depends on the availability of funds and applicant eligibility. Funding is not guaranteed. ***Applicants should allow at least 10 business days for the Nevada Chapter of NHF to process their request.***

Assistance is limited to a maximum of \$600 per calendar year, per family being available for emergency financial assistance. In the presence of special circumstances the Nevada Chapter of NHF Board and/or Emergency Financial Assistance Committee will review exceptional requests.

***Nevada Chapter of NHF 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 the Nevada Chapter of NHF. In the case of a request for food, the requesting staff person will facilitate expenditure without giving cash directly to the client.

Nevada Chapter of NHF is willing to provide referrals for financial counseling resources for all clients who request assistance from the Nevada Chapter of NHF. All financial assistance candidates will be encouraged to participate in career counseling and budget training. It is recommended that other payment resources be investigated including government-sponsored programs and other charitable organizations.

The Nevada Chapter of NHF Executive Director or other designated staff will review applications for completeness. If the assistance request does not provide the necessary information, the staff member will contact the applicant for additional details. If the request cannot be completed, then it will be denied.

Once the Nevada Chapter of NHF Executive Director receives the assistance request, the application will be sent onto the Nevada Chapter of NHF Advisory Board/Emergency Financial Assistance Committee for review. The committee will review (in-person or via conference call) the financial assistance request within one week of receipt and submit a majority-vote recommendation. Assistance provided will be based on the sole discretion of the Nevada Chapter of NHF, the Advisory Board, and/or Emergency Financial Assistance Committee. The Executive Director will serve as a liaison, but will not be given a vote.

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 via email, fax or postal mail:

[bvandeusen@hemophilia.org](mailto:bvandeusen@hemophilia.org)

OR

Fax 702-446-8134

OR

Nevada Chapter of the National Hemophilia Foundation  
7473 W. Lake Mead Blvd., Suite 100  
Las Vegas, NV 89128

### **CONFIDENTIALITY**

Applicants and information pertaining to funding requests are considered confidential to the full extent permitted by law. All Nevada Chapter of NHF Advisory Board/Emergency Assistance Committee members are required to sign a confidentiality agreement.

Information from the Nevada Chapter of NHF's Emergency Financial Assistance 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 use or disclosed for any purposes other than that for which is was collected without the applicants' written permission. At no time will personal information be shared with any individual, company, and organization outside The Nevada Chapter of the National Hemophilia Foundation.