



2022 Application Guidelines

Utility Applications

(Examples - electricity, gas, or water, please note we **DO NOT COVER** landline phone service, mobile phone service, internet service, or cable service).

Items needed for the application to be processed:

- Hospice or Palliative Care Verification Letter.
 - Must be on company letterhead and signed by you as the hospice team member.
 - If letterhead is not available to you, you can use the HPCF Verification Form which can be found on our website.
 - **Emails verifying the patient is on hospice or palliative care are NOT acceptable!**
- Current billing statement, no more than thirty (30) days old. **All pages of the statement must be submitted!**
 - The billing statement must be in the patient's name.
 - The address on the statement must be the patient's primary address
 - For pediatric patients the address must be the patient's home address and in one of the pediatric patient's parents or legal guardian's name.
- A W-9 may be required from the vendor. If you have additional questions regarding the need for a form W-9 please reach out to us at 855-219-1648 or info@hpcfoundation.org. If the vendor does not have their W-9 form you can find one to use at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

** We cannot approve applications for bills located at secondary homes or investment properties.

Rental Applications

Items needed for the application to be processed:

- Hospice or Palliative Care Verification Letter.
 - Must be on company letterhead and signed by you as the hospice team member.
 - If letterhead is not available to you, you can use the HPCF Verification Form which can be found on our website.
 - **Emails verifying the patient is on hospice or palliative care are NOT acceptable!**
- A copy of the patient's lease agreement. The lease agreement **CANNOT** be more than one (1) year old.

- The lease agreement must be in the patient's name.
- For pediatric patients, the lease agreement must list the patient as a tenant.
 - For pediatric patients, the property address listed on the Rent statement must be that of the patient's home address and be in the patient's parent(s) or legal guardian's name.
- A letter or invoice from the landlord or property manager letting us know the current amount owed, including if applicable all late fees.
 - The letter or invoice must include the patient's name and their complete address.
 - The letter or invoice must also include the landlord's name and complete address.
 - The letter or invoice must be signed by the landlord ("real" signatures only).
- If the balance due is more than the maximum approval amount (\$500), then the patient must pay down the balance due to the \$500 amount.
 - The patient will be required to provide copies of all receipts.
- A W-9 will be required from the vendor (in this case the landlord, no matter if they are an individual or a business). If you have additional questions regarding the need for a form W-9 please reach out to us at 855-219-1648 or info@hpcfoundation.org.

** Please note that if a new rental period occurs before providing the items listed above, the patient will have to pay the new charges before the application can be processed and approved.

** We cannot approve applications for second properties or investment properties.

Mortgage Applications

Items needed for the application to be processed:

- Hospice or Palliative Care Verification Letter.
 - Must be on company letterhead and signed by you as the hospice team member.
 - If letterhead is not available to you, you can use the HPCF Verification Form which can be found on our website.
 - **Emails verifying the patient is on hospice or palliative care are NOT acceptable!**
- A current mortgage statement, no more than thirty (30) days old. **All pages of the statement must be submitted!**
 - The statement must be in the patient's name or if jointly held the patient must be a co-borrower.
 - For pediatric patients, the real property address listed on the mortgage statement must be that of the pediatric patient's home address and be in the patient's parent(s) or legal guardian's name.
- If the balance due is more than the maximum approval amount (\$500), then the patient must pay down the balance due to the \$500 amount.

- The patient will be required to provide copies of all receipts.
- A W-9 may be required from the vendor (in this case the mortgage company). If you have additional questions regarding the need for a form W-9 please reach out to us at 855-219-1648 or info@hpcfoundation.org.

** Please note that if a new mortgage payment period occurs before providing the items listed above the patient will have to pay the new charges before the application can be processed and approved.

** We cannot approve applications for second properties or investment properties.

Funeral Applications

Items needed for the application to be processed:

- Hospice or Palliative Care Verification Letter.
 - Must be on company letterhead and signed by you as the hospice team member.
 - If letterhead is not available to you, you can use the HPCF Verification Form which can be found on our website.
 - **Emails verifying the patient was on hospice or palliative care at the time of death are NOT acceptable!**
- An invoice from the funeral home showing the total amount due, any payments made, and the balance due at the time of submitting the application to us at the Foundation.
 - The invoice must indicate the deceased patient's name and date of death
 - The invoice must be signed by the funeral director. A "real" signature is required.
 - The funeral home will also need to list any insurance benefits that are expected, even if they have **NOT** been received at the time of submitting the application.
- A W-9 will be required from the vendor (in this case the Funeral Home). If you have additional questions regarding the need for a form W-9 please reach out to us at 855-219-1648 or info@hpcfoundation.org.

Medical Related Applications:

For any Medical Related type of Applications please reach out to us to find out what all may be required. This is the only way we can ensure the application will be processed. You can reach us by calling 855-219-1648 or by emailing info@hpcfoundation.org.

Due to the type of requests we may require additional items to verify the need of assistance. However, you will still be required to provide the following along with the additional items:

Examples of medical related requests: (doctor visit copays, hospital copays, transportation services, oxygen machines, hospital beds, wheelchairs, medication copays, eyewear, etc.).

- Hospice or Palliative Care Verification Letter.

- Must be on company letterhead and signed by you as the hospice team member.
- If letterhead is not available to you, you can use the HPCF Verification Form which can be found on our website.
- **Emails verifying the patient is on hospice or palliative care are NOT acceptable!**
- A current copy of the billing statement, no more than thirty (30) days old.
 - The billing statement must be in the patient's name, even for pediatric patients.
- The date of service for the patient must be within thirty (30) days of the application submission or an upcoming service date, no more than thirty (30) days in the future.
 - We CANNOT pay past due bills for items or services rendered.
- Either a pre-estimate explanation of benefits showing the patient's expected insurance coverage or a processed claim explanation of benefits showing the patients responsible portion.
- A W-9 may be required from the vendor. (In this case the company we will be paying). If you have additional questions regarding the need for a form W-9 please reach out to us at 855-219-1648 or info@hpcfoundation.org.

Quality of Life Applications

For any Quality of Life type of Applications please reach out to us to find out what all may be required. This is the only way we can ensure the application will processed. You can reach us by calling 855-219-1648 or by emailing info@hpcfoundation.org.

Due to the type of requests we may require additional items to verify the need of assistance. However, you will still be required to provide the following along with any additional items:

**** For any quality of life requests, we require the service to be completed before paying the vendor. We are more than happy to speak with the vendor regarding payment arrangements if needed.**

Examples of quality of life items (portable air conditioner, portable heater, refrigerator (medical use only, lift chairs, pest control, wheelchair ramp etc.).

- Hospice or Palliative Care Verification Letter and signed by you as the hospice team member.
 - Must be on company letterhead
 - If letterhead is not available to you, you can use the HPCF Verification Form which can be found on our website.
 - **Emails verifying the patient is on hospice or palliative care are NOT acceptable!**
- If we will be purchasing the item online:
 - You must provide the link to the exact item being requested.
 - **If the item is more than the maximum amount of \$500, please call us at 855-219-1648**
- If the item will not be purchased online, we will need an invoice from the vendor.

- The invoice must be in the patient's name and their primary residence must be the address the listed. Also the following information needs to be included:
 - Any labor, shipping, and/or any applicable taxes
 - The vendor must list their complete name and address
- A W-9 may be required from the vendor. (In this case the company we will be paying). If you have additional questions regarding the need for a form W-9 please reach out to us at 855-219-1648 or info@hpcfoundation.org.