



**Adult Gift and Relief Fund Program
Policy, Guidelines, and Per Patient Cap Restrictions**

Calendar Year January 1, 2025 to December 31, 2025

The Hospice & Palliative Care Foundation's *Adult Gift and Relief Fund* provides gifts and relief funds to adult patients (over the age of twenty-one) currently on hospice or palliative care services. All applicants must meet the established guidelines, and provide all the required information and supporting documentation, to be eligible for this program. There are currently two (2) categories, and each is offered on a one-time basis.

There is a "per patient" cap on the *Adult Gift and Relief Fund Programs*. Patients can participate in one or more components, however; collectively, the patient cannot exceed \$599.99. The "per patient" cap includes any shipping, handling, tax, and/or other processing fees associated with the purchase of a small gift or processing of a relief fund request. This allows us to offer our programs to our patients on tax-free basis, and it reduces the required backup and additional information that would otherwise be required should a "per patient" cap not be in place.

The application process includes an online request form that is submitted by the hospice team member with information provided on the paper form which is to be completed by the adult patient. Each component of the *Adult Gift and Relief Fund Program* has its own specific form. Please ask a hospice team member for the appropriate form (s) and complete accordingly.

If the adult patient is not able to complete the form (s), their next of kin (i.e. spouse, adult child, sibling) can complete on behalf of the patient. Additional information will be required. Forms cannot be completed by the hospice team member.

Below is a description of each component that is currently offered to our adult patients along with the current budgeted number of requests. Our budgeted numbers are effective for the **Calendar Year January 1, 2025 to December 31, 2025**, and reviewed annually in accordance with our year-end financial review process. The budgeted number of requests currently operates on a rolling-month method. This means that if we do not use all of the budgeted number of requests for a particular month, we will roll over the number of unused requests to the following month. However, any requests not utilized by the last day of the calendar year *will not* be rolled over to the following year. This process allows us to maximize our giving based on the current calendar year's budgeted income and expenses.

- Small Gift – these gifts are designed to provide patients with an item or items to assist with everyday living such as food, toys, games, clothing, shoes, diapers, wipes, etc. to support and enhance their quality of life. **The maximum small gift amount that can be awarded under this category is \$100.00 (plus reasonable shipping and handling costs).**

• 5 Per Month Maximum 60 Per Calendar Year Maximum

- Relief Fund – this fund is designed to help adult patients with their rent, mortgage, electric utility, gas utility, water utility, and/or sewer utility expenses. A relief fund can also be used to (a) obtain certain equipment needed for everyday living or (a) help a deceased adult patient’s family with funeral costs. Note: our relief funds **cannot** be used for cable service, internet service, mobile phone service, or landline phone service. **The maximum relief fund that can be awarded under this category is \$500.00.** Relief funds are paid directly to the patient’s service provider. Relief funds **cannot** be sent directly to the patient’s parent (s) or legal guardian (s).

- 2 Per Month Maximum* 24 Per Calendar Year Maximum*

Adult Patient Guidelines:

Adult patients receiving relief funds listed above must meet **ALL** of the guidelines listed below:

1. The individual applying (or deceased patient) must be an adult (age twenty-one and older).
2. The individual applying (or deceased patient) must be a resident of South Carolina.
3. The individual applying (or deceased patient) must currently be on hospice or palliative care services. For those applying for a relief fund, the deceased must have been on hospice or palliative care services at the time of their passing.

Adult Patient Disclosure Statements:

Adult patients receiving any of the gifts and relief funds listed above must agree to the following disclosure statements. The disclosure statements will be part of the individual request forms along with the appropriate signature lines. Applicants that refuse to sign the disclosure statements will not be allowed to participate in our gift and relief fund programs.

1. As a public nonprofit, 501(c)(3), organization, we cannot provide gifts, awards, and/or relief funds to individuals that are not a United States Citizen. Accordingly, individuals receiving gifts, awards, and/or relief funds that are funded by *The Hospice & Palliative Care Foundation* must either be a United States Citizen or a Naturalized United States Citizen.
2. By signing below, the patient agrees to the foregoing disclosures and is attesting they are a United States Citizen or a Naturalized United States Citizen. Individuals that provide false information in the foregoing sections or is found not be a United States Citizen or a Naturalized United States Citizen may be subject to criminal and/or civil penalties based on the laws of South Carolina.

**Note: Our Relief Fund Program is based on a budget of four requests per month with a maximum of forty-eight requests per calendar year for both the Adult HPCF Program and the Pediatric HPCF Program. For purposes of our policy guidelines, we have split the budgeted requests between the two programs, however; this allocation is flexible based on the needs for a particular month.*