

Adult Other Assistance Application Guidelines

For any type of **Medical Related** or **Quality of Life** application, please reach out to us **FIRST** to find out what may be required as each situation is different. Please contact us at 855-219-1648 or by emailing us at info@hpcfoundation.org.

Depending on the type of request, we may require additional items to verify the need. This will be in **ADDITION TO** the items below.

For **Quality of Life** requests, the service **MUST BE** performed **BEFORE** the application can be finalized **AND** approved, **NO EXCEPTIONS!** We are more than happy to speak with the vendor regarding payment arrangements, if needed.

When submitting your application, please follow the detailed instructions below. This is the only way to ensure that your application is reviewed and submitted for approval.

Before completing and submitting the application and any supporting documentation, please refer back to the website and click on the link to our program's policies and annual funding caps.

If you have access to DocuSign, it may be used to obtain the required signatures. However, the instructions below **MUST** be followed, no exceptions! Please refer back to the website and click on the link to the DocuSign instructions.

Below are the steps to submit an Adult Relief Fund Application:

Download and complete the application, which can be found on our website. There is also an optional media release form that can be submitted which allows us to share pictures, stories, and other marketing related information in our newsletters, on our social media pages, and in our organizational brochures.

Review all of the required items below (in addition to any documents requested when contacting us) before submitting your application. We must have each of the items before an application can be reviewed and submitted for approval.

*This is only the minimum requirements.
As we review the application, we may need more items:*

- **Balance Due** – if the balance due is more than \$500.00, or the approved maximum, it will need to be paid down before our funding can be approved and released. Copies of receipts should be provided along with the other items listed at the time of submitting the application.
- **Hospice Verification Letter** – the letter should include the deceased's name and their dates of service, at minimum. The letter should be on company letterhead and signed by the hospice team member. If company letterhead is not available, we will accept the approved hospice verification letter discussed below.

- Form W9 – depending on the situation, we may require this form from the third party. It will need to provide a current form (should be dated within the last twelve months from the date the application is submitted). These can be obtained online. The form should be completed in full, signed, and dated.

Once all required information is obtained, please submit the application and supporting documentation, in PDF format, to info@hpcfoundation.org. Please note that we cannot accept pictures of the application and/or supporting documentation.

If you do not have access to your company letterhead, you can use the HPCF approved verification form, which can be found on our website. This is **NOT** the preferred method, but is acceptable if there is **NO** other option. An email verifying a patient's hospice status **WILL NOT BE ACCEPTED!** Please refer back to our website for the link to the alternate hospice verification form.

IMPORTANT NOTES:

Applications must be submitted by a member of the hospice patient's care team. We are unable to provide reimbursement for payments already made or items purchased. The bill or invoice must be in the adult patient's name for which the relief fund is being awarded. This is per IRS regulations!

We welcome your feedback. Please email us at:

INFO@HPCFOUNDATION.ORG

If you require additional assistance, please reach out to us at 855-219-1648 or by emailing us at info@hpcfoundation.org.