



4p- Support Group Hardship Assistance Fund (HAF) Application

The Hardship Assistance Fund (HAF) is administered by the 4p- Support Group, a non-profit organization supporting individuals with 4th chromosome deletion, and their family. The Officers of the 4p- Support Group Board of Directors (the “Committee”) reviews applications and makes determinations on a case-by-case basis. Submitting a request and completion of this application for assistance is completely voluntary. The information supplied will be kept confidential and will be reviewed only by individuals involved in administering the HAF. Decisions regarding applications will be communicated through email or writing by US mail.

Eligibility:

- Requests can only be made by a parent or legal guardian of a child (of any age) with 4p-. Diagnosis must be confirmed in writing by physician or through a copy of the genetic test results. Relation to child will be confirmed via legal documentation.
- Must be a current member of the 4p- Support Group (the “Group”).
- Must live in the United States or Canada.
- Families can only submit 1 request in a 12 month period.

Rules/Guidelines for the HAF:

- There are three parts to the HAF-
 - 1) Basic living expenses. These will only to be considered when the recipient has encountered the hardship due to illness or hospitalization of the 4p- child.
 - 2) Reimbursement for certain equipment and home improvements that are not in conflict with this application.
 - 3) Funeral and burial expenses of the 4p- child.
- The HAF does not help with medical expenses for medications, co-pays, therapies or surgeries that are not covered through insurance. Requests that will NOT be granted include:
 - Lost compensation due to missed time from work; items covered by an individual’s insurance; routine, on-going or long-term medical expenses; elective medical procedures; insurance premiums; credit card debt or pay day loans; employee benefits during waiting periods for coverage; legal fees; and expenses associated with divorce settlements, child custody cases and alimony.
- A letter of necessity is required from the 4p- individual’s physician when making an item request. A referral is needed when the item constitutes such. A referral allows us to make the proper verification for said request. A doctor’s note is necessary in these cases. A person may refer themselves if a doctor’s note is not needed, however the doctor and/or therapist must write a letter backing up the request.

- Obtain at least 3 bids, when applicable.
- No request will be considered for items/equipment/services that have already been purchased.
- Funding is limited and depends on the sources of support we receive at any given time.

Our HAF Standards:

- The HAF Committee has up to 30 days to review the application and notify the applicant of the HAF Committee’s status.
- At any time, the HAF Committee may request further documentation from the applicant to make an informed decision.
- All requests are decided upon a case-by-case basis.
- If we do not currently have funding to assist, we will work to refer you to other possible financial assistance resources.
- The payment is always made directly to the vendor or company. This allows the HAF Committee absolute certainty that the funds are being used for the requested purpose.
- Financial assistance is not intended to replace all losses, to be the sole funding resource, or to provide nonessential, luxury, or decorative items or services.
- All financial assistance shall be distributed in compliance with 4p- Support Group’s non-discrimination policy.

HARDSHIP ASSISTANCE FUND APPLICATION FORM

Instructions:

- Please print clearly.
- Do not leave any blank responses. Use “no”, “none”, or “0” as appropriate.
- Email your completed application to Jackie Dalzell, HAF Committee Chairperson, at treasurer@4p-supportgroup.org, or click the submit button at the bottom of the application.
- Allow up to 30 days from the day of your interview before being notified with the HAF Committee’s status. If additional documentation is requested, it is your responsibility to submit it to the HAF Committee Chairperson ASAP. This must be received before the decision process can continue. Your delay may result in the Committee’s inability to review your request in a timely manner.

Your Last Name: _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Full Name of individual with 4p-: _____

4p- Child’s Date of Birth (dd/mm/yyyy): _____

Please describe your financial hardship.

Please describe the assistance requested.

Please describe how this assistance will directly affect your child with 4p-.

Have you explored other funding resources? If so, please explain.

Additional comments

Provide the following documents (copies are preferred). Not doing so will delay our review process:

- Completion of all personal information as requested above.
- Birth Certificate or State ID of Applicant(s) and the individual with 4p-. If the request is for burial expenses, a copy of the death certificate.
- Proof of Income. Examples of Proof of Income are:
 - Tax Return (most current filing year)
 - Proof of State Funding (SSI, SSA, etc.)
 - Unemployment Check Stubs
- At least one other request from another resource for funding that was denied to applicant, if applicable.
- Insurance denial letter, if applicable
- Doctor's letter of necessity, if applicable
- If requesting an item(s), copies of at least 3 bids.

Authorization:

I have done everything possible to look into other funding options before applying for this assistance. I certify that the information provided in this assistance application is true and correct as of the date set forth below. I authorize Jackie Dalzell, the HAF Committee Chairperson, to release this information to the HAF Committee regarding this application. My signature acknowledges and permits the 4p- Support Group and its agents to verify all information. Any intentional misrepresentation of information contained in this application will result in forfeiting assistance funding allocation now and in the future.

Signature Required: _____

Printed Name: _____

Date: _____

Application will submit through your email service provider. Please remember to attach copies of quotes/estimates, etc., as applicable, before you click the send button.

SUBMIT APPLICATION

For questions about the Hardship Assistance Fund, please contact:

Jackie Dalzell, HAF Committee Chairperson
(734) 516-7761
treasurer@4p-supportgroup.org