



Hemophilia of Indiana Emergency Financial Assistance Program

Guidelines for Eligibility

- Member of Hemophilia of Indiana, Inc. or any immediate family member within same household
- Applicant must show they have contacted other service agencies for assistance
- Applicant must be able to express how they will resolve the problem from occurring again
- A maximum of \$350 will be provided per household within a 12 month period
 - Example: If a household requests the maximum in October 2013, they will not be eligible for assistance until October 2014
 - Members are able to apply multiple times per year if they have not met their maximum
 - Assistance requests over the maximum amount are referred to the Holl Board of Directors
- Applicant must provide monthly or yearly income, preferably by pay stub or tax return
- Referrals are not required; however, most request are submitted by the IHTC

Forms for Emergency Assistance

- The "Emergency Assistance Application" must be filled out and signed by either a member of the Holl or IHTC Staff
- A copy of the bill or expense MUST be submitted with Application

Types of Request Granted

- Basic Standard of Living Expenses: Utilities, Rent/Housing, Food/Gas Cards, Other per approval of Holl Executive Director

Timing for Requests

- Holl asks that all requests be submitted 5-7 days before due date of bill; however, the foundation will take all requests regardless of time frame

How Bills are paid

- Payments are made via check, credit card, or check by phone
- All payments are made directly to company based on information on application and statement provided by applicant
- No direct payments are made to applicant