Family Assistance Form - Request for Services

Personal Information Section

LAST NAME: ____

FIRST NAME: ______________________________________ MIDDLE INITIAL: ________

SOCIAL SECURITY #: ____

ADDRESS: ____

CITY: __________________________________ STATE: _________ ZIP: _____________

PHONE: (HOME) __________________________ (CELL) ___________________________

EMAIL: ____

DATE OF BIRTH: ___________________________________

PARENT/GUARDIAN NAME (IF MINOR): ____

This request will be forwarded to the Virginia Hemophilia Foundation. In the interest of privacy, identifying information will be removed from the request and forwarded to a blinded committee for review. Additional information may be required. All payments will be made directly to the party that is owed the monies. Please attach all supporting information including copies of bills and payment page. Applicants will be informed of the outcome of the committee review.

____ Date:______________________
Applicant (or parent/guardian)

Approved ___ Denied ___ Date ____________

Reason for Denial (if applicable)

____
____
____
____

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Section 2 – Blinded Information for Submittal

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD:
ADULTS ________ CHILDREN (<19) ________

INCOME:
EMPLOYED (#)
FULL TIME: ___________ PART TIME ___________ MONTHLY: $_____________
SSI OR WELFARE MONTHLY: $________ UNEMPLOYMENT COMPENSATION: $_________
OTHER SOURCES OF INCOME: $__________

PLEASE DESCRIBE: ____
____
____

EXPENSES (monthly):
HOUSING $____________ UTILITIES$____________ PHONE $_________

INSURANCE $___________ CAR $____________ OTHER $____________

INSURANCE INFORMATION:
PRIVATE ____ MEDICARE ____ MEDICAID ____

AMOUNT REQUESTED $______ ($250 maximum)

What is the purpose of the requested amount? ____
____
____

Is this a one-time expense _____ or a monthly expense ______

If monthly, what are you doing to ensure that this bill will be paid next month?
____
____
____

Have you applied to any other organizations for assistance for this particular bill?
____
____
____

Please email completed application to:
info@vahemophilia.org

or mail to:
Virginia Hemophilia Foundation
410 N. Ridge Rd., Suite 215
Richmond, VA 23229