

# Fund Disbursement Guidelines for Transplant and Living Donor Expenses

All requests must be submitted with a Fund Request Form and supporting documentation.

EXPENSE	EXPLANATION	PAYMENT METHOD
<b>Fundraising expenses</b>	Reasonably priced materials you need to carry out your community-based fundraising activities for Help Hope Live.	Discuss with your Client Services Coordinator before purchasing and submitting a request for reimbursement with a completed Fund Request Form and proof of payment.
<b>Hospital and doctors' fees not covered by insurance, including deductibles and copays; telephone and television rentals during hospitalization</b>	Submit statement or bill with Fund Request Form.	Prefer to pay directly to doctor or hospital but can be reimbursed; if it has been referred to a collection agency, must be paid directly to agency.
<b>Home health care for client</b>	<p>Clients are responsible for screening hired caregivers and setting the hourly fee. When hired, the caregiver must provide Help Hope Live with a completed Form W-9 (Request for Taxpayer Identification Number and Certification). If caregiver receives over \$600 annually, Help Hope Live will issue them a Form 1099-MISC, which reports the payment as income to the IRS.</p> <p>Help Hope Live does <b>not</b> pay for child care.</p>	The IRS requires that caregivers are paid directly. The client must submit a Caregiver's Timesheet for each provider documenting days and hours worked and the service fee. This must be signed by both the client (or an approved representative) and the caregiver prior to being submitted to Help Hope Live with a completed Fund Request Form.
<b>Medically recommended rehabilitation and massage therapy, including exercise-based rehab*</b>	Fund Request Form must include information about the facility and/or credentialing of the practitioner.	Paid directly to the facility or practitioner (preferred), or reimbursed with a completed Fund Request Form and proof of payment.
<b>Medically necessary exercise equipment</b>	Requires a medical professional's recommendation.	Must be paid directly to vendor.

<b>Transplant-related medications and medication co-pays</b>	Submit bill or proof of payment with Fund Request Form.	Paid directly to vendor or reimbursed to client with a completed Fund Request Form.
<b>Treatments that are FDA approved or currently under FDA initial review and recommended by a medical professional*</b>	Treatment plan and estimated cost must be submitted with Fund Request Form.	Medical facility must be paid directly.
<b>Other uninsured health care needs impacting client's transplant*</b>	Dental, vision, hearing loss, treatment for skin cancer, or other care that is required for a transplant or a side effect of transplant-related medications.	Paid directly to vendor, or reimbursed to client with a completed Fund Request Form and proof of payment.
<b>Disposable medical equipment and supplies for client, including catheters, disposable pads and briefs, and medically needed over the counter drug store items</b>	Submit proof of payment with the Fund Request Form.  Help Hope Live does <b>not</b> pay for personal items not related to the transplant or illness.	Client can be reimbursed with a completed Fund Request Form and proof of payment.
<b>Transportation: local travel (one-day round trip) and long-distance travel (overnight or longer) for client and one caregiver to access treatment or for caregiver to visit hospitalized client.</b>	Mileage at the IRS Medical Mileage Rate; tolls and parking; and bus, train, or plane fare.  Help Hope Live does <b>not</b> pay for gas or non-medical travel.	Requests for reimbursement must include documentation of mileage (such as MapQuest/Google Maps) and receipts for tolls and parking. Bus, train, or plane fare can be reimbursed with a completed Fund Request Form and proof of payment or paid directly to vendor.
<b>Relocation expenses to access treatment</b>	Housing and moving expenses for client and one caregiver to move to access treatment.	Client can be reimbursed with a completed Fund Request Form and proof of payment, such as a lease or statement from an extended stay facility.
<b>Meals during medical travel or temporary relocation to access treatment</b>	Client can receive up to \$40 per day for meals, or client and one caregiver together can receive up to \$65 per day for meals.	Client can be reimbursed with a completed Fund Request Form and proof of payment, providing documentation of trip days or relocation for medical care.
<b>Reasonable maintenance costs for a vehicle to access treatment</b>	Submit estimate from dealership or repair shop. Help Hope Live does <b>not</b> pay for auto insurance, auto loan payments, or non-medical travel.	Must be paid directly to vendor.

<b>Home modification expenses</b>	<p>Help Hope Live will pay for medically necessary home repairs, such as mold abatement.</p> <p>Expenses more than \$10,000 must be preapproved by the Help Hope Live Finance Department.</p>	<p>Must be paid directly to vendor when an estimate and payment contract is submitted. Additional estimates may be requested. If no contractor is used, only receipts for the materials can be submitted for reimbursement with a completed Fund Request Form and proof of payment.</p>
<b>One telephone for a client</b>	<p>Submit proof of payment for one phone and monthly bill.</p>	<p>Client can be reimbursed with a completed Fund Request Form and proof of payment.</p>
<b>Burial expenses</b>	<p>Undertaker's bill or cremation expenses.</p> <p>Help Hope Live does not pay for headstones, funeral gatherings, or flowers.</p>	<p>Paid directly to vendor.</p>
<b>Fund requests following a client's death</b>	<p>Must be submitted within 12 months of the date of death.</p>	<p>An authorized representative of the campaign must submit a Fund Request Form with the required documentation for payment or reimbursement.</p>

\*Help Hope Live does not endorse or recommend any specific treatments or therapies to our clients and cannot comment on the efficacy of one treatment over another. We encourage our clients to research the best treatment options for them.

### **Emergency Assistance for Living Expenses: 3-Months Maximum**

<p><b>Necessary living expenses, such as mortgage payments, rent, and utilities up to \$2,000 per month.</b></p> <p>Help Hope Live cannot pay for lost wages, repayment of loans, or expenses not related to the transplant or illness.</p>	<p>A doctor's letter must indicate that the primary wage earner is unable to work; letter must contain wage earner's name, type of disability, and length of anticipated disability.</p>	<p>Client can be reimbursed with proof of payment, or payment can be made directly to vendor.</p>
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If a medical or related expense is not covered by these guidelines, please contact your Client Services Coordinator for pre-approval. Your request may require review by the Help Hope Live Executive Director or Board of Director's Client Services Committee, which could delay decision making and possible fund disbursement.