

Improving the quality of life for individuals and communities affected by sickle cell disease.

Patient Financial Assistance Program (PFA)

Sickle Cell Foundation of MN is pleased provide our Minnesota warriors access to our Patient Financial Assistance Program (PFAP). This program is solely intended to assist Minnesota residents living with or caring for a child with sickle cell disease in the state of Minnesota.

This program and its resources are contingent upon the availability of funds. As a small state-based non-profit organization, we rely on the generosity of our donors and partners, therefore this program may be modified, paused or discontinued at any time if funding is limited or no longer available.

If you choose to apply for assistance, please keep in mind that this is a "micro-grant" assistance program and is designed to supplement the basic needs of your household and may not prevent eviction, foreclosure or disconnection of critical services. If you are in an emergency situation or are at-risk of immediate eviction or service disconnection, please contact 211UnitedWay to discuss other emergency assistance options.

*Sickle cell patients and caregivers are encouraged to FIRST utilize/exhaust all other federal, state and local resources as we continue to identify resource gaps and fill community needs as we are able.

--PLEASE READ --

--- PFAP GRANT REQUIREMENTS & PAYMENT INFORMATION ---

NOTE: Any false, misleading, or fraudulent information may prevent future access to the PFAP Program.

Personal information provided to us will be used to determine eligibility. This information is also used to help us better understand our Minnesota sickle cell community and their various needs. Sickle Cell Foundation of MN never shares or sells your personal or health information.

Please understand that we receive many requests, and although most are truthful, unfortunately we also receive fraudulent requests and at times need to verify/confirm patient diagnosis. We do not ask for nor obtain any additional private health information (PHI) outside of confirmation of diagnosis when reviewing applications for the PFAP Grant.

PFAP REQUIREMENTS:

- Information provided must be accurate and verifiable.
- Applicant/Patient must be a FULL TIME RESIDENT in the state of Minnesota (Proof may be required)
- Applicant must be an individual (or caregiver of a warrior child) with a confirmed sickle cell disease diagnosis.
- Adult warriors (18+) MUST apply as an adult living with sickle cell disease even if they live with a parent/caregiver.
- Child/ren must reside IN YOUR HOME! Due to limited resources, we are unable to provide for friends and extended family.
- Patients/Caregivers may apply for funds through the PFAP Grant <u>ONCE</u> per calendar year, however, this does not guarantee approval each year.
- Holiday Help Program (HHP) is separate from the PFAP Program and may be accessed even if PFAP has been accessed earlier in the year, however, families may only access 1 of these programs between Nov. 1 Dec 31.
- Due to limited staffing, please allow 5-7 business days for a response to your submission.
- Recipients are required to participate in our giveback program, "Blessed to Be a Blessing". (see below)









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Giving Back: Blessed to Be a Blessing

Although we are here to serve the community as a community-based patient advocacy organization, our primary focus is community advocacy and when donations and funding allow, we are able to provide mini-grants for financial assistance.

"BLESSED TO BE A BLESSING" is a component of our PFA Program that encourages warriors/caregivers who access financial assistance (Warrior Wings is excluded) to choose a way to DONATE BACK to the community within 3 months (90 days) after accessing financial assistance.

There are 2 options for ways to give back:

- 1. Participating in a minimum of 2 activities or events within 3 months (90 days) of accessing assistance.
- 2. Volunteer a minimum of 4 hours within 3 months (90 days) of accessing assistance.

Payment Information

The fastest, most convenient form of payment is electronic. Billing statements/documentation must be submitted upon request and must match applicant name, address, and phone number. *Rare exceptions may apply.*

Most cash payments are made as follows:

- Housing or Utility Bills: Payments will be made directly to the vendor ONLY!
- Therapy Medication Assistance: Payments will be made directly to the pharmacy, whenever possible.
- Food/Clothing Assistance: Gift Cards (Cub Foods, Walmart, Sam's Club) will be used, whenever possible, and will be sent via email or regular mail.
- Warrior Wings Assistance: Payments will typically be made to vendor or next of kin.
- We reserve the right to make payments via VERIFIED PayPal, Cash App, or Zelle, when all other options have been exhausted: Verified account MUST match applicant name, phone number and/or email.

NOTE: Sickle Cell Foundation of MN is <u>NOT</u> responsible for inaccurate information sent to us or lost or inaccessible funds.

*Sickle Cell Foundation of MN reserves the right to discontinue or cancel assistance payments at any time and for any reason, including but not limited to non-responsiveness, lack of available funds and suspicion of fraud.

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