

Fax Cover Sheet

Chuck Brown's Crisis Intervention Fund Team

Date: \_\_\_\_\_

From: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Re: \_\_\_\_\_

Pages: \_\_\_\_\_

**For GA applications, fax to:**

Pamela Mulvaney

Fax: 912-232-4037

Wynefred Stubbs

Fax: 404-699-1144

NKF Serving GA & AL

Fax: 770-452-7564

**For AL applications, fax to:**

NKF Serving GA & AL

Fax 770-452-7564

Please make sure application is complete and bill is attached before submitting. Fax a complete copy to each person listed above.



Chuck Brown's Crisis Intervention Fund  
National Kidney Foundation Serving Georgia & Alabama

A financial Assistance Program for dialysis and transplant patients

#### Policies and Procedures

1. A crisis is defined as an acute situation, which can be alleviated or resolved by a one time grant. Please send only appropriate and complete application.
2. The maximum grant is \$150.00 Please request only the amount absolutely necessary to alleviate the crisis. Approval amount limited to past due or cut off amount, up to \$150.00. IF the amount needed will not be satisfied by the grant, a plan of how the remaining balance will be paid must be included.
3. Reasons for the request must be clearly documented by the social worker. Attached bills, invoices, or other relevant backup documents that will help verify the need. Incomplete or poorly documented applications will result in denial.
4. Copies of the application, and backup documents, must be sent to the covering committee members and the National Kidney Foundation representative. Failure to do so will result in denial or delay of the request. An approval/denial form will be sent to the social worker as soon as disposition has been made on the application. (3-7 days)
5. Requests must be submitted on the Crisis Intervention Fund form and initiated by the Social Worker at the patient's facility /transplant center.
6. Assistance is available one time in a twelve-month period. Georgia & Alabama residents and facility patients are eligible. All other resources must be explored and exhausted such as the American Kidney Fund, local Salvation Army, local Lions Clubs and other community organizations. (See your local United Way -211- service for other available resources in your area)
7. Requests that have been denied are entitled to review by the entire committee. The requesting social worker must contact the chairperson or National Kidney Foundation representative within (10) days to initiate a review.
8. No one serving on the committee can approve a request from their own unit.

9. All checks will be sent in care of the dialysis/transplant unit social workers unless otherwise requested. **Checks will be made out only to providers of service unless cosigned by the social worker.**

**Honorariums and memorials are always welcome to support the efforts of the Crisis Fund. Thank you for your support.**



**National Kidney  
Foundation\***  
Serving GEORGIA and  
ALABAMA

Approved \_\_\_\_\_  
Fax to NKFG \_\_\_\_\_  
Denied \_\_\_\_\_  
SW Notified \_\_\_\_\_  
Requested Additional. Info \_\_\_\_\_

**Crisis Intervention Fund Application Form**

**Please Use Black Ink**

- GA Resident**
- AL Resident**

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Dialysis/Transplant Center \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date Dialysis Began \_\_\_\_\_

Is this request for a transplant related expense? \_\_\_\_\_ Listed for a Txp \_\_\_\_\_

Treatment Modality \_\_\_\_\_ County of Residence \_\_\_\_\_

Ethnicity\* \_\_\_\_\_ Number of children \_\_\_\_\_ Adults in home \_\_\_\_\_ 65+ \_\_\_\_\_

Previous Grants from Crisis (give dates of available) \_\_\_\_\_

**Monthly Income Sources**

Wages \_\_\_\_\_  
Soc. Sec/SSI \_\_\_\_\_  
Spouse's Income \_\_\_\_\_  
Family member's Income \_\_\_\_\_  
TANF \_\_\_\_\_  
Rental Income \_\_\_\_\_

**Total Income** \_\_\_\_\_

**Monthly Expenses**

Mortgage/ Rent \_\_\_\_\_  
Utilities:  
Electric \_\_\_\_\_  
Gas \_\_\_\_\_  
Water \_\_\_\_\_  
Telephone \_\_\_\_\_  
Food \_\_\_\_\_  
Medicines \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

Amount Requested \_\_\_\_\_ (Maximum Requested \$150.00)

Please use the following letter code to indicate ethnicity/race: AA(African American ), A(Asian), C(Caucasian), H(Hispanic), I(Other immigrant), O(Other race)

## Social Worker's Statement

Reason for Request:

Please clearly document the patient's situation that merits this request. Please include relevant backup documents that will verify patient's need for financial assistance.

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Specific resources explored and the results of your exploration.

1. Agency \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_  
Comments \_\_\_\_\_

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2. Agency \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_  
Comments \_\_\_\_\_

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3. Agency \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_  
Comments \_\_\_\_\_

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Signature of Patient \_\_\_\_\_

Social Worker's Name \_\_\_\_\_ Signature \_\_\_\_\_

Facility Name and Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Check to be made out to: \_\_\_\_\_

(Check cannot be made out in patient's name)

**Failure to submit to all assigned committee member will result in denial.**

Date Received \_\_\_\_\_ Date approved \_\_\_\_\_ Initials \_\_\_\_\_ Revised 4/2010

For Committee Use Only

S. E. \_\_\_\_\_

Macon \_\_\_\_\_

Carefree \_\_\_\_\_

General \_\_\_\_\_

Date: \_\_\_\_\_

### **Crisis Intervention Fund Approval/Denial Form**

Patient's Name \_\_\_\_\_ Social Worker \_\_\_\_\_

Center Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Approved \_\_\_\_\_ Amount \_\_\_\_\_

Denied \_\_\_\_\_

Reason:

- Lack of documentation
- Did not include bills, invoices, receipts or statements
- Incomplete documentation of problems/crisis
- Did not send all assigned members the application
- Other applied for fund still pending
- Income: Expense ratio does not express need
- Other \_\_\_\_\_

If you have any questions regarding the above, please contact the Chairperson of the Crisis Intervention Committee.