



P.O. Box 2283
Florissant MO 63032-2283

Guidelines for Financial Assistance

Important: Applying for assistance ***does not*** guarantee said assistance. While our goal is to help as many families as possible, all financial applications will be reviewed on a case-by-case basis and final determination will be made based upon other applications submitted and the availability of funds.

Financial assistance provided by Show Me A Cure is made possible because of generous donors. It is important that these funds be available for families experiencing the greatest financial need. To apply for financial assistance, please complete the attached application. Show Me A Cure staff will contact you after your application is received.

1. Applicants must be U.S. citizens or lawful, permanent residents of the U.S. who have maintained an uninterrupted residency in the State of Missouri for 12 months without prior history of the current illness. Non-citizen Missouri residents, applying for assistance, must have and provide Show Me A Cure with a photocopy (front and back) of their I551 card (green card).
2. All sections of the application must be completed thoroughly and accurately in order for the organization to review the request. Failure to provide complete and truthful information is a basis for denial.
3. In order to review the request for financial assistance, a hospital professional (physician or social worker) must send a letter of support. (Pg. 6 of the application)
Limit: One (1) requests per physician or social worker/per month
Physicians and Social workers must include a current email address
4. All applications will be reviewed monthly. All applications must be received by Show Me A Cure ***before*** the first Monday of the month to be considered for review that month.
Please feel free to contact us if you have questions regarding the application. We will ***NOT*** discuss the status of your application, if you have been selected for the grant you will be contacted by a Show Me A Cure representative. If you were ***NOT*** contacted by a Show Me A Cure representative, you may file another application for the next months review.
Any confidential information included in the application process will be securely retained or securely destroyed after evaluation.

5. A copy of a legible bill(s) (NOT ORIGINALS) must be included and it must contain the account holder's name/address, the account number, the vendors name and remittance address and total payment due if any of these are missing the application will not be processed.

- Generic requests for assistance will not be considered
- Checks will be written to the vendor(s) and not to the family
- A combined total of bills submitted are not to equal an excess of \$1000.00
- If applicant is selected, all bills submitted with the application will be paid according to the guidelines.

Financial Assistance is provided for:

- | | |
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| <input type="checkbox"/> Mortgage/Rent | <input type="checkbox"/> Car and Home Owners |
| <input type="checkbox"/> Car Payments | Insurance premiums |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Household expenses |
| | <input type="checkbox"/> Auto Repair |

The following expenses are **not** covered by our Assistance Program:

- Medical bills
- Personal Loans
- Legal Fees
- Gift Cards
- Credit Card Payments
- School Supplies
- School Payments
- Computers, other electronics
- Cell phones
- DSL
- Cable
- Prescriptions
- Expenses incurred by friends of family
- Funeral/clergy expenses

REQUIRED ITEM CHECKLIST:

- If any one required item is missing from the application please be aware that it **will not** be processed.
 - Application must be filled out completely
 - Consent to Release Information and Affirmation must signed by Patient/Guardian
 - Legible Bill Payment Coupons
 - Letter of Support from Physician/Social Worker
 - Completed HIPPA Authorization Form

After you complete the application, please forward it by mail to:

**Show Me A Cure
Helping Hand
P.O. Box 2283
Florissant, MO 63032-2283**