



## Application for Financial Assistance

The search for medical care for a child with a vascular anomaly can be a difficult journey. Most often, patients find themselves going out-of-network for treatment at a specialty center. If you or your loved one finds yourself in need of financial assistance for treatments, please complete the application and submit with the following required documents:

Photo Release Form  
Media Release Form  
W2 or Income Statement

All the required forms must be completed before applications are submitted for consideration. Applications can be sent to:

**Hannah Storm Foundation**  
**Attn: Carmen Belmont, Executive Director 1117 East Putnam Ave. #360**  
**Riverside, CT 06878**

Questions? Please contact us by:

Phone: 203-992-1250 or  
Email: [carmen@hannahstormfoundation.org](mailto:carmen@hannahstormfoundation.org)



## Candidate's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_Male \_\_Female

## Mother's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
\_\_\_\_\_

## Father's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
\_\_\_\_\_

Number in Family: \_\_\_\_\_



## Details

Primary Caretaker Of The Candidate: \_\_\_\_\_

Primary Caretaker Email: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Type Of Health Insurance Coverage:

\_\_\_\_\_

Out-Of-Pocket Medical Expenses in The Last Year for Candidate: \$ \_\_\_\_\_

## Basic Request Information

Name of Physician Associated with Current Care: \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Candidate Age at Onset of Illness: \_\_\_\_\_

Description of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of child's Illness or Health Condition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Requested from The Hannah Storm Foundation: \_\_\_\_\_

Has Funding Been Sought from Additional Source?  Yes  No



If Funding Has Been Received, From Whom:

---

---

How Did You Hear About the Hannah Storm Foundation?

---

---

### Clinical Request-Services

(Surgeries, clinic visits, procedures, therapy, etc.) Type of treatment: \_\_\_\_\_

---

---

---

---

Number of Treatments/Visits: \_\_\_\_\_

Cost Per Treatment/Visit: \$ \_\_\_\_\_

Discounted Price: \$ \_\_\_\_\_

### Travel Request

Purpose Of Travel: \_\_\_\_\_

---

---

Transportation Between Which Cities:

---

Method(s) Of Transportation: Plane Car Train Public Transportation



Number Of Roundtrips: \_\_\_\_\_

Cost Per Adult: \$ \_\_\_\_\_

Cost Per Child: \$ \_\_\_\_\_

### Food Request

Number Of Individuals: \_\_\_\_\_

Number Of Days Needed: \_\_\_\_\_

Does Hospital Provide Meal Assistance Or Vouchers?:  Yes  No

### Lodging Request

Number of Individuals: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

Type of Lodging: \_\_\_\_\_

Cost Per Night: \$ \_\_\_\_\_

### Criteria for Funding

In order to be considered for funding, the following criteria must be fulfilled.

- The patient must have a vascular anomaly.
- The funding request must be relevant to the treatment of a vascular anomaly.
- The patient must meet a financial need – in connection with the necessary medical treatment.

The selection will be based on a cumulative evaluation of:

- Need and financial ability to pay.



- The patient can be funded as an aide to existing Medicaid or private insurance benefits.
- Upon specific approval, the funding can cover expenses already incurred that relate directly to the treatment of a vascular anomaly.

**\*\* The Criteria for Funding is subject to change from time to time without notice by the Board of Directors of the Hannah Storm Foundation.**

## Types of Expenses Covered

### Treatment

Expenses related to the treatment of the patient's vascular anomalies including:

- Surgical treatment including but not limited to excisions, lasers and embolizations;
- Hospitalization and any costs associated with hospitalization;
- Medical equipment needed for the course of treatment including but not limited to oxygen and other necessary home-care medical equipment;
- Other associated medical visits including but not limited to hematologists, ocular specialists, etc.

### Travel

Expenses related to travel/displacement associated with treatment including:

- Expenses associated with patients and their families who must travel away from their home during treatment including lodging, food, gas, parking and transportation.
- International patients – if needed, help with expenses associated with necessary documentation to travel



## Process of Funding Requests

The Hannah Storm Foundation accepts applications on an ongoing basis from anywhere in the world. Any person may submit an application individually or on behalf of an individual with a vascular anomaly. Upon receipt of an application, the following will occur:

1. The Chairperson of the Selection Committee (hereinafter "Committee") will review the application to determine if any additional information is needed.
2. Once all necessary information is obtained, the application will be presented to the Committee.
3. The Committee is comprised of three individuals and meetings are held once a month. In the event a medically emergent situation occurs, the Committee may call an emergency meeting at any time.
4. After the Committee has reviewed the submitted materials from each case, a decision will be made.
5. The Committee Chairperson will contact the applicants within three business days of the Committee meeting to discuss approval/disapproval.

## Disbursement of Funding

Upon approval of the Selection Committee (hereinafter "Committee"), the following will transpire: The Executive Director of the Hannah Storm Foundation (hereinafter "Foundation") will be responsible for the accounting and budget for the approved applicant.

According to the treatment plan outlined by the medical professionals, the Executive Director will contact the medical professionals involved with the treatment and outline a funding plan.



### **Medical Expenses**

All qualified expenses of service providers will be paid directly to the service providers whenever practical. These payments will be disbursed upon receipt of treatment.

### **Incidental Expenses**

Expenses and other costs incidental to obtaining treatment (including but not limited to lodging, travel, meals, fuel and other incidentals) (hereinafter "Incidental Expenses") will be provided to the applicant via a pre-paid debit card whenever practical. Funding for Incidental Expenses will be provided as reasonable and practical in advance of the specific purpose(s).

All Incidental Expenses will be funded in accordance with the Schedule of Incidental Expenses as approved and amended by the Board of Directors of the Foundation from time to time. The Criteria for Funding is subject to change from time to time without notice by the Board of Directors of the Hannah Storm Foundation.