

# Fund Disbursement Guidelines for Transplant and Living Donor Expenses

All fund requests should be submitted online at [clients.helphopelive.org](https://clients.helphopelive.org) and must include the required documentation. See details below.

| EXPENSE                                                                                                                                   | EXPLANATION                                                                                                                                                                                                       | PAYMENT METHOD                                                                                                                                                     |
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| <b>Fundraising expenses</b>                                                                                                               | Reasonably priced materials you need to carry out your community-based fundraising activities for Help Hope Live.                                                                                                 | Please discuss with your Client Services Coordinator before making a purchase. Submit a fund request for reimbursement with proof of payment.                      |
| <b>Hospital and doctors' fees not covered by insurance, including deductibles and copays; phone and TV rentals during hospitalization</b> | Submit current statement or bill with a completed fund request.                                                                                                                                                   | Prefer to pay directly to doctor or hospital, but can be reimbursed. If the bill has been referred to a collection agency, it must be paid directly to the agency. |
| <b>One telephone for the client and the client's portion of a monthly plan</b>                                                            | Submit proof of payment for one phone and the monthly bill.                                                                                                                                                       | Client can be reimbursed with a completed fund request and proof of payment.                                                                                       |
| <b>Internet Service</b>                                                                                                                   | Submit proof of payment and the monthly bill.                                                                                                                                                                     | Client can be reimbursed with a completed fund request and proof of payment.                                                                                       |
| <b>Health insurance premiums, including dental and vision, for client only</b>                                                            | Submit a statement showing the client's share of the premium with a completed fund request. Help Hope Live does <b>not</b> pay for life insurance.                                                                | Paid directly to vendor or reimbursed to client with a completed fund request and proof of payment. Help Hope Live will <b>not</b> reimburse for past payments.    |
| <b>COBRA premiums</b>                                                                                                                     | For parents who must take a leave of absence or family medical leave to be a caregiver for a minor client. Leave documentation or FMLA is required. Cannot also request payment for full-time caregiver services. | Paid directly to vendor or reimbursed to client with a completed fund request and proof of payment. Help Hope Live will <b>not</b> reimburse for past payments.    |
| <b>Transplant-related medications and medication co-pays</b>                                                                              | Submit bill or proof of payment with a completed fund request.                                                                                                                                                    | Paid directly to vendor or reimbursed to client with a completed fund request.                                                                                     |

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| EXPENSE                                                   | EXPLANATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PAYMENT METHOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Home health care for client; hiring and paying caregivers | <p>Clients are responsible for screening hired caregivers, setting the hourly fee, and determining whether caregivers should be treated as employees or independent contractors for tax purposes.</p> <p>Rules and regulations regarding home health care vary by state and local jurisdictions. Depending on the jurisdiction, <b>a caregiver may be classified as the client's employee or an independent contractor.</b> If the caregiver is an employee, the client is responsible for all required tax withholdings and reporting.</p> <p>Help Hope Live recommends that clients consult with a payroll processing company (e.g., Paychex or ADP), their accountant, or lawyer to determine the proper tax classification of each caregiver and assist with reporting. <b>Help Hope Live will reimburse</b> the client for the full cost of hiring a caregiver, inclusive of any third-party agency fees and the agency's associated withholding and tax compliance-related expenses.</p> <p>Help Hope Live does <b>not</b> pay childcare.</p> | <p>Caregiver expenses will either be reimbursed to the client or paid directly to a third-party provider. <b>No direct payments to caregivers</b> will be made by Help Hope Live. The client must submit either a Caregiver's Timesheet for each caregiver, documenting days and hours worked and the service fee, or a payroll report from a third-party provider. Caregiver's Timesheets must be signed by both the client (or an approved representative) and the caregiver before submitting to Help Hope Live with a completed fund request.</p> <p>Help Hope Live provides a Caregiver's Timesheet template for this purpose. This can be found under Helpful Tools on your Campaign Dashboard.</p> |
| Medically necessary exercise equipment                    | Requires a medical professional's recommendation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Must be paid directly to vendor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| EXPENSE                                                                                                                                                                                                 | EXPLANATION                                                                                                                                                                | PAYMENT METHOD                                                                                                                                                                                               |
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| <b>Medically recommended therapies, including physical, occupational, activity-based, speech, and massage; therapeutic recreational camps; adaptive sports</b>                                          | Fund request 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 and proof of payment.                                                                                  |
| <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 and proof of payment.                                                                                                          |
| <b>Disposable medical equipment and supplies for client, including catheters, pads and briefs, and medically needed over-the-counter drug store items</b>                                               | Submit proof of payment with the fund request. Help Hope Live does <b>not</b> pay for personal care items not related to the transplant or illness.                        | Client can be reimbursed with a completed fund request 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; bus, train, or plane fare; car rental<br><br>Help Hope Live does <b>not</b> pay for gas or non-medical travel. | Along with a completed fund request, requests for reimbursement must include documentation of mileage (such as a trip itinerary from MapQuest), proof of payment, and verification of a medical appointment. |
| <b>Temporary relocation expenses to access treatment</b>                                                                                                                                                | Housing and moving expenses for the client and one caregiver to relocate for treatment.                                                                                    | Client can be reimbursed with a completed fund request, proof of payment, such as a lease or statement from an extended stay facility, and verification of medical treatment.                                |
| <b>Treatments that are approved by FDA or currently under FDA initial review and recommended by a medical professional*</b>                                                                             | Treatment plan and estimated cost must be submitted with a fund request.                                                                                                   | Medical facility must be paid directly.                                                                                                                                                                      |

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| EXPENSE                                                                        | EXPLANATION                                                                                                                                                                                                                                           | PAYMENT METHOD                                                                                                                                                                                                                                       |
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| <b>Meals during medical travel or temporary relocation to access treatment</b> | <p>(Outpatient Care): Clients may receive up to \$40/day for meals. If accompanied by one caregiver, the combined allowance is up to \$65/day.</p> <p>(Inpatient Care): Client meals are not covered. One caregiver may receive up to \$40/day.</p>   | Client can be reimbursed with a completed fund request, proof of payment, and 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, loan payments, registration, or inspection.                                                                                                    | Paid directly to vendor when possible; can be reimbursed with proof of payment.                                                                                                                                                                      |
| <b>Home modification expenses</b>                                              | Help Hope Live will pay for medically necessary home repairs, such as mold abatement and carpet removal. Expenses exceeding \$10,000 require secondary approval.                                                                                      | Estimates/invoices must be itemized and paid directly to vendor. Additional estimates may be requested. If no contractor is used, only receipts for materials can be submitted for reimbursement with a completed fund request and proof of payment. |
| <b>Mental health services</b>                                                  | For client and immediate family members dealing with trauma from client's diagnosis.                                                                                                                                                                  | Paid directly to vendor or reimbursed to client with a completed fund request.                                                                                                                                                                       |
| <b>Burial expenses</b>                                                         | Submit itemized bill for eligible expenses, including burial plot, crypt, or cremation niche for client only (if deed is nontransferable). Help Hope Live does <b>not</b> pay for preplanning, headstones, keepsakes, flowers, or funeral gatherings. | Paid directly to vendor when possible. Help Hope Live will disburse up to \$10,000 for burial costs or \$7,000 for cremation costs.                                                                                                                  |

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| EXPENSE                                         | EXPLANATION                                              | PAYMENT METHOD                                                                                                                                                                                                                                                                                   |
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| <b>Fund requests following a client's death</b> | Must be submitted within 12 months of the date of death. | <p>Medical expenses will be paid direct to vendor at the request of a Power of Attorney or an authorized campaign representative.</p> <p>Reimbursements for eligible expenses may only be submitted by the executor of the client's estate.</p> <p>Proof of POA or executorship is required.</p> |

#### Emergency Assistance for Living Expenses: 3 Months

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| <p><b>Necessary living expenses, including mortgage payments, HOA fees, rent, and utilities, may be covered for up to 3 months.</b> Coverage may be extended for an additional 3 months upon appeal and review.</p> <p>Escrow, property taxes, and late fees are not eligible. Help Hope Live does not cover lost wages, loan repayment, or expenses unrelated to the injury 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>Help Hope Live does <b>not</b> pay for personal loans or homeowners or rental insurance.</p> | <p>Client can be reimbursed with proof of payment and required documentation: current mortgage statement with payment breakdown, or a signed lease for rental payments.</p> <p>Payments may also be made directly to the vendor. For Medicaid clients, direct vendor payment is required.</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 Directors' Client Services Committee, which could delay decision making and possible fund disbursement.

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