



# CHARITABLE FUNDS APPLICATION

The Healing Hand Foundation Charitable Funds Award is a supplemental fund supplied by Healing Hand Foundation. Completed applications are reviewed on a case-by-case basis by a designated fund manager.

**Applicants who meet the following criteria are eligible for consideration of an award:**

- Applicant has completed the entire application in full, including back up information to justify the request.
- Applicant is enrolled as a SouthEast Alaska Regional Health Consortium (SEARHC) Beneficiary.
- Applicant has an unmet need not funded by other grant organizations such as Medicare, Medicaid, VA, private insurance, Denali KidCare.
- Applicant understands this is for a current need (not for past bills unpaid) and is given once a year.

**COMPLETE THE FOLLOWING, PLEASE PRINT:**

Applicant's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**STATE YOUR UNMET NEED, PLEASE BE SPECIFIC:**

- TRAVEL                       DURABLE MEDICAL EQUIPMENT                       PHARMACEUTICALS

**Have you applied for or are you eligible for** (please check all that apply):

- Medicare                       Medicaid                       Private Insurance                       Denali KidCare  
 HRSA Sliding Fee Scale                       VA                       Vocational Rehabilitation                       Tribal Programs (STA, Ray Paddock, General Assistance, etc.)  
 Other (please state) \_\_\_\_\_

**SEARHC will not automatically pay a bill; applications must be approved in advance by a designated fund manager before payments will be made by the SEARHC accounting department. Funds can be used for travel, durable medical equipment and pharmaceuticals only.**

- Yes, I am willing to have Healing Hand Foundation (HHF) contact me to talk about my experience of applying for/receiving funds from this award. SEARHC may release only my name, address, and phone number to HHF so they may contact me directly. (Note: This information is very helpful in fundraising. If preferred, you can call HHF at (907) 364-4402. Where applicable, HHF will call you back to save you the long distance phone charges).
- No, I would rather not be contacted by Healing Hand Foundation at this time, but thank you.

**CERTIFICATION AUTHORITY & RELEASE OF INFORMATION:** I certify the accuracy of this application and authorize the appropriate SEARHC staff access any necessary information, including medical statements and/or medical records, to verify the information provided on this application. All information will remain confidential.

\_\_\_\_\_  
Applicant's/Patient's Signature

\_\_\_\_\_  
Date

**PLEASE MAIL OR FAX THIS FORM TO: NANCY JO BLEIER  
C/O SEARHC MT. EDGE CUMBE HOSPITAL, 222 TONGASS DRIVE, SITKA, ALASKA 99835 FAX (907) 966-8698**