

CRITERIA FOR PATIENT ASSISTANCE

Please carefully read the following criteria. The Cole Foundation is a Christian based humanitarian organization established to provide access to healthcare when possible. The Cole Foundation may request additional information from you after the application is submitted. This request for additional information does not provide any indication of acceptance or denial – it is simply a request for additional information. All applications will be submitted to the Foundation Board for a determination. Be sure to review “Exclusions”.

The following criteria will be used by the Foundation Board to determine eligibility:

1. The applicant must live in the United States and receive and pay for their care in the United States.
2. The applicant must be able to document there is a healthcare need to be met through the guidelines of the Cole Foundation. The Cole Foundation will assist with the following services:
 - a. Physical therapy evaluation and treatment, if indicated
 - b. Occupational therapy evaluation and treatment, if indicated
 - c. Speech language therapy evaluation and treatment, if indicated
 - d. Skilled nursing evaluation and treatment, if indicated
 - e. Medical social worker evaluation and intervention, if indicated
 - f. Assistance services evaluation and care, when appropriate
 - g. Home safety evaluation & improvement, if indicated
3. The applicant must be able to secure documentation from their physician indicating that one of the above mentioned services are needed and an estimated length of time the services will be required. The Cole Foundation reserves the right to only approve a certain number of visits if the time frame indicates indefinite or has an extensive goal established by the physician. The Cole Foundation may not be able to provide all of your care but will make every effort to ensure that you secure the care you need to significantly enhance either the clinical condition or the quality of life for the applicant.
4. The applicant must be able to provide proof and documentation that these services are not covered through a commercial health benefit plan, through a federal or state funded program, or through a county assistance program. The following reasons are acceptable for lack or limited coverage:
 - a. The coverage has been exhausted but the applicant continues to show progress and the insurance company will not approve extending the coverage
 - b. The coverage has reached its annual maximum coverage and the patient continues to show progress
 - c. Your coverage has expired due to exhaustion of Cobra benefits or loss of employment. This will **not** include these situations where the applicant’s (or applicant’s responsible party) lack of cooperation in completing appropriate documentation resulted in coverage expiring.
 - d. The coverage is inadequate for the needs of the applicant (this will need to be determined on a case by case basis.)
5. If the grant is approved, the services must be provided by a trained, and if appropriate, licensed professional in the discipline indicated as a service need.

6. The applicant must be able to provide proof of a financial need for the applicant and the applicant's household family.
 - a. If the family is a recipient of services through the National School Lunch Program at their school they are automatically financially eligible for services but must bring a letter from their school indicating that they are receiving these services. This documentation must be in the current school year.
 - b. If the patient is receiving services through one of the nonprofit charity clinics in the Houston area they are automatically financially eligible for services but must provide a written letter from the charity clinic stating that they are eligible for services at that clinic.
 - c. For all other patients they will be required to provide proof of income through either a copy of pay stubs (within the last 60 days), or a photocopy of the most recently filed federal tax return (Internal Revenue Service Form 104, 104-A or 1040EZ).
 - i. If the responsible party works on a cash basis a sign letter from employer(s) will need to be submitted indicating the hours normally worked, the rate of pay and the last 60 days worth of payment information. This letter will also need to include information about how the Foundation may verify this information and a signed statement that the employer may release this information to the Foundation. This method may significantly delay the processing of the application.

The following scale will be used to determine financial eligibility:

# of individuals in the Household	Adjusted Gross Income (AGI)
2	\$23,595.00 or less
3	\$29,685.00 or less
4	\$35,775.00 or less
5	\$41,865.00 or less
6	\$47,955.00 or less

Grants will NOT be awarded to individuals in families whose AGI exceeds this scale.

7. You will be required to sign a statement that there are no other financial resources available to meet the health care needs.
8. The amount awarded to an individual within a 12-month period is limited to either \$5,000.00 or 85% of the fund balance, whichever amount is less. Awards to any one individual are limited to a lifetime maximum of \$10,000.00.
9. Grant recipients who are awarded less than \$5,000.00 may re-apply for another grant once the current grant funds have been completely exhausted. The 12-month \$5,000.00 limit (or 85% of the fund balance) and the \$10,000.00 lifetime maximum limits apply.
10. All applications will be reviewed by a health care professional appointed by the Foundation to determine the medical appropriateness of the treatment and continuation of treatment.
11. Grant awards may be retroactive up to sixty (60) days prior to the date of the application. Grant awards have an expiration date of one year, unless the funds are exhausted prior to the expiration date. The grant will NOT cover any healthcare expenses outside this date range. This information will be explained in your award letter.
12. Applicants who are not approved by the Foundation Board must wait a period of twelve (12) months before re-applying, unless the healthcare situation and requested items have significantly changed from the original request.
13. In order to apply for assistance, the individual must live with you at least 51% or more of the year and be listed as a dependent on your most recently filed IRS form.

If your application does not meet all criteria it will not be considered.

My signature below indicates that I have read and understand the criteria and exclusions for this grant application. My signature also indicates that I understand that there is an approval/denial process that must take place.

Signature for Applicant

Date