

## **Guidelines**

### **What is the Angel Fund?**

The Angel Fund provides small grants to individuals in Humboldt County for medical or health related needs. Humboldt Health Foundation (HHF) created the Angel Fund in 1997 and provides ongoing funding for these grants. HHF's mission is to improve the health and wellbeing of the residents and communities of Humboldt County.

### **Who can apply?**

- Applications must be made through a qualified sponsor (the Angel), such as a recognized social service agency, school counselor or medical provider.
- This sponsor takes on the responsibility of administering the grant if the application is approved.
- Funds are not provided directly to the person in need of assistance, with the exception of medical travel grants.
- Checks cannot be made payable to the 'Angel' or his/her organization/business.

### **What are the Grant Requirements?**

- The Angel Fund is designed to provide assistance with medical and healthcare related needs for residents of Humboldt County.
- Funds are granted on a **one time basis per person per 365 day period.**
- Items that are of a recurrent nature are generally not funded.
- Funding will not be provided for items that have other identifiable sources of funding, either from insurance, government organizations or other charitable organizations.
- The fund serves the needs of both children and adults.
- The fund cannot pay for expenses already incurred.
- Decisions to grant funds are contingent upon funding criteria and the availability of funds at the time of review.
- Occasionally the committee will ask for additional information before making a decision.
- Grants in excess of \$500 are seldom approved, and most grants fall within the range of \$50-\$250.
- There is a **two week turn-around time required** for application review and check processing.
- The Angel Fund Committee meets every Tuesday, with the exception of holidays.
- **All applications must be complete and submitted by 12:00 p.m. on Friday to be considered by the committee on Tuesday.** Grant should be submitted using our online portal at [hfgrants.smapply.io](http://hfgrants.smapply.io)

### **Who to contact:**

- Get in touch first with your doctor's office, social worker, or other entity who will act as your "Angel".
- Questions about how to apply call the Grants Department at the Humboldt Health Foundation office at (707) 442-2417 or email [ulhf@hafoundation.org](mailto:ulhf@hafoundation.org).
- Questions about an application that has already been submitted? Contact the Angel for status update.

## Medical /Dental Travel Grant Requirements

The purpose of a Medical/ Dental Travel Grant is to assist individuals that have no choice but to leave our area to seek medical care. Whenever possible we hope that local medical resources have been fully researched before patients are sent on long trips that can be expensive and exhausting.

**To apply for Medical Travel funding through the Angel Fund, we require the following information in addition to the completed Angel Fund request form:**

- Written verification of the patient's appointment
- Date of travel
- Name of physician and facility the client is traveling to
- Purpose of appointment
- Explanation of the diagnosis
- Whether a local specialist was considered
- Whether the person is also receiving travel funds from other organizations

***The Angel Fund does not pay costs for travel that has already occurred. The appointment must be upcoming.***

### **Please note:**

- Once a request is approved by our committee it typically takes about a week for the check to be prepared.
  - Please submit requests at least two weeks in advance of the patient's travel date to ensure funding is available before he/she has to leave the area.
  - **The maximum we give to help with travel is \$200.**
  - While we understand that this amount does not cover the client's total costs, the Foundation is able to assist over 300 local families with medical travel per year by maintaining this amount.
- 

### **Regularly Funded (List is not prioritized):**

- Medically related examinations, procedures and equipment (*when not covered through insurance*)
- Eyeglasses / Vision Services (\$130.00 maximum) (*requires a copy of the prescription if exam has already been completed, and only secondary after insurance priority*)
- Medically related travel (\$200.00 maximum) (*requires verification of appointment*)
- Items to improve accessibility/independence for disabled or elderly individuals
- Orthopedic needs (\$180 maximum)
- Compression stockings
- Local Bus Tickets (for transportation to medical appointments)
- Wheelchair accessibility items
- Prescriptions (*emergency, short-term*)
- Physical Therapy and/or Equipment
- Minor home repairs (*if related to a medical, safety, accessibility or independence need*)
- Psychological Counseling Evaluation, only on an emergency basis and with a long term management plan

**The following items are not generally funded:**

Adult Dental Care	Rent/Deposits/Utility Bills
Dentures	Car Payments/Vehicle Maintenance
Hearing Aids	Birth Certificates
Lift Chair	Green Cards
Acupuncture/Massage	Driver's License
Care Providers	Driver Ed Class
Weight Loss Programs	Waste Removal
CPAP Machines	Smoke Alarms
Counseling (long term)	Wood for Stove
Aerochamber	Baby Items
Burial/Cremation Costs	Child Care
Tattoo Removal	Parenting Classes
iPad/iPod	Woodstove Barriers/Fireplace Gates
Cell Phone	Summer Camps
Vision Therapy	Dog Training