

Financial Assistance for Families

This list has been generously shared with **Love 2 Learn** to share with our families. If you have any additional resources to share please share it with us and we will add it to this list.

First Hand Foundation

- Child is age 18 or younger
- Request qualifies as a valid healthcare need
- Child must be under the care of a pediatrician
- Case must involve a child with a specific health care need
- The request must be clinically relevant to the health of the child
- There must be no existing insurance coverage for the requested expenses
- One request per year, per child for a maximum of three times in a child's lifetime
- Family falls within income guidelines:
- Take your adjusted gross income (found on the first page of your federal income tax return) and subtract out-of-pocket medical expenses for the child in the past year. Compare the final outcome to the table below.

Application to request funding: SUBMITTAL CHECKLIST: CONTACT AND APPLICATION SUBMITTAL INFORMATION: APPLICATION FOR ASSISTANCE

Friends of Man

- Friends of Man accepts applications ONLY from a referring professional on behalf of the applicant. This can be a social worker, nurse, school counselor, teacher, principal, social worker, clergy, health care technician, etc.
- Applications CANNOT be submitted by the applicant, the vendor, or by a relative or friend.
- Funding guidelines will be emailed with application form

Applying to Friends of Man - Step by Step

United UnitedHealthcare Children's Foundation

- Child must be 16 years of age or younger at the time of application.
- Child must have a Social Security Number issued by the Social Security Administration. TIN numbers are not accepted.
- Family must not exceed maximum eligible family income as documented on IRS Tax Form 1040.
 - \$50,000 or less for a family of 2
 - \$75,000 or less for a family of 3
 - \$100,000 or less for a family of 4
 - \$125,000 or less for a family of 5 or more

- Primary coverage for the child must be by a commercial health plan, either through an employer or individually purchased. Secondary insurance through Medicaid or CHIP is permissible.
- Child is under the care of a licensed medical professional and family is applying for treatments/equipment/services prescribed by a Medical Doctor (M.D.), Doctor of Osteopathic Medicine (D.O.) or Doctor of Audiology (Au.D.) for hearing conditions.
- Medical Services, Treatments and/or Therapies MUST be administered by a licensed medical professional.
- Services or Treatments MUST be provided no more than 60 days prior to the date of your complete application.
- Medical Services and/or Purchased Equipment MUST be administered or purchased in the United States (excludes U.S. Virgin Islands, Puerto Rico, and other United States Territories)

https://www.uhccf.org/apply-for-a-grant/apply-now/

AIM: AIM2HelpGrant: Yearly- specific grant categories (ex: sensory items)

Our Programs

HealthWell Pediatric Assistance Fund: Your child is being treated for a chronic or life-altering condition.

- You have insurance and it covers your medication.
- Your income falls within our guidelines.
- 500% of the Federal Poverty Level (adjusted for household size and high cost of living areas)
- You are receiving treatment in the United States.
- Maximum award level up to 3,000
- Accepting phone applications only
- https://www.healthwellfoundation.org/fund/pediatric-assistance/

C.A.R.E Family Grant

For helping families with medication, autism diagnosis/evaluation, therapy sessions (including speech, OT and ABA,) autism summer camps.

Anybody who has a child diagnosed with autism, lives within the US and has an income level less than \$75,000 per year for the entire household can apply to this grant. Before the grant is awarded, proof of ASD diagnosis from medical professional as well as IRS Tax forms indicating the household income need to be provided

· Applications accepted year-round

http://careautismfoundation.com/family-funds/

The Regional Center of Orange County

The Regional Center of Orange County offers financial assistance for patient cost share (deductible, copays, co-insurance) responsibilities to those who qualify. If you are currently a consumer of the Regional Center, contact your service coordinator for additional information on this program