



# Emergency Assistance Request

**201 East Main Street, Suite 240 • Murfreesboro, TN 37130 • 615-900-1486 • Fax 615-900-1487**

|   |          |               |                             |        |                      |                           |
|---|----------|---------------|-----------------------------|--------|----------------------|---------------------------|
| Name of Requester <i>(Guardian name in case of minor)</i> |          | Date of Birth | Age                         | Gender | Marital Status       | Relationship              |
| Street Address  | Apt. #   | City          | State                       | Zip    | County               | How long at this address? |
| Bleeding Disorder   | Severity | Factor Used   | Hemophilia Treatment Center |        | Date of Last Visit   |                           |
| Home #  | Cell #   | Work #        | Email                       |        |                      |                           |
| Employer  |          | Occupation    |                             |        | Gross Monthly Income |                           |

Employment History *(Please list employers and dates of employment for last 6 months):*

|                     |          |               |                             |        |                      |              |
|---------------------|----------|---------------|-----------------------------|--------|----------------------|--------------|
| Other Adult in Home |          | Date of Birth | Age                         | Gender | Marital Status       | Relationship |
| Bleeding Disorder   | Severity | Factor Used   | Hemophilia Treatment Center |        | Date of Last Visit   |              |
| Home #              | Cell #   | Work #        | Email                       |        |                      |              |
| Employer            |          | Occupation    |                             |        | Gross Monthly Income |              |

Other Members in Household *(List additional members on a separate sheet and attach)*

| Name | Date of Birth | Relationship | Bleeding Disorder | Severity | Factor Used |
|------|---------------|--------------|-------------------|----------|-------------|
|      |               |              |                   |          |             |
|      |               |              |                   |          |             |
|      |               |              |                   |          |             |
|      |               |              |                   |          |             |

### Gross Monthly Income

|                 |           |
|-----------------|-----------|
| Employment      | \$        |
| Unemployment    | \$        |
| Worker's Comp   | \$        |
| Pension         | \$        |
| Child Support   | \$        |
| Social Security | \$        |
| SSI             | \$        |
| SSD             | \$        |
| AFDC            | \$        |
| Food Stamps     | \$        |
| Bank Accounts   | \$        |
| Other (specify) | \$        |
| <b>Total</b>    | <b>\$</b> |

### Monthly Expenses

|                 |           |
|-----------------|-----------|
| Rent/Mortgage   | \$        |
| Electric        | \$        |
| Water           | \$        |
| Gas             | \$        |
| Home Phone      | \$        |
| Food            | \$        |
| Car Payment     | \$        |
| Car Insurance   | \$        |
| Credit Cards    | \$        |
| Cell Phone      | \$        |
| Cable/Internet  | \$        |
| Other (specify) | \$        |
| <b>Total</b>    | <b>\$</b> |

|  |              |                   |      |                            |
|--|--------------|-------------------|------|----------------------------|
| Type of Assistance Requested:  | Housing/Rent | Utilities         | Food | Other <i>(please list)</i> |
| Amount of Bill or Payment:   |              | Amount Requested: |      |                            |
| <b>All determinations will be evaluated on a case-by-case basis, based on availability of funds and circumstances.</b>   |              |                   |      |                            |
| Describe the nature of the emergency:  |              |                   |      |                            |
| Describe how assistance will help handle current problem:  |              |                   |      |                            |
| How has the applicant tried to handle the problem? Mention other assistance accessed recently <i>(HFA, COTT, etc.)</i>   |              |                   |      |                            |
| Comments/Recommendations:  |              |                   |      |                            |
| Payment to be issued to: <i>(Should be landlord, mortgage or utility company or other qualified vendor).</i><br>Please include a copy of the mortgage coupon, rent receipt, or current utility bill. |              |                   |      |                            |
| Vendor Name:   |              | Account Name:     |      |                            |
| Account Number:  |              | Phone Number:     |      |                            |
| Payment Address:   |              |                   |      |                            |

**\*\*\*\*\*All sections must be filled out and supporting document(s) must be attached prior to processing\*\*\*\*\***

**Release of Information/Applicant Attestation:** I certify that the information I have provided in the above is true and correct. I consent to the release of pertinent information contained in this application to the Tennessee Hemophilia & Bleeding Disorders Foundation, other social service agencies which distribute emergency financial assistance, the company or individual to receive funds as necessary to complete the services to my household, or to provide statistics on emergency assistance, or as a guard against duplicate assistance. I also consent to release of patient information to the federal government and those utility companies which require documentation of recipient's funds.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\*THBDF Office Only\*\*\*\*\*

**List all dates of prior emergency assistance from this fund in last 3 years:**

|                                 |         |            |
|---------------------------------|---------|------------|
|                                 |         |            |
| THBDF Approval Signatures/Date: |         |            |
| Date check issued:              | Check # | Issued to: |