



## Crisis Intervention Fund Guidelines for Patient

National  
Kidney  
Foundation™ of  
Louisiana

**Purpose:** To provide financial assistance to persons with kidney diseases who are on dialysis or who have had a kidney transplant and reside in the state of Louisiana. This program is designed to help persons who have an unexpected monthly expense due to a crisis that has occurred in their life. The crisis should be resolved by a one-time grant and not something that requires on-going financial assistance. As funds through this program are very limited, it is available as a last resort after all other known community resources, as well as available family support, have been explored.

### Guidelines

- 1) The maximum amount of assistance per patient is \$75 during a six month period.
- 2) The attached application – Parts A and B must be completed by you and have your signature. After returning the completed application to your clinic personnel, Part C will be completed by the social worker, clinic administrator/manager or renal physician.
- 3) To avoid unnecessary delays in processing the request, please complete the application in full and print clearly. You may have someone complete the application for you with the answers to each question, but your signature is required on bottom of Part B. In some cases you will need documents to support the financial hardship explained in question #1 and #2 of Part B of the application. You will also need support documents for the 3<sup>rd</sup> party vendor. You only need to submit the documents required for the type of assistance that is being requested. Please submit current bills/documents.
- 4) The complete application along with supporting documents must be submitted to staff at the dialysis center. These documents must be mailed by your dialysis center staff. The support documents should be copies and not originals.
- 5) It takes approximately 2-3 weeks to process your application.
- 6) All checks are made payable to the third party payee, such as, Walgreens, Entergy/Utility Company, Transportation Company, Landlord/Mortgage Co., etc. Checks can not be made payable to patient, family relatives, or friends.
- 7) If the application is approved, you will receive a check at your dialysis center. In some cases, more information may be needed before processing a request. We will contact you directly to discuss this information, or call the clinic for more information.
- 8) The application could be denied if you did not give specific details about the emergency/crisis that has caused the need and you were not able to explain how this one-time grant would solve this situation in the near future. You may also be denied if 1) you do not include support documents, 2) your expenses do not express a need compared to your income, 3) you have received funds from other agencies for the same need, 4) you have received this grant in past 6 months, or 5) you have received this grant in the past 12 months, but your financial need is still the same and can not be resolved with this one-time payment.
- 9) A denial letter will be sent to your dialysis or transplant center with an explanation of the reason for denial. Once you have received a denial letter, you may not reapply for crisis funds until 12 months after the date of the letter. Please make sure you meet all the guidelines before submitting your application.

*The National Kidney Foundation of Louisiana has limited funds for this program. Please understand that while we make every attempt to help as many people as possible, we must be stringent on the guidelines of this program. If funds given during a fiscal year meet or exceed the budget allowed for the program, grants will not be funded until the next fiscal quarter.*

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