THE LIVHEALTH CHARITABLE FOUNDATION APPLICATION FORM- REQUEST FOR FINANCIAL ASSISTANCE

The LivHealth Charitable Foundation

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____ PHONE NUMBER**:**_____ EMAIL**:**_____
Tick your relationship to patient or indicate other: ☐ LEGAL PARENT / ☐ GUARDIAN / ☐ SUBSTITUTE DECISION MAKER OTHER**:**_____
NAME OF PATIENT:_____ DATE OF BIRTH:_____
ADDRESS:

PHONE NUMBER:	ALTERNATE NUMBER:

Check type of request and attach required documentation as per policy:

Home doctors' visit

Medical supplies and equipment: wheelchair/ hospital bed/ bedside commode/ oxygen rental

Home nurse assistance

Caregiver assistance

Other (please identify): _____

Describe the financial reasons surrounding the need for this request *(eg: Health Insurance, Work Benefit Plan, Other Benefits or Funding):*

_____

_____

_____

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Please advise of any personal or spiritual preferences *(eg: male or female doctor, religious restrictions):*

_____

_____

_____

By providing my signature below, I the applicant, verify that:

1. These expenses are not covered by any other health benefit plans or funding sources (i.e. fundraising)
2. That other health benefit plans or funding sources have been exhausted; and
3. I have read The LivHealth Charitable Foundation Acknowledgment and Waiver.

Signature: _____Date: _____

LCF ACKNOWLEDGEMENT AND WAIVER

The undersigned hereby acknowledges having requested funds from The LivHealth Charitable Foundation for financial assistance with home palliative medicine and hospice medical costs.

The undersigned has personally chosen the form of treatment without any recommendations from The LivHealth Charitable Foundation; and The LivHealth Charitable Foundation assumes no responsibility or liability of any kind, regarding any choices made or not made by the undersigned with respect to such treatment.

The undersigned hereby acknowledges that The LivHealth Charitable Foundation shall not in any event be held liable for, or assume any risks associated with: any direct, indirect, incidental or consequential damages, personal injury, suffering or complications, in any way connected with the use or misuse of services and or equipment.

Signature: _____ Date: _____

Print Name: _____

FOR OFFICIAL USE ONLY

Approved By: _____ Date: _____