



SCAGO

Sickle Cell Awareness Group of Ontario

POLICIES AND PROCEDURES

TERMS OF REFERENCE	
NAME:	Emergency Grant
Date Drafted	May 2014
Date Revised	September 27, 2015
Approver	Finance Committee
Responsibility	Treasurer, Finance Committee

The purpose of this program is to provide financial support to persons with sickle cell disease who are in need of short-term assistance.

Patients who experience acute and unexpected short-term financial distress are able to apply for emergency grant. This program is being administered by SCAGO in accordance with the provided guidelines and rules. Applicants must be diagnosed with sickle cell disease and be under the care of a qualified physician.

- Applicants must apply for the grant within the timeframe in which the financial distress occurred
- Applicants can apply once per year (within a twelve (12) month period)
- Grants will generally be no more than \$250.00 due to limited funds available
- Written request indicating name, phone number and address of patient, purpose of the grant request, and if grant should be mailed to the patient directly or the third party institution (where application is submitted by a third party institution)

- Application should be submitted as an attached document by email to: treasurer@sicklecellanemia.ca; copy: secretary@sicklecellanemia.ca
- When completing the application the total amount requested should be indicated on the form. The approved amount will not be greater than the documented expense (e.g. amount for medication not covered by insurance).
- For patients younger than eighteen with no bank account; grant will be provided to the caretaker/family

Third Party is defined as hospitals or community agencies that submit the written request on behalf of the patient