Family Assistance Program

The Children’s Cardiomyopathy Foundation (CCF) Family Assistance Program was established in 2011 to assist families facing financial challenges associated with their child’s diagnosis of cardiomyopathy and their resulting medical care.

The financial aid program covers medical and non-medical expenses up to $2,000 that are not covered by a family’s health insurance plan. To apply for the program, complete CCF’s application form and submit the required supporting documents. Application guidelines can be found at childrenscardiomyopathy.org under Family Resources/Family Assistance Program.

QUALIFICATIONS

To qualify for the Children’s Cardiomyopathy Foundation Family Assistance Program, your family must meet certain income, age, residence, and diagnosis requirements. The criteria is outlined below.

Income

- The child’s parent/legal guardian file a U.S. federal or U.S. territory income tax return claiming the child as a dependent.
- The family’s total adjusted gross income from the most recent tax return falls within 300% of the 2020 Federal Poverty Guidelines. Adjusted gross income can be found on IRS form 1040 (line 37), form 1040A (line 21), or form IRS 1040EZ (line 4).

2020 Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Family Size (as reported on most recent tax return)</th>
<th>Adjusted Gross Income* (as reported on most recent tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$51,720 or less</td>
</tr>
<tr>
<td>3</td>
<td>$65,160 or less</td>
</tr>
<tr>
<td>4</td>
<td>$78,600 or less</td>
</tr>
<tr>
<td>5</td>
<td>$92,040 or less</td>
</tr>
<tr>
<td>6</td>
<td>$105,480 or less</td>
</tr>
<tr>
<td>7</td>
<td>$118,920 or less</td>
</tr>
<tr>
<td>8</td>
<td>$132,360 or less</td>
</tr>
</tbody>
</table>

*300% of the 2020 Federal Poverty Level Guidelines for 48 contiguous states and the District of Columbia. Families residing in Alaska or Hawaii should contact CCF for separate poverty guidelines.

- If a family’s financial situation has changed from last year’s tax filing, a hospital affidavit must be submitted explaining the family’s current financial hardship.

Age & Residence

- The child is younger than 18 years of age.
- The parents/legal guardians and child are legal residents of the United States and have social security numbers.
Diagnosis & Medical Care

• The child is diagnosed with cardiomyopathy and requires ongoing medical care.
• If the child has received a heart transplant as a result of cardiomyopathy, he/she is less than 3 months post-transplant.
• The child is under the care of a pediatric cardiologist at a medical center in the United States.
• For displacement expenses, the child’s treatment took place within the last six months.

Other Considerations

• Applications should be verified by a social worker familiar with the child’s care and family’s financial situation.
• Only one request for assistance will be considered every 12 months for a child.
• The maximum number of awards that a family can receive is three awards in total.
• The parent/legal guardian must register as a member with the Children’s Cardiomyopathy Foundation prior to submitting an application.

EXPENSES COVERED

CCF’s program provides assistance with cardiomyopathy-related medical and non-medical expenses not covered by insurance.

Expenses Covered

• Treatment fees include clinical procedures and tests, medication, physical and occupational therapy, medical equipment, and medically necessary dietary supplements or formulas
• Displacement fees during a child’s in-hospital evaluation and treatment period include travel, lodging, childcare, food, gas, parking, tolls, and local transportation
• Health insurance premiums, deductibles, and copays

Expenses Not Covered

• Living expenses such as mortgage, rent, utility bills
• Auto and cell phone bills
• Credit card bills, loans, and other forms of debt reduction
• Medical services and items not related to treating cardiomyopathy
• Long term care expenses associated with a heart transplant
• Drugs not licensed by the U.S. Food and Drug Administration
• Alternative drugs, treatment, or therapy that are considered controversial
• Genetic testing expenses
• Psychological or counseling services
• Wheelchairs, assistive technology equipment, home care devices, and wheelchair-accessible van purchases or vehicle modifications
• Autopsy, burial, and funeral costs
• Personal care, comfort, or convenience items such as cardiac camps, tutoring programs, and home modification
APPLICATION PROCESS

An application can be filled out by a parent/legal guardian or a referring medical/healthcare professional (nurse, social worker). The application is a two-step process consisting of completing an online form and then submitting verifying documents. The online form will request information about your child’s diagnosis, medical care, family’s financial situation, and the amount of financial assistance needed. The following documents are required to be considered for financial assistance:

- A completed and signed application
- Your child’s photograph (optional)
- Supporting letter from a doctor or medical/healthcare professional (nurse, genetic counselor, social worker, or caseworker) that covers:
  - Your child’s medical condition, history of illness, impact of medical condition on child’s life, and required treatment
  - Your family’s financial situation and the reason you qualify for the Family Assistance Program
- Vendor and provider bills/receipts that show your name, address, account number, date of expense, treatment description, and amount
- Recent federal (form 1040, 1040-A, 1040EZ) or U.S. territory tax return listing your child as a dependent. If applicable, additional items that should be included:
  - Letter of denial or claim statement from health insurance company showing your name/your child’s name, date of service, service provider, and amount not covered
  - Hospital affidavit verifying your family’s current income if the previous year’s federal income tax return does not show a financial hardship. A federal income tax return from 2019 should still be submitted

REVIEW PROCESS

Applications are processed as they are received and reviewed monthly by CCF’s program committee. An applicant should hear from CCF within one month of submission. Upon approval of a family’s funding request, checks are made payable to the vendor or provider within two weeks.

The Children’s Cardiomyopathy Foundation (CCF) reserves the right to distribute funds at its sole discretion. The amount awarded may vary according to a family’s situation and depend on the availability of program funds. The Foundation also reserves the right to revise the Family Assistance Program at any time, including its criteria, coverage, application guidelines, and review process.

QUESTIONS

For questions about the Children’s Cardiomyopathy Foundation Family Assistance Program, please contact Cindy Andrake, Manager of Family Support, at 866.808.CURE ext. 904 or candrake@childrenscardiomyopathy.org.