



COACH KILL FUND APPLICATION GUIDELINES

PROGRAM DESCRIPTION

Eligibility Requirements: Any person or family throughout the southern 16 Illinois counties (Randolph, Perry, Franklin, Hamilton, White, Jackson, Williamson, Saline, Gallatin, Union, Johnson, Pope, Hardin Alexander, Pulaski, and Massac) facing a financial burden resulting from the medical treatment of cancer and other childhood diseases. **Financial assistance will be provided solely for the purpose of offsetting direct medical costs or for those expenses incurred in seeking medical care.**

Applications: Applications are available at Southern Illinois Healthcare (SIH), SIH THE PLACE, SIH System office or via the internet at www.sih.net/sih-foundation Applicants may request assistance for themselves only, however Coach Jerry Kill, Rebecca Kill, and/or the Director of Fund Development at SIH may also request assistance for a family, individual or charitable institution in need. Applications must be handwritten and filled out completely including a signature in order to be considered. Completed applications should be placed in a sealed envelope and mailed to the Coach Kill Fund, P.O. Box 3988, Carbondale, IL 62902 or can be delivered to SIH at 1239 E. Main St., University Mall, Carbondale, IL 62901. The SIH Controller or Director of Fund Development at SIH may contact the applicant if additional information is needed.

Approval/Disapproval of Applications: The fund will cover only expenses relating to the medical care of cancer treatments (i.e. medical bills, prescriptions, transportation, fuel expenses, meals, and lodging, as examples). The fund does not cover non-medical related payments (i.e. utility payments, rent/loan payments, car repairs/payments, etc.)

Payments will be made directly to the institution/vendor requesting payment for services. If other arrangements are needed additional approval must be obtained. Adequate documentation will be necessary to process payment of funds. In being the best stewards of this fund, an attempt will be made to help as many individuals as possible; therefore all requests may not receive full funding. Only one application per individual will be considered within a 12-month period.

All applications will be reviewed on their individual merit and awards will be based solely on need and not on the identity of the applicant's medical provider or based upon any Donor's contributions. Assistance to applicants of the Fund will be awarded independent of donor contributions and all eligibility determinations will be determined on a first-come, first-served basis using objective criteria. Applicants may have selected his or her medical provider and would not be prohibited from changing providers even while receiving assistance from the Fund. Applicants or recipients of Fund proceeds will not be referred to any specific medical provider. The program will expand, rather than limit, a patient's access to care and freedom of choice for providers. Coach Jerry Kill and/or Rebecca Kill, the SIH Controller, and the Vice President of Community Affairs, or his designee will make final approval/disapproval.

Confidentiality: Only Coach Jerry Kill and/or Rebecca Kill, the SIH Controller, and the Vice President of Community Affairs at SIH will be aware of the name of applicant, and at no time will this information be revealed to anyone privately or publicly without the consent of the applicant.

CONTRIBUTIONS

The Coach Kill Fund is funded solely on donations made by generous contributors and fundraising efforts. Contributions can be made via the Internet at www.sih.net/sih-foundation or by mail at Coach Kill Fund, P.O. Box 3988, Carbondale, IL 62902-3988. No Donor will exert control over the Fund or its use of Donor contributions. Individuals will be awarded assistance without regard to any Donor's interests, without regard to any applicant's choice of medical providers, and based upon reasonable, verifiable, and uniform criteria. Donors will not be provided information that would allow them to correlate contributions with the use of medical services obtained by the applicant to the Fund. To ensure proper stewardship of the Fund, utilization of the Fund's resources will be monitored in order to maximize the impact to Fund beneficiaries and the community.

REPORTING AND ACCOUNTABILITY

Maintenance of Records: Since contributions are made to the fund, it is important that proper reporting and accountability be assured. Completed applications are retained in a confidential and secure manner by the Director of Fund Development and/or his designee at SIH.

Monthly Reporting: An accounting of funds received and disbursed is reported by the SIH accounting department and monitored monthly by Coach Jerry Kill and/or Rebecca Kill, the SIH Controller, and the Vice President of Community Affairs. At no time, unless authorized by the applicant, are the names of the applicants or recipients revealed.



CONFIDENTIAL APPLICATION

Please print and sign application:

Name of applicant in need of assistance: _____
(Last) (First) (Middle Initial)

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Birth Date: _____ Email: _____ Marital Status: Single Married Widowed

Insurance: Yes No Type of Insurance: Medicaid Medicare Private Insurance

Family Income Information: \$0 - \$20,000 \$20,000 - \$30,000 \$30,000 - \$40,000 \$40,000 - Above

Diagnosis: _____ Year of diagnosis: _____

Name of Doctor /Treatment Facility: _____

Number of trips (treatments) to Dr. office/treatment facility: _____

Describe in detail need of assistance:
If requesting assistance for medical bills, please attach related bill(s).

Release of information – I give permission to SIH/Coach Kill Fund to disclose, consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Rules and Regulations, all or any part of my medical record for treatment, payment or health care operations. This permission includes the release of medical information relating to my diagnosis, treatment and/or hospitalization for cancer and other childhood diseases, mental health, development, disability, sexually transmitted diseases, alcohol and or drug abuse services, and HIV/AIDS. In addition I allow any health care provider, including any physicians and facilities to which I may be transferred, to provide information to SIH/Coach Kill Fund upon request, concerning my care, condition, and treatment, for quality improvement, risk management or verification purposes.

I understand that the information (excluding mental health information) that is being disclosed under this authorization may be subject to redisclosure by the recipient and no longer be protected under the Health Insurance Portability and Accountability Act.

I acknowledge that my authorization is voluntary. I need not sign this form to ensure healthcare treatment.

I agree that a photocopy of this authorization is as valid as the original.

Purpose of Disclosure- Coach Kill Fund

Signature of Applicant or Legal Guardian Date

Place completed application in envelope addressed to Coach Kill Fund, P.O. Box 3988, Carbondale, IL 62902 or hand deliver to SIH THE PLACE at 1239 E. Main St., University Mall, Carbondale, IL 62901.