

## The Greater Harvey Area Health Expenditures Fund – “Harvey Helps”

In both chronic and acute illness, health expenses for a member(s) of the Harvey Greater Area can place unrealistic financial burdens on the person(s).



A PROUD **HARVEY** INITIATIVE  
COMMUNITY  
DAYS

Because of this, family and friends often rally around to help fundraise to help cover, to some extent, the cost of such expenditures (medications, equipment, travel-related expenses). Not only can this be a very large endeavour, some members of our community lack the family and friends to organize such fundraisers.

*The Greater Harvey Area Health Expenditures Fund* (“Harvey Helps”) was established in 2017 to help alleviate some of the burden placed on members of our community during health challenges, whether chronic or acute.

### Objectives

The objectives of *Harvey Helps* are to support person(s) with either acute or chronic health issues during times of increased financial burden related to:

- Cost of new medication(s) (with exclusion of chronic medications anticipated to be used longer than 1 year)
- Equipment Needs (initial purchase, or one-time repair only)
- Travel-Related Expenses (accommodation, transportation only)

### Criteria

In the above, the costs **must**:

- be directly related to the expenses of a recognized treatment of a medically-recognized\* health issue.
- have exhausted funding opportunities available otherwise (through government, private insurance or disease-specific funding)

*\*Medically-recognized meaning that the majority of the Canadian medical community would agree with the treatment and diagnosis given.*

### Application Process

Applications for requests for funding are welcomed at any time from community members experiencing significant financial strain secondary to the above costs. Financial expense cost estimates (or receipts, if the expense has already occurred) will be required, but personal financials will not be requested.

An application may be submitted by any person, but must have the written support of the person with the medical issue. In the event the person with medical issue does not have legal capacity, his/her Power of Attorney may sign on the person’s behalf. Confirmation of details may be required from the patient’s primary health care provider.

Applications can be submitted directly to Harvey Community Days by mail or at designated drop off location at Harvey Health Centre.

Applications are reviewed by two health-care personnel (physician or nurse practitioner and a social worker) to determine that criteria for consideration are met as laid out above).

Once criteria are met, a group of five citizens (in consultation with medical personnel), confidentially meet to determine, on a case-by-case basis, the amount of funding to be provided (without knowledge of the applicant's name).

The five-member group consists of one representative from the following organizations:

- Harvey Community Days
- Harvey Community Hospital Foundation
- Christmas Mommies
- Harvey Lions Club
- Harvey Outreach

**Failure for a member to observe strict confidentiality of the situation will result in removal and replacement.**

### **Financial Sustainability and Accountability**

To support *Harvey Helps*, an annual breakfast will be held in the spring, with all profits going to the *Harvey Helps*. Additionally, community organizations can financially contribute to the Fund as desired or on an annual basis.

The money raised will be held in a specific account of Harvey Community Days. Annual financial reporting to the community and to donors will provide details on overall funds raised and category details indicating amount spent on each of the above listed objectives. Additionally, the number of community members supported will be reported.

# The Greater Harvey Area Health Expenditures Fund – Harvey Helps APPLICATION

Name of Person Requiring Assistance: \_\_\_\_\_

Name of Person Submitting Application: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* If person submitting application is different than person seeking assistance, the following paragraph must be signed:

I, \_\_\_\_\_, am aware that \_\_\_\_\_, is applying for  
(person requiring assistance) (person submitting application)  
consideration for funding as laid out in the application below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* In the event the person requiring assistance is unable to give consent, the designated spokesperson (for example, Power of Attorney, will sign)

In the space provided, please detail what is being requested for funding. Funding requests must fall under the objectives and criteria of the program, as laid out in accompanying documentation.

**Please indicate if you are presently in receipt of funding from another source** or programme provision through Social Development or Canada Disability Programmes.

Please attach receipts if an expense has already been incurred. If expense has not yet occurred, please provide estimates (quote, etc.) if possible.

Submission Date: \_\_\_\_\_