

RMHBDA Patient Assistance Fund Criteria

Rocky Mountain Hemophilia and Bleeding Disorders Association (RMHBDA) works to provide family assistance for residents of Montana and Wyoming with special needs for those affected by a bleeding disorder.

1. Assistance Requirements

- a. Resident of Montana or Wyoming
- b. Written request by affected family, physician, nurse, or social worker
- c. Invoice or receipts pertaining to assistance requested
- d. A member of the immediate family is affected by a clotting disorder, defined as: An acquired or inherited chronic condition involving the clotting cascade resulting in abnormal and prolonged bleeding.

Some common clotting disorders include, but are not limited to:

- Factor II, V, VII, X and XII deficiency,
- Hemophilia A and B,
- von Willebrand disease,
- Congenital antithrombin III deficiency
- Congenital protein C or S deficiency.

Excluded is any new, emergent bleeding disorder directly related to an event (such as trauma or drug-induced).

2. Assistance Disbursement Amounts

- a. Amounts requested less than \$2,000 will require a majority vote (at least one more than half the board) from the Board of Directors.
- b. Amounts requested more than \$2,000 will require a super-majority vote (at least three-quarters of the board) from the Board of Directors.

3. Primary Requests for Assistance

- a. Medical Alert Bracelet(s)/Membership
- b. Mileage for Medical Travel
- c. Hotel for Medical Travel
- d. Food for Medical Travel
- e. Requests approved by the Board of Directors

4. Outcome Assessment

- a. A primary overview of monies spent at the annual meeting
- b. "Special Needs" monies spent
- c. Recommendations for future expenditures if needed

Rocky Mountain Hemophilia



& Bleeding Disorders Association

a 501(c)(3) nonprofit Montana corporation

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1627 West Main Street, #142

Bozeman

Montana

59715-4011

406.586.4050

www.rmhbd.org