Heartland Hospice Memorial Fund

AGENCY HANDBOOK
Mission

The Heartland Hospice Memorial Fund is a non-profit organization whose purpose is to assist those who are coping with terminal illness, death, and the process of grief and bereavement, and to support community-based services and education related to hospice care.

We support our mission by providing financial assistance for:

- Terminally ill individuals and their families who are experiencing financial distress and are unable to be self-sufficient due to the circumstances of their terminal diagnosis.
- Grief camps for children, teens and adults.
- Caregiver transition.
- Wish fulfillment.
- Community educational events that communicate the importance of hospice care, end of life and caregiving.
- Community bereavement activities.
- Community memorial services.
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Individual & Family Assistance Grants

This type of grant provides financial assistance for terminally ill individuals and their families who are experiencing financial distress and are unable to be self-sufficient due to the circumstances of their terminal diagnosis.

Grant Criteria

- The Heartland Hospice Memorial Fund will consider grant requests from any patient who has a terminal diagnosis, regardless of care provider.
- If the applicant is not a patient of a hospice agency, the application for assistance must include a letter from the applicant’s physician indicating that the applicant has a terminal diagnosis.
- In order to adhere to IRS guidelines for charitable giving, detailed financial information must be collected from the patient and/or the family members, representing the entire household, applying for grant assistance.
  - A grant application interview worksheet is provided beginning on page 15 of this manual to assist in the collection of this information from the grant applicant before submitting the application online.
  - This information will be used to determine the eligibility of the grant applicant for assistance.
- Additional supporting documentation may be requested by the Grants Officer including but not limited to:
  - Bank statements.
  - Copies of bills.
  - Proof of income.
- Individual or family assistance grants can be awarded only if the individual or family is considered “needy and distressed” as defined by the IRS. Specifically, the applicant must be temporarily unable to be self-sufficient as a result of the terminal diagnosis. Financial need must be related to the patient’s terminal diagnosis.
- If an application is submitted with the patient’s income and the expense information and the patient dies prior to grant officer review and is still pending, the grant will be declined. If the caregiver is experiencing financial distress related to the terminal diagnosis and death of the patient, an application can be resubmitted with their income and expense information for a Caregiver Transition grant.
- The applicant must exhaust all other community resources prior to seeking funds from the Heartland Hospice Memorial Fund.
- If the grant application demonstrates monthly household income that is $500 or more greater than monthly household expenses, the grant will be declined.
- If the grant application shows evidence of liquid cash assets that exceed monthly household income, the grant will be declined.
- A maximum lifetime limit of up to $1,500 can be awarded on behalf of each applicant.
- If the grant application demonstrates an asset of life insurance, you must obtain the cash value. If no cash value, please state this on the grant application.
Individual & Family Assistance Grants – cont’d.

Emergency Grant Requirements

- Emergency grant applications will be reviewed on an as-needed basis during regular business hours.
  - All emergency requests will be responded to within a 24-hour period during regular business hours following submission of a complete grant application.
  - The hospice agency should complete the online grant application for an emergency grant request; however, the hospice agency should also call the Heartland Hospice Memorial Fund office to alert staff of the emergency grant submission.
- Emergency grants are defined as grants that require *immediate* review. In most cases, emergency grants are related to a patient who is actively dying, where travel arrangements or items significantly affecting the patient’s quality of life are needed immediately.

The Fine Print

- The hospice benefit covers all care related to the terminal diagnosis. The Heartland Hospice Memorial Fund cannot pay for expenses that the hospice agency is legally responsible to cover under the benefit reimbursement.
- The Heartland Hospice Memorial Fund cannot pay for medical bills that an applicant has accumulated with any health care company. In these cases, if the patient or family meets the criteria of financial distress, a grant request can be submitted for assistance with other living expenses to help alleviate the financial stress.
- If a grant recipient is residing in a medical facility, grant payments will not be made to the patient but to the appropriate vendor.
- Individual & Family Assistance grant checks cannot be made to a power of attorney (POA) unless complete financial information is provided by the POA, and he/she is determined to be financially needy.
- Individual & Family Assistance grants will **not** be awarded to pay for the following:
  - Credit card payments and fees
  - Personal loans
  - Education loans
  - Medical expenses
  - Reimbursement
  - Property taxes
  - Income taxes
  - Legal fees
  - Income replacement

- The Heartland Hospice Memorial Fund will not support grant requests to cover costs that were paid prior to grant submission. Some exceptions may be made on a case-by-case basis in an event of a true emergency during non-business hours.
Caregiver Transition Grants

This type of grant provides financial assistance after the death of a patient for persons who provided care for and/or resided with the patient during the course of the patient’s terminal illness and death, and who are experiencing financial distress and are unable to be self-sufficient due to the terminal diagnosis and/or death of the patient.

Grant Criteria

The Heartland Hospice Memorial Fund will consider grant requests from bereaved caregivers within the 13-month period following the patient’s death†.

Applicants must be experiencing financial distress related to the patient’s terminal diagnosis and/or death resulting from:

- Loss of patient’s income upon patient’s death (if patient and caregiver shared the same household prior to patient’s death).
- Discontinuation of the government caregiver subsidy.
- Loss of caregiver’s income due to patient care needs.

Applicants may request assistance for:

- Household bills.
- Personal necessities.
- Relocation.
- Travel.

- The Heartland Hospice Memorial Fund will consider grant requests related to any patient who had a terminal diagnosis, regardless of care provider.
- If the patient was not with a hospice agency, the application for assistance must include a letter from the patient’s physician indicating that the patient had a terminal diagnosis.
- In order to adhere to IRS guidelines for charitable giving, detailed financial information must be collected from the caregiver, representing the entire household, applying for grant assistance.
  - A grant application interview worksheet is provided beginning on page 15 of this manual to assist in the collection of this information from the grant applicant before submitting the application online.
  - This information will be used to determine the eligibility of the grant applicant for assistance.
- Additional supporting documentation may be requested by the Grants Officer including but not limited to:
  - Bank statements.
  - Copies of bills.
  - Proof of income.

† The Bereavement Care Plan is specific to the bereavement needs of the significant caregiver and family members. The Bereavement Plan describes the services and the frequency of services up to 13 months following the patient’s death.
Caregiver Transition Grants – cont’d.

- Caregiver Transition grants can be awarded only if the individual or family is considered “needy and distressed” as defined by the IRS. Specifically, the applicant must be temporarily unable to be self-sufficient as a result of the terminal diagnosis. Financial need must be related to the patient’s terminal diagnosis.
- The applicant must exhaust all other community resources prior to seeking funds from the Heartland Hospice Memorial Fund.
- If the grant application demonstrates monthly household income that is $500 or more greater than monthly household expenses, the grant will be declined.
- If the grant application shows evidence of liquid cash assets that exceed monthly household income, the grant will be declined.
- A maximum lifetime limit of up to $1,500 can be awarded on behalf of each applicant.

The Fine Print

- The hospice patient must be deceased for a caregiver to apply for a Caregiver Transition grant.
- There must be evidence that funding from the Heartland Hospice Memorial Fund will provide a financial bridge to financial stability for the grant applicant.
- Caregiver Transition grant requests will never be considered an emergency grant request.
- The hospice benefit covers all care related to the terminal diagnosis. The Heartland Hospice Memorial Fund cannot pay for expenses that the hospice agency is legally responsible to cover under the benefit reimbursement.
- The Heartland Hospice Memorial Fund cannot pay for medical bills that an applicant has accumulated with any health care company. In these cases, if the applicant meets the criteria of financial distress, a grant request can be submitted for assistance with other living expenses to help alleviate the financial stress.
- Caregiver Transition grant checks cannot be made to a power of attorney (POA) unless complete financial information is provided by the POA, and he/she is determined to be financially needy.
- Caregiver Transition grants will not be awarded to pay for the following:
  - Credit card payments and fees
  - Personal loans
  - Education loans
  - Medical expenses
  - Reimbursement
  - Property taxes
  - Income taxes
  - Legal fees
  - Income replacement
- The Heartland Hospice Memorial Fund will not support grant requests for costs that were paid prior to grant submission.
Wish Fulfillment Grants

This type of grant provides financial assistance for terminally ill individuals who are seeking peace and closure through the realization of a final wish, but who are unable to fulfill that wish due to the financial distress related to the terminal diagnosis.

Grant Criteria

- The Heartland Hospice Memorial Fund will consider grant requests from any patient who has a terminal diagnosis, regardless of care provider.
- If the applicant is not a patient of a hospice agency, the application for assistance must include a letter from the applicant’s physician indicating that the applicant has a terminal diagnosis.
- In order to adhere to IRS guidelines for charitable giving, detailed financial information must be collected from the patient and/or the family members, representing the entire household, applying for grant assistance.
  - A grant application interview worksheet is provided beginning on page 15 of this manual to assist in the collection of this information from the grant applicant before submitting the application online.
  - This information will be used to determine the eligibility of the grant applicant for assistance.
- Additional supporting documentation may be requested by the Grants Officer including but not limited to:
  - Bank statements.
  - Copies of bills.
  - Proof of income.
- Wish Fulfillment grants can be awarded only if the individual or family is considered “needy and distressed” as defined by the IRS. Specifically, the applicant must be temporarily unable to be self-sufficient as a result of the terminal diagnosis. Financial need must be related to the patient’s terminal diagnosis.
- The applicant must exhaust all other community resources prior to seeking funds from the Heartland Hospice Memorial Fund.
- If the grant application demonstrates monthly household income that is $500 or more greater than monthly household expenses, the grant will be declined.
- If the grant application shows evidence of liquid cash assets that exceed monthly household income, the grant will be declined.
- A maximum lifetime limit of up to $1,500 can be awarded on behalf of each applicant.
- If the grant application demonstrates an asset of life insurance, you must obtain the cash value. If no cash value, please state this on the grant application.
Emergency Grant Requirements

- Emergency grant applications will be reviewed on an as-needed basis during regular business hours.
  - All emergency requests will be responded to within a 24-hour period during regular business hours following submission of a complete grant application.
  - The hospice agency should complete the online grant application for an emergency grant request; however, the hospice agency should also call the Heartland Hospice Memorial Fund office to alert staff of the emergency grant submission.
- Emergency grants are defined as grants that require immediate review. In most cases, emergency grants are related to a patient who is actively dying, where travel arrangements or items significantly affecting the patient’s quality of life are needed immediately.

The Fine Print

If wish fulfillment is requested for travel:

- Financial information MUST pertain to the traveler in order to obtain travel grant funds.
- Grant requests seeking travel arrangements must include the following information listed under the additional information field located on the online grant application:
  - Name of traveler(s) as listed on driver's license or state I.D.
  - Date of birth of traveler(s)
  - Address and phone number for each traveler
  - Airport departing from and arriving at
  - Dates/times available to travel (departure and arrivals)
  - E-mail address for traveler(s) and social worker
- Heartland Hospice Memorial Fund staff reserves the right to evaluate ticketing options and to purchase tickets directly.
Grief Camp Grants

This type of grant supports grief camps for children, teens and adults. Grief camps are single- or multi-day group bereavement retreats for those who have suffered the loss of a loved one.

Grant Criteria

- All communication and promotional material must be referred to as “Caring Hearts Camp.”
- The “Caring Hearts Camp” model has been established and successfully implemented by several Heartland Hospice agencies.
  - If an applicant is considering holding a grief camp for the first time and applying for grant funding from the Heartland Hospice Memorial Fund, it is recommended that he or she contact the fund in advance of the grant application. Oftentimes, the fund can facilitate communication between the applicant and an experienced Caring Hearts Camp grant recipient.
- All materials must list that the camp is supported or funded by the Heartland Hospice Memorial Fund.
- If food is to be served, reasonable consideration should be given to obtaining the best catering cost possible.
- A complete grant application must be submitted at least 45 days prior to the event or the grant will be declined. Early submission will ensure that there is time for any questions/clarifications about the application and to provide the applicant with adequate time to secure an alternate source of funding if needed.
- A complete budget with reasonable expenses must be submitted with the grant application.
- Events must be open and available to the general public (and not limited to patients affiliated with one particular hospice provider). Documentation of a communications plan demonstrating this level of access must be submitted with the grant application.
- All events funded by the Heartland Hospice Memorial Fund should be planned and carried out in compliance with the hospice agency’s Standards of Business Conduct to ensure compliance with applicable laws and regulations.
- Grant applicants may request up to $65 per attendee/per day up to a maximum of $5,000 per camp for Grief Camp grants.
- Collaboration with community partners is highly recommended.

The Fine Print

- The Heartland Hospice Memorial Fund does not have an obligation to fund a camp even if the applicant has already committed to camp vendors prior to grant approval.
- The fund will not support Grief Camp grant requests that should more appropriately be considered for support through the applicant’s marketing or advertising budget.
  - Inappropriate requests include events whose primary intention is to generate referrals or provide publicity or direct benefit to any specific hospice.
  - The fund will not provide grant dollars for event gifts or incentive items such as speaker acknowledgment gifts, notepads, pens, tote bags, etc.
- Grief Camp grants are restricted to hospice agencies. Individuals cannot apply.
Education Event Grants

This type of grant supports community educational events that communicate the importance of hospice care, end of life and caregiving.

Grant Criteria

- The event must be educational in nature and must be focused on issues related to hospice and/or end-of-life care.
- All materials must list that the event is supported or funded by the Heartland Hospice Memorial Fund.
- If food is to be served, reasonable consideration should be given to obtaining the best catering cost possible. The fund will not consider more than one food request per event.
- A complete grant application must be submitted at least 45 days prior to the event or the grant will be declined. Early submission will ensure that there is time for any questions/clarifications about the application and to provide the applicant with adequate time to secure an alternate source of funding if needed.
- A complete budget with reasonable expenses must be submitted with the grant application.
- Events must be open and available to the general public (and not limited to patients affiliated with one particular hospice provider). Documentation of a communications plan demonstrating this level of access must be submitted with the grant application.
- All events funded by the Heartland Hospice Memorial Fund should be planned and carried out in compliance with the hospice agency’s Standards of Business Conduct to ensure compliance with applicable laws and regulations.
- Grant applicants may request up to $1,000 for an Education Event grant.
- Collaboration with community partners is highly recommended.

The Fine Print

- The fund will not support Education Event grant requests that should more appropriately be considered for support through the agency’s marketing or advertising budget.
  - Inappropriate requests include events whose primary intention is to generate referrals or provide publicity or direct benefit to any specific hospice.
  - The fund will not provide grant dollars for CEUs, event gifts or incentive items such as speaker acknowledgment gifts, notepads, pens, tote bags, etc.
  - Education Event grants are restricted to hospice agencies. Individuals cannot apply.
Bereavement Activity Grants

This type of grant supports a variety of bereavement activities. Bereavement Activity grants include a range of activities related to coping with grief and bereavement following the death of a loved one.

Grant Criteria

- Specific examples of bereavement activities include grief support groups, grief support group materials, grief and bereavement books, art and craft therapy supplies, and specialized holiday grief and bereavement activities.
- To be eligible for grant funding from the Heartland Hospice Memorial Fund, bereavement activities must be in addition to (above and beyond) the required activities included in the 13-month bereavement service provided by hospice.
- All materials must list that activities are supported or funded by the Heartland Hospice Memorial Fund.
- If food is to be served, reasonable consideration should be given to obtaining the best catering cost possible. The fund will not consider more than one food request per event.
- A complete grant application must be submitted at least 45 days prior to the event or the grant will be declined. Early submission will ensure that there is time for any questions/clarifications about the application and to provide the applicant with adequate time to secure an alternate source of funding if needed.
- A complete budget with reasonable expenses must be submitted with the grant application.
- Events must be open and available to the general public (and not limited to patients affiliated with one particular hospice provider). Documentation of a communications plan demonstrating this level of access must be submitted with the grant application.
- Activities funded by the Heartland Hospice Memorial Fund should be planned and carried out in compliance with the hospice agency’s Standards of Business Conduct to ensure compliance with applicable laws and regulations.
- Grant applicants may request up to $500 for a Bereavement Activity grant.
- Collaboration with community partners is highly recommended.

The Fine Print

- The fund will not support Bereavement Activity grant requests that should more appropriately be considered for support through the agency’s marketing or advertising budget.
  - Inappropriate requests include events whose primary intention is to generate referrals or provide publicity or direct benefit to any specific hospice.
  - The fund will not provide grant dollars for event gifts or incentive items such as speaker acknowledgment gifts, notepads, pens, tote bags, etc.
  - Bereavement Activity grants are restricted to hospice agencies. Individuals cannot apply.
Memorial Service Grants

This type of grant supports community memorial services. A memorial service remembers the lives of those who have passed and may include activities such as music, prayer, readings, poetry, a eulogy honoring the lives of the deceased and a sermon.

Grant Criteria

- To be eligible for grant funding from the Heartland Hospice Memorial Fund, the memorial service must be in addition to (above and beyond) the annual memorial service included in the 13-month bereavement service provided by hospice. (Please refer to the Heartland Hospice Bereavement Manual.)
- All materials must list that the service is supported or funded by the Heartland Hospice Memorial Fund.
- If food is to be served, reasonable consideration should be given to obtaining the best catering cost possible. The fund will not consider more than one food request per event.
- A complete grant application must be submitted at least 45 days prior to the event or the grant will be declined. Early submission will ensure that there is time for any questions/clarifications about the application and to provide the applicant with adequate time to secure an alternate source of funding if needed.
- A complete budget with reasonable expenses must be submitted with the grant application.
- Events must be open and available to the general public (and not limited to patients affiliated with one particular hospice provider). Documentation of a communications plan demonstrating this level of access must be submitted with the grant application.
- All events funded by the Heartland Hospice Memorial Fund should be planned and carried out in compliance with the hospice agency’s Standards of Business Conduct to ensure compliance with applicable laws and regulations.
- Grant applicants may request up to $1,000 for a Memorial Service grant.
- Collaboration with community partners is highly recommended.

The Fine Print

- The fund will not support Memorial Service grant requests that should more appropriately be considered for support through the agency’s marketing or advertising budget.
  - Inappropriate requests include events whose primary intention is to generate referrals or provide publicity or direct benefit to any specific hospice.
  - The fund will not provide grant dollars for event gifts or incentive items such as speaker acknowledgment gifts, notepads, pens, tote bags, etc.
  - Memorial Service grants are restricted to hospice agencies. Individuals cannot apply.
Online Grant Application Instructions

1. The online grant application is located on the Heartland Hospice Memorial Fund website at heartlandhospicefund.org.

2. After reviewing the grant guidelines, if you have any questions about the appropriateness of your grant request, contact our office at (419) 252-5724 or hospicefund@hcrgives.org to discuss your potential grant application.

3. To log in, HCR ManorCare employees must have:
   - Their six-digit employee I.D.
   - Access to the online grant portal.

4. To log in, non-Heartland Hospice agencies and individual grant applicants must:
   - Contact the Heartland Hospice Memorial Fund Grants Officer at (419) 252-5724 to obtain a Grant Submission I.D.

5. Print a paper copy of the Grant Application Interview Worksheet to use when meeting with patients/families to record information. Then use the form as a guide for entering the information into the online grant application. Please be sure to have all of the following information available when completing the application:
   - Monthly household income
   - Personal assets
   - Monthly household expenses
   - Personal liabilities

6. You will need to provide a DETAILED explanation regarding the circumstances causing financial need. The circumstances MUST be related to the terminal diagnosis.

7. You cannot save an incomplete grant application and return to it later. You must complete all sections of the grant application and submit the application for it to be received and processed.
All grant applications must be submitted online at heartlandhospicefund.org. This worksheet is designed as a tool for hospice staff to collect the required information from Individual & Family Assistance, Caregiver Transition and Wish Fulfillment grant applicants. The information collected on this worksheet can then be used to submit the online grant application.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Request Amount:</th>
<th>Is this an urgent request?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Type of Grant Request:</td>
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<tr>
<td>☐ Individual &amp; Family Assistance</td>
<td>☐ Wish Fulfillment</td>
<td>☐ Caregiver Transition</td>
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<td>Hospice Contact Name:</td>
<td>Hospice Contact Telephone Number:</td>
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<td>Hospice Contact E-mail:</td>
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<td>Patient Name:</td>
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<td>Patient Address:</td>
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<td>Patient City:</td>
<td>Patient State:</td>
<td>Patient ZIP Code:</td>
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<td>Has the patient/family received prior assistance from the HHMF?</td>
<td>Yes</td>
<td>No</td>
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<td>Patient Diagnosis:</td>
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### Information Pertaining to the Person Who is Financially Responsible

Financial Responsible Name: 

Financial Responsible Address: 

|---|---|---|

Has a reasonable investigation into other sources of funding been conducted? Yes | No |

List the agencies/resources that have been investigated as other sources of funding.

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* Urgent grant requests are defined as grants that require immediate review. In most cases, urgent grants are related to a patient who is actively dying, where travel arrangements or items significantly affecting the patient's quality of life are needed immediately. (Funeral and Caregiver Transition grants are never considered urgent.)
**Detailed Grant Request:** (Explain the patient and/or family circumstances that are causing financial need for the applicant. Please keep in mind that the review committee doesn’t know anything about the patient, his or her family, or their financial situation, so provide as much detail as possible.)

| How are the circumstances causing financial distress directly related to the patient’s terminal diagnosis? |
| Current financials must be related to or a result from the terminal diagnosis. |

| If grant is awarded, to whom should the check be made payable? |
| Please note: Check cannot be made to POA. |

| Additional Notes/Comments: |
In order to adhere to IRS guidelines for charitable giving, detailed financial information must be collected from the patient and/or the family members, representing the entire household, applying for grant assistance.

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<tr>
<th>Name of person(s) that the following information pertains to:</th>
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<tr>
<th>MONTHLY HOUSEHOLD INCOME</th>
<th>MONTHLY HOUSEHOLD EXPENSES</th>
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<tbody>
<tr>
<td>Wages (After Taxes):</td>
<td>Mortgage/Rent:</td>
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<td>Interest/Investment Income:</td>
<td>Property Tax:</td>
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<td>Social Security/Retirement Income:</td>
<td>Homeowners/Renters Insurance:</td>
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<td>Food Stamps Income:</td>
<td>Electricity:</td>
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<td>Income from Child Support:</td>
<td>Telephone:</td>
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<td>Other Income:</td>
<td>Water:</td>
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<td>Cable TV/Cellular Phone:</td>
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<td>Car Payments:</td>
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<td>Car Insurance:</td>
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<td>Transportation:</td>
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<td>Groceries:</td>
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<td>Medical/Dental/Vision Care &amp; Insurance:</td>
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<td>Personal Care (Clothing, Hair Care, etc.):</td>
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<td>Child Care:</td>
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<td>Credit Card(s):</td>
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<td>Other Expenses:</td>
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<td>Past Due Bills and Amounts:</td>
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**TOTAL MONTHLY INCOME: $**  **TOTAL MONTHLY EXPENSES: $**
**PERSONAL ASSETS** | **PERSONAL LIABILITIES**
--- | ---
Cash, Savings, Stocks, Bonds: *(No more than $200 to qualify)* | Home Loan Debt: *(Amount still left to pay off on home)*
Retirement Savings: | Automobile Loan Debt: *(Amount left to pay off on auto)*
Home Value: | Credit Card Debt:
Automobile Value: | Medical Debt:
Other Assets: | Student Loan Debt:
Anticipated Amount of Life Insurance for Patient: | Other Debt:
Cash Value of Life Insurance for Patient: | 

**TOTAL ASSETS:** $ | **TOTAL LIABILITIES:** $

**REQUESTED BUDGET ITEMS**

<table>
<thead>
<tr>
<th>Expense 1:</th>
<th>Expense 1 Amount:</th>
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<td>Expense 2:</td>
<td>Expense 2 Amount:</td>
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<tr>
<td>Expense 8:</td>
<td>Expense 8 Amount:</td>
</tr>
<tr>
<td>Expense 9:</td>
<td>Expense 9 Amount:</td>
</tr>
<tr>
<td>Expense 10:</td>
<td>Expense 10 Amount:</td>
</tr>
</tbody>
</table>

**TOTAL REQUEST AMOUNT:** $
### COMMUNITY EVENT & ACTIVITY WORKSHEET – Page 1 of 2

<table>
<thead>
<tr>
<th>Hospice Office Name:</th>
<th>Hospice Office Contact Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospice Office Contact E-mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Type of Grant Request:
- [ ] Grief Camp
- [ ] Education Event
- [ ] Bereavement Activity
- [ ] Memorial Service

#### Name of Event:

<table>
<thead>
<tr>
<th>Date of Event:</th>
<th>Event Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Anticipated Attendance:</th>
<th>Number of Staff:</th>
<th>Number of Volunteers:</th>
<th>Number of Participants:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Describe event purpose (Attach separate sheet if necessary):

#### Describe target audience:

#### List organizations/groups of individuals that will receive invitations/flyers for event:

#### Will there be a charge for participants to attend the event?  
- [ ] Yes  
- [ ] No

- If yes, how much?

#### Attach the following item(s):
- [ ] Flyer/Invitation for Event†
- [ ] Event Program/Agenda†
- [ ] Complete Event Budget

† Event program or flyer must state that the event is “Sponsored by the Heartland Hospice Memorial Fund.”

#### List organizations that will be collaborating in the event or activity.
Provide the following event budget information:

<table>
<thead>
<tr>
<th>BUDGET ITEM</th>
<th>TOTAL BUDGET</th>
<th>AMOUNT REQUESTED FROM HEARTLAND HOSPICE MEMORIAL FUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Rental/Lodging:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Meals:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Food &amp; Refreshments:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Speaker Fees:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Travel Costs:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Printed Materials:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Communication/Advertising Costs:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Supplies: (Provide supply breakdown below)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
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<tr>
<td>Other:</td>
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<tr>
<td>TOTAL:</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>
Promotional Materials

There are a variety of promotional materials available to support the activities of the Heartland Hospice Memorial Fund. All materials can be obtained free-of-charge by contacting HCR ManorCare eFulfillment at (800) 972-2528 or at hcrorders.com.

1. Brochure/Donation Envelope (#4H-051) explains the mission and purpose of the Heartland Hospice Memorial Fund and can be used for making a donation to the Heartland Hospice Memorial Fund.
2. Donation Envelope For Funeral Services (#4H-051a) are used for family and friends of hospice patients to make a donation to the Heartland Hospice Memorial Fund in honor or in memory of their loved one.

The Fine Print

- Heartland Hospice Memorial Fund brochures and memorial donation envelopes should be:
  1. Displayed in a location that is visible to visitors in your hospice agency.
  2. Placed in all admissions packets.
  3. Distributed to local area funeral homes.
- Heartland Hospice locations should affix a label with their location name and address to all Heartland Hospice Memorial Fund donation envelopes in order for donations to be recorded to the correct location.
Contact Information

We are here to help you! Should you have questions or need assistance, please contact a member of the HCR ManorCare Gives team.

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Director
Office Telephone: (419) 252-5578
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Donor Relations Manager, Grants Officer
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FAX: (419) 754-2290
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Vanessa Leonard
Information Administrator
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Michelle Hale
Administrative Coordinator
Telephone: (419) 254-7689
michelle.hale@hcrgives.org

Heartland Hospice
MEMORIAL FUND

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hospicefund@hcrgives.org