

## 2011-2011 "LIFELINE" Subsequent Application

If you want to **reapply** for assistance through the LIFELINE grant between now and June 30, 2012, you will need to fill out this Subsequent Application completely. Then mail it and the items listed below to the Utah Hemophilia Foundation (UHF) office. Please call the UHF staff if you have any questions or need help with this application.

Date: \_\_\_\_\_ **Office use only**  
**Date Received:** \_\_\_\_\_

First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### **SINCE YOU LAST APPLIED TO LIFELIFE:**

– Circle One –

- |   |     |    |    |
|---|-----|----|----|
| 1) Has your home address changed?                               | YES | or | NO |
| 2) Have you changed jobs?                                       | YES | or | NO |
| 3) Have you received any increase or decrease in income?        | YES | or | NO |
| 4) Has your insurance status or policy changed?                 | YES | or | NO |
| 5) Any changes to the number of people living in your house?    | YES | or | NO |
| 6) Have you receive some new financial help not already listed? | YES | or | NO |

If you answered YES to any of the questions above, please fill out the NEW and correct information on the back of this form. If you answered YES, we will need any or all of the following:

- ✓ Your new address and contact information
- ✓ The name and address of your (or your spouse's) new employer
- ✓ Your (or your spouse's) new monthly or annual gross income (before taxes)
- ✓ Your new insurance information including policy number and billing address
- ✓ The new composition of your family / household
- ✓ The source and amount of the financial help you received since you last applied

### **Along with this completed form, please submit the following (if applicable):**

- € Copies of statements from insurance company for premiums or COBRA payments
- € Copies of cancelled checks, verifying proof of payment of medical expenses
- € Copies of NEW check stubs for past two pay periods
- € Copies of NEW insurance card (front and back)

**Mail to:** Utah Hemophilia Foundation, 772 East 3300 South Suite 210, SLC, UT 84106  
**Or fax to:** (801) 746-2488  
**Phone:** (801) 484-0325 or toll-free (877) 463-6893