



TAFF FINANCIAL ASSISTANCE PROGRAM

The Alexander Family Foundation (TAFF) was created in 2008 as a Montreal based not-for-profit corporation whose mission it is to support patients that have contracted Idiopathic Pulmonary Fibrosis (IPF) – one patient at a time.

TAFF's first patient was Ian Alexander. He was diagnosed with IPF in March 2008, was placed on a waiting list to receive a lung transplant in August 2008 and was told that it would be about one year before he would receive his transplant. He was also told that he had only 6 months to live. TAFF and Ian worked together to find a solution, which was to have Ian transferred to the Toronto General Hospital, where he was operated on within less than one week of his admission. TAFF supported Ian financially throughout this process as further described herein.

As a not-for-profit entity run by volunteers on a part-time basis, TAFF is seeking to continue to grow its support of those stricken with IPF. Please understand that we would like to support everyone stricken with this very difficult disease; however our resources are limited.

For this reason, TAFF has created an application form in an effort to select those most in need of our assistance. Should you be interested in seeking our support, please fill out the following application. TAFF will be back to you promptly as to whether we can be of assistance to you.

Thank you for making the effort!



TAFF FINANCIAL ASSISTANCE APPLICATION

Applicant information

Family name, given name: _____

Address (street, city, province, postal code): _____

Phone numbers (home, work, cell,): _____

e-mail address(es): _____

Date of birth: _____ Sex (M/F) _____

Quebec medicare #: _____ Social insurance #: (optional) _____

Other (temporary address, information): _____

Supporter information (spouse, parent, etc.)

Family name, given name: _____

Address (street, city, province, postal code): _____

Phone numbers (home, work, cell,): _____

e-mail address(es): _____

Medical information

Diagnosed disease (e.g. IPF): _____

Name(s) of treating doctor(s): _____

Date of confirmed diagnosis: _____ Hospital: _____

TO BE COMPLETED BY HOSPITAL ADMINISTRATION:

Date: _____ Transplant list position (e.g. 30th) _____

Estimated time to transplant (# months) _____ Estimated lifespan: _____

TAFF support requested (please explain)

Counseling on transplant process _____

Financial support for Montreal-based care: _____

Transfer to an out-of-province hospital (as concluded by counseling parties): _____

Applicant Financial Information

If Applicant is requesting financial support, please ESTIMATE the following, it is a condition of eligibility:

▶ Total annual sources of cash available from all sources¹ for following 12 months: _____

▶ Total annual expenses not related to current medical condition (normal living expenses²): _____

▶ Total annual expenses and equipment costs related directly to current medical condition³: _____

Note 1: Typical sources of cash: Government (e.g. unemployment, welfare), work (net pay), insurance payments, friends and family, etc. Please also provide a copy of your previous year's income tax statement

Note 2: Eligible expenses: Rent/mortgage, heat, food, insurance, transportation, cable, internet, sundries.

Note 3: Please see Annex 1 for a description of eligible expenses related to this specific medical condition (IPF).



By signing this form you hereby declare that all the financial information provided relating to your cash income, expenses and expenses related to IPF not covered by your current sources of income to be true.

Further, you also declare that TAFF is under no obligation to provide you with any form of financial assistance for any reason, that TAFF may for any reason whatsoever discontinue its financial support at any time.

In order to receive financial support, the recipient is required to complete an expense account promptly with receipts providing proof of purchase of declared expenses. A standard TAFF expense account template is provided and needs to be used.

Signature of Applicant or requestor on behalf of applicant

Date

Please return to:

TAFF
c/o Johanne Turenne
17 cours du fleuve
Verdun, Quebec
H3E 1X1

Or via scan and e-mail to : chaza@sympatico.ca



ANNEX 1: TAFF PATIENT FINANCIAL SUPPORT POLICY

TAFF is a registered charitable organization whose mission is straightforward: to provide support to patients stricken with Idiopathic Pulmonary Fibrosis (IPF).

TAFF supports the following expense categories. The time horizon for eligibility is from the time the patient is approved through to a period of up to a post-operative period of 2 years.

Unfortunately TAFF's financial resources are limited. TAFF may not be able to financially support all applicants, and applicants that are selected will likely not be supported to the full extent of their needs – again due to the limited financial resources of the foundation. To learn more about TAFF's patient selection criteria, please see Annex 2.

The following categories eligible for support include:

1. Medical equipment not covered by the public health system as well as any insurance coverage in place for the sponsored patient (e.g. walkers, oxygen, etc)
2. Prescription drugs not covered by the public health system as well as any insurance coverage in place for the sponsored patient
3. Hospital expenses not covered by the public health system as well as any insurance coverage in place for the sponsored patient
4. Where no medical travel support is offered, Travel (intra as well as inter-city) expenses are eligible for the sponsored patient as well as anyone else travelling with the patient as mandated by the Doctor in charge of the sponsored patient. Eligible costs include parking (\$15 max per day), meals (\$15 max per meal), hotel (\$75 max. per day), fuel expenses, transportation (pre-authorization required).
5. Financial assistance in support of essential living expenses needed to maintain the patient's standard of living for to being compromised by IPF, preventing the patient from having to liquidate current assets (e.g. home, car, etc)

In the event that TAFF provides support, expenses shall be remitted to the Recipient based on an expense account which is to be submitted every 3 months. TAFF may provide the Recipient in certain cases an advance on the first 3 months based on the estimates provided and support offered.

CATEGORY (see above for details)	Months 1, 2, 3	Months 4, 5, 6	Months 7, 8, 9	Months 10, 11, 2	Total
1. Medical Equipment					
2. Prescription drugs					
3. Hospital expenses					
4. Travel expenses					
5. Living expenses					
TOTAL					



ANNEX 2: TAFF PATIENT SELECTION AND FINANCIAL SUPPORT PROCESS

1. At the beginning of each fiscal year TAFF will allocate a budget to assist IPF patients in accordance with its Patient Support Policy as well as the Canadian laws that govern TAFF's charitable organization
2. Priority is given to the support of patients currently receiving support by TAFF in accordance with the support policy adopted by TAFF
3. In the event that TAFF's budget can support additional patient(s), candidates shall be identified, prioritized and selected with the support of a recognized health care organization that specializes in the care and support of IPF (such as the Notre Dame Hospital).
4. Once selected, TAFF shall solicit the cooperation of the selected institution and shall work closely with this institution in establishing the appropriate ground rules of selection and patient support.
5. TAFF's patient selection process and criteria are as follows:
 - a. A budget per patient for a given year shall be established by TAFF
 - b. The health care institution shall make patients on the surgical waiting list aware of TAFF's support program
 - c. Patients interested in receiving support shall be provided with an application form that provides TAFF with the information necessary to make an informed decision regarding financial support. The objective of the questionnaire is to construct a pro-forma budget that clearly and honestly identifies the patient's financial challenges as a direct result of IPF. All information requested must be completed in order to be eligible for assistance.
 - d. Patients shall be prioritized in terms of their "economic hardship" as it relates to maintaining a standard of living similar to what it was prior to becoming affected with IPF
 - e. Patients shall also be prioritized in terms of their expected likelihood of surviving until the scheduled operation. In this regard, If a patient is being treated at a hospital that does not have a proper Prioritized Patient Ranking System and it is clear the patient's estimated lifespan is shorter than their expected surgical date, this patient will be considered a high priority and TAFF will explore the option with a willing patient of being transferred out of province in order to receive a transplant within the estimated life expectancy of the patient.
6. TAFF shall disburse funds to patients that it supports on a quarterly basis based on an expense account form provided. Receipts must be provided to TAFF as proof of the given eligible expenditure. TAFF may provide the patient with an initial advance of funds as a means of assisting the patient with their financial situation.