

Other attempts to resolve need: **Please call 211 First Call for Help before requesting funds from HFM**

- Contacted billing source to negotiate new terms: Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- Requested extension from billing source: Date: _____ Outcome: _____
- Enrolled in a program to assist with future payments: Date: _____ Outcome: _____

Other agencies or local resources contacted for this request:

- **Dept. of Social Services Emergency Grant Request:** Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **First Call For Help dial 211:** _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **Local Church:** Name & Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **Helping Hands** Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **Modest Needs:** Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **Patient Advocate Foundation:** Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **The Colburn-Keenan Foundation:** Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **PSI:** Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **Name of local Church(es) that have assisted:** Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____
- **Family or Friends:** (circle one) yes no Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____

- **Other:** _____ Date: _____
Outcome: ___ Denied ___ Pending ___ Agreed to make partial payment (amount: \$____)
___ Other: Explain _____

Previous Assistance Received in the last 2 calendar years: Date(s) & Amount(s) & Reason

- **HFM:** _____
- **Helping Hands:** _____
- **Modest Needs:** _____
- **Dept of Social Services:** _____
- **Patient Advocate Foundation:** _____
- **The Colburn-Keenan Foundation:** _____
- **PSI:** _____
- **Name of local Church(es) that have assisted:** _____
- **Family or Friends:** (circle one) yes no
- **Other:** _____

I have met with a financial or debt counselor: Date: _____

Outcome: _____

I have scheduled an appointment with a financial or debt counselor: Date: _____

I have attended a money management seminar/workshop/or session: Date: _____

My short term plan to avoid future need: _____

My long-term plan to gain financial stability: _____

Please contact Kim Winship at 410-614-0833 or by email kwinshi1@jhmi.edu to learn more about any of the above resources that you are not familiar with.