**SPECIAL NEEDS FINANCIAL ASSISTANCE (SNFA)**

**POLICY & PROCEDURES**

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**PURPOSE**

The **Special Needs Financial Assistance (hereinafter SNFA)** is designed to assist clients in the Amarillo and surrounding area with financial assistance for a special need that cannot be met by another organization or agency or can’t be met in a timely manner. In this document “Client” will refer to the person in need of financial assistance. The referral must be made by an active and paid Senior Ambassador Coalition participant. A list of paid participants will be provided to all Board members and this shall be updated when new participants join SAC.

**POLICY**

**1.1 Referrals**

All referrals made shall be made to and considered for approval by the SAC Board. A majority vote is required for approval. A referral can be made to any Board member for presentation to the SAC Board. A referral can be made by an Agency or Organization as long as there is a paid participant associated with the Agency or Organization. The Client and Referral Source will be notified once a decision is made on the request. Specific information needed for each referral include: Client Name, Address, Phone number, Date of Birth/Age, Monthly Income, Medical insurance, Number in Clients household, Other Income in Household, Emergency or Next of Kin Names and Phone numbers.

**1.2 Referral Tracking and Record Keeping**

A record of each referral shall be kept in SAC Board files by the SAC Board Secretary and files shall be stored/archived for a 7-year period. All approval are at the discretion of the SAC Board. This will allow needs to be met until other resources can be secured for the Client. Depending on the need of each client a follow up to additional resources may occur. Example, SNFP for grocery purchase, may need follow up to ensure Client obtains other assistance such as with a SNAP referral or Hunger Relief referral.

**1.3 Financial Need Request for Consideration**

Senior Ambassador Coalition will consider financial assistance with the following:

Grocery Purchase

Transportation Costs

Medication Costs

Medical Supplies or Equipment

Clothing Purchase

Critical Home Safety Costs

\*For Transportation financial assistance please provide to the SAC Board the Client's Circumstances requiring transportation assistance. Please provide Name, Address and Phone number for family or other person meeting the Client at final destination, any pertinent Client medical/health or safety concerns, and any equipment needed for a safe trip.

**1.4 Referral Documentation**

Appropriate documentation is required with each request application. (Please be as detailed as possible. Note what other resources have been utilized or attempted for assistance, what is the Client’s current situation requiring financial assistance, reason for request to SAC, and amount of money being requested to meet the Client’s current need.) Attach supporting documentation as indicated:

1. Current monthly income and source
2. Client identification- Driver’s License or other Photo ID
3. Signed Statement requesting SNFA must also be signed by requester.
4. Medication and Medical Equipment
	1. What medication or equipment purchase is needed. Provide estimated cost.
5. Medical Insurance
	1. Copy of Client’s Medical insurance card
6. Transportation
7. Specify method of transportation needed. Provide estimated cost.
8. Clothing
	1. Specify clothing needs. Provide estimated cost.
9. Grocery/Food
10. Specify grocery needs. Provide estimated cost.

 9. Home Safety

 a. Specify home safety needs. Provide estimated cost.

**PROCEDURE**

**1.1 Board approval**

Once the request has been made and submitted to the SAC Board, all SAC Board officers will review and offer input and indicate approval or denial at time of review. This review may be made via email/text in most circumstances or at an in-person meeting if the situation is more complex.

**1.2 Distribution of Funds Approved**

As soon as the SAC Board has approved and it is confirmed to whom the funds are to be paid, the fund amount shall be documented and then shall be processed for payment from the SAC Treasurer. Each SNFA request shall be assigned an Account number. Prior to funds being distributed, the SAC President (or VP in absence of President) shall sign the SNFA form and document the SAC Board approval is confirmed and dated .

**1.3 Follow Up**

SAC Board will follow up with the client or SAC member who made the referral to ensure that the need for SNFA was met. This contact is also to ensure that needed additional applications/referrals were made for the client, i.e., SNAP, Hunger Relief, Medicaid, etc... Once SAC is informed that additional efforts were made, the referral will be marked as complete.

**1.4 Annual Review**

SAC Board shall have an annual review of the SNFA funding issued during the year. A review of the Policy and Procedures and the Special Need Financial Assistance (SNFA) Request form shall be done annually and prn as deemed appropriate.