H.E.R.O
HUMBOLDT EMERGENCY RELIEF ORGANIZATION LTD.

Funding Policy

The medical treatment must be on the order of a physician.

The medical treatment is deemed as an emergency type of treatment.

Costs must be pre-approved, except in special circumstances.

The amount of assistance will be at the board's discretion.

H.E.R.O. has set out a district surrounding Humboldt to where support will be given but is not limited to the district.

Applicants may be required to provide insurance & financial statements at the request of the H.E.R.O. 's board.

All applications will be reviewed and considered on a case-by-case basis.

Applicants will be held in the strictest confidence unless the "Waiver of Liability and Responsibility" form has been signed.

Any false or misleading information provided by an applicant, constitutes fraud & will be dealt with according to the law.

H.E.R.O will only provide expenses only for one-person accompanying applicant.

Receipts for all expenses must be made available to H.E.R.O.

For more information contact:
H.E.R.O.
HUMBOLDT EMERGENCY RELIEF ORGANIZATION LTD.

PO Box 3503
Humboldt, SK.
S0K 2A0

Or phone:
682-2917 Humboldt Fire Hall
or 682-5556 Humboldt Ambulance

Please state how you heard about the H.E.R.O. organization?

H.E.R.O
HUMBOLDT EMERGENCY RELIEF ORGANIZATION LTD.

Application For Assistance

Date: ___________________________________

Name of Applicant: ____

Name of Parent/Guardian: (if applicable) _____________________________

Birthdate of Applicant: ____
Day/Month/Year

Sex: Male ______ Female ______

Mailing Address: ____

Town/City: ____

Postal Code: ___________________________________

Telephone Number: ________________________ (home)

_________________________ (work)

Applicant Economic Review

Monthly Wage/Salaries: Applicant $ ________________
Spouse/common-law-partner $ ______________

Total yearly income of applicant and spouse/common-law-partner

$ _____________________

If applicant is under 18 yrs. of age, combined income of parents/guardians

$ _____________________

Any other household income $ ______________________

Average monthly expenses $ _______________________

Are you receiving any other income or assistance? (e.g. disability insurance, worker's compensation) Yes ____________ No _____________

If so, please list __________________________ Amount $ _____________

Do you have any Insurance Agency that may assist with medical costs?

Yes _________ No __________ Name of Agency ___________________

What kind of coverage do they provide? _____________________________

Up to what dollar amount? $ __________________________

Are you receiving funds from any other charitable organization?

Yes ________ No ________ Name of organization ___________________

Additional Comments: ____

Medical Information

Type of Assistance Required:

Destination of Treatment:

____

Expected Length of Treatment:

Expenses Required for Treatment:
- travel (airfare, gas, etc.) ____________________________________
- meals ____
- hotel/accommodations _____________________________________
- parking ____
- medications (drugs, vaccinations, etc.) _______________________

Signature: ____
Applicant/Parent/Guardian

Date: ______________________

Revised May/03

To be completed by Attending Physician

Diagnosis: ____

____

Pertinent Medical History: _______________________________________

____

Treatment Required: ____

____

Length of Treatment: ____

Referring Physician: ____
Print Name

Signature: ____

Phone Number: ____

Medical Facility: ____

Attending Physician: ____
Print Name

Signature: ____

Phone Number: ____

Revised May/03

H.E.R.O
HUMBOLDT EMERGENCY RELIEF ORGANIZATION LTD.
PO Box 3503
Humboldt, SK.
S0K 2A0

Waiver of Liability and Responsibility

This is to certify that I, ____ release Humboldt Emergency Relief Organization, from any or all liability and/or responsibility for the use of my name and/or medical condition for the purpose of public relations.

Date:________________________________

Signature: ____
Applicant/Parent/Guardian

Witness ____
Member of H.E.R.O.

Witness ____
Member of H.E.R.O.

H.E.R.O
HUMBOLDT EMERGENCY RELIEF ORGANIZATION LTD.

PO Box 3503
Humboldt, SK.
S0K 2A0

This is to certify that I, ___________________________________, have received $________________________ from the Humboldt Emergency Relief Organization. In return, I agree to abide by the following regulations set out by H.E.R.O.

Any unused funds that were received from H.E.R.O. will be returned to the board of directors.

Receipts and/or proof of payment must accompany all expenditures.

Any unused money raised for the specific cause, will be returned to H.E.R.O.'s general revenue.

Date: ____________________

____
Signature of Applicant/Parent/Guardian:

____
Signature of Witness:

Signature of H.E.R.O. Representative:

Revised May/03