## Apply for a UHCCF grant in 5 easy steps!

# Verify child's eligibility

Child must be 16 years old or younger at the time of application, living in the United States, and facing a clinical condition. Both parent and child must have Social Security Numbers.

Child must be covered by a commercial health insurance plan.
Note: Insurance coverage does not have to be through

UnitedHealthcare.

Family must not exceed maximum eligible adjusted gross income as documented on line 11 of the current year's federal tax return (IRS Tax Form 1040).

Family Size	Adjusted Gross Income	
2 people	\$65K or less	
3 people	\$100K or less	
4 people	\$135K or less	
5+ people	\$170K or less	

### Gather required documents

## 1. Federal tax return (IRS Form 1040)

The person who claims the child as a dependent on their federal tax return must submit the application.

2. Child's commercial/private health insurance card

#### 3. <u>UHCCF Medical</u> <u>Form</u> signed by the child's doctor

The form MUST be completed by an M.D., D.O., or Au. D.; signed within the last 6 months; and include ALL the Medical Items or Services you are requesting the UHCCF grant to cover.

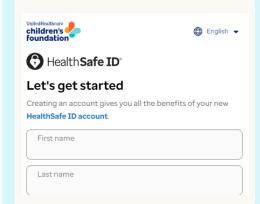
### Register for HealthSafe ID

Go to UHCCF.org and select "Apply for a Grant" or use the following link: UHCCF Portal.

Acknowledge your eligibility and select "Create HealthSafe ID."

Create a HealthSafe ID by entering the parent/legal guardian's details.

Verify your identity via call/text and email.



# **Create parent** and child profiles

Add parent details to set up the parent/guardian profile.

Select "Add Child & Start Application."

Add child's details.

If you have previously applied for a grant, you should see a notification that your child's records will automatically be linked to your parent portal.

All fields with a red asterisk (\*) are required. Hover over the ① to the right of field names for more information.

Parent/Legal Guardian Profile

First Name *①	Middle Name	Last Name *①
Parent		Name
Email Address	Date of Birth *	Mobile Phone *
parentname@email.com		555555555
Social Security Number (SSN) *①		
******		
Mailing Address ①		
1234 Street Name, City Name, Stat		

# Complete and submit application

Select "Start Application" in the child's profile.

There are seven sections within the application.

The application is saved as a draft after the applicant selects "Save" on the first Details section.

Grants are limi	ited to a maximum of	\$5,000 per year :	and \$10,000 lifetim		OAd	d Servic
Service Type	Service Item	Drug Name	Other Notes	Out of Pocket Amount	Not Covered by Insurance Due to Policy Exclusion	
Medical Secrices	Dr/Specialist Visits (including senices during that visit)	â .		\$1,000,00	No	~
Medical Drug		Prescription Medication Name(s)		\$1,500.00	No Total Amount Requ	*

Within 3-5 business days, you will receive an email confirming application completion or requesting additional information.

The Regional Board will then make a final decision about a grant award within approximately 45 days.