UHCCF Grant Portal Parent Guide

Table of Contents

1. HealthSafe ID Information
2. Eligibility Criteria
3. Create HealthSafe ID
4. Sign In – Grant Portal
5. Parent/Legal Guardian Profile
6. Dashboard
7. Add Child & Start Application
8. Child Profile
9. Application
10. Details
    Upload Federal Tax Return
11. Insurance
    Upload Insurance Card
12. Physician Details
13. Medical Condition/Diagnosis
14. Services Requested
    Add Services
15. Attachments
16. Acknowledgement
17. Active Grant
18. Payment Requests
    Create Payment Request

Purpose	The purpose of the Parent Guide is to assist parents/legal guardians when applying for a UnitedHealthcare Children's Foundation (UHCCF) grant. Questions can be emailed to uhccfcustomerservice@uhc.com.

Providers, social workers, or others assisting an applicant or grant recipient:

While we commend your commitment to your patient and their family, please be aware that the parent/legal guardian is required to initiate and complete the grant application and payment request process independently. Applying for the grant will require proof of eligibility.

Providers, social workers, or other proxies are not permitted to complete the application. However, you are more than welcome to recommend, support, and assist your patient and their family throughout the process.

If the family has a question about their grant or application, they will need to contact us directly.

HealthSafe ID Information

The HealthSafe ID ("HSID") is a unique security identifier used to access multiple United Healthcare systems.

A HealthSafe ID is required to log in to the UHCCF Grant Portal. Determine your next step by reviewing the following scenarios.

→ You are a new user and have never signed into a United Healthcare system that required a HealthSafe ID for login; proceed to Eligibility Criteria.

→ You are a returning user with a previously created HealthSafe ID; proceed to Sign In – Grant Portal.

→ You have an existing HealthSafe ID; or you are having trouble creating a HealthSafe ID; or you are receiving an error message; or you have lost your HealthSafe ID username or password information:
→ Use the Forgot HealthSafe ID/Forgot Password feature within the Sign In – Grant Application link.
→ Access the HealthSafe ID Technical Support Web Portal.
→ Email UHCCF Customer Service (uhccfcustomerservice@uhc.com) and provide a description of your error message. Please provide a screenshot of your entire browser including the URL in the body of the email.

Eligibility Criteria

Eligibility requirements appear on the "Complete Your Grant Application Here" website in the form of a series of questions. **Applicant must be able to answer YES to all questions.**

1. Is your child 16 years of age or younger at the time of application?
2. Does your child have a Social Security Number issued by the Social Security Administration? (I-TIN numbers are NOT accepted.)
3. Is your Adjusted Gross Income (AGI) - as documented on Line 11 of the current year's Tax Return (Line 11 of IRS Federal Tax Form 1040) - at or under the following limits based on your family size? NO EXCEPTIONS will be made to these limits:
   - Family Size of 2 -- $65,000 or less
   - Family Size of 3 -- $100,000 or less
   - Family Size of 4 -- $135,000 or less
   - Family Size of 5 or more -- $170,000 or less
4. Is your child covered by commercial/private health insurance? (Plans purchased from the Healthcare Exchange are accepted, but the primary coverage CANNOT be Medicaid, CHIP, or any publicly state funded medical insurance.)
5. Are the medical services/items eligible for award and being received/purchased in the United States? (Please see our exclusion list that details items which would NOT be eligible.)

If the applicant meets all criteria, check the box that states: "I acknowledge that I am able to answer YES to all the questions above."

Note: Providers, social workers, or other proxies ARE NOT PERMITTED to complete the application. Applicants
must acknowledge that the recipient meets the criteria prior to proceeding in applying for a UnitedHealthcare Children's Foundation grant. **Applying for the grant will require proof of eligibility**.

Continue to Create HealthSafe ID.

Create HealthSafe ID

After acknowledging the eligibility requirements are met, the blue “Create HealthSafe ID” is enabled.

Select the button to be redirected to the HealthSafe ID sign in page. Creating a HealthSafe ID is a one-time requirement.

Create HealthSafe ID by entering the following details of the **parent/legal guardian** who is applying for the grant:

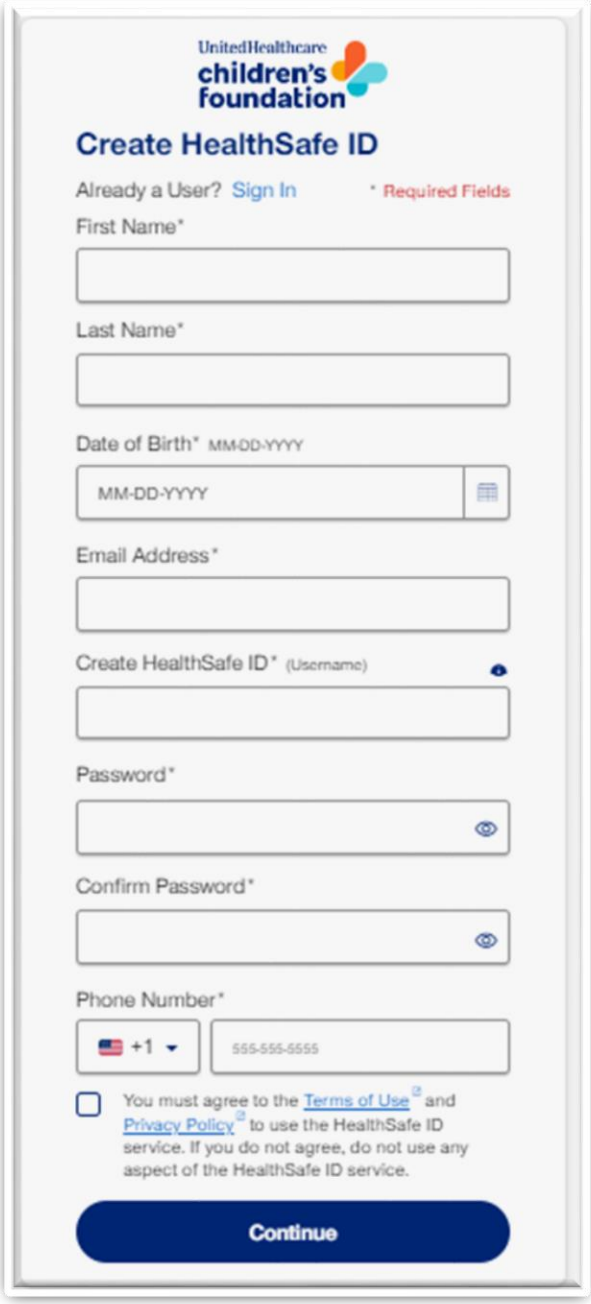
- First Name
- Last Name
- Date of Birth
- Email Address (must not be associated with another HSID)
- Create HealthSafe ID (Username)
- Password (must be 12 characters)
- Confirm Password
- Phone Number

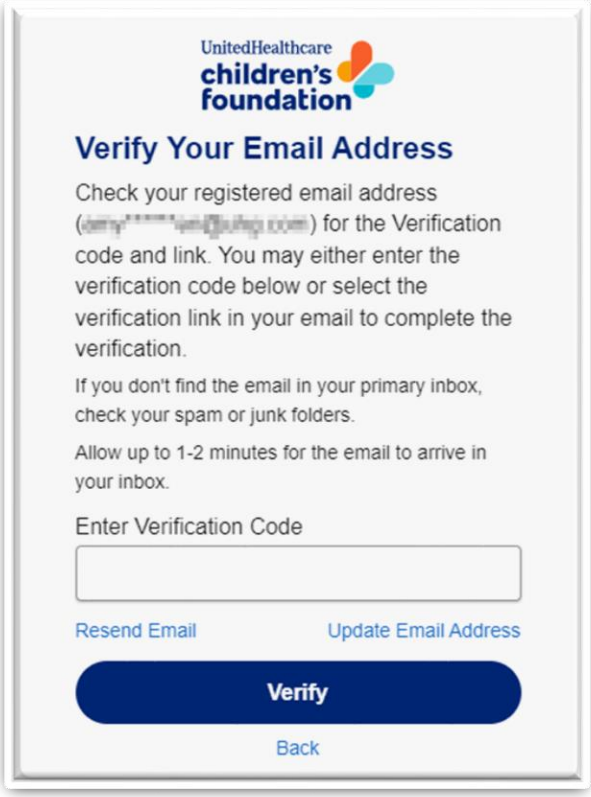
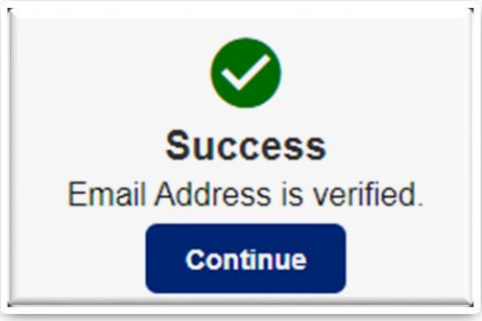
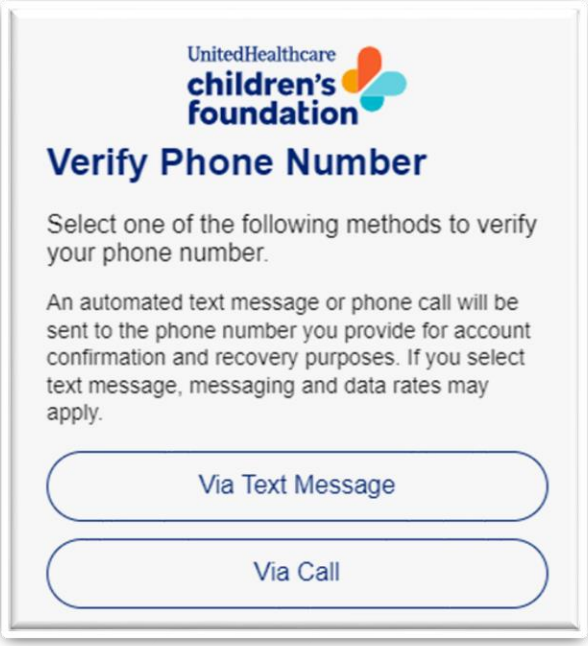
Note: Personal information entered is the parent or legal guardian’s details, NOT the child’s information. The email address and phone number entered will be used to communicate information regarding your application and awarded grant(s) as well as securing your HealthSafe ID. **Ensure it is an active email address and phone number.**

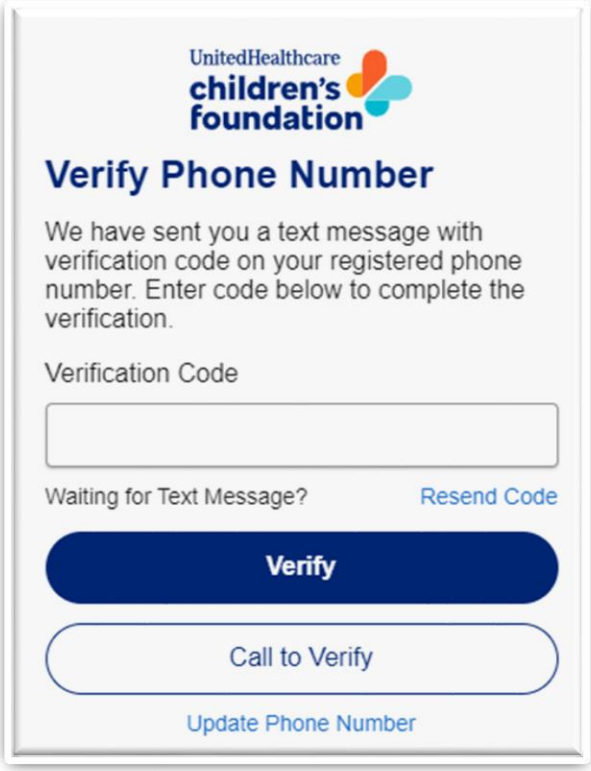
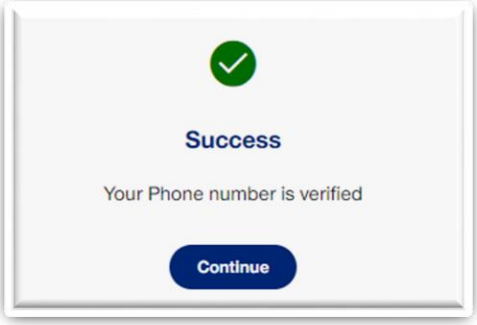
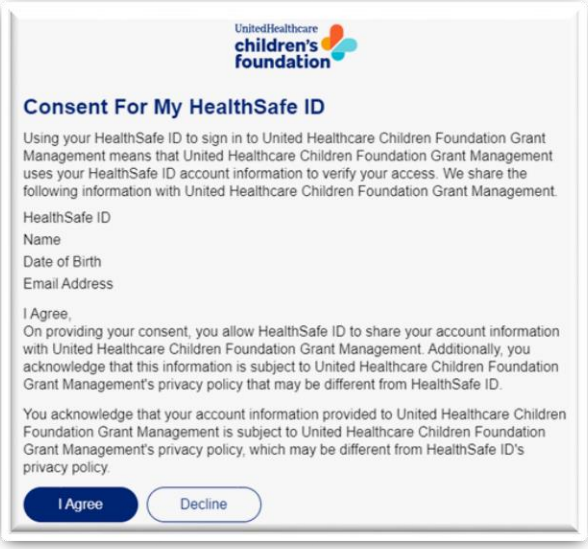
Providers, social workers, or other proxies ARE NOT PERMITTED to complete the application.

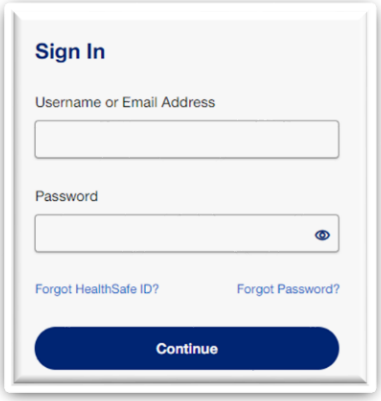
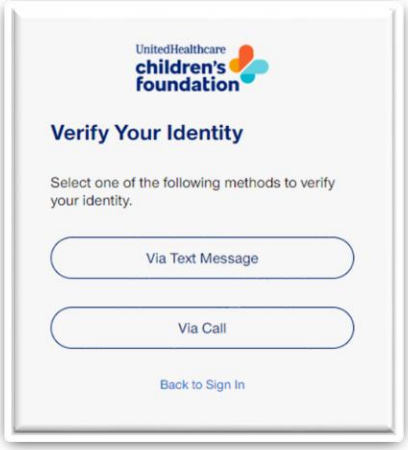
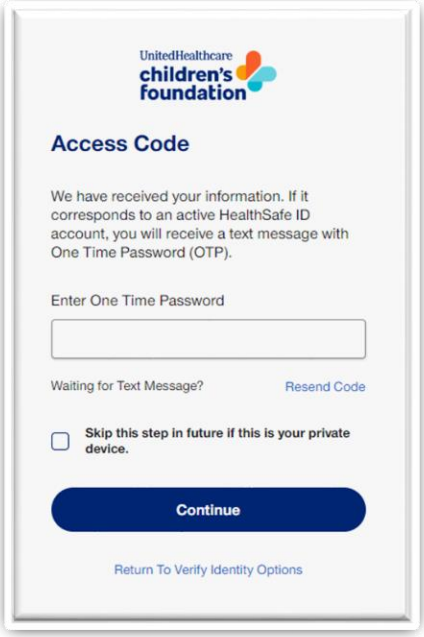
→ Review the Terms of Use and Privacy Policy to use the HealthSafe ID services and agree to the terms by checking the box.

→ Select “Continue.”



You will receive an email from HealthSafe ID with an access code. → Enter the access code into the Enter Verification Code text box. If you did not receive a code after 1-2 minutes, confirm your email address is accurate in the message and either select “Resend Email” or “Update Email Address”. → Select “Verify.”	
After entering your access code and allowing the system to verify, a message will display “Success” when verified correctly. → Select “Continue.”	
The Verify Phone Number message displays. → Select one of the methods to verify the phone number entered when creating your HealthSafe ID. Note: Via Text Message requires a mobile phone added in the phone number field when creating your HealthSafe ID.	

You will receive a text message or phone call from HealthSafe ID with an access code. → Enter the access code into the Verification Code text box. → Select “Verify.” Note: If you did not receive a code after 1-2 minutes, confirm your phone number is accurate. Change to “Call” or “Message” or select “Resend Code” or “Update Phone Number.”	
After entering your access code and allowing the system to verify, a message will display “Success” when verified correctly. → Select “Continue.”	
Agree or Decline Consent for My HealthSafe ID. → Review the consent agreement and acknowledgment for using HealthSafe ID. → Select “I Agree” to continue the application process and future usage of the UnitedHealthcare Children’s Foundation (UHCCF) Grant Management system. Upon successful agreement, the user is brought to the Parent/Legal Guardian Profile.	

Sign In – Grant Portal	
→ Sign in by entering your HealthSafe ID Username or Email Address. → Enter your created Password. Note: Select “Forgot HealthSafe ID” or “Forgot Password” if necessary.	
Verify your identity by selecting one of the two methods available. • Via Text Message • Via Call Note: Via Text Message requires a mobile phone added in the phone number field when creating your HealthSafe ID.	
You will receive a text message or a phone call to the phone number associated with your account with an access code. → Enter the One Time Password (OTP) into the text box. → If appropriate, select “Skip this step in the future if this is your private device.” → Select “Continue.” Continue to the Dashboard.	

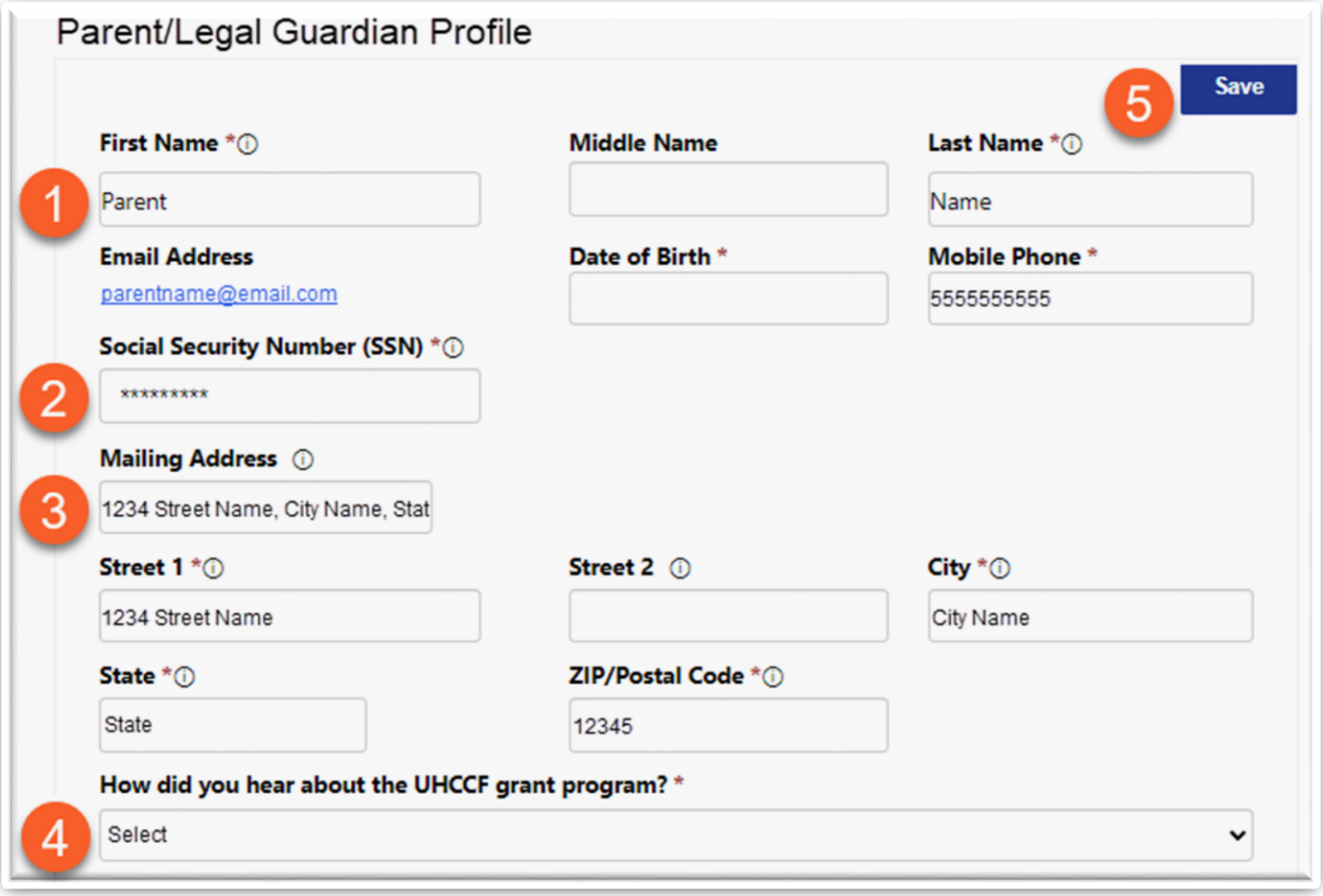
Parent/Legal Guardian Profile

The Parent Profile displays Parent Details used for verifying your identity, contacting you regarding your grant application and award, and mailing reimbursement payments.

Reference the image and table below when completing the Parent Profile.

Important Notes:
ONLY the child's parent or legal guardian can use the portal. Providers, social workers, or other proxies ARE NOT PERMITTED to complete an application or submit payment requests.

All fields with a red asterisk are required. Hover over the ⓘ to the right of field names for more information.



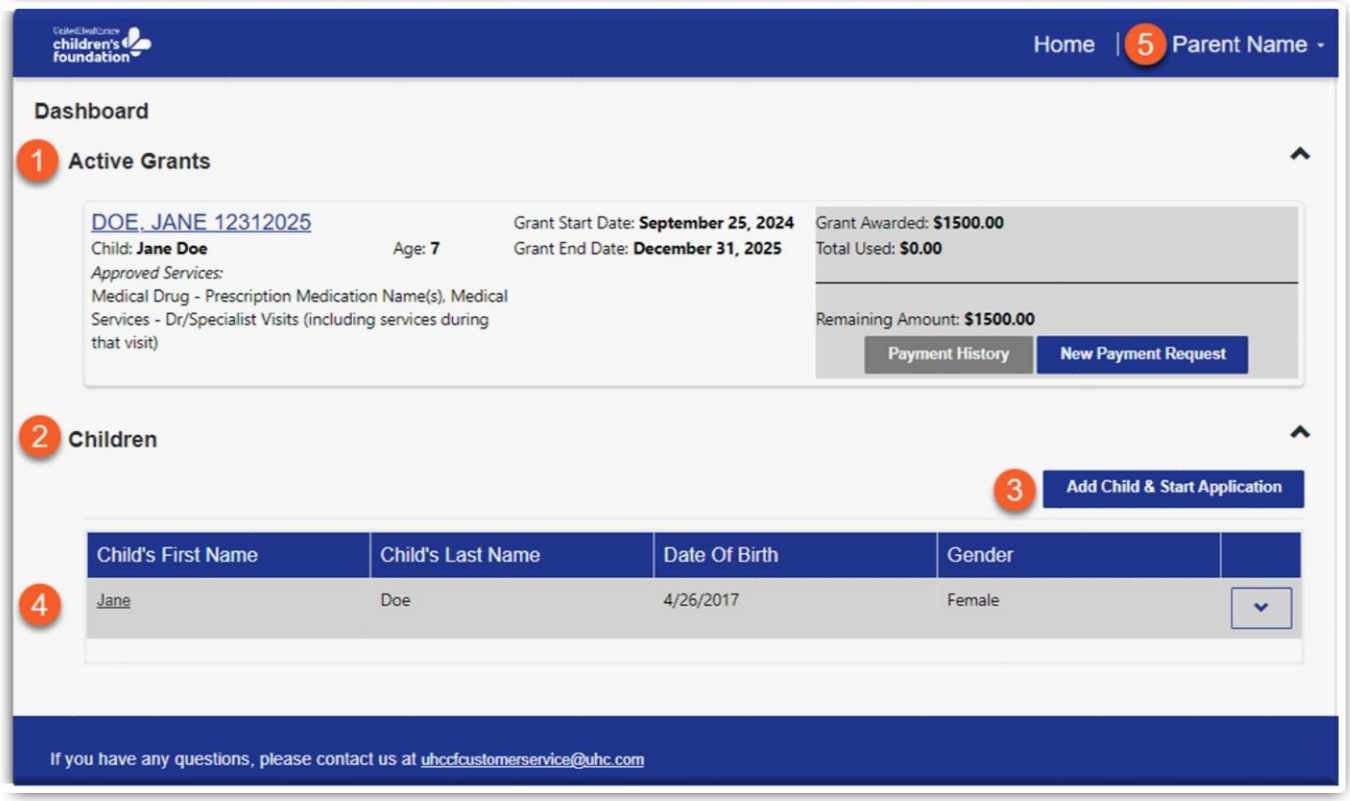
1 – Parent Details from HSID	First Name, Last Name, Email address, Date of Birth, and Mobile Phone fields auto-populate from HealthSafe ID.
2 – Social Security Number	Enter your Social Security Number. TINs are not accepted. Both parent and child are required to have a Social Security Number to be eligible for a grant.
3 – Mailing Address	Enter your complete Mailing Address. The additional address fields auto-populate based on the Mailing Address field.
4 – How Did You Hear About Us?	Select a response from the drop-down menu to tell us how you heard about the UHCCF grant program.
5 – Save	Once you have verified all fields are completed and correct, select "Save" to move to the Dashboard.

Dashboard

The Dashboard displays Active Grants and Children previously entered in the portal with separate headers.

Reference the image and table below when viewing the dashboard.

Note: If this is the first time using the portal, a message of “There are no records to display” will appear in the Children table. If you have previously applied for a grant, select “Add Child & Start Application.” When you enter your child’s information, it should link the child’s existing records in the system.



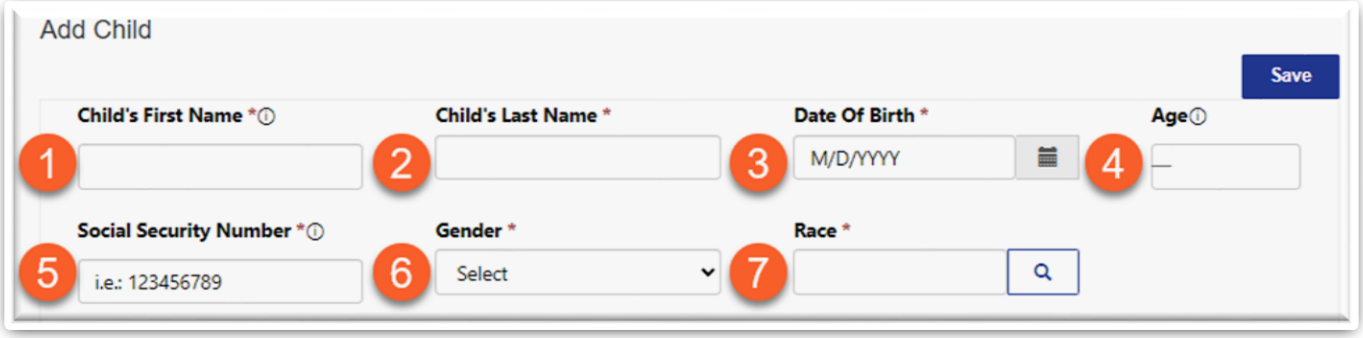
1 – Active Grants	Active grant information for all children linked to the parent portal will appear under the Active Grants heading.
2 – Children	All children linked to the parent portal will appear under the Children heading.
3 – Add Child & Start Application	Select “Add Child & Start Application” to add a new child to the parent portal.
4 – Child Profile	Select the child’s first name or use the drop-down arrow to access the child profile. This is where you will access applications in progress.
5 – Parent Profile/Sign Out	Access the parent profile or sign out of the portal by selecting the drop-down arrow next to the Parent Name.

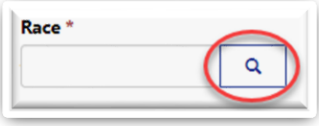
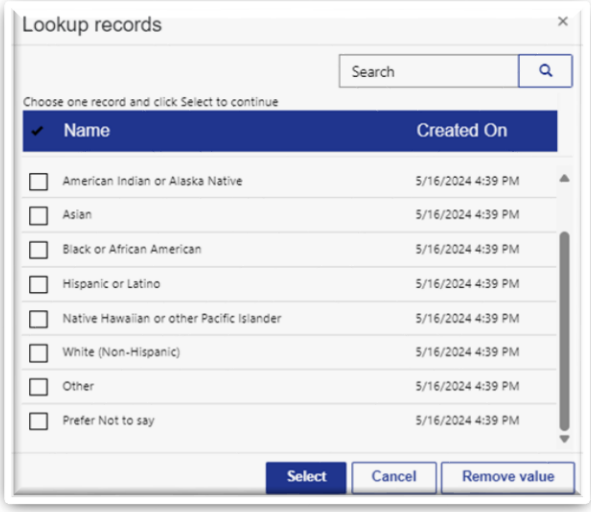
Add Child & Start Application

Select “Add Child & Start Application” if you’ve never applied for a grant before or if you do not see your child listed under the Children heading. This step will create the Child Profile.

Add Child

Reference the image and table below to add the child’s information.



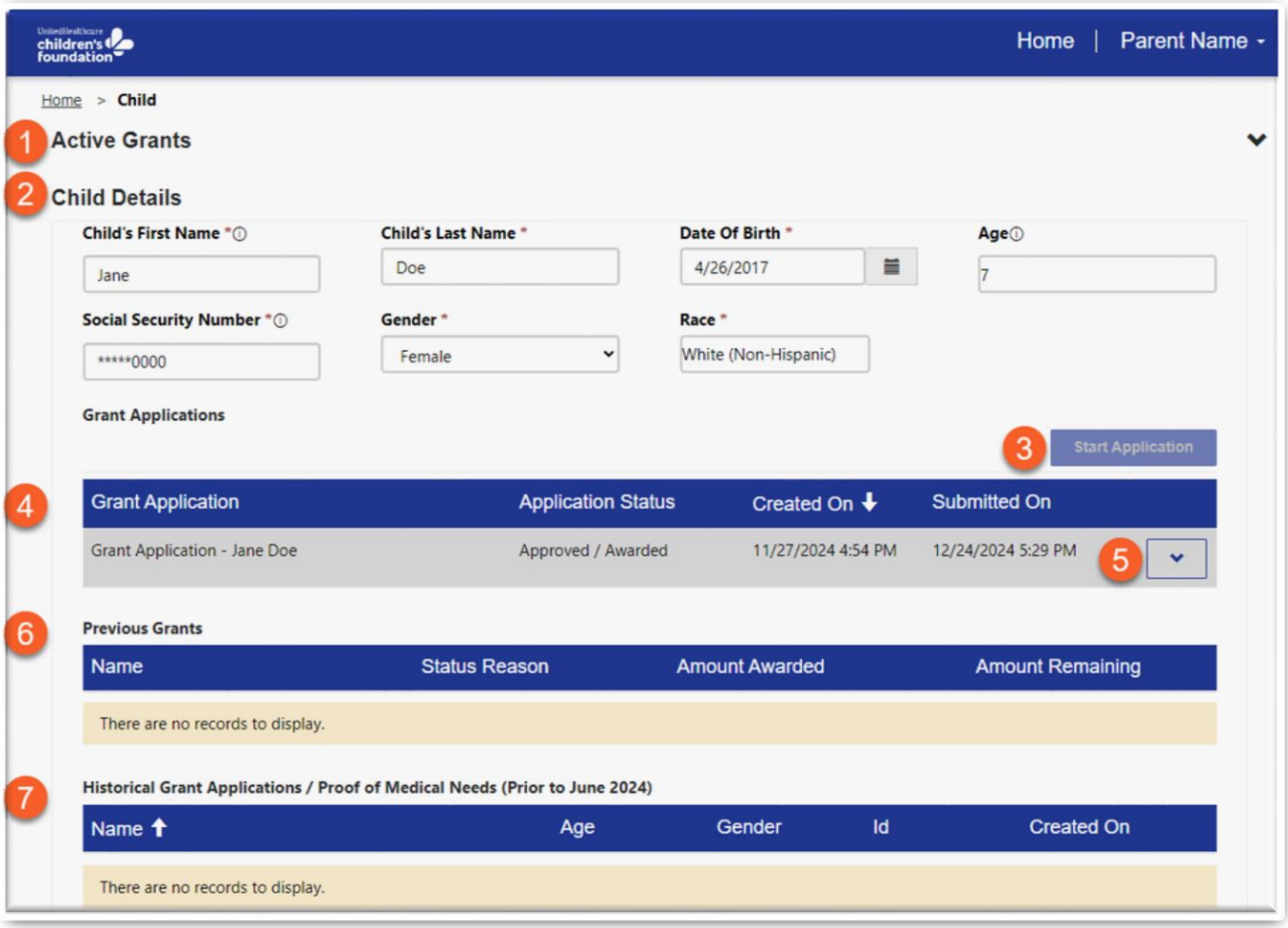
1 – Child’s First Name	Enter the child’s first name as it appears on their birth certificate.
2 – Child’s Last Name	Enter the child’s last name as it appears on their birth certificate.
3 – Date of Birth	Enter the child’s date of birth using the MM/DD/YYYY format.
4 – Age	Age is auto-populated based on date of birth.
5 – Social Security Number	Enter the child’s social security number.
6 – Gender	Use the drop-down menu to select the child’s gender.
7 – Race	Use the magnifier to select the child’s race.  
8 – Save	Select “Save” to move to Application.

Child Profile

The Child Profile displays Active Grants and Child Details previously entered in the portal with separate headers.

Reference the image and table below when viewing the Child Profile.

Note: If this is the first time using the portal, a message of “There are no records to display” will appear in the Children table.



1 – Active Grants	Active grant information for the selected child will appear under the Active Grants heading.
2 – Child Details	Child details may be viewed in the Child Profile. If any changes are needed, email uhccfcustomerservice@uhc.com.
3 – Start Application	Select “Start Application” if there is not an active grant and the child meets the eligibility criteria.
4 – Grant Application	Grant applications may be viewed under the Grant Application heading. Note: “Application Status” will display: • Draft: Application is not submitted by the applicant. • Submitted/in Review: Submitted by applicant and in review by UHCCF. • Information Requested: Application needs to be edited and resubmitted. An email is sent notifying you of changes or additional information needed. • Nurse Review: Application is complete and under review by a nurse. • Pending Board Review: Application is awaiting the Board’s decision. • Approved: Application was approved by the Board and a grant was awarded.

	• Deferred: The Board has requested additional information before making a decision. • Denied: The Board has denied the application. The applicant must wait 12 months to reapply for the same services.
5 – Edit/View	Applications in “Information Requested” status can be edited. Applications in all other statuses can be viewed in read-only mode.
6 – Previous Grants	Past grants (expired and/or exhausted) will appear under the Previous Grants heading.
7 – Historical Grant Applications / Proof of Medical Needs	Grant applications submitted prior to June 2024 will appear under the Historical Grant Applications Heading.

Application

Once the child is added to the portal, the child's details will display in the Child Profile. If an Active Grant was found in the portal with the same child's details, the Active Grant details will display at the top of the screen. If this child is eligible to start a new application, select "Start Application."

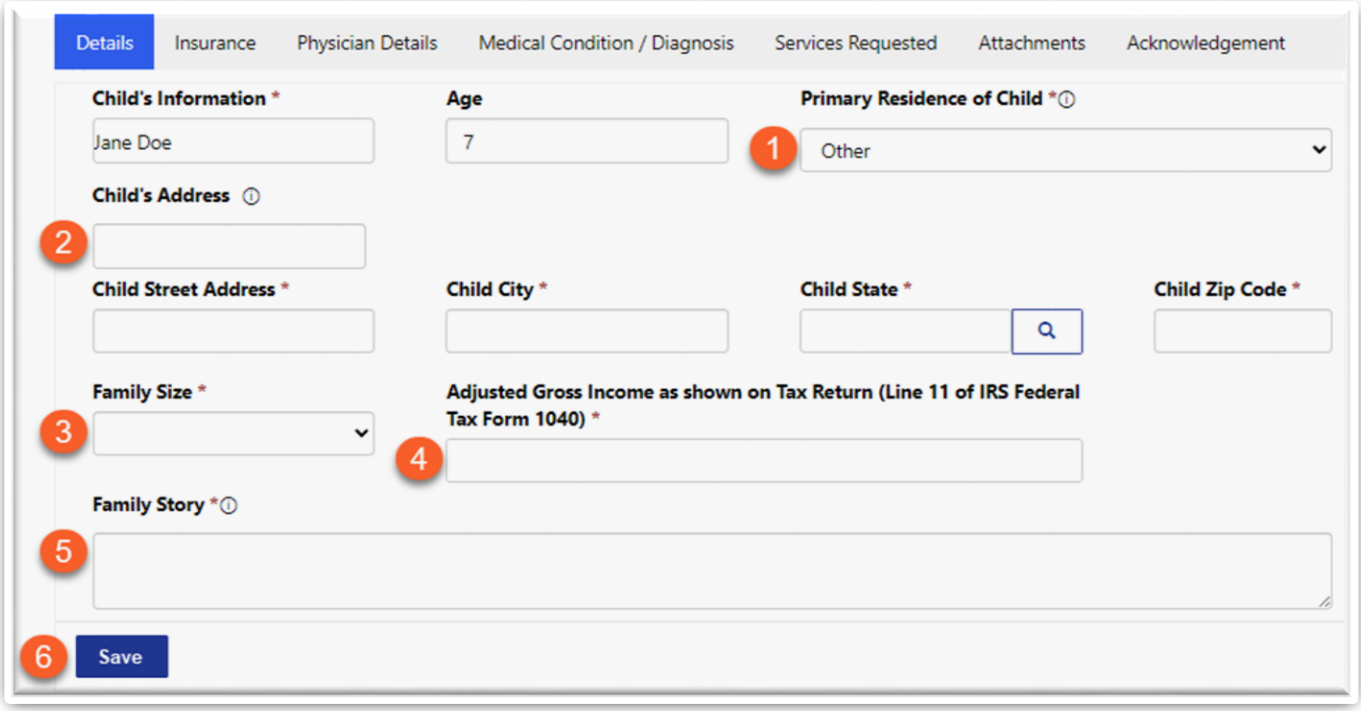
There are seven sections within the application. Required fields will be noted with a red asterisk "*".
The application is saved as a draft after the applicant selects "Save" on the first Details section.

CAUTION: The application will time out after 15 minutes of inactivity, resulting in a loss of information entered after idling. Please "Save" within 15 minutes to enable the auto-save feature for the rest of the application. After this point, the applicant can sign off at any time during the application process and can come back to edit the application prior to submission.

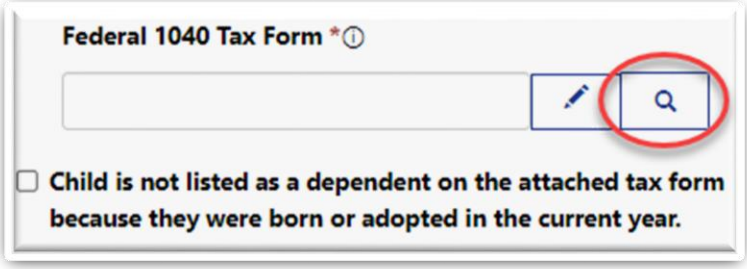
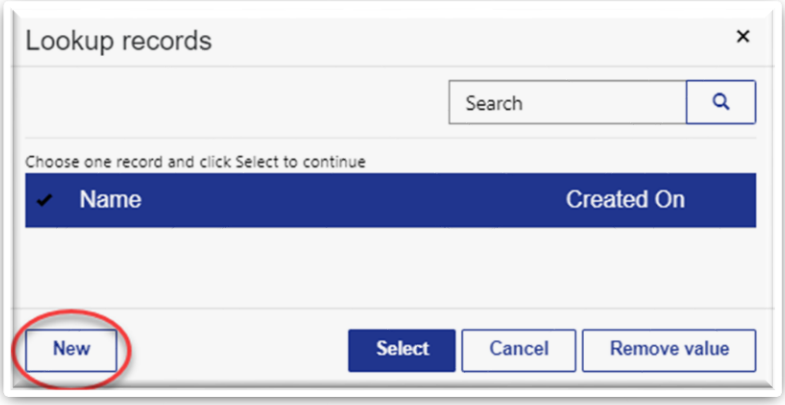
Important Note: There are three required documents that must be uploaded to each application. Failure to upload the documents will delay processing and may result in a grant application denial.

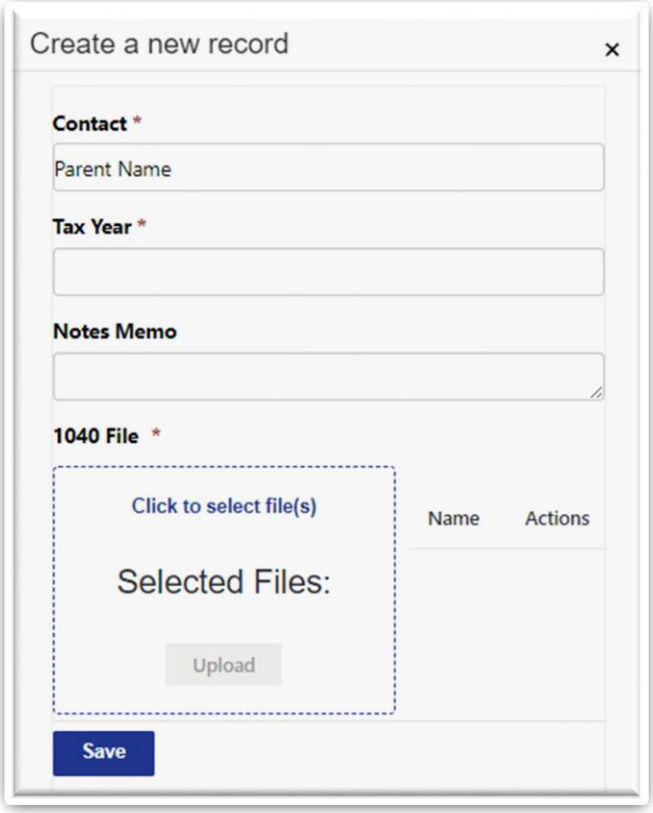
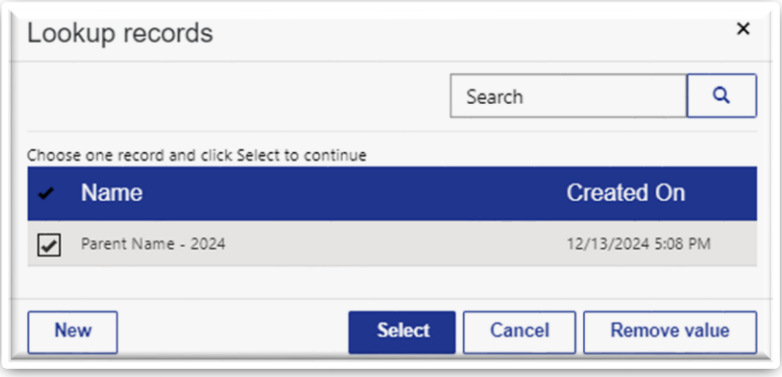
1. Federal tax return – IRS Tax Form 1040.
    a. W-2s, pay stubs, or state returns are not accepted.
    b. If the return status is Married Filing Separately, the separate tax returns for both parents are required.
    c. The person who claims the child as a dependent on their federal tax return must submit the application.
2. Front and back of child's commercial/private insurance card.
3. Physician's Certification of Medical Condition Form (available for download within application and under Required Documents on our website). The Medical Form must meet the following criteria:
    a. The form MUST be completed by an M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathic Medicine) or Au. D. (Doctor of Audiology) for hearing related requests. **Forms signed by a Nurse Practitioner, Licensed Psychologist, Physician Assistant, or any health professional other than the above DO NOT fulfill this requirement.*
    b. The form MUST be signed within the last 6 months and include ALL the Medical Items or Services you are requesting the UHCCF grant to cover.

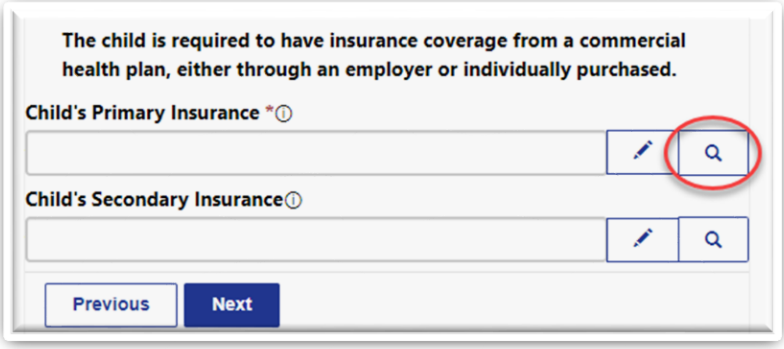
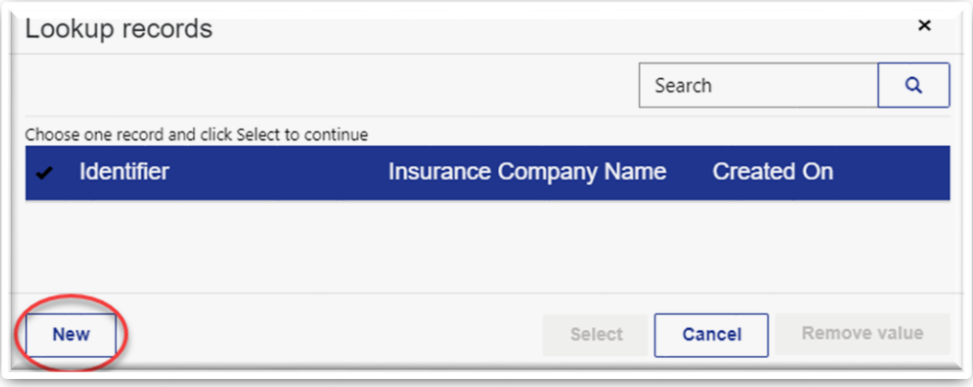
Details
Reference the image and table below when filling out the Details section within the application. Note: The child's information will pull from the information added in the Add Child section. The applicant cannot edit or update Child Information (Child First & Last Name) or Age. If any changes are needed, email uhccfcustomerservice@uhc.com.



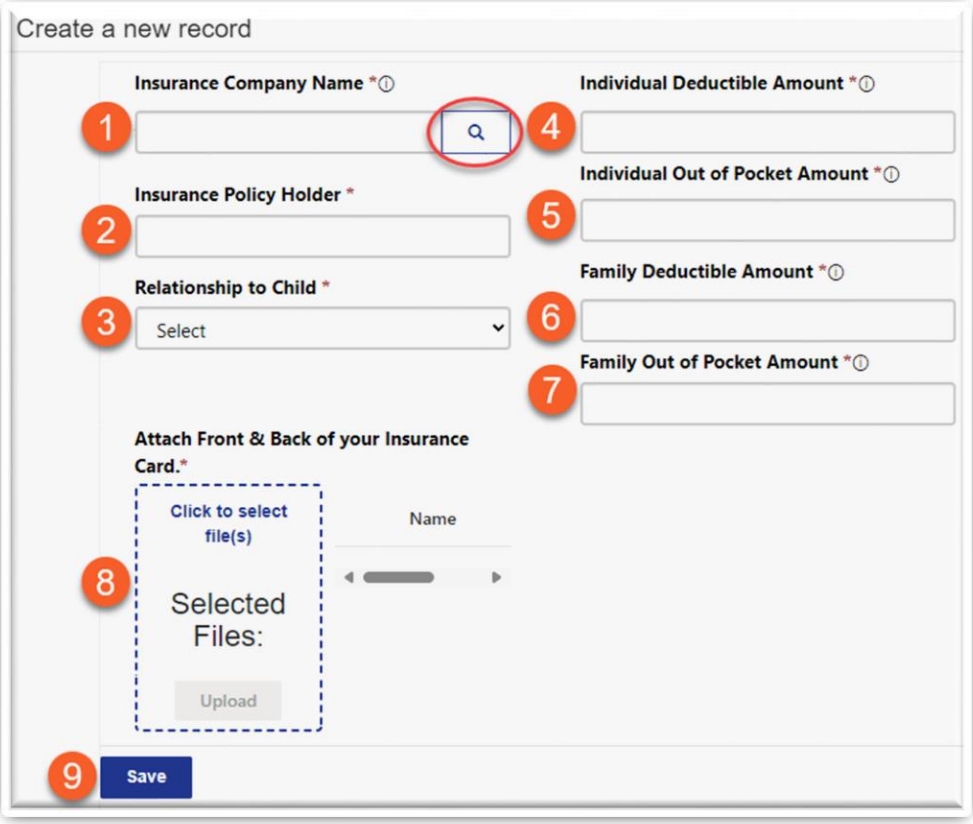
1 – Primary Residence of Child 2 – Child's Address, if different from parent/guardian's	Default response is the Primary/Legal Guardian Address. Select "Other" from the drop-down list if the child's address is different from the parent/guardian's. Enter the Child's Address. The additional address fields auto-populate based on the Child's Address field.
3 – Family Size	Enter the family size of the child using the drop-down menu options. Family size is verified by the current year's tax return. If you have added a child to your family in the current year, please submit a copy of the child's birth certificate or adoption paperwork.
4 – Adjusted Gross Income (AGI)	Enter the AGI as documented on line 11 of the current year's federal Tax Return (IRS Tax Form 1040). Note: If the number is negative, enter "0."
5 – Family Story	Tell us your family story. Include any information that would be important for the Board to consider while reviewing your application. CAUTION: The application will time out after 15 minutes of inactivity, resulting in a loss of information entered after idling. Please "Save" within 15 minutes to enable the auto-save feature for the rest of the application.
6 – Save	Select "Save" to create a Draft Application and enable the auto-save feature for the rest of the application. Selecting "Save" also enables the Federal 1040 Tax Form upload.

Upload Federal Tax Return – IRS Form 1040	
Select the “magnifying glass” to upload your Federal Tax Return – IRS Form 1040. Reminders: a. W-2s, pay stubs, or state returns are not accepted. b. If the return status is Married Filing Separately, the separate tax returns for both parents are required. c. The person who claims the child as a dependent on their federal tax return must submit the application. If applicable, select the check box next to “Child is not listed as a dependent on the attached tax form because they were born or adopted in the current year.” Note: If check box is selected, the applicant will be required to attach the child’s birth certificate/adoption paperwork and social security card.	
Select “New” to create a new tax return record.	

Create a new record displays. → Contact Name defaults to the Parent/Guardian profile name (user is unable to edit this field). → Enter the Tax Year. → Enter any notes you may want to add. → Select “Click to select file(s).” → Choose the file(s) you want to upload. → Select “Upload.” → Select “Save.”	
Ensure your file is correctly highlighted and the check mark next to the file name chosen for upload is enabled. → Select “Select” from the second Lookup records screen. → Select “Next” from the main Details Tab to move to Insurance.	

Insurance	
Select the “magnifying glass” to enter the child’s insurance details. Note: To meet the eligibility requirement, the child must have insurance coverage from a commercial health plan, either purchased through an employer or individually.	
Select “New” to create a new insurance record.	

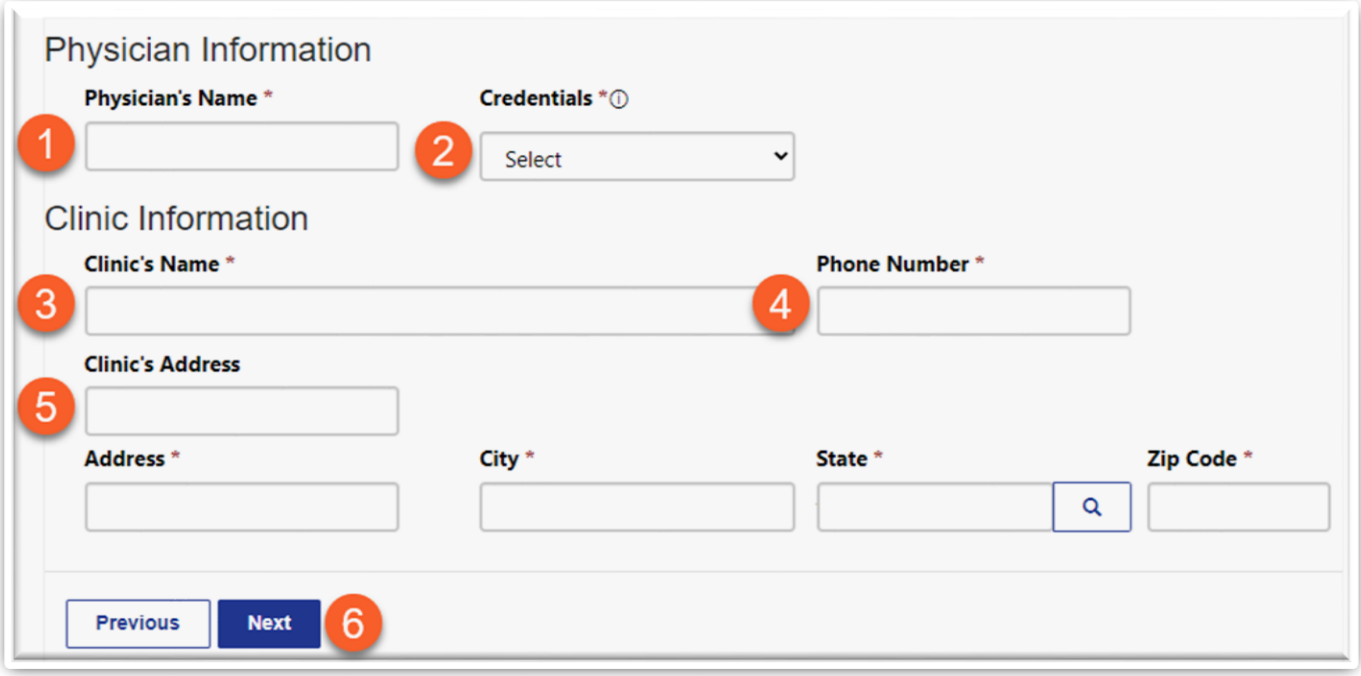
Upload Insurance Card
Reference the image and table below when creating a new insurance record within the application.



1 – Insurance Company Name	Select the “magnifying glass” to launch the insurance name lookup. Scroll and use the arrows to locate your insurance company by name. Note: If your insurance company name is not listed, select “Other.” Select the insurance company name. Select “Select.”
2 – Insurance Policy Holder	Enter the first and last name of the subscriber/insurance policy holder.
3 – Relationship to Child	Select the relationship of the child to the policy holder.
4 – Individual Deductible Amount	Enter the individual deductible on the insurance policy. Note: If there is no amount, enter “0.”
5 – Individual Out of Pocket Amount	Enter the individual out of pocket amount on the insurance policy. Note: If there is no amount, enter “0.”
6 – Family Deductible Amount	Enter the family deductible of the insurance policy. Note: If there is no amount, enter “0.”
7 – Family Out of Pocket Amount	Enter the family out of pocket amount of the insurance policy. Note: If there is no amount, enter “0.”
8 – Upload Front and Back of Insurance Card	Select “Click to select file(s).” Choose the file(s) you want to upload. Select “Upload.”
9 – Save/Next	Ensure your file is correctly highlighted and the check mark next to the file name chosen for upload is enabled. Select “Select.” Select “Next” to move to Physician Details.

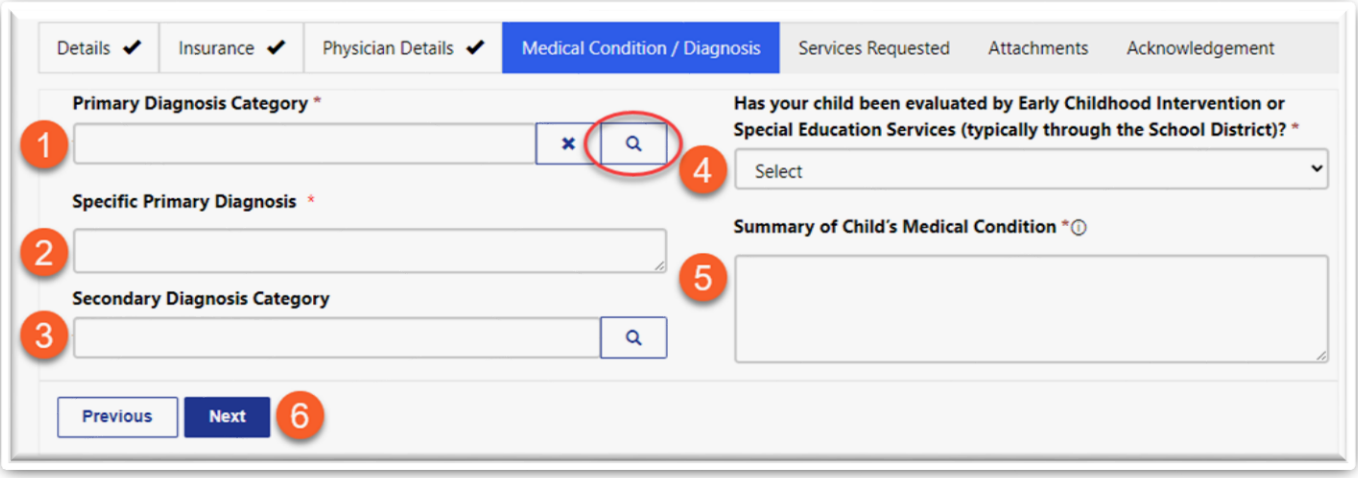
Physician Details

Reference the image and table below when filling out the Physician Details section within the application.



1 – Physician's Name	Enter the first and last name of the physician recommending the services (letters only, no special characters).
2 – Credentials	Select the credentials of the physician using the drop-down menu. → M.D. (Doctor of Medicine) → D.O. (Doctor of Osteopathic) → Au. D (Doctor of Audiology) Note: Forms signed by a Nurse Practitioner, Licensed Psychologist, Physician Assistant, or other allied health professional do not fulfill the application requirements.
3 – Clinic's Name	Enter the name of the clinic where the recommending physician practices. Note: If it is an independent physician type "Independent."
4 – Phone Number	Enter the physician's phone number (numbers only, no dashes).
5 – Clinic's Address	Enter the clinic's address. The additional address fields auto-populate based on the Clinic's Address field.
11 – Next	Select "Next" to move to Medical Conditions/Diagnosis.

Medical Condition/Diagnosis	
Reference the image and table below when filling out the Medical Condition/Diagnosis section within the application.	



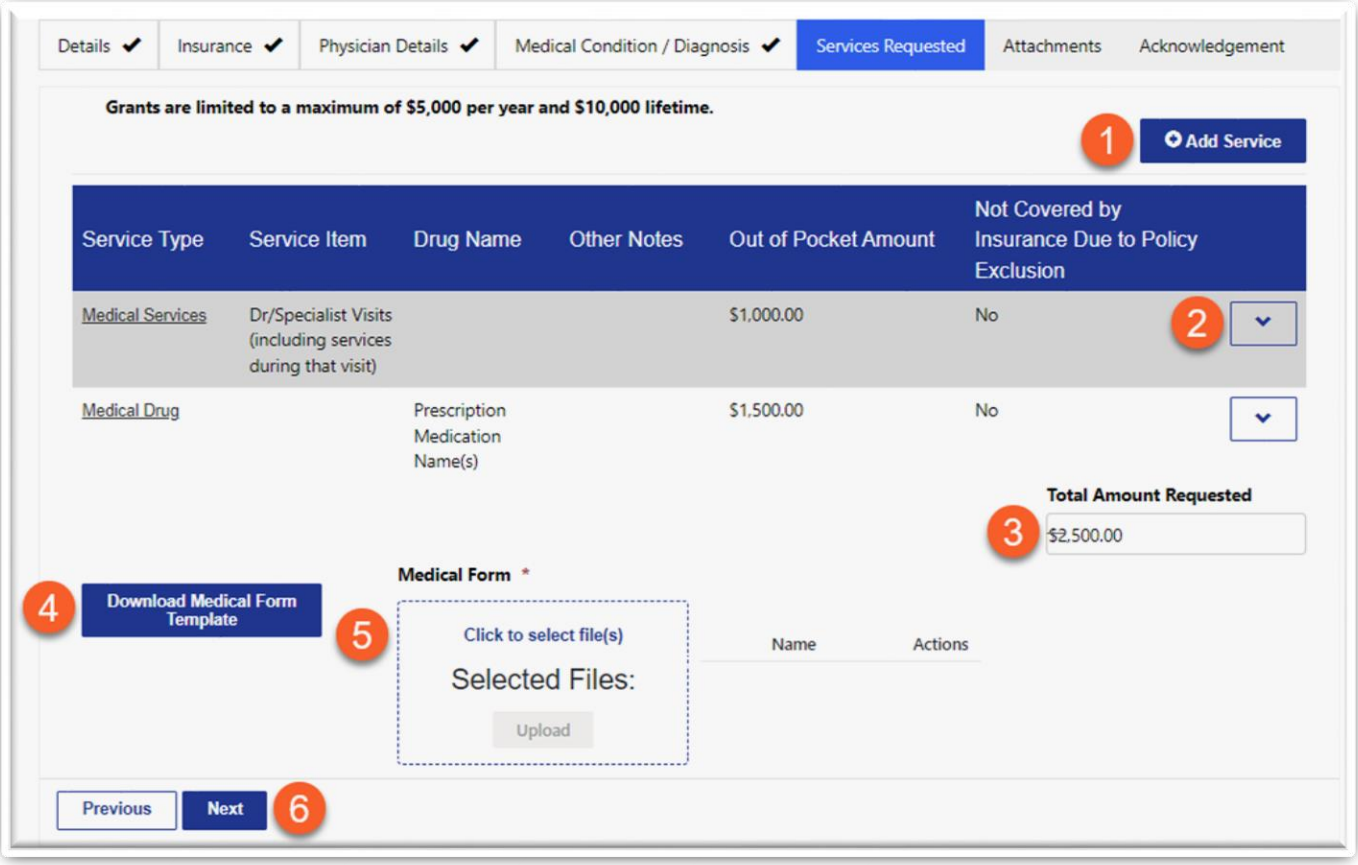
1 – Primary Diagnosis Category	Select the "magnifying" glass to launch the primary diagnosis category lookup. Scroll and use the arrows to locate the diagnosis category. Select the diagnosis category. Select "Select."
2 – Specific Primary Diagnosis	Enter the specific primary diagnosis.
3 – Secondary Diagnosis Category	Enter the secondary diagnosis category, if applicable.
4 – Has your child been evaluated by Early Childhood intervention or Special Education Services?	Use the drop-down menu to answer whether your child has been evaluated by Early Childhood Intervention or Special Education Services.
5 – Summary of Child's Medical Condition	Provide a description of your child's medical condition to help the board reach a decision regarding your application. For example, medical history and treatment plan.
6 – Next	Select "Next" to move to Services Requested.

Services Requested

The Services Requested are the medical items and/or services that will be funded by the grant.

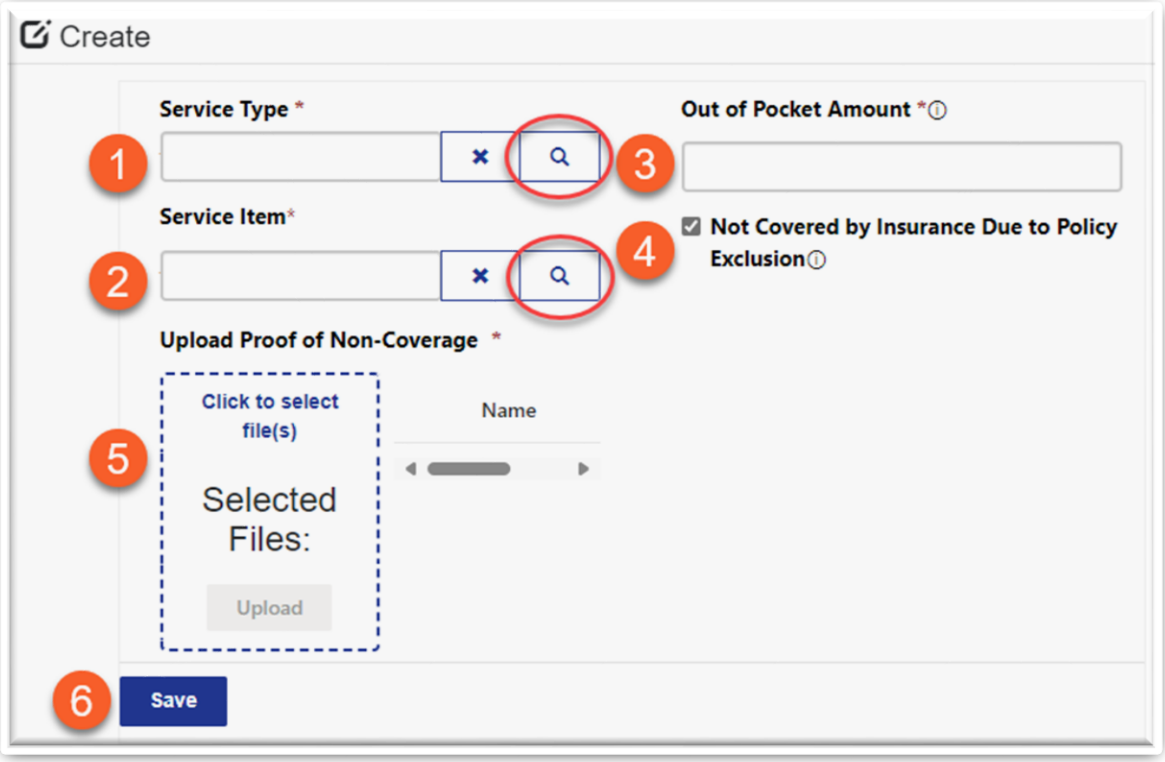
Important Note: Only services added here will be considered for grant funding. Services requested must be listed on the Medical Form. Services listed on the Medical Form but not added into the application will not be covered by the grant.

Reference the image and table below when filling out the Services Requested section within the application.



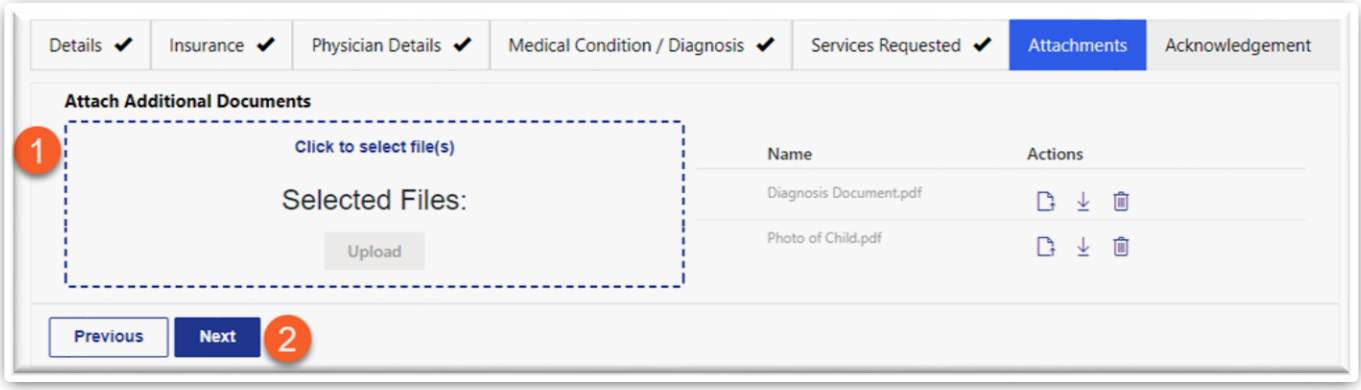
1 – Add Service	Select "Add Service" to create a new service request. Note: Only services added here will be considered for the grant. If more than one service is being requested, select "Add Service" for EACH service. Services requested must be listed on the Medical Form.
2 – Edit / Remove Service	Select the drop-down menu to edit or remove a service request.
3 – Total Amount Requested	This field will auto-calculate the out-of-pocket totals entered for each service.
4 – Download Medical Form Template	Download the Medical Form Template to send to the child's doctor. Note: The form MUST be completed by an M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathic Medicine) or Au. D. (Doctor of Audiology) for hearing related requests. ***Forms signed by a Nurse Practitioner, Licensed Psychologist, Physician Assistant, or any health professional other than the above DO NOT fulfill this requirement.***
5 – Upload Medical Form	Select "Click to select file(s)." Choose the file(s) you want to upload. Select "Upload."
6 – Next	Select "Next" to move to Attachments.

Add Services	
Reference the image and table below when adding services within the application.	



1 – Service Type	Select the “magnifying glass” to launch the “Service Type” lookup and select the service type category. → Medical Therapy, Medical Services, Medical Equipment, Medical Drug, or Medical Supplies . Note: When selecting “Medical Drug” as service type, enter the drug name in the text box. If approved, the grant will cover any prescription medication filled by a pharmacy.
2 – Service Item	Select the “magnifying glass” to launch the “Service Item” lookup and select the service item category. Note: When selecting an “Other” option, enter the specific service item in the text box.
3 – Out of Pocket Amount	Enter the amount you expect to pay out-of-pocket after insurance coverage for the duration of the grant. Grants are good for one year after approval.
4 – Not Covered by Insurance Due to Policy Exclusion	ONLY SELECT if services are not covered by the insurance as an exclusion to your insurance policy. Note: DO NOT SELECT if services are covered but payments apply to the deductible or out-of-pocket expenses. Select “Click to select file(s).” Choose the file(s) you want to upload. Select “Upload.”
5 – Upload Proof of Non-Coverage	If applicable, upload Proof of Non-Coverage. Note: This could be a copy of your benefit summary’s exclusions list highlighting no coverage, a denial letter from your insurance company, or an Explanation of

	Benefits that shows no benefits are available. Retain this document for use after grant approval, as you will need to upload this with a Payment Request. Select “Click to select file(s).” Choose the file(s) you want to upload. Select “Upload.”
6 - Save	Select “Save.” Select “Next” to move to Attachments.

Attachments	
Reference the image and table below when filling out the Attachments section within the application. Note: This is not a required section. Applicant can use this section to add additional information that may support their application. Examples: Photos of your family, letters from providers or school, etc.  	
1 – Upload Files	Select “Click to select file(s).” Choose the file(s) you want to upload. Select “Upload.”
2 – Next	Select Next to move to Acknowledgement.

Acknowledgement
Read and acknowledge each section and add an electronic signature. Note: Providers, social workers, or other proxies ARE NOT PERMITTED to complete the application.

Details ✔ | Insurance ✔ | Physician Details ✔ | Medical Condition / Diagnosis ✔ | Services Requested ✔ | Attachments ✔

Acknowledgement

Submission of a completed grant application does not guarantee that the UnitedHealthcare Children's Foundation ("Foundation") will approve the request for funds. If a grant is approved for disbursement for the child's benefit, the grant will be limited to the services and amount specified by the Foundation's Board of Directors.

I hereby certify that I am the parent or legal guardian of the child with the legal right to execute and make the representations contained herein, and state that to the best of my knowledge, the information provided by me in this application is true and correct. I understand that if I have made any misrepresentations in this application that any grant awarded by the Foundation in response to this application may be immediately rescinded and revoked by the Foundation.

1 ☐ **Parent Acknowledgement** *

I acknowledge that I have consented to and authorized the release of the medical and financial information and records provided to the Foundation for review in connection with this application.

2 ☐ **Medical & Financials Acknowledgement** *

Waiver of Liability

I, for myself and on behalf of my child/ward, do hereby expressly and knowingly fully release and discharge the Foundation, and its directors, officers, agents, servants and employees from any and all claims and liability resulting from: i) injury, damages or losses which I, or my minor child/ward, may have or accrue

broad and inclusive as permitted by law and that if any portion of this Agreement is declared invalid, for whatever reason, the remaining portions shall continue to be valid and legally binding.

3 ☐ **Waiver of Liability** *

Electronic Signature

By entering your name in the space provided below, you are agreeing to the provisions of the above related to the Acknowledgement and Waiver of Liability, and to the Foundation's policies related to the review and award of grants.

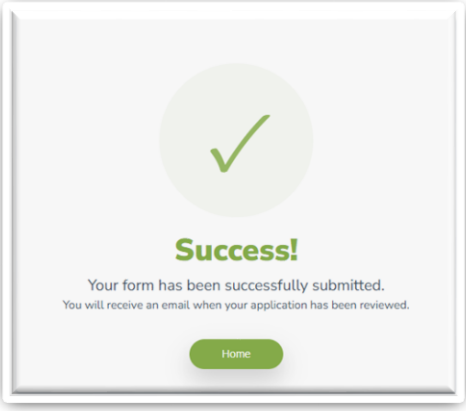
If awarded a grant through UHCCF, would you and your child be willing to help us to promote our charitable efforts in a brochure, press release, fundraising event or similar project? PLEASE NOTE: You may always decline any opportunity we contact you about. *

4 Select

Electronic Signature *

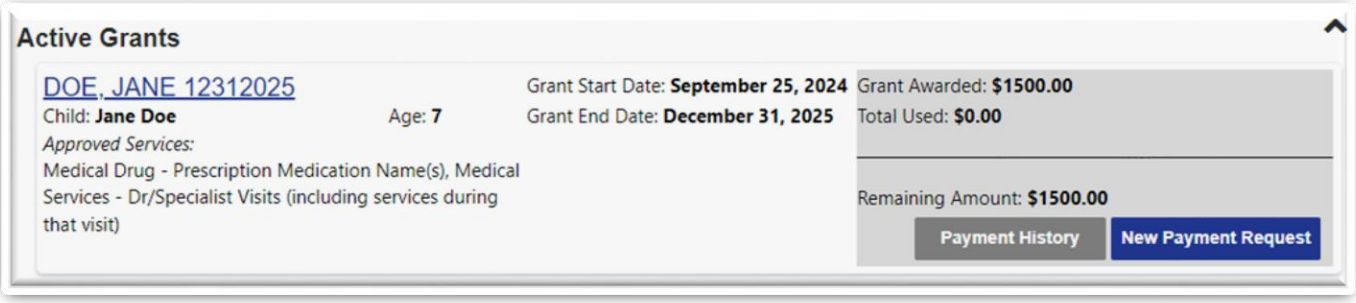
Previous 5 Submit

1 – Parent Acknowledgment	Read and acknowledge that you are the parent or legal guardian of the child who will receive the grant.
2 – Medical & Financials Acknowledgment	Read and acknowledge the consent and authorization of financial and medical records release.
3 – Waiver of Liability	Read and acknowledge the waiver of liability.
4 – Electronic Signature	Answer the promotional question by using the drop-down menu. Enter your name in the Electronic Signature text box.

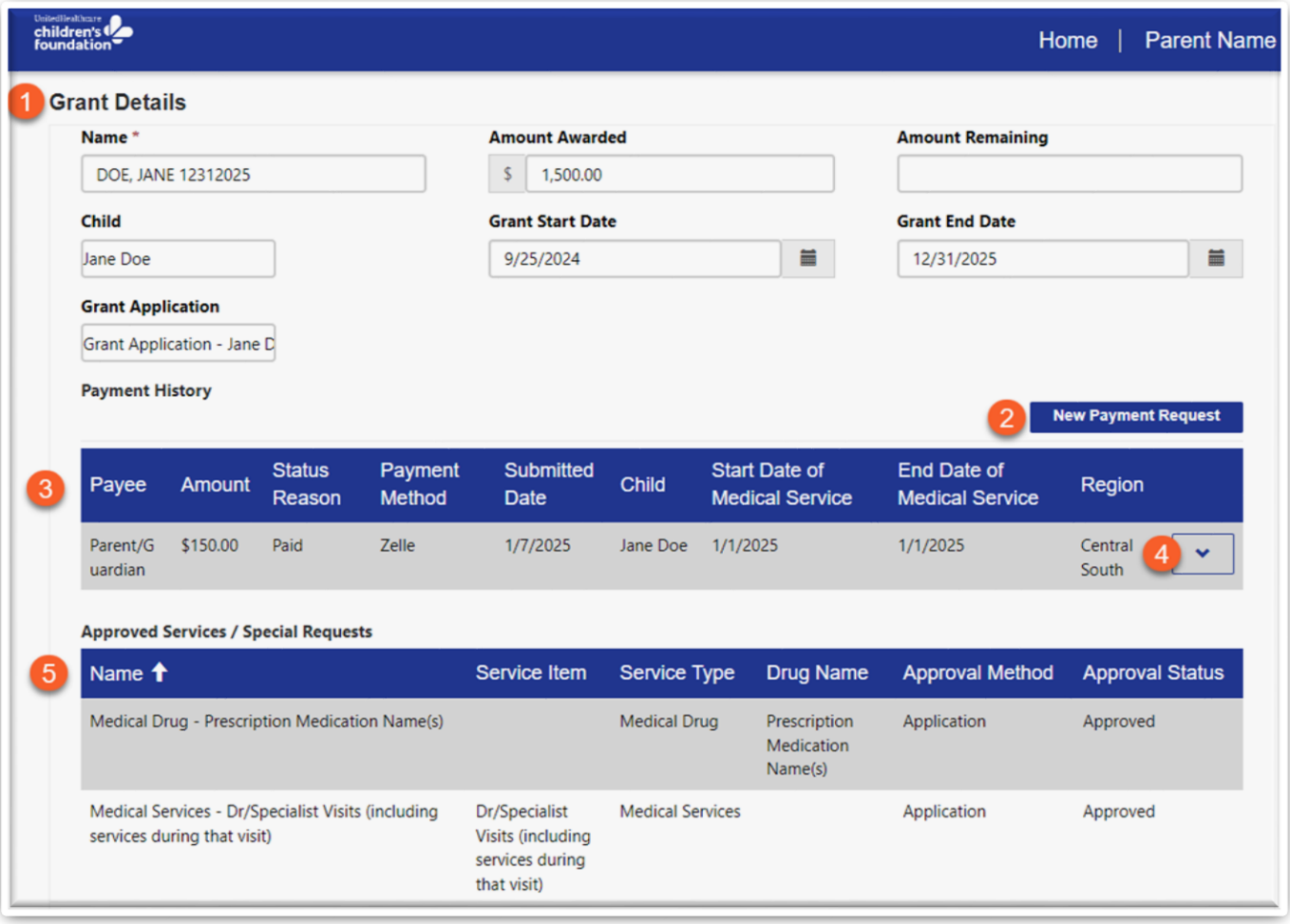
5 – Submit	Ensure that all information is complete and all required documents have been uploaded. After submitting, you will not be able to edit the application without affecting your grant start date. Select “Submit” to submit your application. Important Notes: Upon successful submission of the application, the following pop up will appear.  Once submitted, a Grant Manager will review your application within three to five business days. You will then receive an email (to the email provided in the Parent/Guardian profile) confirming completion of the application or requesting additional information. After Grant Manager review, your application will be reviewed by the UHCCF Board. Board meetings occur once per month. Therefore, a final decision of the grant application could take up to 45 days after Grant Manager review.

Active Grant

Once the child is awarded a grant, the Active Grant information will display on the Dashboard and in the Child Profile. Select the grant shortcut (e.g. “DOE, JANE 12312025”) or “Payment History” to open the grant details.



Reference the image and table below when viewing an active grant.



1 – Grant Details	Grant award details cannot be changed. Note: Grant start dates are calculated as 90 days before your application completion date. Grant end dates are calculated as the last day of the 12th month following grant approval.
2 – New Payment Requests	Select to generate a new payment request.
3 – Payment History	View the grant payment history. “Status Reason” will update as your payment is processed. Emails are sent notifying the parent/guardian of each status change.

4 – Edit Payment Request	Select to update and resubmit a payment request following an email notifying you of changes or additional information needed.
5 – Approved Services / Special Requests	The grant will only cover services listed here and in your grant approval email, even if you applied for additional items not listed.

Payment Requests

Select “New Payment Request” on the child’s Active Grant at the top of the Dashboard, in the Child Profile, or in the Payment History/Active Grant details.

Important Notes:

Only dates of service occurring within the grant start and expiration date timeframe will be considered for the grant. There are no exceptions.

Payment requests for dates of service within the grant dates must be submitted within 30 days of the grant expiration date to be considered for payment. Any grant balance remaining after the grant payment window will be forfeited and revert to UHCCF.

Required Documents

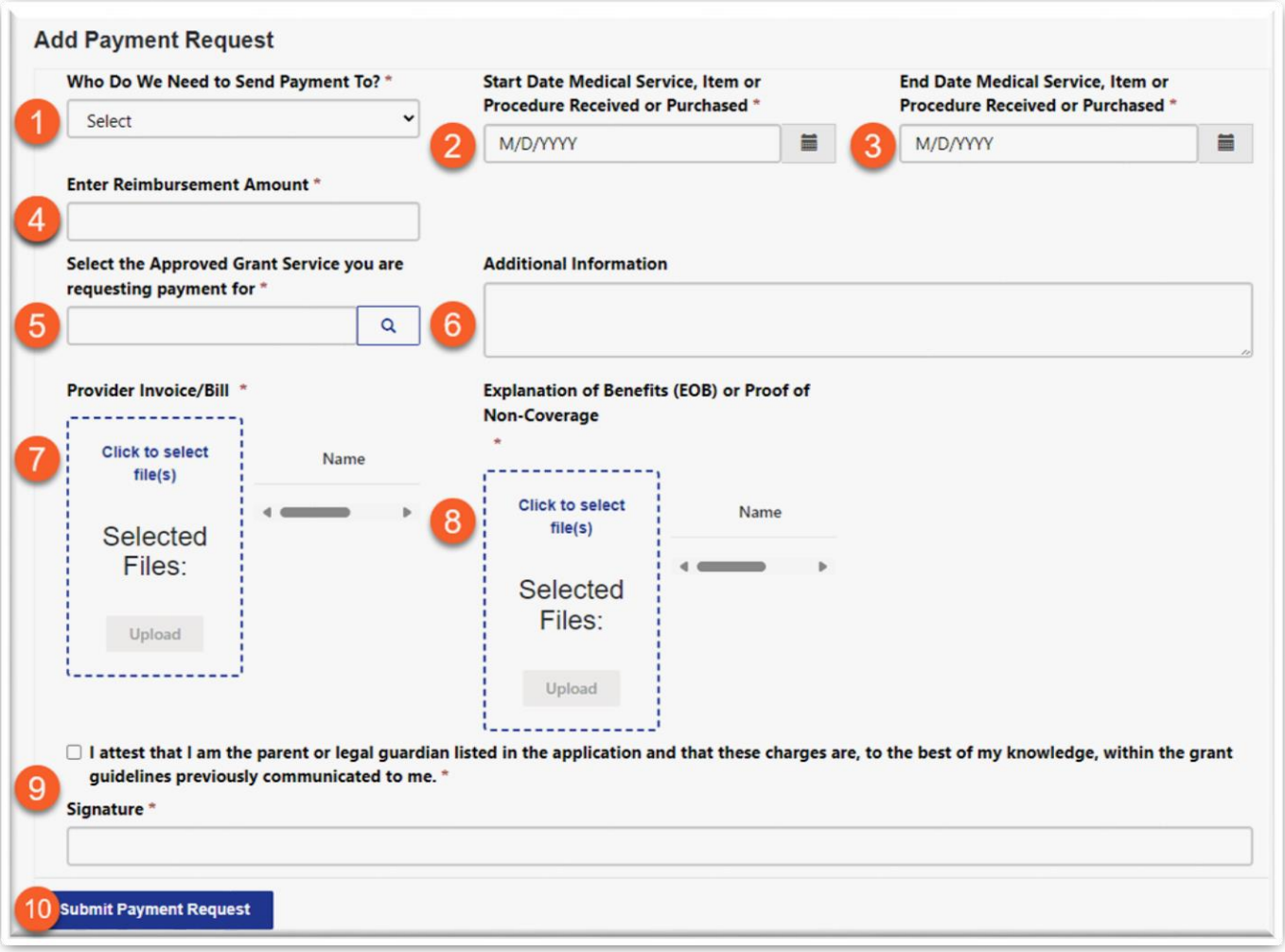
These must be uploaded to each payment request. Failure to upload the documents will delay processing and may result in a payment request denial.

1. A detailed **invoice** showing the child's name, date(s) of service, provider information, service rendered, and billed amount.
2. An **Explanation of Benefits (EOB)** from your insurance that shows the details of how they have processed the charges for the requested dates of service including the patient responsibility amount.
    1. If you choose to go to an out of network provider or a provider that does not accept insurance, you are responsible for submitting to your insurance for an EOB to be obtained.
    2. If you do not have coverage for the service, we need **proof of non-coverage**.
        i. This is a document from your insurance company that confirms no benefits will be paid out for a service or product. It could be a copy of your benefit summary’s exclusions list highlighting no coverage, a denial letter from your insurance company, or an Explanation of Benefits that shows no benefits are available.
3. **Proof of payment** (for reimbursement to the parent/guardian).
    1. Accepted proof of payment: receipt, provider invoice showing payment, front and back of *cashed* check, bank or credit card statement.

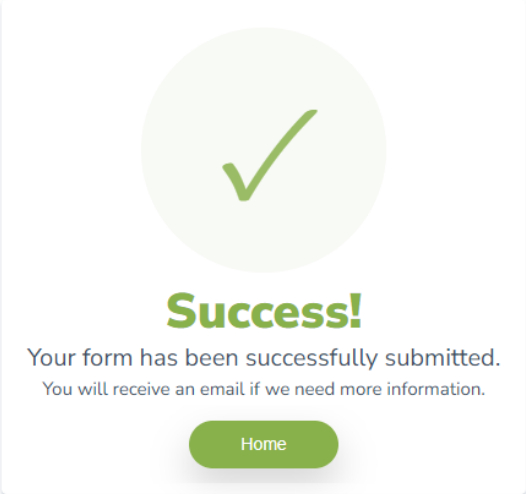
There are two payment options:

1. Reimbursement to the parent/guardian via check or Zelle.
2. Payment to the provider directly via check.
    a. If we have not sent a provider payment before, we will need a copy of their W-9 to get them set up in our system.

Create Payment Request
Reference the image and table below when creating a new payment request.



1 – Who Do We Need to Send Payment To?	Select “Provider” or “Parent/Guardian” from the drop-down list. Note: If you select “Parent/Guardian,” additional fields show up for additional required information.
2 – Start & End Dates of Medical Service, Item or Procedure Received or Purchased	Select the calendar icon or enter the **date of service** in MM/DD/YYYY format. If requesting payment for a single date of service, enter that date in both fields.
3 – Reimbursement Amount	Enter the dollar amount of the payment request. Note: Payment amount must match on the invoice and the amount shown as “Patient Responsibility” on the EOB.
4 – Payment Method	Select “Check” or “Zelle” from the drop-down list. (This box only shows when “Parent/Guardian” is selected for “Who Do We Need to Send Payment To?”)
5 – Zelle Payment Information	Enter the phone number or email address associated with your Zelle account. Note: If your Zelle payment does not go through, a check will automatically be mailed to you instead. (This box only shows when “Parent/Guardian” is selected for “Who Do We Need to Send Payment To?”)
6 – Approved Grant Service	Select the “magnifying glass” to select the approved grant service you are requesting payment for.
7 – Additional Information	Enter any additional details that may be needed to complete your payment request. (E.g., the provider’s mailing address, if different from the invoice address.)

8 – Provider Invoice/Bill	Upload a detailed invoice showing the child's name, date(s) of service, provider information, service rendered, and billed amount.
9 – Explanation of Benefits (EOB) or Proof of Non-Coverage	Upload an **Explanation of Benefits (EOB)** from your insurance that shows the details of how they have processed the charges for EACH requested date of service, including the patient responsibility amount. Note: Letters from providers are not accepted. If you choose to go to an out of network provider or a provider that does not accept insurance, you are responsible for submitting to your insurance for an EOB to be obtained. If you do not have coverage for the service, upload **proof of non-coverage**. Note: This is a document from your insurance company that confirms no benefits will be paid out for a service or product. It could be a copy of your benefit summary's exclusions list highlighting no coverage, a denial letter from your insurance company, or an Explanation of Benefits that shows no benefits are available.
10 – Proof of Payment	Upload a receipt, provider invoice showing payment, front and back of *cashed* check, or your bank or credit card statement. (This only shows when "Parent/Guardian" is selected for "Who Do We Need to Send Payment To?")
11 – Parent/Legal Guardian Attestation and Signature	Read and acknowledge the parent/legal guardian attestation. Enter your name in the Signature text box. Note: Providers, social workers, or other proxies ARE NOT PERMITTED to submit payment requests.
12 – Submit Payment Request	Select "Submit Payment Request" to submit. Upon successful submission of the application, the following pop up will appear.  Important Notes: Once submitted, a Grant Manager will review your request within three to five business days. You will then receive an email approving, denying, or requesting additional information for your payment request. After approval, your payment will be issued within 14 business days.