

Phelps Health Foundation

Mission Fund Request Form

Request Date: _____ ☐ Urgent (1-3 days) ☐ Routine (up to 2 weeks)
 Person Making Request: _____ Department: _____
 Phone Extension: _____ Email: _____
 Reason for Request: ☐ Financial/Medical Hardship ☐ Supplies/Equipment ☐ Other _____
 Number of people impacted: ☐ 1 ☐ Other: _____
 Care Manager (if applicable): _____ Care Manager Approved: ☐ Yes ☐ No

Phelps Health Service Lines, Programs and Departments:

- | | |
|--|---|
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Patient and Family Needs |
| <input type="checkbox"/> All other programs and departments (i.e., Hospice, Breast Center, Emergency Department, etc.) | |

Executive Director Signature: _____ Date: _____

Description: _____

_____ (continue on reverse)

Patient Name: _____

Parent/Guardian Name (if applicable): _____

May the Foundation contact you regarding the help you received? ☐ Yes ☐ No

Phone Number: _____ Email: _____

Address: _____

Medical Coverage: ☐ Medicare ☐ Medicaid ☐ Commercial Pay ☐ Self-Pay ☐ Other _____

Amount Requested: \$ _____ *Include documentation.*

☐ Check Request Payable to: _____ ☐ Credit Expense Account # _____

Check Memo: _____

Instructions:

1. **Request Originator:** For service line department requests, complete the form and send, along with supporting documentation, to immediate Executive Director level supervisor for signature, and a copy of completed form to Dave Selzer, Executive Director, at dselzer@phelpshealth.org. Please note, patients under care management must have manager approval prior to submitting the request. All other program and department requests, send form directly to Dave Selzer, Executive Director.
2. All requests over \$5,000 require Foundation leadership approval.
3. If this request pertains to a fundraising activity, approval from Phelps Health Foundation leadership must be approved prior to conducting any activities.
4. Please email the completed form to foundation@phelpshealth.org.

For questions, please contact Dave Selzer, Executive Director, Phelps Health Foundation at dselzer@phelpshealth.org.