



**The Board of Directors of Hemophilia Ontario,  
South Western Ontario Region Financial Assistance Program**

This program was designed to provide assistance to those living within the South Western Ontario Region. It is important to note that this program is only for short-term assistance. Requesting funds through this program should be considered **only if existing medical plans / financial assistance programs do not cover the expense amount.**

All requests will be treated with confidentiality (documentation retained by RSC in locked cabinet). Those seeking assistance can request **up to a limit of \$300 per applicant, per year**. Receipts must be submitted with each request. A letter from a Social Worker, medical personnel (Doctor, Nurse, Occupational Therapist, Physical Therapist) or equivalent may be required to establish the medical necessity of a financial request. Once allocated funds are exhausted we will be unable to provide further assistance that year.

All financial assistance requests will be presented to the Board at a regular meeting by the Regional Service Coordinator with the applicants identification held in the strictest confidence. Each request will be given individual consideration. An annual budget is set. Once these funds are exhausted we will be unable to provide further assistance in that year.

*Items that are generally covered:*

- Medic Alert basic bracelet (first time purchase not replacements)
- Crutches
- Helmets / high top runners for toddlers
- Hospital parking
- Transportation costs – including ambulance
- Dental extractions / surgery expenses
- Physiotherapy / medical interventions required due to a bleed
- Assistive Devices

*Other expenses that may be covered:*

- Hospital stay related expenses including TV, Telephone
- Replacement Medic Alerts due to functionality

If you have questions call your Regional Service Coordinator at 519-432-2365

Please complete the attached information page and mail to the Regional Service Coordinator at:

Hemophilia Ontario SWOR  
Suite 30 – 186 King Street  
London, ON N6A 1C7  
Phone: 519-432-2365  
Fax: 519-432-9922



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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number : \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Assistance requested for: \_\_\_\_\_

Total assistance requested: \_\_\_\_\_

What other coverage have you attempted to secure? \_\_\_\_\_

*Did you remember to include the receipts?*

*Did you remember to include the supporting documents if required (Dr. Letter, etc.)?*

This request will be presented to the SWOR Board of Directors at the next regularly scheduled meeting. If there are questions / concerns about the claim, you will be contacted by telephone for clarification. Approved requests will be mailed a cheque within 10 business days of the meeting.

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**For Office Use Only**

Request approved

Cheque Mailed

Request Denied

RSC contacted person

RSC Signature, claim closed: \_\_\_\_\_ Date: \_\_\_\_\_