

**PUBLIC HEALTH MANAGEMENT CORPORATION (PHMC)  
EMERGENCY FINANCIAL ASSISTANCE (EFA) COVID-19  
PROGRAM GUIDE**

**PHMC COVID-19 EFA PROGRAM**

**Center Square East**

**1500 Market St.**

**PHILADELPHIA PA 19102**

**Fax# 215-985-2099**

Funded by the Philadelphia Department of Public Health, AIDS Activities Coordinating Office (AACO) and the Division of Housing and Community Development (DHCD)

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# EMERGENCY FINANCIAL ASSISTANCE (EFA) COVID-19 PROGRAM GUIDE

## OVERVIEW

The COVID-19 pandemic has created unprecedented economic hardships for residents of the Philadelphia Eligible Metropolitan Area (EMA). As people living with HIV (PLWH) in the EMA follow stay-at-home orders, they are incurring increased costs in obtaining food, prescriptions and other necessities. Utility and rental costs are also difficult to pay. In response, certain EFA guidelines have been temporarily relaxed. These guidelines will take effect immediately until further notice. Notice of the termination of the relaxed guidelines will be provided to all EFA participants, medical case managers, HIV service organizations and other interested parties.

The Emergency Financial Assistance (EFA) Program is an emergency financial resource available to people with HIV who present an emergency need which has resulted from an unexpected occurrence or set of circumstances demanding an immediate course of action. Obtaining emergency financial assistance is medically necessary for PLWH to gain access or maintain compliance to HIV-related medical care and treatment. Emergency financial assistance is the provision of short-term payments to assist with emergency expenses for essential services when other resources are not available. Funds are available to any persons diagnosed with HIV (regardless of race, sex, religion, sexual orientation, marital status, national origin, and place of citizenship) residing in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in PA and Burlington, Camden, Gloucester and Salem counties in NJ.

EFA is financed by Ryan White, HOPWA and CARES Act dollars. These funds are required to be the payer of last resort. EFA Program funds are not to be used as a substitute for family, personal, employer, governmental, community, or any other means of support. The referring agency must act as a resource to help the applicant access other programs and entitlements whenever possible.

All applications are processed through the Public Health Management Corporation (PHMC). The EFA Program retains absolute confidentiality regarding all of the information contained in an application in adherence with PA Act 59 and the HOPWA Confidentiality User Guide.

Applications must be **faxed** from a secured location to 215-985-2099 to the attention of the EFA Coordinator. Original applications must be kept in applicant's file at the agency. Applications **cannot** be submitted by regular mail, express mail or personal delivery.

**If the applicant believes the denial of the EFA application does not follow the EFA Program Guidelines, the applicant can contact the Health Information Helpline to file a grievance at 1-800-985-2437.**

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## PROGRAM GUIDELINES

There is a maximum amount that can be accessed through EFA. If the outstanding amount due is more than the maximum EFA amount, proof must be included with the application, that the applicant has made arrangements to pay the additional sum. If an applicant provides fraudulent information, their application will not be processed by PHMC. The grant will be void or they will be responsible to pay back the funds if payment was made to the vendor.

The EFA Program requires that any eligible person who applies for assistance do so through an AACO or DHCD funded agency. The applicant does not have to agree to become a client of the agency.

Undocumented applicants **are** eligible to apply for EFA funds.

Financial assistance from EFA is subject to the availability of funds. Maximum grants are \$2,500 per household.

Under the temporarily guidelines, assistance is limited to every 6 months in any 12-month period. Only one member per household may apply for assistance.

Payment will be made directly to the vendor (e.g. utility company, property owner, mortgage lender, realtor, property management company). The nature of the funds will not be disclosed. Landlords must submit a completed Automated Clearing House (ACH) form so that payment can be made via direct deposit. PHMC will not pay landlords via check or money order. PHMC will contact landlords directly regarding submitting an ACH form after the application is approved. No payment will be made directly to any applicant or to a member of the applicant's family or household.

An applicant's income may not exceed 500% of federal poverty level (FPL) for the Ryan White funded categories of:

- First and last month rent
- Pharmaceutical assistance
- Utilities, including heating oil

For 2020, 500% of FPL is \$63,800 for one person. Add an additional \$22,400 per household member included in the application.

An applicant's income may not exceed 80% of the Philadelphia area median income for the HOPWA funded categories of:

- Back rent
- Mortgage
- Security deposit (**limited availability**) and first month rent

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- HOPWA CARES ACT funding is for the purpose of providing assistance to households affected by a loss of income during or after the COVID-19 Stay-at-Home Order.

For 2020, 80% of median income for one person is \$54,150. This amount increases according to household size:

| Household Size | Income Limit |
|----------------|--------------|
| 2              | \$61,850     |
| 3              | \$69,600     |
| 4              | \$77,300     |
| 5              | \$83,500     |
| 6              | \$89,700     |

**First and last month rent or security deposit** is provided for housing relocation. EFA will not pay if the applicant is already living in the residence. Security deposits are program funds that must be returned to EFA when a tenant leaves the housing unit.

When applying for first and last month rent or security deposit the following documents are required:

- *Intent to Rent* form
- Lease agreement signed by the landlord and applicant
- Proof of property ownership from the landlord
- Receipt for any security deposit required
- A completed ACH form by the landlord so that payment can be made via direct deposit. PHMC will contact landlords directly regarding submitting an ACH form after the application is approved.
- PHMC will not be able to pay landlords via check or money order

**Back rent** assistance is provided to prevent homelessness. EFA does not pay for back rent if the applicant has been evicted. Documentation is required that an applicant is behind in their rent or in imminent danger of being evicted from their current living situation.

HOPWA CARES ACT funding states that landlords who receive these funds cannot evict clients for non-payment of rent through July 25, 2020

When applying for back rent assistance the following documents are required:

- Documentation that the client is a month or more behind in their rent.
- Proof of landlord property ownership
- *Statement of Back Rent* form signed by both landlord and tenant, included in the application

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**Mortgage** assistance is provided to assist applicants that are behind in their mortgage payments or to avoid foreclosure. Assistance is limited to no more than five (5) months in any 12-month period.

When applying for mortgage assistance the following documents are required:

- Confirmation that a partial payment will be accepted by the mortgage company if the EFA request is for a partial payment
- A copy of the payment book coupon or monthly mortgage statement verifying regular monthly mortgage payment
- Letter of arrearage or foreclosure notice from the mortgage company

**Electric, gas, water, cell phones or landlines** assistance is provided for connection fees, processing costs, and for late payments of one month or more or to avert shut off not including any penalties or fines. If shut off has already occurred, written proof of the payment arrangement with the utility company is required.

If multiple utilities are in a bill (i.e. gas and electric) each utility must be listed separately on the financial request page. This does not necessarily guarantee that multiple requests will be approved. The utility bill must be in the applicant's name.

When applying for utility assistance, one of the following documents is required:

- Utility company bill for one-time connection fees, processing costs
- Copy of late bill ( one month or more ) or a shut off notice which includes the applicant's name and address

When applying for phone assistance, the following documents are required:

- Disconnection or suspension notice in the applicant's name

**Heating oil** assistance is provided. When applying for heating oil assistance, the following document is required:

- Statement or invoice from the heating oil company that includes the applicant's name, address and total oil amount being requested

**Pharmaceutical** assistance is provided for HIV-specific medications not covered by any form of insurance and not obtainable through the Special Pharmaceutical Benefits Program and/or the AACO emergency medication program. General medications for uninsurable applicants can be covered if the medication can be linked to the applicant's HIV condition.

When applying for pharmaceutical assistance, the following documents are required:

- Prescription from a physician, physician's assistant, clinical nurse specialist, or nurse practitioner
- Invoice for the medication

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Please note that EFA grants can NOT be used for the following items or services:

- Down payments, rent or mortgage penalty fees
- Recreational activities including trips, summer camp, movies, etc.
- Water heater
- Personal health care products
- Burial/cremation costs
- Cooking stove
- Air conditioners and refrigerators
- Routine transportation
- Automobile repair, maintenance or insurance
- Personal debt, student loans, credit cards, etc.
- Ongoing medical expenses such as medical treatment, therapy/counseling, medical equipment, drug/alcohol rehabilitation, etc.
- Personal items including furniture, clothing, bedding
- Space heaters
- Moving expenses

### REQUIRED DOCUMENTATION

The following documentation is required of all applicants:

- Current photo identification
- Current copy of the Ryan White services eligibility certification card is required. Applicants without eligibility certification cards are ineligible to apply for EFA.
- A family member or friend who provides monthly financial assistance to an applicant is required to provide a letter indicating the amount of the monthly contribution.

### EFA APPLICATION

The application contains (8) pages. A summary can be found below. The medical case manager or housing counselor is responsible for ensuring that all appropriate pages are completed, and all required documents are included. The application **MUST** be faxed to PHMC, along with the supporting documentation. Applications missing any information or required documents will be considered incomplete. The medical case manager or housing counselor will be notified by PHMC staff concerning missing information or documents. If the missing information is not submitted within five (5) business days after notification from PHMC, the application will be closed. A new application will need to be submitted. All faxed documents must be legible and photo IDs must be recognizable.

Page 1, ***Application Cover Page*** includes a checklist of the application pages. The required supporting documentation is outlined in the Program Guide and must be submitted with the application. The text box contains contact information on the agency and medical case manager or housing counselor, as well as the faxing instructions. This page must be completed for all applicants.

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Page 2, ***Applicant Demographic and Personal Information*** - The applicant's full legal name is required. All applicants must provide their legal name as shown on their photo identification. The applicant's current address is required including city, state and zip code. Applicants must answer all questions pertaining to their gender, medical insurance, HIV risk group, race and ethnicity. This page must be completed for all applicants.

Page 3, ***Insurance and Description of Applicant's Residence*** includes a section on housing subsidies. Information on household composition is required in order to calculate federal poverty level. This page must be completed for all applicants.

Page 4, ***Household Members*** – Each member in the household must be included. This page may be copied if needed. This page must be completed when the household includes persons in addition to the applicant.

Page 5, ***Intent to Rent Letter*** is completed detailing the amount needed to move into a rental property for applicants applying for first/last month rent or a security deposit.

Page 6, ***Statement of Back Rent*** is completed detailing the amount needed to bring the applicant up-to-date.

Page 7, ***Vendor Information Form*** contains payment information about the requested assistance. An account number or any reference number that will ensure proper credit to applicant's account with the vendor is required. For payments to landlords, the street address and apartment number should be used as the account. This page must be completed for all applicants. A completed ACH form must be submitted to PHMC by the landlord so that payment can be made via direct deposit. PHMC will not be able to pay landlords via check or money order

Page 8, ***Consent for Service Form*** includes a confidentiality statement. The form should be signed and dated by the applicant. If the applicant is unable to sign, the form can be signed by the housing counselor or medical case manager. The date and time of the applicant's verbal consent must be documented in the applicant's records at the agency as well as on the form. The consent form, along with the application, should be kept on file at the agency. This page must be completed for all applicants.