

**PUBLIC HEALTH MANAGEMENT CORPORATION (PHMC)  
DIRECT EMERGENCY FINANCIAL ASSISTANCE (DEFA)  
PROGRAM GUIDE**

**PHMC DEFA 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 Office of Housing and Community Development (OHCD)

## Direct Emergency Financial Assistance (DEFA) PROGRAM GUIDE

### OVERVIEW

The Direct Emergency Financial Assistance (DEFA) Program is an emergency financial resource available to people with HIV/AIDS who present an emergency need which has resulted from an unexpected occurrence or set of circumstances demanding an immediate course of action. 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/AIDS regardless of race, sex, religion, sexual orientation, marital status, national origin, and place of citizenship residing in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties.

Persons are not eligible to receive DEFA funds for housing or utilities if they live in housing units that are subsidized with federal funds.

DEFA is funded through Ryan White and HOPWA. These funds are required to be the payer of last resort. DEFA 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 before submitting an application.

All applications are processed through the Public Health Management Corporation (PHMC). The DEFA 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, November 2013.

Applications must be **faxed** to 215-985-2099 to the attention of the DEFA 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 DEFA application does not follow the DEFA Program Guidelines, the applicant can contact the Health Information Helpline to file a grievance at 1-800-985-2437.**

### PROGRAM GUIDELINES

There is a maximum amount that can be accessed through DEFA. **If the outstanding amount due is more than the maximum DEFA 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 DEFA Program requires that any eligible person who applies for assistance do so through an AACO or OHCD funded agency. The applicant does not have to agree to

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become a client of the agency. Each application requires the printed name and signature of the medical case manager or housing counselor completing the form.

Undocumented applicants are eligible to apply for DEFA funds.

Financial assistance from DEFA is subject to the availability of funds. Maximum grants are the following:

- \$2,000.00 within a 12-month period to a household of 1-2 persons
- \$2,500.00 within a 12-month period to a household of 3 or more persons

The 12-month period begins on the date the first application is received at PHMC. A new anniversary date begins on 366<sup>th</sup> day. Only one member per household may apply for assistance. Applicants may apply up to three (3) times within a 12-month period if the maximum grant has not been accessed by the applicant.

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 on the payment check. 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 2014, 500% of FPL is \$58,350 for one person. Add an additional \$20,300 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 and first month rent

For 2014, 80% of median income for one person is \$44,150. This amount increases according to household size:

Household Size	Income Limit
2	\$50,450
3	\$56,750
4	\$63,050
5	\$68,100
6	\$73,150

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**First and last month rent or security deposit** is provided for housing relocation. DEFA will not pay if the applicant is already living in the residence. Security deposits are program funds that must be returned to DEFA 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 or lease agreement  
An *Intent to Rent* form is included in the application.
- Proof of property ownership from the landlord
- Receipt for any security deposit required

**Back rent** assistance is provided to prevent eviction. DEFA does not pay for back rent if the applicant is already evicted. No one may be legally evicted without the filing of a legal writ of eviction. Documentation is required that an applicant is in imminent danger of being evicted from their current living situation.

DEFA will assist with back rent only once within a 12-month period. If the applicant is in need of assistance twice within twelve months at the same address, the case manager should counsel the applicant as to the affordability and sustainability of their current housing.

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

- Eviction notice or other documentation of intent to evict from a legal entity, e.g. the police department, landlord, legal representative of the landlord, or a legally recognized mediator
- Proof of landlord property ownership
- *Statement of Back Rent* form signed by both landlord and tenant  
A *Statement of Back Rent* form is included in the application.

**Mortgage** assistance is provided to avoid foreclosure. Assistance is limited to no more than 6 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 DEFA 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 or water** assistance is provided for connection fees, processing costs, and 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.

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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
- Shut off notice which includes the applicant's name and address

**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 (SPBP), 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

Please note that DEFA 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
- Telephones or cell phones
- Moving expenses

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### 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 DEFA.
- Certification of *Medical Necessity* and *Financial Counseling* forms  
These forms are included in the application.

A family member or friend who provides financial assistance monthly to an applicant is required to provide the following:

- A notarized document indicating the amount of the monthly contribution

Applicants may list as a dependent any child for whom child support is paid.  
Documentation of paid child support is required.

### DEFA APPLICATION

The application contains (10) 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 which will delay the processing. The case manager or social worker will be contacted by PHMC staff concerning missing information or documents. An incomplete application remaining at PHMC past fifteen (15) days will be returned and the application will be considered 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.

Page 2, ***Applicant Demographic and Personal Information*** - The applicant's full legal name is required. Transgender 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.

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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, ***Financial Counseling Form*** ensures completion of at least one session of financial counseling with the applicant regarding housing and/or utilities, identifies other resources or assistance that may be available. This page must be completed for all applicants.

Page 6, ***Certification of Medical Necessity*** certifies that obtaining emergency financial assistance is medically necessary for the applicant to gain or maintain access to HIV related medical care. This page must be completed for all applicants.

Page 7, ***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 8, ***Statement of Back Rent*** is completed detailing the amount needed to prevent eviction for applicants applying for back rent

Page 9, ***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 housing vendors the street address and apartment number should be used as the account. This page must be completed for all applicants.

Page 10, ***Consent for Service Form*** includes a confidentiality statement. The form is signed by the applicant, dated, and witnessed during a face-to-face visit with the medical case manager or housing counselor. The applicant must be offered a copy of the form. The medical case manager or housing counselor must sign the bottom of 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.