

Syria Tomorrow Assistant Application

Welcome to Syria Tomorrow (ST) a non-profit organization, working at all levels to provide the support necessary to bring peace to Syria, save lives, help refugees, and also provide education, knowledge, and understanding of future democracy in the future.

ST Mission:

- Local & National Level – Syria Tomorrow will work with the Syrian American specifically and International organizations to support peaceful initiatives promote assistance to refugees and all Syrians to prevent further deterioration in their conditions, including health and economic situations. The organization will try to guarantee funding for the above purposes without any financial, political, or religious reasons behind it. Syria Tomorrow goal is saving lives, saving children's, and allowing a better future for all Syrian's and the Middle East with the current crisis going on. Syria Tomorrow national effort will include expansion to bring all Syrian communities in the nation to unite in the effort of bringing peace, helping refugees and rebuilds future Syria. This effort will be a minor but significant one in supporting our United States government in the effort to help bringing peace and economic support to Syria without adding any financial burden on our taxpayers.
- International Level – Syria Tomorrow will cooperate with International effort to promote peace and help the Syrian's needs and recovery and re-build a better future for them. Syria Tomorrow will not have any political affiliation or influence in cooperating internationally to promote the goal. This independency will allow a better cooperation and support to the goal, without incurring or paying administrative costs, thereby providing the maximum financial resources for the needy people being served.
- Refugee Support: Part VI of the Syria Tomorrow bylaw, specifically address financial aids to refugees and summary is provided:
 - 1a To provide funds to specific qualifies refugees, patients for humanitarian relief with a concentration on the medical needs. Also to provide educational funds for the needy children's during and post war.
 - 1b Provide funds to hospitals and international refugees organization to help in providing the services described in Syria Tomorrow mission, including providing funds to support education for refugee children's, critically sick patients, and provide the funds for medical teams for medical missions into the needy areas.
 - 2 The provision of funds will be limited to refugees, patients and victims of the Syrian war, nationally and internationally, who meet the criteria as designed by Syria Tomorrow, as long it meet the rules and regulation of the United States of America government.

In order for us to begin the process of qualifying you for financial assistance, please complete the enclosed application and return it to Syria Tomorrow, along with verification of your household income and copies of your driver license, passport, legal status, and your references. Completed applications can be received via mail or fax. Details of acceptable documentation and submission options are outlined on page two.

Upon receipt of your completed application, Syria Tomorrow will determine if you are eligible for financial assistance based on our Program Guidelines and subject to available funding. We will advise you of the final outcome.

If you qualify and if funding is available, we will provide you with financial assistance for the remainder of the calendar year, if possible.

Please understand that all approvals are based on available funding and are approved on a first-come, first-served basis. **Receipt of the application does not guarantee funding.**

Sincerely,

Syria Tomorrow Screening Committee

Required Documentation & Submission Options

Documentation Required

1	Pages 3-5 signed and dated where applicable along with household income documentation.
2	A copy of the front and back of the patient's driver license, passport, legal status card, and government assistant card.
3	Documents supporting household income level MUST be ONE of the following: <ul style="list-style-type: none">• Last two years tax return• 2016 Letter from Social Security stating income for each member in patient's household• 2016 W-2s or 1099s for patient's household• One month of pay stubs or a letter from each employer on company letterhead attesting to employment and compensation for each member in patient's household for the current year.• Copy of patient's most recent bank statement.• Copy of government assistant program card and last received check.

Submission Options

Email: syriatomorrow@syriatomorrow.com

FAX: (877) - 251-1088

ONLINE: Visit our website www.SyriaTomorrow.com.

MAIL: For your convenience an envelope has been enclosed and addressed to:

Syria Tomorrow
Attn: Enrollment
2409 Cherry Street.
Suite100
Toledo, OH 43608

PATIENT INFORMATION

- Today Date: _____
- Last Name: _____ 1st name: _____
- Birth Date: _____ SSS: _____
- Alternative Contact Name: _____
Relationship: _____
- Mailing Address: _____

- Phone # _____ Cell Phone#: _____
- Email Address: _____
- How much is your current income \$ _____

PERSONAL / LEGAL INFORMATION

Name:	Birth Date:
Annual Household Income?	Number of people in household?
Driver License #	Exp Date
Passport Number	Exp Date:
	Country:
Social Security #	Issuing date:
Legal Residency / Refugee Card#	Exp Date:

ATTESTATION

Please answer questions below		
Are you receiving Any government benefits paid for by any agency	Yes	No
If you are please provide details of your government assistant program		

Government Assistant Program _____
Starting Date: _____ Amount: \$ _____

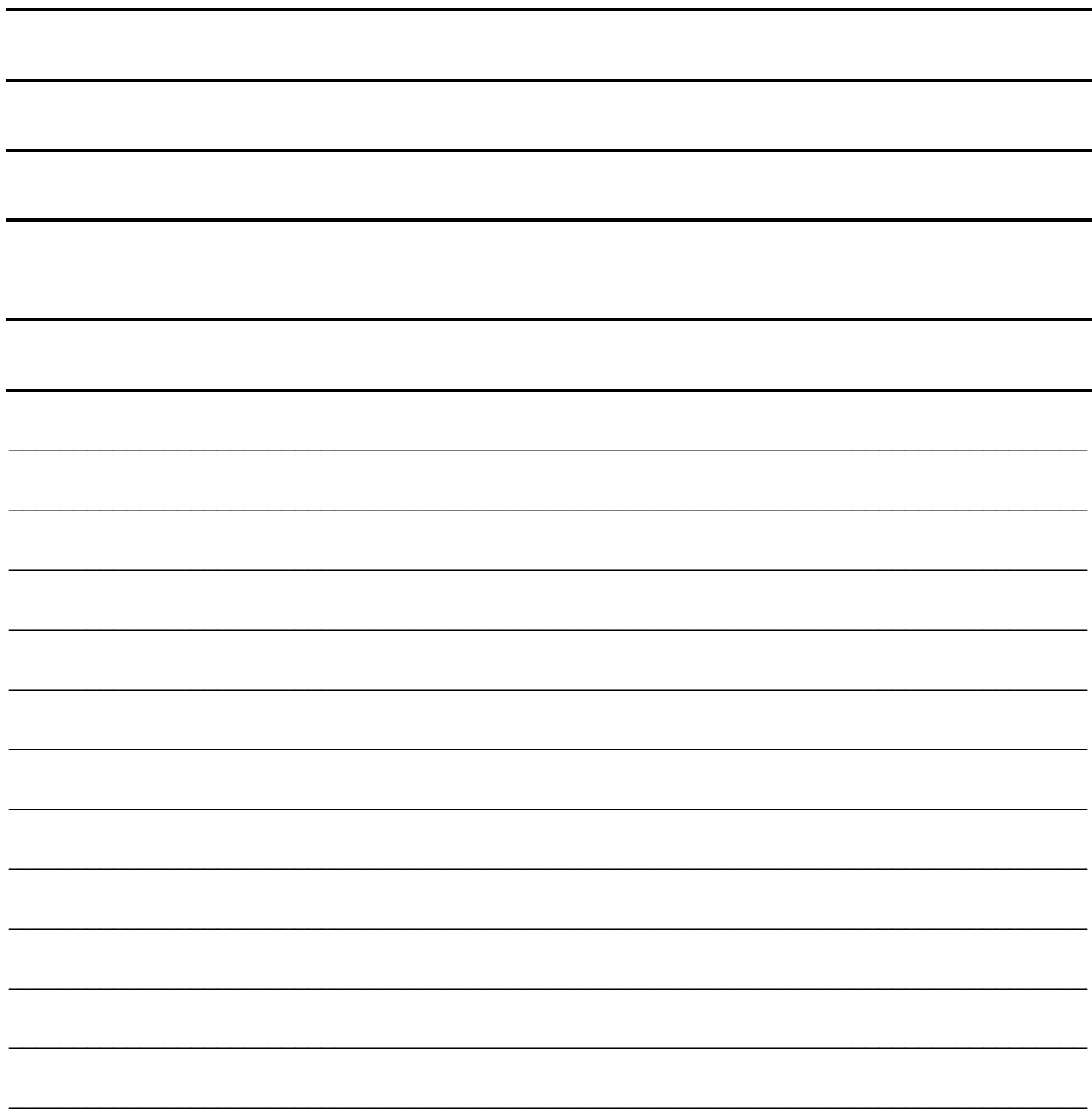
Local Assistant Program: _____
Starting Date: _____ Amount: \$ _____

Average Monthly Spending:

Rent: \$ _____	Car: \$ _____	Food: \$ _____
Health: \$ _____	Travel: \$ _____	

Please give a brief summary of your personal and financial situation, current medical treatment you are receiving and what are you requesting help with from Syria Tomorrow (you may use additional pages if necessary and attach them to your application).

[illegible]



Certification and Acknowledgement:

You agree that all of the information you have provided is truthful and accurate to the best of your knowledge. You understand that you are free at any time to switch providers, practitioners, suppliers, or specialty therapeutics within the Syria Tomorrow formulary for your diagnosis without affecting your continued eligibility for assistance. Your application for assistance does not guarantee that funding will be available. Any financial assistance that you may be eligible for, will only be awarded after documentation of your first dispense has been approved by Syria Tomorrow.

You understand that if you are awarded financial assistance that it will be provided on as needed basis per calendar year. Receipt of assistance is limited and discretionary and does not create automatic and ongoing assistance. You must reapply at the end of each calendar year award and the end of the award is your notice of cancellation. There is no guarantee that funding will be available in any subsequent application.

Your Responsibility:

If you are selected you should understand and agree to keep Syria Tomorrow timely informed to any changes in your situation, or needs.

You agree and understand that if you are selected for assistance, this assistance could affect other government benefits that you receive and that its up to you to be responsible for the management of your own benefits and to ensure that assistance from Syria Tomorrow will not affect your other benefits.

Applicant **MUST** and **PROMISE** to follow all legal requirement to be a good citizen and you will be an example to others, showing you deserve the assistance and also willing to help in the future all others who need help if you can.

Limited Liability:

You agree that Syria Tomorrow, our sponsors, and our donors shall not be liable for any damages of any kind, without limitation, arising out of or in connection with you receiving financial assistance, co-pay relief, or other value-added benefits or services provided as a part of this program. Applicant understands this is only an application to be considered for assistance from Syria Tomorrow and it does not create any right in the applicant to cause of action, relief, or expectation. Applicant understands that they may or may not be selected, and may or may not receive assistance from Syria Tomorrow for any reason.

Signature of Individual or Individual's Representative

Date

Name of Individual Representative (If applicable)

Relationship (If applicable)

If signing as Power of Attorney or Guardian, please attach a copy of paperwork

*****THIS PAGE MUST BE RETURNED*****

AUTHORIZATION FOR USE OR RELEASE OF INFORMATION

Name: _____ ID: _____

Section A: Must be completed for all authorizations

I hereby authorize the use or disclosure of my individually identifiable information as described below in this form (this "Authorization") by Syria Tomorrow, a 501(c) (3) non- profit organization.

Name of person(s) or organization(s) authorized to use or receive the Protected personal Information:
Support Agency, Non-Profit Organizations and Healthcare Providers.

Please fill out an event on which this authorization will
expire: Upon written request from patient

Please read the following:

1. I understand that my Protected Personal Information may be subject to re-disclosure by the authorized recipient pursuant to this Authorization. I further understand that if the entity or the organization that I authorize to receive my information under this Authorization is not a government assistant program, and has no political affiliation.
2. I understand that I may revoke this Authorization at any time by notifying Syria Tomorrow in writing, but if I do, it will not have an effect on any actions Syria Tomorrow took before it received the revocation of this Authorization. Revocations must be sent to:

**Syria Tomorrow
2409 Cherry Street, Ste. 100
Toledo, OH 43608
Attention: Syria Tomorrow Assistant program**

Section B: Syria Tomorrow must complete only if Syria Tomorrow requested this Authorization:

What is the purpose of the use or disclosure? To make determinations for financial assistance

Section C: The patient or the patient's representative must read the following statements:

- § I understand that I may refuse to sign the Authorization, and that my enrollment eligibility for benefits will not be conditioned upon signing this form. However, I understand that by not signing this document my financial assistance payment will only be available through the Reimbursement Program if I qualify.
- § I understand that I have the right to receive a copy of this Authorization after I sign it if requested.

Section D: By signing below you agree that you have read and understand the above statements.

Signature of Individual or Individual's representative:
Date
Name of Individual Representative (If applicable)
Relationship (If applicable)

If signing as Power of Attorney or Guardian, please attach a copy or paperwork

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Frequently Asked Questions (FAQ's)

- **What if some of the information on the enrollment form is incorrect or missing?**
 - **Answer:** Applicant information can be corrected and/or added on the application and Syria Tomorrow will make appropriate changes upon receipt of the patient's enrollment form.
- **For income verification, do I need to send you everything that you have listed for documenting household income?**
 - **Answer:** The form states that you must send at least ONE of the following as proof of income. Please send a document(s) that accurately reflect the income for the household. But we still recommend to send all form to show honesty and avoid delays.
- **What value on the Federal Income Tax form will you use to determine my income?**
 - **Answer:** Syria Tomorrow is required to use the income featured as the "Adjusted Gross Income".
- **I filled out my own enrollment form and do not have a representative. Do I need to have my physician sign the form as well?**
 - **Answer:** No. If you are able to complete the form independently, a patient representative is not necessary.
- **Why is it necessary to provide my Social Security Number?**
 - **Answer:** Syria Tomorrow is required by law to provide Social Security numbers of all of our applicants to the Internal Revenue for auditing purposes in accordance with Government standards. All information is attached to the account in our secured database and is not accessible by anyone other than the personnel of Syria Tomorrow.
- **What is the purpose of the Authorization for Use or Release of Information form?**
 - **Answer:** The Authorization for Use or Release of Information form allows Syria Tomorrow permission to communicate with your provider / employer / or government programs regarding your assistance and income for the purposes of payment and qualification.
- **When will I know if I am approved?**
 - **Answer:** Once an application is received, Syria Tomorrow is committed to ensuring all applications are processed in a timely fashion. When the application has been processed and a decision is made Syria tomorrow will contact you as to whether you were selected for assistance or not selected.
- **When does my grant expire?**
 - **Answer:** Syria Tomorrow Assistance Programs run from the date of approval through the remainder of the award or upon exhaustion of funding, or a change in treatment, situation, or need.