

An Introduction to the Emergency Relief Fund

The Kathy Russell Emergency Relief Fund (ERF) was started in 1983 to help the families of children who were facing cancer treatment – to help them meet everyday living expenses so that they could focus on their struggle against cancer.

Special Love now dedicates nearly \$50,000 per year to reach families at a time when they need assistance most. The fund is open to pediatric cancer patients (ages 25 and under) within our service area (Virginia, Maryland, Washington, DC, and outlying areas within a 3-hour drive of Winchester, VA).

Please see inside for details about the fund and information on how to request assistance.

Special Love, Inc.
117 Youth Development Court
Winchester VA 22602
1-888-930-2707



GUIDELINES FOR THE

Kathy Russell Emergency Relief Fund



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Types of Expenses the KRERF is Intended For:

- ◆ Utilities (electric, gas, phone) which are in danger of being shut off for non-payment
- ◆ Auto repairs that are necessary to allow a parent or caregiver to provide transportation to and from medical treatment
- ◆ Rent or mortgage payments
- ◆ Other emergency situations involving basic living expenses

Types of Expenses the KRERF is *Not* Intended For:

- ◆ Medical and insurance bills
- ◆ Cable television bills
- ◆ Credit card bills
- ◆ Tuition and expenses for private schools
- ◆ Other “luxury” expenses

(Check with your social worker if you have questions regarding an expense.)

Guidelines for Requesting KRERF Funding:

- ◆ Requests should be made through a social worker, doctor, or other hospital representative familiar with the patient’s family.
- ◆ Requests for assistance must be accompanied by a copy of the bill for services. Bill should include account information, including address of customer.
- ◆ All payments are made payable to service provider, not customer. For instance, a phone bill will be paid directly to the phone company with account information accompanying the check.
- ◆ Social worker or doctor/hospital representative should fill out the form at right and mail to:
**Special Love, Inc.
117 Youth Development Court
Winchester, VA 22602**
- ◆ Or fax the form to 1-540-667-8144.
- ◆ Initial inquiries can be made by calling 1-888-930-2707 or by emailing to jmartin@speciallove.org. However, final payment requires the information form at right.

KRERF Request Form

Please print clearly

Name of Patient _____
Address _____
City, State, Zip _____
Home Phone _____
Parent or Caregiver’s Name _____
Address (if different from above) _____

Description of Expense/Need (attach bill/invoice)

Amount Requested \$ _____ Date Needed _____
\$500 max.

Patient Information:

Patient’s Birthdate _____ On Treatment? _____
If Off Treatment, Date of Last Treatment _____
Diagnosis _____
Where Treated _____

Person Making this Request _____
Phone # in case we have questions _____

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