



5000 Rockside Road, Suite 230, Cleveland, OH 44131 | Fax: 216-834-0055 | Email: tanya@nohf.org

## APPLICATION FOR COUNSELING ASSISTANCE

### Who is eligible to apply?

Any current NOHF consumer member (member with an eligible diagnosed bleeding disorder) or their caregiver living in the same home is eligible to apply for \$400 per calendar year. Those with special circumstances are encouraged to apply for additional funds if needed. This benefit is intended to cover the cost of deductibles and other out-of-pocket expenses that are not covered by insurance for counseling.

I understand that my submission of this application does not guarantee that I will receive assistance.

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*(Signature of Applicant)*

Name of Applicant/Parent: \_\_\_\_\_ Number in Household: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Name of Individual Seeking Counseling: \_\_\_\_\_ Age: \_\_\_\_\_

Name and Address of Counselor: \_\_\_\_\_

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Type of Bleeding Disorder: \_\_\_\_\_

**Checks will be written out directly to the Counseling Center / Treating Doctor. We will not reimburse for expenses paid.**