

IX. American Lung Association (ALA)

A. ALA Incentive Funds

1. Limited funds are available from the American Lung Association for the health department TB nurses to purchase or provide incentives to ensure treatment completion for tuberculosis and latent TB infection.
2. The health department must develop a policy on how the funds will be accessed by the nurse. The American Lung Association will provide a check to the local health department after receiving the approved documentation.
3. Incentives may be used to cover the basic needs of the patient, such as, food, transportation, purchase of other prescription medications, assistance with utility bills, or other needs identified by the TB nurse. Alcohol or tobacco products may not be provided with these funds
4. The base request amount is \$50. In rare instances, a larger amount may be approved. A letter of justification must accompany any request for more than \$50.
5. Procedure for TB nurse:
 - Legibly complete the initial incentive fund application. A new initial application must be completed each calendar year.
 - Provide all information requested on the application.
 - Complete a W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>) for the health department. This must only be done once so that the American Lung Association will have the information on file.
 - Fax or e-mail the application and W-9 form if applicable, to your regional TB nurse consultant.
 - Maintain a copy of the application in the health department files.
 - When the \$50 has been spent, complete the incentive fund application/expenditure report form; attach legible receipts and fax or e-mail to your regional TB nurse consultant.
 - If additional funds are needed indicate on the form that you are requesting another \$50. Funds must be spent in the year they are received. All receipts must be submitted by December 31 for the nurse consultant to submit it to the Lung Association no later than January 4.
6. Procedure for N.C. TB control nurse consultants:
 - The regional TB nurse consultants will review and approve applications.
 - The regional TB nurse consultant will maintain a record of incentive program applications.
 - The regional TB nurse consultant will approve the application and fax or e-mail the application to the American Lung Association, attaching all applicable receipts.
 - At the beginning of each December, the nurse consultant will send a reminder to the nurses that all receipts for the current calendar year need to be submitted no later than December 31.
6. Procedure of the American Lung Association:
 - After receiving an application approved by the regional nurse consultant, the American Lung Association will mail a check to the health department indicated on the application form.
 - The American Lung Association will give N.C. TB Control a report of incentive funds monthly.

- At the beginning of each December, the American Lung Association will send a reminder to the N.C TB Control that all receipts for the current grant period (January-December) must be received by the Lung Association no later than January 4.

B. Housing Funds

1. Housing fund application form A must be completed and signed by the local health department nurse and the landlord/rental agent.
2. The landlord/rental agent must submit a W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
3. Housing fund application form B must be completed and signed by the local health department nurse and the patient.
4. Housing must be the lowest cost available, have prompt availability, and be safe for the TB nurse to visit. The following criteria must also be met if the patient is sputum smear positive:
 - No shared air space with other leased areas.
 - An exit or hallway that leads directly outside.
 - No housing employee shall enter the patient's room until eight hours after the patient is considered non-infectious. Housekeeping arrangements must be worked out for individual situations.
5. Housing funds may not be used for deposits for apartments or utilities, a lease for an extended period or payments to family members or the patient.
6. A new application must be completed after 30 days.
7. A signed treatment agreement should be in place.
8. Priority will be given to smear positive or homeless people.
9. Procedure for the local health department TB Nurse:
 - Call to discuss the situation with the regional TB nurse consultant. If no other options exist for housing the regional TB nurse consultant will ask the health department nurse to complete the housing fund application.
 - Identify appropriate housing and have the rental agent or landlord sign the application – Form A.
 - Explain criteria for getting housing funds to the patient and have the patient sign the application – Form B.
 - Fax the completed application (Forms A and B) to the regional TB nurse consultant.
 - Refer the patient to social services and/or other resources to assist patient in meeting his own housing needs.
 - Re-submit a new housing fund application each time rent is due.
10. Procedure for N.C. TB Control:
 - The regional TB nurse consultant will review and approve housing fund applications and fax the application and W-9 form to the American Lung Association
 - The regional TB nurse consultant will maintain a file of housing funds applications.
11. Procedure for the American Lung Association:
 - After receiving a housing fund application that has been approved by the regional TB nurse consultant the American Lung Association will issue a check to the rental agent or landlord
 - The American Lung Association will give N.C. TB Control a report of housing funds monthly.

C. Funds for Utility Bills

The American Lung Association funds may be used to pay for utilities.

1. Procedure for the local health department nurse:
 - Complete form C;
 - Attach a copy of the utility bill; and
 - Fax the application to the regional TB nurse consultant.
2. Procedure for NC TB Control:
 - Review the application, and if approved, fax to the American Lung Association. If the need is time sensitive, the fax cover sheet should clearly note the urgency. A follow up email should be sent to the American Lung Association noting that an emergency request has been faxed.
3. Procedure for the American Lung Association:

After receiving an application for payment of a utility bill, the American Lung Association will issue a check to the utility company along with a copy of the bill or in the case of an emergency, will pay by credit card. The Lung Association will confirm payment with the nurse consultant.

Incentive Fund Application/Expenditure Report
Grant Number 5040-NCTB-4219
Fax to Regional TB Nurse Consultant

County Health Department: _____

Make check payable to: _____ Attention: _____

Address: _____

City, State, Zip: _____

Phone: _____ ext.: _____ Fax: _____

County TB Nurse: _____ Email: _____

Check here if Initial Application for the Incentive Program

I wish to participate in the incentive program and hereby request an initial check for \$50.00.

I understand that I may use these funds for patient compliance with treatment of TB disease or LTBI.

If I leave my present position, I will:

- submit an expenditure report of the funds expended and the remaining local fund balance
- notify the regional TB Nurse Consultant of the name and address of the agency nurse who has the balance of unused funds to continue the local incentives program.

Check here if Expenditure Report with Receipts Attached

From (date) _____ through (date) _____

Indicate what previous funds were used for				Amount(s):
			Beginning balance	\$
Food:	<input type="checkbox"/> meals/fast food	<input type="checkbox"/> groceries	<input type="checkbox"/> nutrition (Ensure, etc.)	\$
Transportation:	<input type="checkbox"/> bus fare	<input type="checkbox"/> taxi fare	<input type="checkbox"/> gasoline reimbursement or gas cards	\$
Other:	<input type="checkbox"/>	<input type="checkbox"/> special incentives for children	<input type="checkbox"/> gift certificates/card for necessary items	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
			Total expenditures:	\$
			Balance of funds	\$

# helped	# Cases:	# Contacts:	# Reactors:	Total #
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Check here if you are requesting another \$50.00 incentive check

My signature certifies that the funds have been expended in accordance with Incentive Fund guidelines.

County Nurse Signature

Date

TB Nurse Consultant Signature

Date

Emergency Funds for Utilities - Form C
Grant Number 5040-NCTB-4221
Fax to Regional Nurse Consultant

Nurses' Name: _____
County Health Department: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ extension: _____

Fax: _____

Email: _____

Payment Request for Utilities Initial Request Subsequent Request

Electricity Phone (basic service only)

Other (Specify): _____

Check to be written to _____

Account number _____

Amount: \$ _____

Address: City ,State ,Zip: _____

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A new form must be completed each time a utility bill needs to be paid. Deposits and past due / late fees cannot be paid using ALA funds. Attach a copy of the utility bill.

Signature of Patient

Date

Signature of Health Department Nurse

Date

Signature of Regional Nurse Consultant

Date

