IX. <u>American Lung Association (ALA)</u>

- A. <u>ALA Incentive Funds</u>
 - 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 (<u>https://www.irs.gov/pub/irs-pdf/fw9.pdf</u>) 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.
 - The landlord/rental agent must submit a W-9 form (<u>https://www.irs.gov/pub/irs-pdf/fw9.pdf</u>)
 - 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.

NC TB Control Policy Manual (Rev. 10/2020

TB Nurse Consultant Signature

# helped	# Cases:	# Contacts:	# Reactors:	Total #

\square 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

Date

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

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

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:	meals/fast food	groceries	Inutrition (Ensure, etc.)	\$
Transportation:	☐bus fare	taxi fare	gasoline reimbursement or gas cards	\$
Other:		special incentives for children	gift certificates/card for necessary items	\$
				\$
			Total expenditures:	\$
			Balance of funds	\$

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:			

Incentive Fund Application/Expenditure Report

Grant Number 5040-NCTB-4219

Check here if Initial Application for the Incentive Program

Housing Fund Application <u>FORM - A</u> Grant Number **5040-NCTB-4221** Fax to Regional Nurse Consultant

					t:
Addre	ess:				
City,	State, Zip:				
Phon	e:	ext	Fax:		
Emai	•				
Paym	ent Request for H	ousing 🛛	Initial Request	□ Subse	equent Request
Amou	Int: \$ Cannot exceed 30 d	for		_ through	
(Note:	Cannot exceed 30 d	ays)	Date		Date
Conta	act person for housi	ng (landlord/ren	tal agent)		
Phon	e:	e	xtension:	Fax:	
Chec	k to be written to:				
Fede	al Tax ID number:				
Addre	ess: City, State, Zip:				
Coun	ty (if different from H	ID):			
					nereby, will hold harmless s agents from liability:
1. 2.	Provide housing v Provide housing v directly to outside				reas or to a hallway that leads
3.		PH Nurse to b			urs after the client is ping and linen supply
4.	Provide single oc department nurse		g and report a	ny patient prot	plems to the health
5.	Maintain the confi The above housir	dentiality of the og agent has ag ven a copy of t	reed to provide	e housing for t	is being provided he above costs.
	I agree to the confidentiality	above condition	al is legally prot	ected and that	erstand that the t anyone who violates the
Sig	nature of Health Dep	artment Nurse			Date
•	ture of Housing Agent Agent Nurse Consult			nt Request)	Date

FORM - B Grant Number 5040-NCTB-4221 Client – Health Department Agreement for Housing

I, _____, certify that I have no fixed, regular and/or adequate nighttime residence at this time and I am unable to provide current shelter for myself.

I understand that I have confirmed or suspected active TB disease and treatment is necessary. I understand that, at this time, I am considered infectious to others infectious to others

I understand that the arrangements have been made for temporary housing during treatment and that I must:

- 1. Be at ______on _____ at _____am/pm to take my medicine.
- 2. Keep clinic appointments and have necessary laboratory tests.
- 3. Notify the health department nurse of any problems with the medicine or other emergencies.
- 4. Avoid alcohol or other drug use.
- 5. Not visit with other people in the housing area or other indoor areas until the health department nurse tells me I am no longer infectious to others.
- 6. Follow housing conditions by not having anyone else stay overnight, unless prearranged in the lease; not make any charges to the housing; and not make any long distance phone calls charged to the housing.
- 7. Allow the health department to identify me by name to the housing agent, N.C. TB Control and American Lung Association, if needed.
- 8. If the infectious to others box is checked, I cannot leave the rental unit except to go outside, until the health department nurse says I am no longer infectious to others.
 - I have been given a copy of this agreement.
 - I understand that I will be responsible for any damage to the rental property.
 - I understand that if I violate the above I may lose the housing and may be subject to prosecution for violation of TB control measures which is a misdemeanor offense pursuant to G. S. 130A-25, punishable by incarceration until TB disease treatment is complete.

Client:		
Signature		Date
Heath Department Nurse:		
-	Signature	Date

~ ...

Emergency Funds for Utilities - Form C

Electricity Phone (basic service only)
Other (Specify):______

Check to be written to _	
Account number	
Amount: \$	 _

Address: City ,State ,Zip: _____

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

Signature of Health Department Nurse

Signature of Regional Nurse Consultant

Date

Date

Date

Form W-9 Request for Taxpayer (Rev. November 2017) Depertment of the Treasury Intranel Revues Service Service									Give requ senc	est	er. C)o n	ot	
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. 2 Business name/disregarded entity name, if different from above													
e. ns on page 3.	Charles appropriate box for holderal tax classification of the participation whose name is shaded on the 1. Charles only one of the Corporation S Corporation Partnership Trust/estate						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payse code (if any)							
single-member LLC imited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LC is another LLC that is not disregarded from the owner for U.S. faderal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. faderal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. faderal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. faderal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. faderal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. faderal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner solution. Requester's name.) is that	Exemption from FATCA reporting code (if any)							
See Spec	Other (see in: Address (number 6 City, state, and 2	r, street, and apt. or suite no.) See instructions.		Request	er's na				option		aubuis	fter U.	5.)	
	7 List account nun	ibar(s) hara (optional)												
Par	ti Taxpa	yer Identification Number (TIN)												
backu reside	p withholding. For nt alien, sole prop	propriate box. The TIN provided must match the individuals, this is generally your social security rietor, or disregarded entity, see the instructions is	number (SSN). However, f for Part I, later. For other	ora	Socia	al secu	untty r -		<u>*</u> -	-				
entitie TIN, la		yer identification number (EIN). If you do not have	a number, see How to ge											
		n more than one name, see the instructions for lin	e 1. Also see What Name	-		oyer i	dentii	ficatio	n num	ber				
Number To Give the Requester for guidelines on whose number to enter.					-	-								
Par	Certifi	cation												
1. The 2. I an Ser no I	n not subject to be vice (IRS) that I an longer subject to t	n this form is my correct taxpayer identification n ickup withholding because: (a) I am exempt from n subject to backup withholding as a result of a fa ackup withholding; and	backup withholding, or (b)) i have n	ot be	en no	tified	íbyťi	ne Inte					
		other U.S. person (defined below); and												
Certifi you ha acquis	cation instruction we failed to report ation or abandonm	ntered on this form (If any) indicating that I am ex s. You must cross out flem 2 above if you have bee all interest and dividends on your tax return. For rea ent of secured property, cancellation of debt, contril vidends, you are not required to sign the certificatio	n notified by the IRS that yo I estate transactions, item 2 butions to an individual retir	ou are cur 2 does no rement an	rently t appl range	y. For ment	rmort (IRA),	gage and	lintere genera	st pa illy, p	id, aym	ents		
Sign Here		•	I	Date 🕨										
	neral Instr	UCTIONS o the Internal Revenue Code unless otherwise	funds)											
noted. Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.			Form 1099-B (stor transactions by brok	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) Form 1099-S (proceeds from real estate transactions)										
Purpose of Form • Form 1099-K (merchant card and third p								sacti	ons)					
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number			1098-T (tultion) • Form 1099-C (can	Form 1099-C (canceled debt)).		
(SSN), Individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.			Use Form W-9 on alien), to provide you If you do not return	 Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alier), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might 							nt			
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		Cat. No. 10231X						F	form V	V-9	(Rev.	11-2	017)	