LLS Urgent Need Program
Frequently Asked Questions

REMINDER: Only healthcare professionals can apply to this program on behalf of the patient.

1. How do I know if my patient eligible?
   - Be a pediatric (birth to 19 years of age) or young adult (20 to 39 years of age) patient OR be an adult (40+ years of age) patient enrolled in a clinical trial.
   - Have a household income that is at or below 500 percent of the U.S. federal poverty guidelines as adjusted by the Cost of Living Index (COLI). You will be asked for the patient’s zip code to determine their COLI.
   - Be a United States citizen or permanent resident of the U.S. or U.S. territory.
   - Have a blood cancer diagnosis confirmed by the care team
   - Demonstrated acute financial need, as defined by the program covered expenses
   - Patients may be insured or uninsured

2. Can I, as a healthcare professional, apply to LLS financial assistance programs for my patient?
   Yes, as a healthcare professional, you can apply for the program on behalf of your patient either by phone or through the online portal. The portal is available 24 hours a day. The call center is available Monday through Friday 8:30AM to 5PM EST.

3. Can I apply for the Urgent Need Program on behalf of my patient if they already receive assistance from other financial resources at LLS such as Co-Pay Assistance?
   Yes.

4. Are translation services available?
   Yes. Please call 877-557-2672 for assistance

5. Does the instant verification system impact my patient’s credit score?
   No. We are only verifying their income, identity and residency.

6. Does an urgent need recipient have to meet an income requirement?
   Yes. The patient’s household income must be at or below 500% of the U.S. federal poverty guidelines as adjusted by the Cost of Living Index (COLI). Please visit www.LLS.org/urgentneed for more information.

7. Why do I need to provide my patient’s Social Security Number?
   Your patient’s Social Security Number is used to verify their income and identity through our instant verification system. This eliminates the need for the applicant to submit documentation. The income information will remain confidential, it is never shared.
8. What if I don’t want to provide my patient’s Social Security Number?
Your patient’s Social Security Number is used to verify their identity, income and residency only through our instant verification system. It is required and never shared. PLEASE NOTE: If your patient is a minor (under the age of 18), the Social Security Number and date of birth are required for both the patient AND the guardian to verify identity and residency.

9. What happens if my patient is a citizen, and a minor, but their parent/guardian is undocumented?
If you are applying on behalf of patient who is a minor and a citizen, and the parent/guardian is undocumented, you MUST call 1-877-557-2672 to apply. You will be asked to provide supporting documentation for proof of identity, residency and income.
   a. What forms of supporting documentation are accepted? Please submit all that apply.
   - A copy of their Driver’s License or State Issued Identification (Front & Back Copy).
   - Utility Bill
   - Three consecutive months of pay stubs
   - Copy of current federal tax return (page 1 only)
   - W2s
   - Social Security Award/Benefit Statement
   - Statement of Pension or Retirement Benefits
   - Statement of alimony and/or child support
   - Statement of workers compensation
   - Statement of dividends and/or interest income
   - Statement of Short Term and/or Long-Term Disability Benefits
   - Statement of Unemployment Benefits

10. If the parent/guardian is undocumented, can they apply on the portal?
    No. The application MUST be processed over the phone by calling 877-557-2672.

11. Will I, or my patient, receive a phone call if more information is needed?
    No. The patient will receive a letter informing him/her that additional documentation is required.
    If applying on the portal, you will...
    - See an alert in your patient’s profile letting you know more information is needed.
    - The patient will also receive a letter in the mail with the same information. A copy of this letter can also be found on your portal account.
    If applying over the phone with an Intake Specialist...
    - The Intake Specialist will inform you if more supporting documentation is needed. A letter is also mailed to the patient.

12. My patient received a letter requesting that they send in additional documentation. Why are they being asked for this information?
LLS uses an instant verification system. In the rare case where our system cannot verify their identity, income or residency, they will be asked for additional documentation.

13. What if my patient is homeless?
   You can still apply to the program on their behalf. We recommend you apply over the phone and inform the Intake Specialist of your patient’s current income/living situation.

14. What if my patient has no income?
   You can still apply to the program on their behalf. We recommend you apply over the phone and inform the Intake Specialist of your patient’s current income/living situation.

15. Can I sign documents electronically?
   Yes. As a healthcare professional, you can sign the application either verbally over the phone with an Intake Specialist, or electronically through the online portal on behalf of your patient.

16. How do I check the status of my patient’s application?
   The best way to get real time updates on the status of your patient’s application is to call 877-557-2672. If you applied through the online portal, your patient’s account status will reflect their approval or denial.

17. How do I know if my patient’s application has been approved?
   Your patient will receive a letter in the mail. In addition to the letter, if you applied through the online portal, your patient’s account status will reflect their approval or denial.

18. My patient’s application is approved, now what?
   If your patient’s application is approved, no separate actions are needed. Your patient will receive a letter of approval in the mail, followed by a check within 4 to 7 business days. *If your patient is underage (<19 years old), the check will be made out to the guardian.

19. My patient’s bank refused to cash my patient’s check, what should they do?
   Most banks will not cash a check unless the patient has the balance in their accounts to cover the check in the event that the check bounces. The best thing patients can do is deposit the check into their account.

20. My patient does not have a bank account, what should they do?
   We recommend one of the two options below:
   - Have your patient sign the check over to a family member or trusted friend who has a bank account, who can deposit the check, and give them the money.
   - OR
   - Have your patient take their check to the nearest check cashing facility.
21. How can my patient get assistance if they have questions or have not received their check?
   Your patient should call 877-557-2672 available Monday through Friday 8:30AM to 5PM EST or email us at financialassistance@lls.org.

22. Can I apply for my patient again?
   Yes. You can reapply for your patient if they continue to meet eligibility requirements. However, a patient can only receive one stipend every 12 months. Please note, program continuation is dependent on the availability of funds and the program could be modified or discontinued at any time if funding is no longer available.

23. If there are two or more people in a family household with a blood cancer, can I apply for each patient?
   Yes as long as each individual patient meets eligibility requirements.

24. Can I apply for my patient if they receive other financial resources from LLS such as Co-Pay Assistance?
   Yes.

25. Once I complete the application, how long will it take for my patient to receive their check?
   If approved, your patient will receive a check in the mail within 7 to 10 business days.

26. How long should I wait to call to verify that my patient’s application has been approved if they have not received a check?
   Your patient will receive a letter in the mail. In addition to the letter, if you applied through the online portal, your patient’s account status will reflect your approval or denial. Your patient will receive a check in the mail within 7 to 10 business days.

27. Do I have to claim the assistance I receive on my taxes?
   As a charity, LLS is exempt from federal income tax and individuals who receive assistance from a charity to meet their personal needs do not generally have to pay federal income tax on the value of the assistance they receive.

28. I am trying to apply for my patient, but am blocked. What is causing this?
   If you are attempting to create an application for a patient that is already active in our system, meaning they have created their own portal account, you will not be able to create a new account or apply online for the patient until you are linked to the patient’s account on the portal. Please contact us at 877-557-2672.