<table>
<thead>
<tr>
<th>Grant Application &amp; Review Criteria 2016 - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Budget info</td>
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<td>• Work Plan</td>
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<td>• Organizational Chart for Lead Applicant</td>
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<td>• Organizational Chart for Project</td>
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<td>• 501c3 – Proof of Nonprofit Status</td>
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<td>• One Year of Financials (Prior Year)</td>
</tr>
<tr>
<td>• Board of Directors</td>
</tr>
</tbody>
</table>

**Organization Name**
Home Hospice of Grayson County

**EIN**
75-1865122

**Address**
505 W. Center Street
Sherman, Texas 75090
United States

**How many locations do you operate?**
2

**Areas Served within THF’s Service Area**
• Grayson
• Fannin
**Mission Statement**
We are dedicated to providing the best care and support to enhance the Quality Of Life of our patients and their families. We envision a community where everyone facing serious illness and loss will experience the best possible Quality of Life.

**Check Applicable**
Current Grantee

**Current Award**
20000

**Amount Requested**
50000

**Cash**
408898

**In-Kind**
30000

**THF Priority Area Your Project Will Address**
- To improve access to healthcare services for under and uninsured residents, as well as support community health education and healthy living

**Brief Description of Project**
For over 34 years, Home Hospice has been serving Grayson and Fannin Counties. As the only non-profit hospice, we serve patients and their families regardless of age, gender, race or financial status. All of our Home Hospice patients are in their final stages of an advanced or terminal illness and receive the same quality of care regardless of their ability to pay. Our Charity Care Program provides care for those without insurance, Medicare, Medicaid or other financial resources. With the rising cost of healthcare many individuals turn to our program to obtain medications, care and support that they can no longer access from the healthcare system.

**Name**
Nancy Jackson

**Title**
Director of Community Development

**Email**
nancy.jackson@homehospice.org
A. What is the current gap(s) in THF’s four-county service area that requires financial support? Applicant’s MUST provide both quantitative and qualitative data to paint a picture of the need that includes county, state and national data.

Over the past 4 years, there has been a 300% increase in the number of visits to the area acute hospitals Texoma Medical Center (TMC) and Wilson N Jones Regional Medical Center (WNJ). In 2012, over 18,000 indigent patients visited the emergency rooms of TMC and WNJ. In 2015, based on the Medicare ratings for Hospital Compare, TMC was listed as a High Volume Emergency Department with between 40,000-60,000 visits each year and WNJ was listed as a Medium level with 20,000-40,000 patients. Many of those visiting no longer have a primary doctor and have to seek care in the local emergency rooms.

The Texoma Medical Center project focus was to divert non-emergent patients away from the emergency departments and expand access to primary and urgent health care to indigent health patients, Medicaid patients, Medicaid-eligible patients, and the working poor (i.e. uninsured and underinsured residents). Prominent diagnoses include cancer, renal failure, Alzheimer’s, cardiac disease, and lung disease.

Our experience is that indigent patients tend to come on hospice service sooner for: (1) the healthcare system becomes no longer available, (2) they do not have the funds to seek curative treatment and (3) they need assistance in purchasing medications and other medical care services. For many, we are the last safety net in the healthcare system for obtaining care at the end-of-life.

B. What demographic is most impacted as a result of the gap/need? How many residents do you project are currently impacted due to this gap?

We saw significant growth of indigent care needs in the 50-60 years of age range in 2014, 2015 and it continues in 2016. These individuals are typically those without insurance, Medicaid or other financial resources. We also had 3 patients under the age of 21 who were indigent. Our patient range in 2015 was from 1 day old to 105 years of age, with the largest majority of indigent patients between the ages of 50 to 65.

For 2015 the total indigent care days for Home Hospice were 2,531 at an average cost of approximately $164 per day. Our total investment in charity care/indigent care days was approximately $415,000. This equates to approximately 9% of our total patient care budget for 2015. We continue to see an increasing trend for 2016 and 2017.

Terminal illness has no boundaries regarding age, gender, race or financial status.

C. Who else is addressing this need in the community or region? Are you partnering with these agencies? If no, please explain?

There are no other non-profit hospice organizations addressing the indigent hospice care need in our service area.
D. For agencies that are collaborating, please explain their collaboration and include letters of support as an attachment. Important Note: Applications that include strong collaboratives will be viewed favorably.

Home Hospice works with several home health agencies to address selected health needs of patients requiring a specific certification or expertise not held by our staff. We also have contracts with area healthcare facilities to work together in meeting the needs of patients with respite care, hospital stays, and other non-emergent needs. Kroger supports our Petal Pusher program providing flowers to hospice patients.

We also work with the following agencies to provide resources and support for our patients and their clients:
• Grayson County Health Clinic
• Four Rivers
• Greater Texoma Health Clinic
• The Rehabilitation Center
• The Salvation Army
• Tri-County Senior Nutrition Project
• TCOG – Area Agency on Aging in Texoma
• Texas Oncology -Texoma Medical Center
• United Way of Grayson County

E. Please explain why funding is needed to address the need/gap identified? How will your specific project begin to make a difference?

The Charity Care program of Home Hospice allows dying individuals and their families to experience hospice care and services without additional financial burdens. It is the final safety net for indigent individuals and their families in our healthcare system to have a quality end-of-life experience.

It has been proven throughout the U.S. that palliative and hospice care reduce recurring hospitalizations and emergency room visits and increase the quality of life in individuals (and their families) that are living with a terminal illness. Those that have limited or no financial resources often fall through the cracks in the healthcare system which places them in emergency rooms seeking care when there are no other alternatives. Our goal is to help patients remain at home without costly medical interventions and hospitalizations. This would relieve some of the financial burden on Grayson and Fannin Counties.

Home Hospice is the only non-profit hospice organization in the area to provide end-of-life services for indigent families at a sufficient level to make a positive impact on the community. THF funding would allow us to continue the program and meet the growing needs of our community.

Our mission is to provide the best care and support to enhance the Quality of Life of our patients and their families. Our dedication to our mission extends to the growing indigent need in our community, providing quality palliative and hospice care to those who are terminally ill regardless of their funding sources. The Charity Care Program allows dying individuals and their families to experience hospice care without the stress of having to secure financial resources.

F. Please explain sharing of funds across collaborative partners – if the application includes partnerships.
Sharing of resource information with our partners through programs, materials and care for their patients. There is no sharing of funding.

1. Describe in detail the overall project that is being proposed. What are you asking to implement? Who will implement it? What will it look like day-to-day? Who will it benefit?

Our charity care program includes hospice and palliative care for those without insurance and provides the opportunity to serve those individuals who, because of financial status, do not qualify for Medicaid or are not eligible for Medicare. Home Hospice serves not only the patient, but also the caregivers which in most cases are family members.

Through the Charity Care Program, we serve patients regardless of age, gender, race or financial status who will benefit from this program. All of Home Hospice patients are in their final stages of a terminal illness and our services address physical, emotional, psychosocial, financial and spiritual needs.

Home Hospice provides end-of-life care with respect and compassion assisting patients and their families to maintain dignity and quality of life. Our patients and families control the plan of care and work with our hospice interdisciplinary team to develop interventions that best support their care goals. The patient retains their independence and directs their own care for as long as possible.

We help them address physical, emotional, psychosocial, financial or spiritual symptoms, needs and issues reflective of the dying process. This care and support is done through the services of an interdisciplinary team including physicians, nurses, social workers, aides, chaplains, volunteers and office staff.

Our services include:
• Nursing care
• Medications
• Medical and Equipment supplies
• Personal Aide care
• Physician visits and reviews
• Social Work support
• Bereavement support and special programs
• Spiritual Chaplains
• Grief and Loss Support Groups
• Volunteers: Patient and Family care, Legacy, Petal Pushers, Pet Peace of Mind, Veteran’s programs
• Patient, Family, Caregiver, Healthcare, Physician and Community educational programs

2. Clearly explain specific activities that will take place as a result of the grant.

Through our Interdisciplinary Team, we are able to provide emotional, resource, spiritual and bereavement support to the patient, their families and caregivers. Education provided by our clinical staff helps those in a caregiving role by increasing knowledge and understanding of healthcare decisions and the disease process. In addition, we offer workshops and groups to help provide caregiver education and training.

The RN Case Manager is the manager of the patient plan of care and how the Interdisciplinary Team works together to support our patient. The RN, with support of LVN nurses and Aides, provides weekly care and support to the patient. They work on medication management, physical and
emotional needs, and identify ways to help both the patient and family cope with the advancement of their disease.

On a regular basis our Medical Director and Nurse Practitioner visit our patients wherever they call home – a house, a nursing facility, a motel or a bridge. They provide wound care, review medications, education and support as they help the patient and family through pain control and symptom management.

Our Social Workers help families with the resource and emotional sides of dealing with a life limiting and changing illness. The impact to the family as a unit and individually has far reaching consequences and our team works in many ways to help all involved find their balance.

We often forget the spiritual health of those suffering through an illness or the effect of grief on daily living. Our Spiritual Care Counselors meet each patient and family where they are in their spirituality and/or religion. They provide help to each patient family in addressing needs and closure while dealing with the issues of the illness before and concerns after death.

When called upon our Volunteers support the patient and family through socialization like games, music and reading. Or they might help around the home by mowing a yard, taking pets for a walk or picking up groceries. Our Volunteers provide meals, deliver flowers and make calls to provide that little extra support that makes all the difference when people are dealing with issues at end-of-life.

**Additional Information:**

This is a story of one of our Charity Care patients. Patients, regardless of their ability to pay, receive the same high quality level of care and support.

The patient had multiple issues at birth but through family care during childhood was able to establish a baseline of health into adulthood. Unfortunately, due to family loss the patient was placed under guardianship and had no funding for healthcare. Their health deteriorated and they became bed-bound until their condition became critical and they were admitted to the hospital.

Our Palliative Care Physician was called in to consult with the hospital care team. The patient went through numerous treatments but continued to decline and was placed on hospice care. Our nursing and social work team worked to address immediate needs: pain control, need for medical equipment and medical services when the patient returned to their home. Our nurse case manager worked with our physicians and was able to help control the patient's pain and symptoms. When the patient was discharged home our nurse provided education to the caregivers regarding ways to care for the patient as their disease progressed. This gave much needed relief to those providing care.

Our social worker was able to work with local resource agencies to provide additional support for the patient and caregivers including meals, special medical equipment and transportation. Our volunteer coordinator, used area volunteers to provide social interaction and caregiver relief. All of these were provided at no cost to the patient or guardian.

As our team continued care the patient's health gradually improved and they gained more freedom of movement. Within 4 months the patient was no longer bed bound and was able to move freely in the home. Our team worked closely with the caregivers to help with medication management and living conditions to support the patient's improved condition. After 5 months on our service the patient was discharged - their health had improved and they were no longer eligible for hospice.
In a Patient and Family Satisfaction survey, the patient's caregivers rated the hospice staff and volunteers as extremely helpful, stated that they had doubts about what hospice was and were amazed at our staff's work and the ability of the patient to recover. They were very satisfied with Home Hospice.

### Goal A

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Timeline / Due Date</th>
<th>Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to end-of-life healthcare</td>
<td>12-31-2017</td>
<td>Clinical Staff</td>
</tr>
</tbody>
</table>

**Goal Description**

Members of the community who have an advanced or terminal illness and are without the means to pay for healthcare services will receive quality hospice care.

### Goal B

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Timeline / Due Date</th>
<th>Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver support and education</td>
<td>12-31-2017</td>
<td>Interdisciplinary Team</td>
</tr>
</tbody>
</table>

**Goal Description**

Family members and caregivers will have support, education and guidance from staff members to provide care for their family members during the end-of-life journey and subsequent grief period. We will offer on-going workshops on Caregiving, End-of-life issues, Advance Directives and Support groups.

### Goal C

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Timeline / Due Date</th>
<th>Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement support</td>
<td>12-31-2017</td>
<td>Bereavement Coordinator / Volunteer Coordinator / Clinical Staff</td>
</tr>
</tbody>
</table>

**Goal Description**

Offer ongoing support and education regarding end-of-life focusing on grief and loss. This will be offered to our patients, their families, their caregivers and everyone in our community through support groups, informational resources and individual bereavement counseling.

### 3. What will look different/change in the region when the project is fully implemented?

A community where everyone facing serious illness and loss will experience the best possible Quality of Life.

### A. What specific geographical areas (communities, counties, etc.) will be impacted by the project?

Grayson and Fannin Counties - Patients and their families can live anywhere within the counties.

### B. How will the proposed project improve the health of residents?

The Charity Care program allows dying individuals and their families to experience their care without the stress of having to secure financial resources and a full range of support. Per our survey
feedback, families indicated that allowing the patient and family to control the plan of care, helped them to maintain their independence and greatly improved the quality of life for all involved.

C. How many residents will be directly impacted by the project?
Based on the current trend of 9% of our census, charity care could potentially impact 60-70 patients and their families, a total of 280-350 residents in the THF area. The average length of service for an indigent patient is 47 days.

D. Is there an indirect impact? If so, please explain.
Our service helps support the county healthcare plans to reduce the visits to the emergency rooms and the readmissions in less than 30 days. Our statistics show that patients on hospice services return to the emergency room less than 15% of the time. We work to help our patients and their families with creating the best possible environment and support to meet the goals of the patient. When people are in control they feel better and participate in the community and our future. Funding will allow Home Hospice to continue to offer charity care and serve the unfunded within the THF service area. Funding could delay any limit or cap on our hospice services to the indigent.

Impact to the THF community if Home Hospice does not provide charity care to indigent patients is an increase of medical costs and visits to area emergency rooms. Research indicates that a hospice stay up to six months saves the medical system 17-25% - reference to studies from Social Science Medicine, Journal of Oncology Practice, US Government Medicare office, Washington Association of Community Health Centers and Duke University).

E. What will happen if THF funds are not received?
If funding for indigent care is not received, our resources become limited in offering our services at $164 per day per patient. A potential outcome could be a cap on the number of charity care patients that could be served in a year or on service at the same time, amount of charity care expense per year or a reduction in services to the indigent. There are many for-profit and some non-profit hospice organizations that set limits on the number of patients on indigent care in a given time period. These patients are not admitted to hospice care, are encouraged to seek treatment at local hospitals or are provided limited services. Limited services could be - a patient is provided a set number of nurse visits or medication orders - and when the patient has reached their limit, they may not be provided with care or services when needed.

Our mission continues to be to offer a full range of services without specific limits on indigent care to ensure that we provide the best care and support for the Quality of Life of our patients and their families. The governing board of Home Hospice continually reviews current and projected financials, trends in funding, medical costs, and indigent care in the community. They would have to require a revision of our mission statement if a cap is instituted. If they did, this would add to the increasing underserved burden in the THF service area for the future.

Additional Information:
Patient Words:
“Everyone that comes to my home is so supportive and wonderful. I appreciate that. Home Hospice is so much more than what I thought it was. I always thought hospice was to help you die. You guys are here to help me get the most out of the time I have left.” - Jennie Dutton, Patient.
A. How will you know that change has happened? How will you monitor success and/or lessons to make adjustments and/or leverage opportunities?

All members in our community that request hospice services, and meet the eligibility guidelines for those services, are served regardless of the ability to pay. Family and caregivers that seek support and information from hospice staff regarding services receive assistance timely through family education, workshops and resource materials.

Our Bereavement support is provided through one-on-one counseling, grief workshops and support groups. Our programs and educational opportunities are scheduled to meet the needs of the community; based on current initiatives and in partnership with local agencies and health organizations, or to address a specific issue or incident.

B. How will you collect baseline data? What indicators/measures will you use throughout evaluation?

Baseline data is taken from our patient records in our electronic medical records system. Five-year trend for indigent care shows an increase from 4% in 2010 to 9% in 2015. This is an increase of 125%. Current baseline for 2016 is 9%. We also use our referral data to determine eligibility and admission for services plus our patient assessments.

Data will also be taken from attendance records for support groups and workshops, tracking data we use for bereavement counseling and resource materials.

We use a third party Patient and Family survey service to evaluate our care, information and support. Year-To-Date 100% of our surveys indicated that families received information and support needed and on a timely basis. Based on these surveys, each patient family received full access to information, education on medications and end-of-life process, plus caregiving support including volunteers. We also use an internal 10-14 day survey to evaluate family understanding and needs. We have received 85% Extremely Satisfied and 15% Well Satisfied scores through June 2016.

C. How will data be collected throughout the project? Who will be responsible?

Our clinical team is responsible for entering admissions, assessments, clinical notes and other data on a daily basis. We collect information on our patients through nursing assessments and notes, data on the patient and family through our psychosocial department, quality information through our compliance processes and third-party survey data from patients and patient families.

D. How often will you collect the data?

We collect data on a daily basis through Allscripts our electronic medical record software. Our Interdisciplinary Team shares data at our weekly meetings to use in evaluation of care plans. Our Quality Improvement team collects data daily and presents quarterly at our Performance Improvement meetings to ensure we are following our processes and meet the high standards of service. Third-party survey data is collected daily and distributed to us quarterly on patient experience, communication, pain control and satisfaction.

Additional Information:
CENSUS REPORT
A. Please describe the organizational structure relevant to the project, including a) the applicant’s experience/history with successful implementation and b) the availability of facilities.

Home Hospice, a 501(c)(3) organization, is licensed by the State of Texas, certified by Medicare and accredited by the Community Health Care Accreditation Program (CHAP). The organization is a member of the Texas and New Mexico Hospice Organization and the Texas Non-Profit Hospice Alliance.

As the only non-profit hospice in Grayson County, Home Hospice has been providing hospice services to the community for over 34 years (founded in 1982). Our staff brings a high level of experience and
expertise in patient care and bereavement services.

Our commitment is to the care and support of the terminally ill patient and their family throughout the final phase of life. We help them address physical, emotional, psychosocial, financial or spiritual symptoms, needs and issues reflective of the dying process. This care and support is done through the services of an interdisciplinary team including physicians, nurses, social workers, aides, chaplains, volunteers and office staff.

**Additional Information:**

Our community founded Home Hospice to be here when someone needs comfort, education, and support at the end-of-life. Starting as a volunteer organization our founding members of the board had a vision that we would always provide service to members of the community regardless of their ability to pay. We still carry that spirit today.

All of our Governing Board, Advisory council and Auxiliary members live in our service area. We continue to be locally governed, our staff live here and our offices are here in our service area. We do not have a corporate office that we report to and our revenues stay in our community. We were first here and plan to continue providing the care we are known for so we will always be here.

**B. Please complete the following Personnel Chart.**

<table>
<thead>
<tr>
<th>Position Title</th>
<th>% FTE to be dedicated to the project</th>
<th>Existing Staff</th>
<th>New Staff to be hired if grant is awarded</th>
<th>% FTE paid by THF grant</th>
<th>% FTE paid by other funding source</th>
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</thead>
<tbody>
<tr>
<td>Patient Care Staff</td>
<td>9</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>100</td>
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</table>

**C. Please attach a current list of Board of Directors (pdf, doc, or docx only).**

- [2016-GOVERNING-BOARD-ROSTER1.pdf](2016-GOVERNING-BOARD-ROSTER1.pdf)

**D. Attach bios of all current employees who will be working on this project.**

- [Home-Hospice-Staff.pdf](Home-Hospice-Staff.pdf)

**E. How many hours per week (on average) will each current employee be contributing to the project?**

Our Charity Care Program is offered as a regular part of our service. We do not dedicate a specific person(s) to those that are indigent as they receive the same quality of care and services as all of our patients. We calculate that 9% of the total days on service are indigent care and can use that equivalent amount for evaluation of the number of hours of staff time devoted to charity care.

**What is their current salary? (Please list)**

No new positions are being created.

**F. Attach job descriptions (including salary/hourly wage and hours per week) for new positions that will be created. If none, please state that no new positions will be created.**

- [No-new-positions-are-created-with-this-funding1.docx](No-new-positions-are-created-with-this-funding1.docx)
G. Attach an organizational chart of the lead applicant.

- HHGC-Approved-Org-chart-2-20161.pdf

H. Attach an organizational chart for the project (or that clearly includes the project).

- HHGC-Approved-Org-chart-2-20162.pdf

A. Describe in detail any cash-match and/or in-kind support that will be leveraged for the project outside of THF resources.

Central Health Services (CHS) provides medical equipment to our charity care patients at no charge to Home Hospice. Equipment can include hospital bed, walkers, special mattresses, barrier equipment, beside equipment and oxygen. Diversified Pharmacy works diligently with our staff to find medications that will provide the utmost in comfort at the lowest cost for our patients. We utilize the latest protocols and applications to better serve our patients while leveraging cost of care.

Other agencies and partners provide support for us to purchase basic medical supplies for our patients such as bed pads, gloves and supplements. Each year our Auxiliaries hold our annual Light Up A Life events to raise funds for basic patient supplies and equipment.

In 2015, Home Hospice had a total of 14,996 volunteer hours of which 8,679 hours were patient care hours. Using the same percentage of charity care days (9%) the amount of volunteer patient care hours for charity care is 781 hours. Computed at $20/hour (including benefits), our volunteers saved us approximately $15,622 in service to our charity care patients.

B. Please list organizations that have committed to the project and the amount secured, as well as the names of organizations in which you are seeking additional support for the project but have not yet received approval/confirmation.

United Way of Grayson County 2017 - $24,000
Wilson N Jones Foundation – request pending
Livengood Foundation –request pending

C. Please describe how you plan to sustain the project long-term (revenue, funding, etc.).

Each year-end our Board and leadership team look at the Charity Care Program expenses and determine the sustainability for the organization to continue with our mission. We evaluate our budget to set aside expenses from our grants, our donations and partner sponsors to estimate the impact to our budget. Our goal is to continue to reinvest in the community by providing care to the indigent at a level that we can annually sustain pending our funding from all sources.

The greatest uncontrollable are the continued increase in the cost of healthcare, the access to quality care and the growing indigent population within the communities that we serve. Each of these drives up either our cost or increases the demand for our services and what we provide, which increases the percentage of our budget that is unfunded.

As stated previously, if in our annual evaluation, we see the trend increasing of unfunded patients, then the board will need to act to change our mission and look at limits in the amount of services that we offer.
### Additional Information:
The team from Home Hospice are like Angels dressed in street clothes, I would be dead without them. After my diagnosis, I had died in my mind, but my body although not the same was still alive. It is hard to accept where I am now but my social worker has helped me see that my life still has meaning." Patient Joyce Fletcher

### Personnel (%FTE)

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<th>Amount</th>
<th>Match/In-Kind Source</th>
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### Equipment

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<td>Home Hospice</td>
<td>Two Dell Servers</td>
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### Supplies

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### Contractual

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<td>Third Party Surveys</td>
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### Other

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<tr>
<td>28000</td>
<td>28835</td>
<td>56315</td>
<td>Home Hospice</td>
<td>Assistance to Patients</td>
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<tr>
<td></td>
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<td>Various Operations Expenses</td>
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### Requested from THF Total
50000.00

### Match/In-Kind Amount Total
408898.00

### Budget Narrative:

**Personnel**
Patient Care Staff 9% FTE $291,568

Responsible for the hospice care for the indigent patient: nurses, social workers, medical directors, personal care aides, spiritual counselor, volunteers, bereavement coordinator.

($3,239,647/year x .09/FTE = $291,568)
Equipment
Two Dell Servers $4,500
New Server upgrade (last upgrade 2011) needed to support continued enhancements in electronic medical record software and the increased governmental agency demand for data. ($50,000 x .09/charity care = $4,500)

Supplies
Program Supplies $48,150
Medications, nursing supplies, food supplements, brief and diapers, personal care items, pumps and tubing, special bedding
(DME annual $160,000 + Medications annual $325,000 + Nursing supplies $50,000 = agency total $535,000 x .09/charity care = $48,150)

Contractual
Professional Fees $1,530
Third Party surveys, Special therapy services – massage, physical and occupational specialists
(Annual and special contracts total $17,000 x .09/charity care = $1,530)

Other
Telephone $8,325
Answering service, support services, after hours service
(Telephone annual $36,500 + Answering Service annual $56,000 = agency total $92,500 x .09/charity care = $8,325)

Postage and Shipping $1,350
Supplies, special patient orders, follow-up communications and mailings
(Agency postage and shipping total $15,000 x .09/charity care = $1,350)

Occupancy $5,445
Buildings, utilities, janitorial and other contractual maintenance
(Utilities $28,000 + Janitorial $9,000 + Lawn care $10,000 + Repair & Maintenance $13,500 = $60,500 x .09/charity care = $5,445)

Rental and Repair of Equipment $10,500
Computer equipment and medical software
(Information Systems $87,500 + Office equipment $50,000 = $137,500 x .09/charity care = $12,375)

Printing and Publications $5,180
Admission materials, subscriptions, patient education materials, support documents
(Document management $3,500 + Copiers & Supplies $49,200 = $52,700 x .09/charity care = $5,058)

Local Transportation $16,245
Mileage reimbursement expense for staff, agency vehicle maintenance
(Agency total miles 400,000 x .09/charity care = 36,000 miles x .45/per mile = $16,200)
Maintenance (Total agency $500 x .09/charity care = $45)

Conferences and Meetings $1,350
Registration fees for conferences, program meeting expenses
(Travel and Continuing Education for staff $15,000 x .09/charity care = $1,350)
Bonds, Insurance, Dues and Licenses $2,610
Fidelity bond, director and officer liability, agency liability
(Liability $15,000 + Dues & Licenses $17,000 = $29,000 x .09/charity care = $2,610)

Assistance to Patients $56,835
Special patient needs, hospital fees, nursing home fees, fees for respite care, ambulance services, bereavement, education
(Hospital costs $140,000 + Nursing Home Care $440,000 + Bereavement expenses $15,000 + Community Education $36,500 = $631,500 x .09/charity care = $56,835)

Miscellaneous Expenses $5,310
(Accreditation $5,500 + Audit/Accounting/Legal fees $15,500 + Marketing $38,000 = $59,000 x .09/charity care = $5,310)

Total @ 9% for charity care = $458,898

Attach copy of proof of 501c3 (pdf, doc, or docx only) status.(pdf, doc, or docx only)
- Home-Hospice-501c3-letter1.pdf

Attach copy of the lead applicant’s financials (last fiscal year) (pdf, doc, or docx only).