

**2024-2025 Metro Area Guidelines (11 county TGA) for
Every Penny Counts Emergency Assistance (EPC)
PO Box 582943
Minneapolis MN 55458
epc@alivness.org**

**612-331-7733
1-800-565-9028 (Toll free)
612-341-3804 (Fax)**

Every Penny Counts Emergency Assistance (EPC) program is available for low-income, HIV-positive Minnesotans. Please read these guidelines carefully. **Failure to complete the application or provide correct documentation will result in a delay in meeting your emergency need.**

- **Emergency Financial Assistance (EFA) which includes rent, utilities, phone, Food Voucher Assistance and Medical/Dental assistance are all at 400% FPG and below.**
- **There are three separate categories of funding. Clients have EFA funding out of one source of funding, Food Vouchers out of another source of funding and Medical/Dental out of another source of funding**
- **Rent assistance will be limited to 3 months of assistance per funding year or 3 accesses.**
- **Utility/phone assistance will be limited to 6 months of assistance per funding year or 6 accesses. May submit multiple utility bills for the same month and it will only count as 1 access.**

The 3 tier funding breakdown is as follows for Emergency Financial Assistance (EFA) rent, utilities, and phone:

Tier 1a: \$500 limit per funding year – for clients regardless of household size receiving any kind of rent subsidy and pay \$300 or less themselves toward rent. Must submit proof of current subsidy amount to receive rental assistance. Need actual amount client pays themselves toward the rent.

Tier 1b: \$700 limit per funding year – for clients regardless of household size receiving any kind of rent subsidy and pay \$301 or more themselves toward rent. Must submit proof of current subsidy amount to receive rental assistance. Need actual amount client pays themselves toward the rent.

Tier 2: \$1,500 limit per funding year – for single clients, married clients or for families of up to 3 legal dependent members living together.

Tier 3: \$2,000 limit per funding year – for families of 4 or more legal dependent members living together.

****Warning -** Any applicant on a subsidy that does not share their subsidy status or any applicant who list more legal dependents than they truly have to receive a greater amount of funding may be suspended or expelled from Every Penny Counts Emergency Assistance program.

EFA-rent, utilities, and phone: Eligible individual whose income is at 400% FPG and below may receive assistance per program year (July 1 – June 30) for the following from EFA funding:

Rent: Applicants must provide a copy of lease or a completed shelter verification form, current subsidy recertification letter, or application fee. Only pay clients portion of the rent when on a subsidy or in a roommate type of situation. *Cannot pay for damage/security deposits, storage fees, mortgages, pet fees, GRH and foster care/nursing home fees/rents are not eligible for assistance.*

Moving fees: Applicants must provide an invoice for professional movers or U-haul truck rental only.

Utilities: Applicants can apply for fuel oil, propane, gas, electric, or water bill assistance. Applicants must submit a copy of bill/s. *Cannot pay for garbage fees.*

Phone: For bundled services, you must submit a copy of the entire bill. *Cannot pay for cable, internet, streaming services, Comcast/Xfinity//Metro by T-Mobile bills, multiple phone lines, prepaid cards, prepaid phone plans and pay as you go phone plans are not eligible for assistance.*

EFA-Medical/Dental: Eligible individual whose income is at 400% FPG and below may receive up to \$1,000 assistance per program year (July 1 – June 30) for medical. This is separate funding and does not come out of your total funding based on the Tier you are eligible for:

Medical care: Doctor, outpatient hospital visits, clinic visits, mental health visits, home health care, substance abuse care, dental care, dentures, chiropractic care, vision care (including glasses), prescription co-pays, medical co-pays, health insurance premiums and medical transportation bills (ambulance, special transportation services) that are not paid from health insurance or other eligible sources. If requesting dental assistance, must include a copy of dental insurance card along with dental bill. Clients who are on Program HH should see about prior authorization from Program HH. Dental bills will be forwarded to Program HH if client is on HH for possible payment, if HH is unable to pay the dental bill they will notify EPC and then EPC will assist with it. All medical and dental bills need to be submitted to insurance plan for payment prior to sending to EPC. *Any type of inpatient hospital bills and cosmetic surgery are not eligible for assistance.*

Food Vouchers: Eligible individual whose income is at 400% FPG and below may receive assistance per program year (July 1 – June 30) for Food Voucher funding. This is separate funding and does not come out of your total funding based on the Tier you are eligible for:

Food: Food assistance is provided through Cub Foods gift cards. Individuals and families of up to three (3) dependents without a minor child can receive up to \$60 per month for a max of \$720 per funding year. Families of three (3) dependents or more with at least one (1) child can get up to \$100 per month for a max of \$1,200 per funding year. You may call to submit a request for food assistance for a specific month drawing, or request be submitted automatically for each monthly allotment drawing.

If you receive an official **eviction notice** (UD filing/letter from management company) and/or a **disconnection notice** before the next monthly drawing, you may submit a copy of the eviction or disconnection notice as well as a **payment plan** for immediate review and possible processing. Only one eviction or disconnection notice is allowed for immediate processing per client/family per funding year. After that any additional disconnection or eviction notices will be submitted into the regular monthly drawing process.

A complete application includes:

1. A completed **application form** (both sides) including your most recent **doctor's appointment date** and viral suppression data. A new application must be completed for each program year (July 1 – June 30). If you request assistance more than once during the program year and have a current application on file, you do not need to complete another application for additional requests.
2. **Proof of Ryan White eligibility must be provided.** A client must be active in Ryan White Centralized Eligibility and submit a At A Glance print-out showing the client is open to Ryan White services.
3. **Proof of Dental Insurance** such as a copy of current insurance card, written notice of coverage, or MN-ITS if only on MA or MNCare. Required for dental assistance requests only.
4. A **copy of the bill** you want paid, and/or a **copy of your lease or a shelter verification** form completed by your landlord if requesting housing assistance or moving invoice.
5. **If this is the first time you are applying** for assistance, please provide written verification of your HIV-positive or AIDS status signed by a licensed health care professional or a At A Glance printout.

EPC must collect Ryan White eligibility annually and lab appointment dates and viral suppression load results data from clients every six (6) months. EPC cannot provide assistance without current eligibility documentation.

Procedure

A drawing is conducted on the first business day of the month. Funds for emergency housing, utilities, medical and food assistance are divided evenly by month so that the same total of funding is available each month. Once the allotted monthly funding has been spent on individual requests, no further assistance will be available until the following month. All requests that meet necessary requirements will be submitted to the drawing.

Requests must be submitted by noon of the prior business day of the monthly allotment drawing. Requests for assistance will **not** automatically be carried over to the next month (except for monthly food allotment requests). If your request was not selected, you must resubmit your request to be considered for the following month's drawing or check the yes question on the application to have your request be automatically resubmitted into the next drawing, checking the yes box does not mean that your request will be automatically selected the following month, only that it will be submitted for the drawing.

Requests for assistance must be for **\$20.00 or more**. Requests for less than \$20.00 will not be processed (exception is for prescription co-pays, medical insurance premiums & medical co-pays).

Every Penny Counts makes assistance payments directly to the vendor. We will contact you by mail if your request **will not** be paid. EPC cannot reimburse a client for any out of pocket expenses.

To qualify for assistance, applicants must meet all eligibility requirements. **This service is funded by the federal Ryan White HIV/AIDS Treatment Modernization Act, Part B or Part B Rebate and as such is the Payer of Last Resort, so clients must have used any other available funding resources prior to accessing Every Penny Counts**

Clients will not be allowed to request that they be submitted until their funds are exhausted for EFA assistance.

PLEASE NOTE:

Please call our voicemail and leave a detailed message if you have questions. We will usually return your call within one (1) working business day. It can take up to five (5) business days (not including the actual drawing day) to process your request if it is selected and mail out checks. The EPC voice mail greeting is updated after each drawing to reflect program's status, funding availability, and the next drawing date. Due to holidays, drawing dates may be changed accordingly and noted on the EPC voicemail.

Food requests selected in the drawing will usually be mailed out around the 22nd of each month, any changes to this date will be included on the outgoing EPC voicemail.

During the grant period/year, program guidelines and the amount of funding allowed individuals is subject to change based on needs and/or the availability of funding. In the event of a program change, a notice will be sent to providers and the EPC voicemail will be updated.

EPC has a grievance policy. Contact the Minnesota AIDSLine (612-373-2437) for further information.