Alex Panton Foundation Financial Assistance Programme Policy

1. INTRODUCTION

1.1. This document is intended to set out the Alex Panton Foundation's (APF) Financial Assistance Programme Policy, and state specifically how the APF will provide financial assistance.

1.2. Persons who are without health insurance, have insufficient coverage, or can otherwise demonstrate an inability to pay for mental health therapy services may qualify for financial assistance from the APF.

1.3. Providing eligible persons with access to mental health through financial assistance is an essential element in fulfilling the APF's mission.

2. APPLICANT ELIGIBILITY

An applicant may be eligible for financial assistance if they have demonstrated to the satisfaction of a chosen Service Provider in the Cayman Islands that has partnered with the APF all the following prerequisites are met:

2.1. They are between the ages of five (5) and thirty (30) years old;

2.2. They are a legal resident in the Cayman Islands;

2.3. They have received a mental health diagnosis from a mental health professional, certified by CPM in the Cayman Islands ("Service Provider"). This diagnosis must fall within the scope of listed mental health conditions in section E in the APF Financial Aid Request Form A – Clinical Information;

2.4. They have no or limited health insurance coverage for mental health treatment or they have exhausted any health insurance benefits for mental health treatment that they do have; and;

2.5. They can demonstrate that, separate and apart from health insurance and governmental assistance, they do not have any other sufficient financial means such as parental income or other financial assistance of any kind that would cover the cost of treatment.

3. APPLICATION PROCESS FOR ELIGIBLE APPLICANTS

3.1. The applicant must make an initial connection with a chosen Service Provider. This Service Provider is required to assist with the application and provide assessment and treatment plan with costs (length of treatment plan at the Service Provider's discretion).

3.2. The Service Provider must send the completed form and the treatment plan to the APF through a secure medium determined by both (this can be a separate email address that is specifically for confidential items).

3.3. The Service Provider must send their invoice after the first visit along with the patient's diagnosis and proposal for treatment to the APF via email at assistance@alexpantonfoundation.ky.

3.4. The applicant must cooperate with the chosen Service Provider to provide all the necessary information to complete the application.

3.5. The applicant, if eligible, must apply for medical assistance from the Cayman Islands Government Department of Financial Assistance (DFA).

3.6. The APF Financial Assistance Committee ("Committee") will have fourteen (14) business days to review the chosen Service Provider's proposal for treatment and decide which costs they are willing to meet.

4. SERVICE PROVIDER PARTNERSHIPS

4.1. The Service Provider must accept the terms of the Financial Assistance Programme Service Provider Partnership Agreement.

4.2. The Service Provider agrees to absorb the cost of the first visit for the applicant to provide an assessment of treatment needed and determine if financial assistance is required by the applicant.

4.3. The Service Provider agrees to be listed on the APF's website and related promotional materials as a preferred Service Provider.

5. SCOPE OF THE APF FINANCIAL ASSISTANCE

5.1. The portion of the first visit that is not covered by insurance or after the first free assessment visit by the Service Provider for any applicant while the financial assistance application is under review by the APF Committee.

5.2. If the applicant is deemed eligible for financial assistance from the APF, the amount provided will be determined on a case-by-case basis depending on a set of criteria met for needs assessment as determined by the APF Committee.

5.3. The APF will provide written confirmation within fourteen (14) business days to the chosen Service Provider of the treatment and duration covered by the APF's financial assistance.

5.4. Applicants are permitted to re-apply via the chosen Service Provider as needed once financial assistance from the APF has been exhausted. At this time a prognosis will be required by the APF for the anticipated further treatment.

5.5. Financial assistance will not be guaranteed indefinitely.

6. CONFIDENTIALITY

6.1. The confidential personal data of applicants will only be known to the APF Committee and the Service Provider.

6.2. The diagnosis and the prognosis would be basic language and not give any other details of the treatment of any interactions between the applicant and the Service Provider.

6.3. The applicant will sign in agreement that the diagnosis and treatment plan will be known to members of the APF Committee.

6.4. The APF Committee may collect and use non-identifying demographic details (such as age range, gender identity, and nationality for the purposes of statistical reporting and non-identifying diagnoses to better understand the needs of the community. These demographic and diagnosis details are anonymised before use, and no identifying information about any applicant is ever shared beyond the APF Committee.