Santa Fe Community Foundation

The Santa Fe Artists' Medical Fund

Description

The Santa Fe Artists' Medical Fund was founded in 1998 by a group of Santa Fe individuals who were concerned about the problems encountered by visual artists, either working or retired, who lack insurance or are under-insured, and thus, liable to serious financial difficulties in the case of medical emergencies.

Applicants must be a resident of Northern New Mexico.

The Fund can distribute money to pharmacies, hospitals, and health care providers, but not to individuals. Assistance ranges up to $2,500.00 but varies depending on the applicant's circumstances. The Fund is advised by Santa Fe Community Foundation which evaluates applications for financial assistance and determines if medical bills can be paid (partially or in full) from the Fund.

The Fund is available for medical purposes and the costs related to medical care.

Requests for financial assistance must meet the following criteria:

- Funds are available for medical purposes and the costs related to medical care to Visual Artists, whether working or retired.
- The applicant has no health insurance or insufficient health insurance (The Fund can be used to help pay a deductible, extra medical costs not covered by insurance, or extraordinary expenses related to medical costs).
- The applicant lives and works in northern New Mexico.
- The applicant has submitted an application and proof of meeting criteria to the Santa Fe Community Foundation
- Special cases which are not ordinarily eligible under the above guidelines will be considered on a case-by-case basis.

Documentation Required:

1. Summary of uncovered costs (see below)
2. Written statements indicating the need for medical care and the lack of health insurance or insurance coverage for treatment (see below)
3. Most recent income tax return or other proof of income (form 1099, W-2, pay stubs, etc.)
4. Copies of unpaid bills
5. Proof that you are a professional artist with one or more of the following: gallery representation, website, social media

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APPLICATION FOR FUNDS

Applicant Name_____

Address_____

_____

Phone number(s)_____

Email_____

Website(s)_____

Social Media_____

Representing Gallery_____

Health Care Provider Name and Phone_____

Amount of funds requested $_____

Summary of Uncovered Costs (add up the following as needed):

- Insurance Deductible Cost
- Health Care Provider Fees
- Hospital Fees
- Labs/Imaging Costs
- Home Medical Equipment and Supplies
- Other Medical Expenses

Uncovered Item:	**Cost:**
Insurance Deductible	$
Health Care Provider Fees	$
Hospital Fees/Labs/Imaging	$
Home Medical Equipment and Supplies	$
Other:	$
TOTAL	$

Please respond to the following:

1. Specify the medical needs or associated costs related to injury/treatment that you are requesting funds for.

2. Provide a written statement indicating the lack of health insurance or appropriate coverage for treatment.

I pledge that the information provided above (and attached) is accurate. Providing misleading or incorrect information will be reason for disqualification.

Signature:_____ Date:_____

Submit application to:

Diane Hamamoto, Grants Officer
Santa Fe Community Foundation
P.O. Box 1827 Santa Fe, NM 87504-1827 (mail)
501 Halona Street, Santa Fe NM (physical)
(505) 988-9715 ext. 7008 Fax : (505) 988-1829
dhamamoto@santafecf.org SantaFeCF.org