



THE 100% CHARITY

FRIENDS OF MAN®

helping those in need...



Colorado Guidelines for Referring Professionals

Friends of Man is an all-volunteer charity founded in 1982. We depend on you, the professional who is in direct, local contact with the applicant, to be our link with people who need help.

Who Can Serve as a Referring Professional?

Social Worker, Patient Navigator, Health Care Professional, Clergy, Therapist, Teacher, Employer

Who Cannot Serve as a Referring Professional?

Vendors, Friends, Family

Who is Eligible for Assistance?

- Colorado resident for at least one year. If less, please request Out-of-State Guidelines
- Total household income of 250% or less of Federal Poverty Guidelines
- Persons living in a stable environment, not homeless or in institutional care
- U.S. citizens
- Non-citizens who provide proof of residency for at least 5 years, as well as documentation (preferably tax returns, ITIN) of work history in the United States

What assistance is available to Colorado applicants?

Wheelchairs	Daycare	Mobility Equipment
Prostheses	Dental	Vans, Van Modifications
Eyeglasses	Prescriptions	Hearing Aids
Clothing	Therapy	Orthopedic Shoes
Food	Medical Equipment	Limited Home Mods

What does NOT qualify for funding?

- Back bills (items or services that have already been ordered or received, or work started)
- Utilities, rent, other ongoing expenses
- Exams, diagnostic procedures
- Emergencies

Payment Policy If funding is awarded, Friends of Man pays vendors directly, only AFTER the item or service has been provided per our written approval

Tips to Facilitate the Application Process

- Application filled out completely, including background (e.g., information about work history, family relationships, medical issues, obstacles, etc.)
- Income and expenses of everyone living in the household
- Printed name, legible signature, and date for both the caseworker and applicant on page 4

Required Attachments

- Photo ID of the applicant (either mailed or scanned, as faxed copies are usually illegible)
- Vendor estimate on letterhead
- Physician documentation for requests involving disability or illness

Specific Guidelines for Types of Request

You may request a checklist for the item or category of need of your request

Hearing Aids: An audiogram with speech results and written estimate from the vendor including hearing aid make and model and warranty. Only low-cost, low-technology hearing aids unless a special requirement is documented. We do not pay for exams or Hear Now application fees.

Eyeglasses: Written estimate, low cost (\$250 or less) from vendor who will follow our Payment Policy

Bus Passes: For school children and working adults only

Clothing for Children and Working Adults: A letter from your supervisor authorizing you to accompany the applicant shopping at Target. A list of clothing items requested for each applicant.

Daycare for Currently Employed Applicants: Estimate from a licensed provider listing cost, days and hours being requested, and a statement that the applicant is current on monthly daycare payments.

Dental: Please request our Dental Checklist. Check if applicant is eligible for Medicaid benefits (1-800-221-3943) or Colorado Health Dept. Senior Dental benefits (303-692-2470).

Home Modifications, Ramps: Applicant must own home, and additional requirements as in Medical Equipment, listed below.

Vans, Auto/Van Modifications: Copy of driver's license, registration, proof of insurance, independent verification of vehicle's condition, and written vendor estimate. Physician documentation of medical need.

Prescriptions: List of Prescriptions and cost at King Soopers or City Market Pharmacy, and Physician letter verifying prescription list and description of need and condition of applicant.

Medical Equipment, Supplies, Procedures, Mobility Equipment, Wheelchairs, Prostheses, Assistive Technology: Written vendor estimate, a letter from the applicant's physician describing his/her overall health and the specific need. Amount of copayment that has been found or requested.

Food: During a temporary period of medical treatment.

Gasoline: For transportation to medical treatment. Must own vehicle. Submit copy of license, registration, and current proof of insurance.

Please call or email if you have questions before or during the application process

FRIENDS OF MAN

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*Signed Application Forms may be mailed or emailed, not faxed
Subsequent documentation may be faxed or emailed*