

## PRC/EMERGENCY FINANCIAL ASSISTANCE

### WHO WE ARE

In 2017, AIDS Emergency Fund merged with Positive Resource Center and Baker Places and became PRC/ Emergency Financial Assistance. We have helping people with AIDS since 1982. We are a private non-profit organization that provides financial assistance to men, women and children living with HIV/AIDS.

It is our goal to provide you with emergency financial assistance quickly and with a minimum of bureaucracy. By following the instructions inside, you can help speed up the process. Please keep in mind that we are a volunteer-based and community-funded organization. We are all doing our best amid the many challenges that HIV/AIDS brings to our lives.

Most of our funding is Ryan White funding, administered by the San Francisco Department of Public Health, and the rest comes from private donations, as well as corporate and foundation support and community fund raising.

Volunteer staffing, with minimal paid personnel, enables us to channel a large percentage of Contributions directly to payments on behalf of clients

## PRC/EMERGENCY FINANCIAL ASSISTANCE

170 9TH STREET  
SAN FRANCISCO, CA 94103

415.777.0333  
415.864.4042 FAX

**www.prcsf.org**

Please call or e-mail to schedule and appointment:

Martin Muneton (415) 972-0857

[martin.muneton@prcsf.org](mailto:martin.muneton@prcsf.org)

Evelyn Castro (415) 972-0858

[evelyn.castro@prcsf.org](mailto:evelyn.castro@prcsf.org)

Closed on all Bank Holidays

Client Name: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Current Availability: \_\_\_\_\_

Availability as of: \_\_\_\_\_

In order to be fair and equal to everyone, our policies and procedures are set by the Board of Directors. Office Staff are unable to make any exceptions to any policy or procedure.

You do have right to appeal and we welcome comments. Please address all correspondence to the above address.

Please allow 1-2 weeks for processing of all requests. Please also allow additional time required for mailing - dependent on the location of payee.

**Note that requirements and funding limits can be changed without notice.**



## EMERGENCY FINANCIAL ASSISTANCE

**Real Help  
For Real People Living with HIV  
Right Now**

*Since 1982, AIDS Emergency Fund (AEF) has provided emergency financial assistance to cover basic living expenses for more than 35,000 low-income people struggling to pay their bills while battling HIV or AIDS. In 2017, AEF merged with PRC and became Emergency Financial Assistance (EFA)*

## Qualify

- Must have a medical diagnosis stating HIV positive
- Must be a San Francisco resident
- Total monthly income must be \$1,011\* or less (for one person). Varies by program

## How to Apply

Come to the PRC Integrated Service Center in person, or call (415) 777-0333 for a referral to one of our collaborative intake agencies. If you are incapable of applying in person, a social worker or someone with your financial power of attorney can conduct business for you.

## Requirements

- Current letter of HIV diagnosis
- Current proof of monthly net income (dated within 6 months) like benefits award letter or bank statement showing deposit
- Current proof of SF resident (dated within 6 months). Could be current official utility bill, piece of official mail or bank statement
- Picture I.D.
- Rental agreement/lease if we are to pay rent

NOTE: *We cannot start to process a request until all the above documents are in your file.*

## Payments

Upon completion of your file, you are eligible to receive up to \$500 for the first year. This money may be used to pay for:

- Rent
- Utilities
- Phone
- Medical insurance premiums
- Medical expenses not covered by insurance
- Pre-arranged funeral cost (limited)
- Immigration legal fees
- Move-in or eviction prevention costs (special income allowances)

NOTE: *Payment is ONLY to the actual provider of goods or services (vendor), never to the client.*

## Rent

We will pay only the actual owner or master tenant. We require a copy of the lease or rental agreement letter showing your name, the address of the rental property, monthly amount and proof of ownership or tenancy of the master tenant (like a current utility bill or piece of official mail), with address if owner lives off site.

## Phone/Utility/Medical

We need the first page of the bill with payment coupon. We will only pay your share of shared expenses.

## Our Checks

Our Checks do have our agency name on them. On the memo line will have clients name and vendor account number, whenever possible. Checks are mailed directly to vendors.

## Renewal Date

The client renewal date is one year from the date the client last applied. This date is marked in the client's file.

## Renewal Process

The client may apply for another grant one year after the last enrollment date. We cannot grant early renewal of client files. In order to renew , we require:

- Current verification of monthly income and San Francisco residence
- If the client has moved, a new rental agreement. If the need is rental assistance, or other proof of residency

## What Is Not Covered

Emergency Financial Assistants currently does not cover such as:

- Sliding-scale program fees
- Gym memberships or other non-emergency services