



Heart to Heart International is a global humanitarian organization that inspires, empowers and mobilizes the individual to serve the needs of the poor in their community and around the world. HHI accomplishes this mission through partnerships that promote health and provide opportunities for meaningful service. Before proceeding to and completing the Custom Order/ Ready Relief Box application, please read the following.

HHI provides qualifying organizations with access to medicines and medical supplies for use in their medical projects, both in the United States and throughout the world.

HHI currently offers two service options:

CUSTOM ORDER: HHI's Custom Order program allows organizations to select medicines and medical supplies from the Custom Order Catalog and the Custom Order Specialty Item Catalog.

The Custom Order Catalog and Custom Order Specialty Item Catalog are distributed on a bi-weekly basis, and organizations should allow at least one week for HHI to process a Custom Order.

If any questions or concerns arise regarding HHI's Custom Order program, please contact Brian Scheel at 913-764-5200 or brian.scheel@hearttoheart.org.

READY RELIEF BOX: HHI's RRB is a prepackaged box that contains such items as over-the-counter pain relievers, antibiotics, topical creams, allergy medications and first aid supplies. A doctor's bag with a stethoscope, otoscope, and blood-pressure cuff can be added to the box upon request.

The box can ship quickly, often next-day, and its contents remain largely consistent throughout the year.

If any questions or concerns arise regarding HHI's RRB program, please contact Emma Spong at 913-764-5200 or emma.spong@hearttoheart.org.

NON-PROFIT STATUS: HHI requires all organizations that are interested in participating in the Custom Order and RRB programs be registered as or affiliated with an organization that is registered as a 501(c)(3) non-profit with the Internal Revenue Service (IRS).

Other types of non-profit organizations, such as religious or service organizations, may also qualify. If any questions arise regarding the eligibility of an organization, please contact either Brian Scheel or Emma Spong at 913-764-5200.

PRESCRIPTION MEDICINES: With each request for prescription medicines, organizations are required to submit a Practitioner Agreement Form. This Practitioner Agreement Form must be completed by the Physician (MD or DO), Optometrist, Dentist, Podiatrist or Pharmacist that will be responsible for the distribution of those prescription medicines.

The Practitioner Agreement Form can only be completed by a Physician (MD or DO), an Optometrist, a Dentist, a Podiatrist or a Pharmacist that is licensed in the United States. A Physician's Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) may order prescription drugs from HHI only under the supervision of a Physician (MD or DO) that is licensed in the United States whose information must also be included on the Practitioner Agreement Form.

Please note that because each RRB contains prescription medicines, all organizations participating in the RRB program will be required to submit a Practitioner Agreement Form.



HANDLING FEES: HHI charges a handling fee for each Custom Order and RRB order. These fees help cover a portion of HHI's operating costs.

CUSTOM ORDER: The handling fee for a Custom Order is \$300 per pallet (53 cubic feet). There is no limit to the number of pallets that an organization can order.

CUSTOM ORDER SPECIALTY ITEM: For the Custom Order Specialty Item Catalog, there is a specific handling fee for each item and a minimum handling fee of \$150.

The handling fees for Custom Order Catalog and Custom Order Specialty Item Catalog include the cost of shipping.

READY RELIEF BOX: The handling fee for HHI's RRB is \$500 and the handling fee for HHI's RRB w/ Doctor's Bag is \$650.

The handling fees for the RRB and RRB w/ Doctor's Bag also include the cost of shipping.

SHIPPING: HHI requires organizations located in the Kansas City area to pick up Custom Order and RRB orders from HHI's Global Distribution Center (1021 Pacific Avenue, Kansas City, KS 66102).

For organizations that are located outside of the Kansas City area, Custom Order and RRB orders will be shipped. Please note that HHI will not ship to PO Boxes or to addresses located outside of the United States.

ORDERS ARE FINAL: After leaving HHI's Global Distribution Center, neither Custom Orders nor RRB orders can be returned to HHI for a refund.

ENSURING THE SAFETY OF ORDERS: Donor companies entrust HHI with their products, and it is essential that HHI maintains a reliable and secure distribution system. It is crucial that organizations carrying medicines, medical supplies or any other type of product received from HHI be careful to ensure that the medicines, medical supplies and any other type of product is not lost or stolen. If such a scenario should occur, it is essential that organizations notify HHI immediately with a complete list of the medicines, medical supplies or any other type of product involved.

PROVIDE AN IMPACT REPORT: HHI requires all organizations to provide an Impact Report. Organizations that fail to provide an Impact Report will no longer be permitted to participate in the Custom Order or RRB programs.

Heart to Heart International

401 S. Clairborne, Ste. 302
Olathe, KS 66062
Ph: 913-764-5200
Fx: 913-764-0809



Custom Order/ Ready Relief Box Application

Organization Name:

Address (1):

Address (2):

City:

State: Zip:

Phone (1):

Phone (2):

Fax:

Website:

Is this organization registered as 501(c)(3) charitable organization or non-profit with the IRS or affiliated with an organization that is registered as a 501(c)(3) charitable organization or non-profit with the IRS?

Yes No

If yes, please include a copy of the document verifying the 501(c)(3) status of this organization or this organization's affiliate with the completed application.

Has this organization ever received medicines, medical supplies or any other type of product from Heart to Heart International?

Yes No

If yes, when?

If no, referred by:

Primary Contact:

Title:

Address:

City:

State: Zip:

Phone (1):

Phone (2):

Fax:

Email:

Secondary Contact:

Title:

Address:

City:

State: Zip:

Phone (1):

Phone (2):

Fax:

Email:

Project Country:

Region/ State:

City:

Address (1):

Address (2):

Is this project ongoing or permanent?

Yes No

If no, please provide the start date and the end date for this project:

Project Start Date:

Project End Date:



Please describe your organization, or your organization's objectives for this project:

Please describe the community that your organization serves, or intends to serve through this project, along with the community's medical needs:

What types of programs or services are provided by your organization, or will be provided by your organization through this project?

What product or type of product is or will be necessary for your organization to provide the services described above?

If your organization's project is ongoing or permanent, approximately how many people are treated by your organization on an annual basis?

If your organization's project has set start date and a set end date, approximately how many people will be served by the project?

If your organization will be travelling outside of the United States for this project, how will the medicines, medical supplies or any other type of product that you receive from Heart to Heart International be transported and stored upon arrival? If you will be requesting medical equipment, have you familiarized yourself with the voltage and plug-type requirement of the country that you are travelling to?

Additional comments or details:

Please select the service or services that would be the most beneficial to your organization or your organization's project:

- Custom Order (Choose From Catalogs of Available Medicines and Medical Supplies)*
- Ready Relief Box (Prepackaged Box of Medicines and Medical Supplies)**

* If you have selected "Custom Order," please skip page three of the application and go directly to page four of the application.

** If you have selected "Ready Relief Box," please complete page three and page four of the application.



The Ready Relief Box is a prepackaged box that contains such items as over-the-counter pain relievers, antibiotics, topical creams, allergy medications and first aid supplies. A doctor's bag with stethoscope, otoscope and blood-pressure cuff can be added to the box upon request.

The Ready Relief Box can ship quickly, often next-day, and its contents remain largely consistent throughout the year.

The handling fee for the Ready Relief Box is \$500 and the handling fee for the Ready Relief Box w/ Doctor's Bag is \$650. The cost of shipping is included in the handling fee.

	Number of Ready Relief Boxes:	Fee/ Box:	Sub-Total:
RRB:	<input type="text"/>	<input checked="" type="checkbox"/> \$500 =	<input type="text"/>
RRB w/ Doctor's Bag:	<input type="text"/>	<input checked="" type="checkbox"/> \$650 =	<input type="text"/>
Grand Total:			<input type="text"/>

Because the Ready Relief Box contains prescription medicines, a licensed health care practitioner must complete the following Practitioner Agreement form. Organizations receiving prescription medicines through the Custom Order Catalog or the Custom Order Specialty Item Catalog will be required to complete a similar Practitioner Agreement Form, but are not required to complete the following Practitioner Agreement Form at this time.

Only health care practitioners, licensed in the United States, may complete the following Practitioner Agreement Form. In addition to licensed pharmacists, a licensed health care practitioner is defined by the Kansas State Board of Pharmacy as an individual that is licensed to practice medicine and surgery, dentistry, podiatry or an optometrist licensed under the optometry law as a therapeutic licensee or a diagnostic and therapeutic licensee.

A Physician's Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) may order prescription medicines from Heart to Heart International only under the supervision of a licensed physician (MD or DO) whose information must be included in the following section.

By signing below, the health care practitioner assumes full responsibility for the prescription medicines received from Heart to Heart International with the understanding that they are only to be used in the country, and within the context of the project that has been described on this application. If any prescription medicines are lost or stolen, immediately report the incident to Heart to Heart International.

Practitioner Name:	<input type="text"/>	Practitioner Type:	<input type="checkbox"/> Dentist
Address:	<input type="text"/>		<input type="checkbox"/> Doctor of Osteopathic Medicine (DO)
City:	<input type="text"/>		<input type="checkbox"/> Doctor of Medicine (MD)
State:	<input type="text"/>	Zip:	<input type="text"/>
			<input type="checkbox"/> Optometrist
			<input type="checkbox"/> Pharmacist
			<input type="checkbox"/> Podiatrist
Phone:	<input type="text"/>	State of Licensure:	<input type="text"/>
Fax:	<input type="text"/>	License Number:	<input type="text"/>
Email:	<input type="text"/>	Signature:	<input type="text"/>

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Custom Order/ Ready Relief Box Shipping Information Sheet

Heart to Heart International requires all organizations located in the Kansas City area to pick up their orders from Heart to Heart International's Global Distribution Center at 1021 Pacific Avenue, Kansas City, KS 66102.

For organizations that are located outside of the Kansas City area, orders will be shipped. Please note that Heart to Heart International will not ship to PO Boxes or to addresses that are located outside of the United States.

You may change the shipping address at anytime. However, if you want to change the address while the order is in transit, you will be responsible for covering the fees necessary to do so.

If you would like to use an alternate shipper, Heart to Heart International will provide you with the necessary information; however, you will be responsible for arranging the shipment.

If shipping will be required, please enter below the address to which you would like your order(s) to be shipped.

Organization:	<input type="text"/>	Address Type:	<input type="checkbox"/> Business
Attention:	<input type="text"/>		<input type="checkbox"/> Limited Access
Address (1):	<input type="text"/>		<input type="checkbox"/> Commercial Site
Address (2):	<input type="text"/>		<input type="checkbox"/> Military Site
City:	<input type="text"/>		<input type="checkbox"/> Religious Site
State:	<input type="text"/>	Zip:	<input type="checkbox"/> School/ University
Phone:	<input type="text"/>		<input type="checkbox"/> Storage Unit
Fax:	<input type="text"/>		<input type="checkbox"/> Residence
Email:	<input type="text"/>		

I agree to the following on behalf of (organization name):

Product will only be used in the country that is specified on this application and it will only be used for the poor. It will be given freely, meaning that it will not be sold, bartered or used for any purpose other than the declared project objectives.

It is the responsibility of myself to ensure the proper administration and distribution of all of the medicines, medical supplies or any other type of product received from Heart to Heart International, including adherence to all applicable regulations regarding the transportation of medicines, medical supplies or any other type of product in the United States and in the country specified on this application, as well as the proper disposal of expired medicines and medical supplies.

Product will not be used to provide direct or indirect support, material or otherwise, to a known terrorist organization.

I will provide Heart to Heart International with a report, complete with pictures, detailing the activities and the impact or overall outcome of the project described on this application.

Signature: Date: