

## Applying for Financial Assistance for Leprosy Patients

Financial assistance of RM300/month to support treatment compliance for the full duration of the doctor-prescribed program (only for patients currently undergoing treatment).

### Malaysian Leprosy Relief Association (MaLRA) Submission Checklist

Please ensure the following documents are complete before submission:

	Item	Notes
1	<b>Formal Letter from treating Facility</b>	Must be on an official letterhead with a signature Include : <ul style="list-style-type: none"><li>● Diagnosis of leprosy</li><li>● Current Treatment status</li><li>● Required duration of treatment</li><li>● Phone number of treating doctor</li><li>● Detailed information on the patient's condition</li></ul>
2	<b>Investigation Results</b>	Attach supporting investigation results such as: <ul style="list-style-type: none"><li>● Slit Skin Smear (SSS)</li><li>● Any other relevant results</li></ul>
3	<b>Patients Data</b>	<ul style="list-style-type: none"><li>● Clear and Legible photocopy IC</li><li>● Phone number of patient</li><li>● Email (if applicable)</li><li>● Address (if different from IC)</li><li>● Dependents (if any)</li><li>● Marital status</li><li>● Current employment ( Position, Employer ,Salary)</li><li>● Malaysian only</li></ul>
4	<b>Bank Account Details (If Available)</b>	If Patient has a bank account, provide : <ul style="list-style-type: none"><li>- Copy of bank statement showing :</li><li>- Patients' name</li><li>- Account Name</li></ul> If the patient <b>does not</b> have a bank account, please provide: <ul style="list-style-type: none"><li>- A bank statement under the next of kin's name.</li><li>- A copy of the next of kin's NRIC and a document confirming the relationship with the patient, such as the patient's birth certificate or marriage certificate.</li></ul>
5	<b>Additional Documents ( if any)</b>	Include any other relevant medical or supporting documents that may assist in the assessment.
6	<b>Treatment Extension Requests</b>	When requesting a treatment extension, provide MaLRA HQ with: A formal doctor's recommendation or supporting letter explaining the need for extension.

7	<b>Treatment Completion Notification</b>	Notify MaLRA immediately once treatment is completed, even if earlier than expected, so financial assistance can be stopped.
8.	<b>Financial Assistance Application Form</b>	Fill out the Financial Assistance Form and attach all supporting documents.
9.	<b>Other Support Options</b> (require a doctor's prescription/recommendation and quotation where applicable.)	<ol style="list-style-type: none"> <li>1. <b>Prosthetics</b> – medical devices to assist with daily activities</li> <li>2. <b>Mobility Aids</b> – wheelchairs, walking aids, or other assistive devices</li> <li>3. <b>Hearing Support (Ear)</b> – hearing aids or ear care if affected</li> </ol> <p><b>*Covers 50% of the cost for Prosthetics, Mobility Aids, or Hearing Support</b></p> <ol style="list-style-type: none"> <li>4. <b>Funeral/Burial Relief</b> : financial support for deceased patients <ol style="list-style-type: none"> <li>a. RM 500 (one-time basis)</li> <li>b. Provide death certificate and proof of relationship</li> </ol> </li> <li>5. <b>Transportation:</b> Assistance with travel for medical appointments or treatment. <ol style="list-style-type: none"> <li>a. Submit a written request explaining transportation needs.</li> <li>b. Applications are subject to review and approval</li> </ol> </li> </ol>


**\*\*\*\*\*Terms & Conditions (T&C)**


- If the patient requires an extension or ends treatment earlier than expected, please provide at least 1 month's notice so that support can be adjusted accordingly.
- A one-time extension of up to three (3) months is allowed only with the treating doctor's request and a supporting letter.

**Submission Instructions**

Completed documents may be submitted via **email** or **Whatsapps** to MaLRA HQ

 **Email:** mleprosy@hotmail.com

 **Phone / WhatsApp:** 019-214 4050 ( Ms Chang)

 **Website:** <https://www.malra.org.my/>