

Kidney Foundation of Summit County  
A Kidney Foundation of Ohio affiliate  
Nutrition Oral Supplement Grant Program

- Social Worker or dietitian must complete the application with the patient requesting financial assistance to obtain nutrition oral supplement. The patient must sign the privacy practices page and release of information to allow the KF of Summit to coordinate the grant program with Mobile Meals., Inc. The application is then forwarded to the KF of Summit Co. for approval. The KF will alert SW and RD of approval. The RD will fax the Mobile Meals referral using the standard Mobile Meals process along with the letter of grant approval.
- The Nutrition program is dependent on charitable donations. If the grant program is not funded adequately, the SW and RD will be given 30 day notice to alert the patient and make attempt to find another source for the supplement. If fundraising provides for greater funding of this program, SW and RD will be alerted so that more patients can utilize this grant program.
- Each application will be considered on an individual basis. However, special consideration is given to those patients who are 300% or below of the FPL.
- **The grant will allow for \$60 per month towards nutritional supplements. Example, a grant that is approved for August-Dec., will have \$300 set aside by the Foundation for supplement. That amount can be used until depleted. There will be no additional money allocated for that patient, so if they use the entire amount before end of year, other arrangements will need to be made to obtain the supplement.**
- Only the supplements currently available through Mobile Meals, Inc. are part of the grant program.
- The grant expires Dec. 31, 2017.
- The intent is for the program to continue in 2018, if there are adequate funds. However, the patient will need to re-apply for 2018. Those applications will be made available in Nov. 2017, to avoid lapse.
- The completed application, signed privacy practices and release form, and appropriate contact information for SW and RD involved (which must include email address, phone, and fax number as these will be the primary method of communication regarding the grant program approval) must be submitted to

Kidney Foundation of Summit County  
C/O Carolyn Henretta , executive secretary  
4069 Glencairn Grove  
Stow, OH 44224  
[Carolynruns@yahoo.com](mailto:Carolynruns@yahoo.com)  
330-807-1083  
**Fax: 330-864-1236 (fax applications)**

**Kidney Foundation of Summit County  
2017 Nutrition Oral Supplement Grant Program**

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

Patient Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender:    M            F

**Ethnic Origin: circle**

African-American

Caucasian

Latin American

Native American

Other

County of Residence: \_\_\_\_\_

Household Monthly Income from all sources: \_\_\_\_\_

Number of people residing in the household: \_\_\_\_\_

Has the patient received KF assistance in 2017? \_\_\_\_\_

What other assistance has been attempted to obtain nutrition supplements:

\_\_\_\_\_

Is there potential for future eligibility for above mentioned programs? \_\_\_\_\_

Professional attestation: I believe that the above information is accurate to the best of my knowledge. The patient has been informed that this program is based on charitable donations and that if funding diminishes and the program can no longer be available, there will be 30 day notice of termination of the grant. Since only a limited number of patients will have access to this program, it is imperative that the patient commit to taking the supplement as directed so that these funds are not misused. If it is apparent that the supplements are not being consumed as intended or are being given/sold to another person, the patient may lose their ability to participate in the program. Again, there will be a 30 day notice of this decision. Otherwise, this grant terms on 12/31/17.

Dietitian printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact email: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Worker printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact email: \_\_\_\_\_

Phone: \_\_\_\_\_

Dialysis Center: \_\_\_\_\_

Kidney Foundation of Summit County  
Notice of Privacy Practices and Release of Information  
2017 Nutrition Oral Supplement Grant Program

- We are required by law to maintain privacy of your health information.
- You are authorizing the KF of Summit Co. to share information strictly for the purpose of consideration of your request for nutrition supplement grant assistance and the coordination of this assistance with Mobile Meals, Inc.
- Your health information will not be used for any other purpose without your expressed consent.
- This authorization is valid for 12 months, or sooner, should you decide to revoke permission to coordinate services on your behalf with the KF of Summit Co.. and/or Mobile Meals, Inc.
- Should the KF of Summit Co. need to change the nutrition supplement provider, you will be asked to sign a new release of information to indicate permission to change providers.

Questions or concerns:

Please, ask your social worker and dietitian to clarify any issues that you may have with the KF of Summit Co. Nutrition Program. They will receive feedback from the Foundation or if you prefer, a KF of Summit Co. member, can contact you.

Patient Signature: \_\_\_\_\_

Patient printed name: \_\_\_\_\_

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

## Medical Nutritional Products

Product Name	Unit Size	Unit Pack	Flavors	Price*
Beneprotein	8 oz.	1 can	Unflavored	\$ 15.50
Boost	8 oz.	27 cartons	Vanilla, Chocolate, Strawberry	\$ 29.70
Boost Glucose Control	8 oz.	27 cartons	Vanilla, Chocolate, Strawberry	\$ 40.23
Boost High Protein	8 oz.	27 cartons	Vanilla	\$ 32.40
Boost Plus	8 oz.	27 cartons	Vanilla, Chocolate, Strawberry	\$ 32.13
Boost Pudding	5 oz. can	1/4pk.	Vanilla, Chocolate	\$ 4.48
Ensure Enlive	8 oz.	24 bottles	Chocolate	\$ 37.92
Ensure Original	8 oz.	24 cans	Vanilla, Chocolate, Strawberry, Butter Pecan	\$ 29.76
Ensure Plus	8 oz.	24 cans	Vanilla, Chocolate, Strawberry, Butter Pecan	\$ 32.16
Glucerna Shake	8 oz.	24 cans	Vanilla, Chocolate, Butter Pecan, Strawberry	\$ 43.44
LiquaCel	32 oz.	1 bottle	Grape, Lemonade, Orange	\$ 29.32
Nepro Carb Steady	8 oz.	24 cans	Mixed Berry, Vanilla, Butter Pecan	\$ 80.64
PediaSure	8 oz.	24 cans	Vanilla, Chocolate, Strawberry	\$ 37.20
PediaSure 1.5	8 oz.	24 cans	Vanilla	\$ 52.80
PediaSure 1.5 w/Fiber	8 oz.	24 cans	Vanilla	\$ 60.72
PediaSure w/Fiber	8 oz.	24 cans	Vanilla	\$ 40.32
Resource Breeze	8 oz.	27 cartons	Wild Berry, Peach, Orange	\$ 46.45
Simply Thick Container w/ pump	64 oz.	Jug	Unflavored	\$ 35.91
Simply Thick Honey (Gel)	100pkts.	Box	Unflavored	\$ 69.00
Simply Thick Nectar (Gel)	200pkts.	Box	Unflavored	\$ 82.00
Thicken-up (Powder)	8 oz.	1 can	Unflavored	\$ 4.92

\*As of January 2015