

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

- The process of referring a renal patient to the nutrition oral supplement grant program is intended to be managed primarily through the dietitian most familiar with the patient. However, in the absence of RD, SW can do so.
- The intent is for a patient to use either the med. grant prg. **or** nutrition prg., not both.
- The patient must sign the Privacy Practice and Release of information form so that the KF of Summit can coordinate with Mobile Meals, Inc. The application and supporting pages need faxed to the KF of Summit Co. The RD will be alerted of grant approval by fax or email, depending on the contact info. provided.
- When approval rec'd, the RD will fax the Mobile Meals referral directly to Mobile Meals, using the standard Mobile Meals process. The grant approval notification must be attached.
- The Nutrition program is dependent on charitable donations. If the grant program is not funded adequately, the RD will be given 30 days' notice to alert their patients and attempt to find an alternative source for the supplement. If fundraising provides for more patients able to use the program, then those patients who have been on the wait list will be offered the program. If more patients are able to receive assistance beyond that time, RDs will be alerted.
- Each application will be considered on an individual basis. However, special consideration will be given to those patients who are 300% or below the 2019 Federal Poverty Level (see sheet).
- The grant will allow \$60 per month towards nutritional supplements per the rest of the calendar year. An example would be: a grant approved in Aug. '19 would continue through Dec. '19 and will have \$300 set aside for supplement assistance. There will be no further assistance available for that patient. When the grant has been exhausted, another source of assistance will need found.
- Only the supplements currently available through Mobile Meals, Inc. are part of the grant program.
- The program expires Dec. 31, 2019.
- The intent is for the Nutrition Program to continue into 2020. However, patients will need to re-apply each year.
- The completed application, signed privacy practices, and release form, and appropriate contact information for the RD and SW involved (which include email address, phone, and fax number) must be submitted to:

Kidney Foundation of Summit County
c/o Carolyn Henretta, executive secretary
4069 Gencairn Grove
Stow, OH 44224
Carolynruns@yahoo.com (you can email questions)
Fax 330-864-1236 (fax applications)

Kidney Foundation of Summit County
2019 Nutrition Supplement Grant Program
*DO NOT FORWARD TO KFO, this is a KF of Summit program

Date: _____

Patient Name (printed): _____

Address: _____

Phone: _____ Gender: M F

Ethnic Origin: _____ County of Residence: _____

- African-American
- Caucasian
- Latin American
- Native American
- Other

Household Income from all sources: _____

Number of people residing in the household: _____

Has the patient received KF assistance in 2018? _____

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 12/31/19.

Dietitian:

Printed: _____ Signature: _____

Social Worker:

Printed: _____ Signature: _____

Completed application and privacy page needs faxed to Carolyn Henretta (fax: 330-864-1236)

RD and SW will receive decision via email. At that time, Mobile Meals referral and the KF Nutrition application need faxed to Mobile Meals.

Kidney Foundation of Summit County
Notice of Privacy Practices and Release of Information
2019 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: _____

This page needs faxed to KF of Summit Co. with the Nutrition Supplement application.
KF of Summit Co. fax 330-864-1236

Questions or comments re: Nutrition grant should be forwarded to Carolyn Henretta, KF of Summit County Exec. Secretary: Carolynruns@yahoo.com with KF of Summit in subject line

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

2019		FEDERAL POVERTY LEVELS					2019
Size of Household	138%	150%	200%	250%	300%	400%	
1	\$16,753	\$18,210	\$24,280	\$30,350	\$36,420	\$48,560	
2	\$22,715	\$24,690	\$32,920	\$41,150	\$49,380	\$65,840	
3	\$28,676	\$31,170	\$41,560	\$51,950	\$62,340	\$83,120	
4	\$34,638	\$37,650	\$50,200	\$62,750	\$75,300	\$100,400	
5	\$40,600	\$44,130	\$58,840	\$73,550	\$88,260	\$117,680	
6	\$46,561	\$50,610	\$67,480	\$84,350	\$101,220	\$134,960	
7	\$52,523	\$57,090	\$76,120	\$95,150	\$114,180	\$152,240	
8	\$58,484	\$63,570	\$84,760	\$105,950	\$127,140	\$169,520	