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, 2020.
- The intent is for the program to continue in 2020, if there are adequate funds. However, the patient will need to re-apply for 2021. Those applications will be made available in Dec. 2020, 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
330-807-1083
Fax: 330-864-1236 (fax applications)

Kidney Foundation of Summit County
2020 Nutrition Supplement Grant Program Application
****DO NOT FORWARD TO KFO - THIS IS A KF OF SUMMIT CO PROGRAM****

Date: _____

Patient Name (printed): _____

Address: _____

_____

Phone: _____ **Gender:** _____M _____F

Ethnic Origin:
African-American
Caucasian
Latin American
Native American
Other

County of Residence: _____

Household Income from all sources: _____

Number of people residing in the household: _____

Has the patient received KF assistance in 2020? _____

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 12/31/20.

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
2020 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.
- Mobile Meals, Inc. will be providing the supplement. Literature regarding Mobile Meals, Inc. additional services may be included with the delivery. You are not obligated to take advantage of any of these additional programs or services.
- 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.