Kidney Foundation of Summit County

A Kidney Foundation of Ohio Affiliate Chapter

2026 Nutrition Supplement Grant Program

Overview

- The program provides financial aid to help individuals purchase nutritional supplements through an approved provider, Mobile Meals, Inc.
- The social worker/dietitian must complete the application with the patient. The patient must sign the privacy practices page and release of information to allow the Kidney Foundation of Summit County to coordinate delivery of service with Mobile Meals, Inc.
- The Kidney Foundation of Summit County will review application and notify social worker/dietitian of the status of the application via email.
- Applications are considered on an individual basis. Special consideration is given to those patients who are 300% or below of the Federal Poverty Level.
- **The grant allots $65.00 per month towards purchase of nutritional supplements.** *Example: patient is approved for the grant beginning in August and lasting through December, $325 will be set aside by the Foundation for the supplement.* Funds may be used until depleted. Additional funds will not be authorized once full approved amount has been utilized.
- **If approved, the social worker/dietitian will fax the Mobile Meals referral form and letter of grant approval to Mobile Meals to initiate services.**
- Only the supplements currently available through Mobile Meals, Inc. are part of the grant program.
- The Kidney Foundation of Summit County's ability to assist patients is based on the availability of funds based on donations and will be looked at on an individual basis. An application for assistance is not a guarantee of acceptance or "entitlement" to services. If funding is not available, the social worker and dietitian will be given a thirty-day (30) notice to alert the patient.
- **The grant expires December 31, 2026.**
- A new patient assistance application **must be completed annually** without exception.
- Intentionally misleading information on the application, or misuse/selling of supplements is cause for denial of assistance.

Return completed application to: kfsummit@kfohio.org

For Questions Contact:

Gina Pratt, Executive Director
kfsummit@kfohio.org
Phone: 330-864-1236

Kidney Foundation of Summit County

2025 Nutrition Supplement Grant Program Application

Patient Name_____ **Date**_____

*If a minor, name of parent or guardian*_____

Date of Birth_____/_____/_____ **Age**____ **Gender** ____Male ____Female ____ Non Binary

Address_____

City_____ **State**_____ **Zip Code**_____

Phone_____ **County of Residence**_____

Email _____

Ethnic Origin: *for reporting purposes only* ☐ American Indian ☐ Asian/Pacific Islander
☐ Black or African American ☐ Latin American ☐ White/Caucasian ☐ Other

Diagnosis: *(check all that apply)*

☐ End Stage Renal Disease
☐ Nephrosis or Nephrotic Syndrome
☐ Chronic Glomerulonephritis
☐ Polycystic Kidney Disease
☐ Diabetic Nephropathy
☐ Other *Diagnosis:* _____

Mode of Treatment: *(check all that apply)*

____Pre-Dialysis
____Home Hemodialysis
____Hemodialysis
____Peritoneal Dialysis
____Awaiting Transplant
____Transplant
____Other *Mode:* _____

Financial Information

Household Income from all sources: _____

Number of people residing in the household: _____

Had the patient received assistance in 2025? _____

Describe if other assistance has been utilized to obtain nutrition supplements:

_____

_____

Healthcare Professional Contact Information

Social Worker:_____

Dialysis Unit/Transplant Unit_____

Unit Address_____

City_____ **State**_____ **Zip Code**_____

Unit Phone_____ **Unit Fax**_____

Social Worker's Email_____

Dietitian: _____

Dialysis Unit/Transplant Unit_____

Unit Address_____

City_____ **State**_____ **Zip Code**_____

Unit Phone_____ **Unit Fax**_____

Dietitian's Email_____

General Release of Information

My signature will authorize the Kidney Foundation of Summit County to communicate with the dialysis center and/or transplant center staff regarding the financial and social information contained in this application for patient assistance. My signature will also authorize the Kidney Foundation of Summit County to speak and coordinate with the provider of services (Mobile Meals, Inc.) for which funds have been requested. 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 Kidney Foundation of Summit County need to change the nutrition supplement provider, you will be asked to sign a new release of information to indicate permission to change providers.

The Kidney Foundation of Ohio and its affiliate Chapters do <u>not</u> re-grant to organizations, individuals, programs and/or projects outside of the United States of America or undocumented citizens. The Organization does not and will not provide financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.

Notice of Privacy Practices

The Kidney Foundation of Ohio will store provided information in an electronic health record which is secured, and access is limited to the staff at the Kidney Foundation of Ohio and their Affiliate Chapters. Your personal information will not be sold to any entity. Demographic information including age, race, gender, poverty guidelines and location may be provided to funding sources, but names, physical addresses and phone numbers will not be released in order to protect your privacy. If you are applying for Medication Assistance, your information, which may include name, address, phone number and date of birth, may be shared with the contracted pharmacy to fulfill prescription and/or nutritional supplement orders. You can discontinue your involvement in the direct assistance program at any time by contacting the Kidney Foundation of Ohio. All applications submitted will be retained in a locked file for a minimum of seven years.

Questions or Complaints

If you would like more information about our privacy practices or have questions/concerns, please contact:

Gina Pratt, Executive Director
Telephone: 330-864-1236
Address: PO Box 1351, Stow, OH 44224

Patient Signature: _____

Date: _____

Social Worker Signature: _____

Date: _____

Dietitian Signature: _____

Date: _____