



National Kidney Foundation™

Serving EASTERN MISSOURI and METRO EAST

FINANCIAL ASSISTANCE PROGRAM

GUIDELINES AND POLICIES

GOAL:

This program provides financial assistance for patients with chronic kidney disease that have limited financial resources.

POPULATION SERVED:

Patients who have Chronic Kidney Disease are eligible for this program. Patients currently receiving dialysis or who have had a kidney transplant will receive first consideration. Applicants must meet financial guidelines and reside within the Division service area.

FINANCIAL ASSISTANCE PROGRAM GUIDELINES:

- Patients meeting criteria requirements may be eligible to receive a total of \$200 in financial assistance each calendar year to help with the purchase of groceries or medical equipment not covered by Medicare/Medicaid/Insurance.
- **Grocery Assistance:** Patients will only be able to receive \$50 in certificates to area grocery stores per calendar year to assist with purchasing food. Grocery stores included: Schnucks, Shop N Save, Aldi's, and Walmart (outside of the St. Louis Metropolitan area only).
- **Medical Equipment Assistance:** The balance due for medical equipment must not exceed the amount of assistance available to the patient. Any balance due over the amount available must be addressed prior to applying for assistance. This program does not cover the costs for physician visits, hospital charges, prescription copays or dialysis charges.
 - Example medical equipment includes:
 - Pill Boxes
 - Blood Pressure Cuffs
 - Shower Chairs
 - Shower Rails
 - Raised Toilet Seats/Toilet chairs
 - Equipment to assist with activities of daily living
 - Walker/Rolater Walker (if patient has power chair or wheelchair and is improving physically)
 - Wheelchair/adjustable leg rests (if patient has power chair or is improving physically)
 - Cane
 - Medical Jewelry

- **Utility Assistance:** Patients meeting criteria requirements may also be eligible for an additional \$100 in financial assistance through the United Way Dollar More Program to assist with utility bills.
 - If the balance due on a utility bill is larger than \$100, the balance due over \$100 must be addressed prior to applying for assistance.
 - Dollar More funds are allocated to the NKF on a quarterly basis and are very limited. Applications will be reviewed on a first come, first served basis.
 - Funds will not be held for any patients who have not addressed the balance due over \$100.
 - Due to United Way Dollar More Guidelines, this program cannot be accessed by patients living in Illinois.

- Duplicate applications for individual patients requesting more than one type of assistance will not be accepted during the same month.
- Requests for funeral assistance, rent, car repairs, etc. will no longer be accepted.
- This policy is in place in order to be the best possible stewards of the dollars associated to this resource.
- Patients requesting assistance must fall within the income guidelines below:

INCOME GUIDELINES

<u>Number of persons supported by income (dependents)</u>	<u>Total annual income</u>
<u>Number of persons living in household</u>	
1	\$13,200
2	\$15,360
3	\$17,520
4	\$19,680
5	\$21,840
6	\$24,000

APPLICATION PROCESS:

1. The referrals for this program must be generated by the patients Nephrology or Transplant social worker.
2. The application for this program can be downloaded and filled out electronically. In order to expedite the application process, please complete all of the fields within the application (<http://www.kidney.org/site/professionals/index.cfm?ch=308#sw>)
3. Once completed, email the application to Karen.Meyer@kidney.org.
4. Please note that the copies of bill do not need to be forwarded as long as all of the information within the application is completed fully.

APPROVAL PROCESS:

We respectfully request 7 business days to process the application. Once the application has been reviewed, the referring social worker will be contacted regarding the application approval or denial status.

Social Work Support:

Upon mailing payment to third party vendors, a letter of approval and program survey will be sent to the social worker. The Post Financial Assistance Survey must be completed by the patient and returned to NKF within two weeks. We require this step in order to continue to receive supportive funding for this resource.

Please note the following:

- Grocery Cards that have been lost or stolen will not be reissued by the NKF if the card balance has already been redeemed. Please notify the NKF of any lost or stolen cards ASAP so that they can be deactivated.
- If requesting a Blood Pressure Monitor, please note the Arm Cuff size needed on the application.
- Some medical equipment such as Blood Pressure Monitors and pill boxes may need to be picked up at the NKF office. Other arrangements may be made for patients living outside of the Metropolitan area.