

# The ACIEM Foundation

Providing Assistance to Children with Inborn Errors of Metabolism

## Application for Assistance (2020)

### I. HOW TO APPLY:

Application MUST be submitted by the applicant's physician's office or health care agency, (hospital, nurse, registered dietician, genetic counselor, etc.), on behalf of the applicant.

The ACIEM Foundation does not accept applications directly from applicants. Applications may be downloaded from <http://www.ACIEMFoundation.org> and filled out manually or may be downloaded and saved electronically.

Completed application may be e-mailed to [baglio@ACIEMFoundation.org](mailto:baglio@ACIEMFoundation.org) or printed and surface mailed to:

The ACIEM Foundation  
5939 Bellaire Drive  
Benbrook, TX 76132

### II. GENERAL NOTES AND GUIDELINES:

The ACIEM Foundation provides financial assistance to children who need specialized dietary foods and supplements to treat inborn errors of metabolism and who do not have the costs of these therapies covered by health insurance or federal/state assistance.

In general, the Foundation will assist those families **who earn less than 350% of the Federal poverty level**. The latest information is available by searching for "HHS poverty guidelines" at: <https://www.federalregister.gov>

**As of 2020, the current income limits that the Foundation will accept for help, based on family size, (including parents or legal guardians), are as follows:**

2 people = \$60,340	6 people = \$123,060
3 people = \$76,020	7 people = \$138,740
4 people = \$91,700	8 people = \$154,420
5 people = \$107,380	8+ people: add \$15,680 for each person.

### III. DISCLAIMER:

The following MUST BE SIGNED BY THE APPLICANT AND REFERRING HEALTH CARE PROFESSIONAL. Typed "signatures" on electronically filed copies will be considered as original.

The signatories, below, acknowledge that:

**The ACIEM Foundation provides assistance solely on the recommendation of the applicant's physician or healthcare provider. Assistance provided by the ACIEM Foundation is not to be taken as a recommendation of any treatment program or affirmation of the effectiveness of medical regimen so prescribed. The ACIEM Foundation's sole responsibility is to financially assist those in need.**

Health Care Provider \_\_\_\_\_

Health Care Provider's Title \_\_\_\_\_

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

### **APPLICATION**

1) \_\_\_\_\_ 2.) \_\_\_\_\_  
Child's (Applicant's) Last Name, First, Middle      Date of Birth    Sex    Race

3) \_\_\_\_\_ 4) \_\_\_\_\_  
Social Security Number      Phone number of Guardian

5) \_\_\_\_\_  
Residence: Street Number, Street, Town, State, Zip Code

6a) \_\_\_\_\_  
Mother's Name      Social Security # (optional)      Marital Status

6b) \_\_\_\_\_  
Father's Name      Social Security # (optional)      Marital Status

6c) \_\_\_\_\_  
Legal Guardian's Name      Social Security # (optional)      Marital Status

6d-h) List all family members:

\_\_\_\_\_  
Name      Social Security # (optional)      Relation to Applicant

\_\_\_\_\_  
Name      Social Security # (optional)      Relation to Applicant

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Name                                  Social Security # (optional)    Relation to Applicant

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Name                                  Social Security # (optional)    Relation to Applicant

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Name                                  Social Security # (optional)    Relation to Applicant

Attach separate sheet if necessary.

7) Who has legal custody of the child? \_\_\_\_\_

8) What inborn error of metabolism is present in the applicant?

\_\_\_\_\_

9) What medicines / dietary supplements are being requested for the applicant?

\_\_\_\_\_

10) How long will the applicant need to be on the prescribed treatment? \_\_\_\_\_

10) What is the expected total cost per month for prescribed treatment? \$ \_\_\_\_\_

11) How much of this expense will be covered by insurance or State / Federal Assistance? \$ \_\_\_\_\_

12) **TOTAL MONTHLY REQUEST FROM THE FOUNDATION:** \$ \_\_\_\_\_

13) Parent or Legal Guardian's Signature \_\_\_\_\_

14) Physician's Signature \_\_\_\_\_