

The ACIEM Foundation

Providing Assistance to Children with Inborn Errors of Metabolism

Application for Assistance (2022)

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 or printed and surface mailed to:

The ACIEM Foundation
1047 Algonquin Road
Norfolk, Virginia 23505

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 = \$60,970	6 people = \$124,530
3 people = \$76,860	7 people = \$140,420
4 people = \$91,750	8 people = \$156,310
5 people = \$108,640	8+ people: add \$15,890 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

Name Social Security # (optional) Relation to Applicant

Name Social Security # (optional) Relation to Applicant

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 _____