



PKU Helping Hands, Inc.

Together We Raise Awareness!

PO Box 224 | Waterford, NY 12188

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TEMPORARY ASSISTANCE FOR FOOD/FORMULA COVERAGE

Patient's Name: _____

Date of Birth: [DOB]

Patient Address: _____

Clinic & Dietician Name: _____

Clinic & Dietician Phone: _____

Reason for assistance:

Please check all that apply:

Formula

Brand: _____

Flavor: _____

Other _____

Food

Pasta _____

Perishable _____

Snacks _____

Bread _____

Non Perishable _____

Patient/Guardian

Signature: _____

Date signed: [Date]

Relationship to Patient _____

Date signed: [Date]

Please be aware that AMC assist patients by referring them to the NORD assistance program for co-pay and travel assistance. PKU Helping Hands does not provide assistance with these items. We provide short term assistance with unmet needs not covered by insurance or NORD. We do not cover the unlimited coverage of formula i.e. medical foods. We do assist families and patients with limited assistance of low protein solid modified foods when other avenues have been exhausted.

Please be aware that we currently work with and help patients receiving treatment through Albany Medical Center. We will need to verify your/your child's treatment before providing assistance. Submission of this form indicates that you agree to PKU Helping Hands contacting AMC to verify care with the facility.