



PKU Helping Hands, Inc.

Together We Raise Awareness!

PO Box 224 | Waterford, NY 12188

Phone: 518-857-2005 | pkuhelpinghands@gmail.com | www.pkuhelpinghands.org **TEMPORARY**

ASSISTANCE FOR FOOD/FORMULA COVERAGE

Patient's Name: _____

Date of Birth: [DOB] _____

Patient Address: _____

Phone number: _____

Email: _____

Clinic & Dietician Name: _____

Clinic & Dietician Phone: _____

*****PLEASE BE SURE TO ATTACH ALL RECEIPTS SHOULD YOU HAVE ANY*****

Reason for assistance:

Please check all that apply:

Formula

Food

Brand: _____

Pasta _____

Flavor: _____

Perishable _____

Snacks _____

Bread _____

Other _____

Non Perishable _____

Signature/Relationship to patient: _____

Date signed: _____

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 treatment before providing assistance. Submission of this form indicates that you agree to PKU Helping Hands contacting AMC to verify care with the facility.