

**RESOURCES for  
HOME ENTERAL NUTRITION PATIENTS  
with LIMITED or NO INSURANCE COVERAGE**

THIS INFORMATION PACKET OFFERS YOU VALUABLE INFORMATION TO ASSIST YOUR INDIGENT HOME ENTERAL NUTRITION POPULATION. INCLUDED IN THIS PACKET IS INFORMATION REGARDING THE FOLLOWING RESOURCES:

**NESTLE PATIENT ASSISTANCE APPLICATION  
ABBOTT PATIENT ASSISTANCE APPLICATION  
THE OLEY FOUNDATION'S EQUIPMENT EXCHANGE PROGRAM  
BUYING ENTERAL FORMULAS WITH FOOD STAMPS  
DHS APPLICATION FOR FOOD STAMPS AND OTHER SOCIAL  
SERVICES  
METRO SOCIAL SERVICES NUTRITIONAL SUPPLEMENT  
PROGRAM**

As always, please feel free to contact our Registered Nurse, Registered Dietitian, Pharmacist, and/or Pharmacy Techs with any questions regarding the needs of your patients or staff.

*Care Solutions, Inc. prides itself on providing the highest quality of care, education, and follow-up for our patients. We look forward to working with you on your next referral.*



**Office/Intake: (615) 329-2288  
Fax: (615) 327-2002**



## Patient Assistance Application Form BE-010

**TO BE FILLED OUT BY LICENSED HEALTH CARE PROFESSIONAL**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
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| <b>Name of Health Care Professional:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <b>Profession:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <b>Institution/Office:<br/>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <b>Phone and Fax Numbers:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <b>Person Requesting Product for:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <p style="text-align: center;"><b>Identify Product Requested:</b></p> <p style="text-align: center;"><b><u>ONLY PRODUCTS COVERED UNDER PROGRAM</u></b></p> <table style="width: 100%; border: none;"> <tr><td>Peptamen</td><td>Vanilla</td><td>9871616260</td></tr> <tr><td>Peptamen 1.5</td><td>Vanilla</td><td>9871618190</td></tr> <tr><td>Peptamen AF</td><td></td><td>9871666370</td></tr> <tr><td>Peptamen Junior</td><td>Vanilla</td><td>9871616252</td></tr> <tr><td>Peptamen Junior with Fiber</td><td>Vanilla</td><td>9871660210</td></tr> <tr><td>Peptamen with PreBio</td><td>Vanilla</td><td>9871618185</td></tr> <tr><td>Peptamen Junior with PreBio</td><td>Vanilla</td><td>9871616261</td></tr> <tr><td>Nutren Junior</td><td>Vanilla</td><td>9871616062</td></tr> <tr><td>Nutren Junior with Fiber</td><td>Vanilla</td><td>9871616063</td></tr> <tr><td>Vivonex RTF</td><td></td><td>362500</td></tr> <tr><td>Vivonex TEN</td><td></td><td>071274</td></tr> <tr><td>Vivonex Plus</td><td></td><td>071298</td></tr> <tr><td>Vivonex Pediatric</td><td></td><td>071310</td></tr> <tr><td>Tolerex</td><td></td><td>045805</td></tr> <tr><td>Compleat</td><td></td><td>140100</td></tr> <tr><td>Compleat Pediatric</td><td></td><td>142400</td></tr> </table> | Peptamen                                                                                                                                                                                                                                                                                      | Vanilla    | 9871616260 | Peptamen 1.5 | Vanilla | 9871618190 | Peptamen AF |  | 9871666370 | Peptamen Junior | Vanilla | 9871616252 | Peptamen Junior with Fiber | Vanilla | 9871660210 | Peptamen with PreBio | Vanilla | 9871618185 | Peptamen Junior with PreBio | Vanilla | 9871616261 | Nutren Junior | Vanilla | 9871616062 | Nutren Junior with Fiber | Vanilla | 9871616063 | Vivonex RTF |  | 362500 | Vivonex TEN |  | 071274 | Vivonex Plus |  | 071298 | Vivonex Pediatric |  | 071310 | Tolerex |  | 045805 | Compleat |  | 140100 | Compleat Pediatric |  | 142400 |  |
| Peptamen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vanilla                                                                                                                                                                                                                                                                                       | 9871616260 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Peptamen 1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Vanilla                                                                                                                                                                                                                                                                                       | 9871618190 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Peptamen AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | 9871666370 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Peptamen Junior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vanilla                                                                                                                                                                                                                                                                                       | 9871616252 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Peptamen Junior with Fiber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Vanilla                                                                                                                                                                                                                                                                                       | 9871660210 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Peptamen with PreBio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Vanilla                                                                                                                                                                                                                                                                                       | 9871618185 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Peptamen Junior with PreBio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Vanilla                                                                                                                                                                                                                                                                                       | 9871616261 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Nutren Junior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Vanilla                                                                                                                                                                                                                                                                                       | 9871616062 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Nutren Junior with Fiber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vanilla                                                                                                                                                                                                                                                                                       | 9871616063 |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Vivonex RTF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | 362500     |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Vivonex TEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | 071274     |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Vivonex Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | 071298     |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Vivonex Pediatric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               | 071310     |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Tolerex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               | 045805     |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Compleat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               | 140100     |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| Compleat Pediatric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | 142400     |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <b>Total Cases Requested:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <p style="text-align: center;"><b>Shipping Volumes &amp; Intervals:</b><br/>(Maximum 2 cases per month)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p style="text-align: center;">_____ Case(s) every _____ Month(s) for</p> <p style="text-align: center;"> <input type="checkbox"/> 1 month            <input type="checkbox"/> 3 months            <input type="checkbox"/> 6 months            <input type="checkbox"/> 12 months       </p> |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |
| <p><b>Ship-To Address (Person receiving product):</b></p> <p><b>Contact Phone Number for Person receiving product:</b></p> <p><b>Will call prior to delivery to confirm someone home to sign for product</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |            |            |              |         |            |             |  |            |                 |         |            |                            |         |            |                      |         |            |                             |         |            |               |         |            |                          |         |            |             |  |        |             |  |        |              |  |        |                   |  |        |         |  |        |          |  |        |                    |  |        |  |

**Certification of Healthcare Provider:**

**By signing below I certify that:**

1. I am requesting a donation of goods for a person who is unable to pay for or receive reimbursement by any third party payors for the product(s) requested.
2. There will be no attempt to bill any third party, including without limitation, any federal or state healthcare program, for any products supplied.

Licensed Health Care Provider Signature: \_\_\_\_\_

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



Patient Assistance Application Form BE-010

Certification of Person Seeking Product or Person's Representative:

By signing below I certify that:

- 1. I am unable to pay for or receive reimbursement by any third parties for the product(s) requested.
2. There will be no attempt to bill any third party, including without limitation, any federal or state healthcare program, for any products supplied.

Name: (Please Print)

Relationship to Person Seeking Product:

Signature: Date:

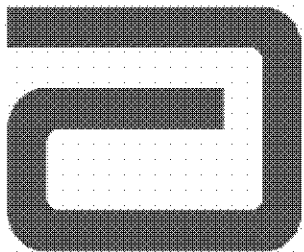
All completed applications forms will be considered pursuant to Nestlé HealthCare Nutrition, Inc. Policy BE-010.

Please FAX completed application to: Nestlé HealthCare Nutrition, Inc., Attn: Teresa Kleven @ Fax No.: 480-379-4743 or MAIL to: Nestlé HealthCare Nutrition, Inc., Attn: Teresa Kleven, Corporate Compliance Specialist 10801 Red Circle Drive, Minnetonka, MN 55343. Questions contact: Teresa Kleven at 952-848-6185

FOR INTERNAL USE ONLY - AMOUNT APPROVED

case(s) every month(s) for month(s)

Approved Denied Date: By:



# Abbott Patient Assistance Foundation Medical Nutrition Products Patient Assistance Program Application

The Abbott Patient Assistance Foundation provides Abbott medical nutrition products at no cost to patients experiencing financial difficulties. Eligible patients typically have no healthcare coverage for the requested product and do not have access to alternative sources of coverage or funding. All applications are reviewed on a case-by-case basis to support the Abbott Patient Assistance Foundation's purpose of providing products at no cost to individuals in need. **The Abbott Patient Assistance Foundation's Medical Nutrition Products Patient Assistance Program is designed to supplement medical nutrition product needs.**

## Checklist for submitting an application:

- Ensure all sections of the application are completed. Incomplete applications will be returned for further information.
- Attach proof of income (tax return, W2, pay stub, or benefit awards letter) for all in household.
- Prescriber's signature/date is required on the application.
- Patient's signature/date is required at the bottom of the application.
- Provide copy of Medicaid and/or Social Security denial, if applicable.
- Provide copy of private insurance denial letter OR the published policy that states nutritional products are not a covered benefit, if applicable.

## Fax or mail the completed application and documentation to:

Abbott Patient Assistance Foundation  
PO Box 270  
Somerville, NJ 08876  
**Fax: 1-866-483-1305**  
Phone: 1-800-222-6885

Upon receipt of a completed application, the prescriber and patient will be notified of program eligibility. The approved supply of product will be shipped to the patient's home. It is the responsibility of the prescriber's office or the patient to reorder 3 weeks prior to the patient's approved product supply running out.

Please contact us at 1-800-222-6885 Mon-Fri 8am-5pm CST for additional assistance.

Applications are available by calling 1-800-222-6885 or visiting [www.abbottpatientassistancefoundation.org](http://www.abbottpatientassistancefoundation.org)

Part I: INFORMATION FROM PRESCRIBER

### A. PRESCRIBER INFORMATION

Please check box to indicate change of address.

|                           |                    |             |
|---------------------------|--------------------|-------------|
| State License #:          | Expiration Date:   | DEA#:       |
| First Name:               | M.I.:              | Last Name:  |
| Professional Designation: | Primary Specialty: |             |
| Office Shipping Address:  | City:              | State: ZIP: |
| Office Mailing Address:   | City:              | State: ZIP: |
| Office Contact and Title: | Phone:             | Fax:        |

### B. PRODUCT INFORMATION

**Product (1):** \_\_\_\_\_ Flavor: \_\_\_\_\_ Administration:  Oral  Tube Reorders Allowed: Up to 1 year  
 Estimated Total Caloric Need of Patient (Daily): \_\_\_\_\_ % Caloric Need to be met with Product: \_\_\_\_\_ Number per Day: \_\_\_\_\_ (Cans)

**Product (2):** \_\_\_\_\_ Flavor: \_\_\_\_\_ Administration:  Oral  Tube Reorders Allowed: Up to 1 year  
 Estimated Total Caloric Need of Patient (Daily): \_\_\_\_\_ % Caloric Need to be met with Product: \_\_\_\_\_ Number per Day: \_\_\_\_\_ (Cans)

**Primary Diagnosis:** \_\_\_\_\_ **Indications for Use:** \_\_\_\_\_  
 Please provide both a primary diagnosis (i.e. cancer, HIV/Aids, diabetes, etc.) and the indications for use (i.e. involuntary weight loss, cachexia, malnutrition, etc.) that requires the need for nutritional therapy. *Applications for Metabolic products and EleCare require a primary diagnosis only.*

### C. CERTIFICATIONS

**Note: Prescriber may not delegate signature authority. (STAMPS NOT ACCEPTED)**

- Authorization for Release of Health Information:** By signing this form, I represent to the Abbott Patient Assistance Foundation that I have obtained all necessary Federal and state authorizations and consents from my patient to allow me to release health information to the Abbott Patient Assistance Foundation and its contracted third parties.
- Physician/Care Coordinator Verification:** I verify that the information provided is current, complete and accurate to the best of my knowledge. If this applicant is eligible for the Abbott Patient Assistance Foundation's Medical Nutrition Products Patient Assistance Program (PAP), I understand that the nutritional product will be sent to the applicant's home. The Foundation reserves the right to request additional information if needed and to change or discontinue this program at any time, without notice. By signing this form, I certify that the applicant is under my ongoing supervision for their nutritional therapy and that I am recommending the aforementioned nutrition product for the applicant. I acknowledge that I shall not seek reimbursement for any nutrition product provided hereunder from any government program or third-party insurer. I also understand that the applicant's acceptance by the Abbott Patient Assistance Foundation is not made in exchange for any explicit or implicit agreement or understanding that Abbott Product will be used, purchased, leased, ordered, prescribed, recommended, or arranged for or provided formulary or other preferential or qualifying status. I understand that I may not delegate signature authority. I certify that treatment with this nutrition product is medically necessary.

**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### A. PATIENT INFORMATION

Please check box to indicate change of address.

|                       |                                                               |                |            |
|-----------------------|---------------------------------------------------------------|----------------|------------|
| Social Security #:    | First Name:                                                   | M.I.:          | Last Name: |
| Address: (No PO Box): | City:                                                         | State:         | ZIP:       |
| Phone:                | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: |            |

### B. FINANCIAL INFORMATION

Attach copies of income documents that support the current income listed below for you and all dependent persons in the household. *Acceptable documents include Federal tax return, SSA-1099, W2, pay stubs or benefits award letter.*

|                                             |                 |          |            |          |                                                                        |
|---------------------------------------------|-----------------|----------|------------|----------|------------------------------------------------------------------------|
| <b>Monthly income for all in household:</b> | Salary/Wages    | \$ _____ | Disability | \$ _____ | <b>Circle # of people in household including yourself</b><br>1 2 3 4 5 |
|                                             | Social Security | \$ _____ | Other      | \$ _____ |                                                                        |

### C. HEALTH BENEFIT INFORMATION

| Private Coverage Insurance                               | Medicare                                                                                                       |                                          | Medicaid                                               |                             | Other State/Government                             |                                      |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------|-----------------------------|----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes, If yes, list total assets, not including home, vehicles, or burial plot \$ _____ | <input type="checkbox"/> No              | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No          |
|                                                          | <input type="checkbox"/> Medicare Part A                                                                       | <input type="checkbox"/> Medicare Part B | <input type="checkbox"/> Medicare Part D (name): _____ |                             | Circle # in household under 18 years old: 0 1 more |                                      |
|                                                          |                                                                                                                |                                          |                                                        |                             |                                                    | If, yes, please indicate type: _____ |

### D. REPRESENTATIVE FOR PURPOSES OF PROGRAM

I permit the Abbott Patient Assistance Foundation to speak with the following person(s) about my application and/or care and sign any documents related to the Program on my behalf:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

### E. CERTIFICATION

I understand that any assistance in the form of product at no cost is contingent upon my ability to meet the eligibility criteria for the Abbott Patient Assistance Foundation. In the event that I am eligible for Foundation assistance, I acknowledge that this assistance is temporary and that I may be asked to reapply at designated intervals by the Foundation. I also understand that the Foundation assistance may change or be discontinued at any time without any notice to me. I agree that I will not seek reimbursement for any products dispensed under the Foundation from any government program or third party insurer. I certify that the information I have provided in this form is accurate and complete. I understand that by completing this form I am not guaranteed eligibility to receive product from the Foundation. I agree that I will notify the Foundation if my insurance or financial situation changes.

**Patient's Name (printed):** \_\_\_\_\_ **Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Personal Representative Authorization (if Applicable):

Note: If the Applicant is unable to sign, is under the age of 18, or has designated signature authority, the Applicant's Personal Representative may sign this Form. However, only certain individuals may qualify as the Applicant's Personal Representative for purposes of this Authorization. An Applicant's Representative must have the requisite knowledge and information regarding the Applicant's financial and health care status to verify that all responses provided are accurate. State law may prescribe who can be a Personal Representative for purposes of this Authorization. A person or entity in the supply chain of the product to be received through the Foundation, including a health care provider or pharmacy receiving the products at no cost, may not be named a Personal Representative. If Applicant's Personal Representative is a consumer assistance or charitable organization, please list name of entity and purpose of entity under Relationship to Applicant.

**Patient's Representative Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice to Health Care Providers and Insurers:** This form of authorization may not comply with all applicable Federal and state laws governing disclosure of the applicant's information to the Foundation and its contracted third parties. The Foundation urges all entities disclosing information about the applicant to consult with legal counsel prior to relying on this form.

<http://www.oley.org/equipexchange.html>



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## Tools for living better on home IV & tube feedings

### How the Equipment-Supplies Exchange Works ([complete list of donated products](#))

To make it less frustrating for those donating and receiving items through the equipment exchange we've decided to refine the equipment-supply process.

Donors should contact the Oley office, preferably by email [harrinc@mail.amc.edu](mailto:harrinc@mail.amc.edu), or call toll-free, (866) 454-7351 between 9 a.m. and 4 p.m. EST. We need your contact information as well as a list of the products you are donating; please include all the details requested on the form ([donation/request form](#)).

Donated items will be listed on the Oley website for three months (without the donor's name, etc.). We ask donors to hold onto the items for the entire three months, OR until they are requested through the equipment-supply exchange. Donated items will be taken off the list at this time.

We also have a request list. Let us know what supplies you are looking for and we'll contact you if the item becomes available.

We ask that as a donor or recipient if you get rid of or take any of the items, that you please email or call us to let us know. This drastically helps us keep our list as updated as possible.

The equipment-supply exchange program cannot accept prescription drugs, and no longer accepts smaller, lower cost items that typically go un-exchanged such as end caps, sterile fields, gauze, etc. Feel free to contact us if the item you would like to donate isn't on the list of accepted products in the form but you feel it is a good item to exchange.

We ask donors to use the common sense approach before listing items: do you have a reasonable quantity to make it worth the expense and effort of listing and mailing the items?

Individuals interested in receiving items listed through the equipment-supply exchange should contact the Oley office for the donor's name and contact information. **It is your responsibility of the person in need to contact either UPS (800) 742-5877 or Federal Express (800) 463-3339 to arrange and pay for shipment of the donated items.** Please notify us if you do not end up taking the items we have referred you to so we can make them available to other members. Unwanted items may be accepted by your local Humane Society or veterinarian.

Oley cannot guarantee the quality of the supplies donated or be responsible for their condition. In the spirit of Oley, we ask that those receiving goods, especially heavy items such as enteral formula or infusion pumps, offer to pay the shipping costs.

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[Click here to view the list of available supplies.](#) If you find something that you are in need of contact the Oley office at [harrinc@mail.amc.edu](mailto:harrinc@mail.amc.edu) and we can let you know who has the items. If you don't find what you need you can also be added to the list of requested items.

If you are looking for a formula that's not available, you might also consider ordering it directly from the company. Depending on the formula, this can save you considerable expense over regular retail prices. Information on the major formula manufacturers is posted at: <http://www.oley.org/lifeline/ndtubetalk.html>.



Updated as of 6/16/09.

**Formula**

| <b>Quantity</b>   | <b>Product Name</b>                                    | <b>Expiration Date</b>         |
|-------------------|--------------------------------------------------------|--------------------------------|
| <u>5 cases</u>    | <u>Boost Kids Essential (formly Resource for kids)</u> | <u>march, 2010</u>             |
| <u>4 cases</u>    | <u>Breeze for Adults</u>                               | <u>May, 2010</u>               |
| <u>3 cases</u>    | <u>Compleat Adult</u>                                  | <u>February, 2010</u>          |
| <u>8-10 cases</u> | <u>Compleat Pediatric</u>                              | <u>Nov, 2009</u>               |
| <u>12 cases</u>   | <u>Complete Pediatric</u>                              | <u>varies</u>                  |
| <u>4 cases</u>    | <u>Crucial unflavored</u>                              | <u>august, 2009</u>            |
| <u>10 cases</u>   | <u>Diabeticsource</u>                                  | <u>march, 2010</u>             |
| <u>2.5 cases</u>  | <u>Elecare</u>                                         | <u>February, 2010</u>          |
| <u>??</u>         | <u>EO28 Splash</u>                                     | <u>-</u>                       |
| <u>3.5 cases</u>  | <u>Fibersource</u>                                     | <u>august, 2009</u>            |
| <u>4 cases</u>    | <u>Fibersource</u>                                     | <u>October, 2009</u>           |
| <u>3.5 cases</u>  | <u>Fibersource HN</u>                                  | <u>march, 2010</u>             |
| <u>3 cases</u>    | <u>Fibersource HN</u>                                  | <u>July, 2009</u>              |
| <u>3 cases</u>    | <u>Fibersource HN</u>                                  | <u>February, 2010</u>          |
| <u>4 cases</u>    | <u>Glytrol</u>                                         | <u>Sep-09</u>                  |
| <u>10 cases</u>   | <u>Glytrol</u>                                         | <u>sept, 2009</u>              |
| <u>6 cases</u>    | <u>Isosource</u>                                       | <u>Nov, 2009</u>               |
| <u>7 cases</u>    | <u>Isosource 1.0 vanilla</u>                           | <u>October, 2009</u>           |
| <u>5 cases</u>    | <u>Isosource 1.0 vanilla</u>                           | <u>December, 2009</u>          |
| <u>6 cases</u>    | <u>Isosource 1.5</u>                                   | <u>Nov, 2009</u>               |
| <u>1 case</u>     | <u>Isosource 1.5</u>                                   | <u>April, 2010</u>             |
| <u>6 cases</u>    | <u>Isosource 1.5</u>                                   | <u>august, 2009</u>            |
| <u>9 cases</u>    | <u>Isosource 1.5</u>                                   | <u>march, 2010</u>             |
| <u>4 cases</u>    | <u>Isosource 1.5</u>                                   | <u>April, 2010</u>             |
| <u>8 cases</u>    | <u>Isosource 1.5</u>                                   | <u>June, 2009</u>              |
| <u>3 cases</u>    | <u>Isosource 1.5</u>                                   | <u>march, 2010</u>             |
| <u>9 cases</u>    | <u>Isosource 1.5</u>                                   | <u>Varies expiration dates</u> |
| <u>7.5 cases</u>  | <u>Isosource 1.5</u>                                   | <u>April, 2010</u>             |
| <u>9+ cases</u>   | <u>Isosource 1.5 vanilla</u>                           | <u>October, 2009</u>           |
| <u>1 cases</u>    | <u>Isosource 2.0 vanilla</u>                           | <u>February, 2010</u>          |
| <u>8 cases</u>    | <u>Isosource HN</u>                                    | <u>December, 2009</u>          |
| <u>6 cases</u>    | <u>Isosource HN w/ Nutrishield</u>                     | <u>February, 2010</u>          |
| <u>17 cases</u>   | <u>Isosource HN w/ Nutrishield</u>                     | <u>February, 2010</u>          |
| <u>10 cases</u>   | <u>Isosource HN - Sacramento, CA area only</u>         | <u>Jul-09</u>                  |
| <u>5 cases</u>    | <u>Jevity</u>                                          | <u>April, 2010</u>             |
| <u>4 cases</u>    | <u>Jevity</u>                                          | <u>December, 2009</u>          |
| <u>17 cases</u>   | <u>Jevity 1 cal</u>                                    | <u>December, 2009</u>          |
| <u>11 cases</u>   | <u>Jevity 1 cal</u>                                    | <u>February, 2010</u>          |
| <u>60 + cans</u>  | <u>Jevity 1 cal</u>                                    | <u>February, 2010</u>          |
| <u>4 cases</u>    | <u>Jevity 1 cal</u>                                    | <u>Apr-10</u>                  |
| <u>19 cases</u>   | <u>Jevity 1.0</u>                                      | <u>march, 2010</u>             |
| <u>8 cases</u>    | <u>Jevity 1.0</u>                                      | <u>February, 2010</u>          |

|                  |                                                        |                                  |
|------------------|--------------------------------------------------------|----------------------------------|
| <u>2 cases</u>   | <u>Jevity 1.0</u>                                      | <u>February, 2010</u>            |
| <u>12 cases</u>  | <u>Jevity 1.0</u>                                      | <u>January, 2010</u>             |
| <u>45 cans</u>   | <u>Jevity 1.2</u>                                      | <u>march, 2010</u>               |
| <u>8 cases</u>   | <u>Jevity 1.2</u>                                      | <u>January, 2010</u>             |
| <u>2.5 cases</u> | <u>Jevity 1.2</u>                                      | <u>January, 2010</u>             |
| <u>3.5 cases</u> | <u>Jevity 1.2</u>                                      | <u>august, 2009</u>              |
| <u>4 cases</u>   | <u>Jevity 1.2</u>                                      | <u>December, 2009</u>            |
| <u>10 cases</u>  | <u>Jevity 1.2</u>                                      | <u>February, 2010</u>            |
| <u>3 cases</u>   | <u>Jevity 1.2</u>                                      | <u>May, 2010</u>                 |
| <u>4 cases</u>   | <u>Jevity 1.2 / 1.5</u>                                | <u>May, 2010</u>                 |
| <u>2 cases</u>   | <u>Jevity 1.5</u>                                      | <u>April, 2010</u>               |
| <u>3 cases</u>   | <u>Jevity 1.5</u>                                      | <u>October, 2009</u>             |
| <u>1.5 cases</u> | <u>Jevity 1.5</u>                                      | <u>December, 2009</u>            |
| <u>2 cases</u>   | <u>Jevity 1.5</u>                                      | <u>Nov, 2009</u>                 |
| <u>22 cans</u>   | <u>Jevity 1.5</u>                                      | <u>January, 2010</u>             |
| <u>10 cases</u>  | <u>Jevity 1 cal</u>                                    | <u>April, 2010</u>               |
| <u>3 bottles</u> | <u>MCT oil</u>                                         | <u>September, 2009</u>           |
| <u>21 cans</u>   | <u>Monogen - powder</u>                                | <u>Feb, 2010</u>                 |
| <u>3 boxes</u>   | <u>Neocate Junior</u>                                  | <u>?</u>                         |
| <u>1.5 cases</u> | <u>Nutren 1.0 vanilla</u>                              | <u>February, 2010</u>            |
| <u>3cases</u>    | <u>Nutren 2.0</u>                                      | <u>February, 2010</u>            |
| <u>4 cases</u>   | <u>Nutren 2.0</u>                                      | <u>June, 2009</u>                |
| <u>1.5 cases</u> | <u>Nutren Glytrol</u>                                  | <u>Jul-09</u>                    |
| <u>8 cases</u>   | <u>Nutren Renal</u>                                    | <u>Feb-10</u>                    |
| <u>4 cases</u>   | <u>Nutren Replete w fiber Vanilla</u>                  | <u>Apr-10</u>                    |
| <u>9 cases</u>   | <u>Nutren Replete w fiber Vanilla</u>                  | <u>Apr-09</u>                    |
| <u>9 cans</u>    | <u>Nutren Replete w fiber Vanilla</u>                  | <u>Mar-10</u>                    |
| <u>8 cases</u>   | <u>Osmolite</u>                                        | <u>January, 2010</u>             |
| <u>1 case</u>    | <u>Osmolite</u>                                        | <u>Apr-10</u>                    |
| <u>7 cases</u>   | <u>Osmolite</u>                                        | <u>??</u>                        |
| <u>4 cases</u>   | <u>Osmolite 1.0</u>                                    | <u>Nov, 2009</u>                 |
| <u>3 cases</u>   | <u>Osmolite 1.0</u>                                    | <u>Feb-10</u>                    |
| <u>6 cases</u>   | <u>Osmolite 1.2</u>                                    | <u>Nov, 2009</u>                 |
| <u>1.5 cases</u> | <u>Osmolite 1.2</u>                                    | <u>June, 2009</u>                |
| <u>8.5 cases</u> | <u>Osmolite 1.2</u>                                    | <u>June, 2009</u>                |
| <u>4.5 cases</u> | <u>Osmolite 1.2</u>                                    | <u>June, 2009</u>                |
| <u>1.5 cases</u> | <u>Osmolite 1.5</u>                                    | <u>October, 2009</u>             |
| <u>1/2 case</u>  | <u>Osmolite 1.5</u>                                    | <u>Sep-09</u>                    |
| <u>8 cases</u>   | <u>Pedialite for hydraton</u>                          | <u>February, 2010</u>            |
| <u>24 cans</u>   | <u>Pediasure vanilla</u>                               | <u>July, 2009</u>                |
| <u>8 cases</u>   | <u>Pediasure w/ fiber</u>                              | <u>October, 2009</u>             |
| <u>8 cases</u>   | <u>Peptamen</u>                                        | <u>October, 2009</u>             |
| <u>8 cases</u>   | <u>Peptamen 1.5</u>                                    | <u>Sep-09</u>                    |
| <u>5.5 cases</u> | <u>Peptamen 1.5</u>                                    | <u>February, 2010</u>            |
| <u>4.5 cases</u> | <u>Peptamen 1.5</u>                                    | <u>Sep-09</u>                    |
| <u>6 cases</u>   | <u>Peptamen AF</u>                                     | <u>Nov, 2009</u>                 |
| <u>4.5 cases</u> | <u>Peptamen w probie vanilla</u>                       | <u>Nov, 2009</u>                 |
| <u>5 cases</u>   | <u>Perative</u>                                        | <u>4; July 2009; 1 Oct. 2009</u> |
| <u>1 can</u>     | <u>Polycal (14 oz) by Nutricia - extra carb powder</u> | <u>December, 2009</u>            |
| <u>3 cases</u>   | <u>Polycose</u>                                        | <u>Sep-09</u>                    |
| <u>3 cans</u>    | <u>Portagen</u>                                        | <u>June, 2009</u>                |
| <u>5 cases</u>   | <u>Promote - vanilla</u>                               | <u>December, 2009</u>            |

|                |                           |                      |
|----------------|---------------------------|----------------------|
| <u>4 cases</u> | <u>RCF formula</u>        | <u>April, 2010</u>   |
| <u>4 cases</u> | <u>Renal Novasource</u>   | <u>Jul-09</u>        |
| <u>3 cases</u> | <u>Replete with fiber</u> | <u>august, 2009</u>  |
| <u>2 cases</u> | <u>TwoCal HN</u>          | <u>October, 2009</u> |

**Tubes/Bags**

| <b>Quantity</b>       | <b>Product</b>                                      | <b>Reorder#</b> |
|-----------------------|-----------------------------------------------------|-----------------|
| 10                    | <u>AMT 12" bolus</u>                                | 6-1211          |
| 1                     | <u>AMT mini one 18 Fr. X 2.5 cm</u>                 |                 |
| 20                    | <u>Argyle Feeding Tube, 5 FR</u>                    | 261503          |
| 10 boxes of 12        | <u>Argyle Feeding Tube, 8 FR, 16 in</u>             | 8888            |
| 4                     | <u>Bard 18 Fr. Button feeding tubes</u>             | 000257          |
| 10                    | <u>Bard 24 Fr. Button bolus feeding tubes</u>       | 000259          |
| 8                     | <u>Bard 24 Fr. G-tube Tri-funnel</u>                | 724             |
| 10 boxes of 12        | <u>Bard catheters, 8 Fr</u>                         | 165808          |
| 23                    | <u>Bard Decompression Tubes 24 Fr. X 1.7 cm</u>     | 000353          |
| 2                     | <u>Boston Scientific 18 Fr. Bolus feeding set</u>   | 8017            |
| 170                   | <u>CADD Prism Pump sets</u>                         | 21-7081-24      |
| 27                    | <u>CADD Prism Pump sets</u>                         |                 |
| 30                    | <u>Companion Bags</u>                               | 71              |
| 3 cases (30 per case) | <u>Compat Y 1000 ml pump sets with pre attached</u> | 199547          |
| 1                     | <u>Corlock-Corport Y adaptor repair kit 16Fr.</u>   | 30-6116         |
| 2 cases (30 per case) | <u>Kangaroo 1000 ml bags</u>                        | 773656          |
| 30                    | <u>Kangaroo 1000 ml bags</u>                        | 773600          |
| 6-7 boxes (30 ea)     | <u>Kangaroo 1000 ml bags</u>                        | 773656          |
| 5                     | <u>Kangaroo 1000 ml bags</u>                        |                 |
| 1 cases               | <u>Kangaroo 1000 ml bags</u>                        | 773656          |
| 45                    | <u>Kangaroo 1000 ml bags</u>                        | 773656          |
| 12                    | <u>Kangaroo 1000 ml bags</u>                        | 773600          |
| 8                     | <u>Kangaroo 1000 ml bags</u>                        | 773667          |
| 12                    | <u>Kangaroo 1000 ml bags</u>                        | 8884702005      |
| 35                    | <u>Kangaroo 1000 ml bags</u>                        | 773656          |
| 30                    | <u>Kangaroo 1000 ml bags</u>                        | 8884            |
| 30                    | <u>Kangaroo 1000 ml bags</u>                        | 773642          |
| 30                    | <u>Kangaroo 1000 ml bags</u>                        | 7272001         |
| 6                     | <u>Kangaroo 1000 ml bags</u>                        | 883656          |
| 6                     | <u>Kangaroo 1000 ml bags for 224 pump</u>           |                 |
| 1 box                 | <u>Kangaroo 1000 ml bags for 324 pump</u>           |                 |
| 60+                   | <u>Kangaroo 1000 ml bags w flush bag</u>            | 773662          |
| 17                    | <u>Kangaroo 1000 ml gravity bags</u>                |                 |
| 24                    | <u>Kangaroo 1000 ml gravity bags</u>                |                 |
| 13                    | <u>Kangaroo 1000 ml gravity sets</u>                | 702500          |
| 50-60                 | <u>Kangaroo 1000 ml Joey bags</u>                   | 773656          |
| 3                     | <u>kangaroo 1000 ml pump sets</u>                   | 773667          |
| 1 case of 30          | <u>Kangaroo 1000 ml pump sets</u>                   | 773656          |
| 28                    | <u>Kangaroo 1000 ml pump sets</u>                   | 773656          |
| 1 cases               | <u>Kangaroo 1600 ml bags</u>                        | 8884-704805     |

|         |                                                                                        |            |
|---------|----------------------------------------------------------------------------------------|------------|
| 30      | <u>Kangaroo 500 ml bags</u>                                                            | 702005     |
| 45      | <u>Kangaroo 500 ml bags</u>                                                            | 888470     |
| 45      | <u>Kangaroo E pump 1000 ml sets</u>                                                    | 773656     |
| 8       | <u>Kangaroo Spike sets</u>                                                             | 704605     |
| 4       | <u>Kangaroo Y-site extension sets</u>                                                  |            |
| 9       | <u>Kangaroo 500 ml Gravity sets with spike</u>                                         | 702605     |
| 30      | <u>Kangaroo Y-site extension sets</u>                                                  |            |
| 1       | <u>Kendall 8 Fr. 42 inch Argyle w/ x-ray opaque sentinel line and slide tex finish</u> |            |
| 12      | <u>Kendall Argyle 5 Fr. 20 inch</u>                                                    | 888261412  |
| 5       | <u>Kendall Kangaroo Y extension Sets</u>                                               | 705008     |
| 5       | <u>Mickey Button kits 14 Fr. 2.0 cm.</u>                                               |            |
| 4       | <u>Mickey Ext sets</u>                                                                 | 0121-1.2   |
| 1       | <u>Mickey low profile g tube 18 Fr. 1.7 cm</u>                                         |            |
| 30      | <u>Ross EZ feed 1000 ml bags</u>                                                       | 56         |
| 2       | <u>Viasys Corflo Ultra lite feeding tube 6 Fr. 36"</u>                                 | 20-9366    |
| 80      | <u>Med Stream 30" extension sets</u>                                                   | MS405      |
| 18      | <u>NG tubes 6 Fr. 36"</u>                                                              | 20-1366    |
| 5       | <u>NG tubes 8 French, 93 cm</u>                                                        |            |
| 30      | <u>Novartis/Nestle 1000 ml bags</u>                                                    | 199216     |
| 70      | <u>Quantum pump sets</u>                                                               | 50606      |
| 1       | <u>Ross EZ Feed bags 1000 ml w preattached set gravity</u>                             |            |
| 50      | <u>Ross EZ Feed bags 1000 ml</u>                                                       | 56         |
| 30      | <u>Ross 1000 ml bags</u>                                                               | 71         |
| 15      | <u>Ross EZ Feed gravity bags</u>                                                       | 56         |
| 2       | <u>Ross EZ Feed gravity bags</u>                                                       | 56         |
| 26      | <u>Ross 1000 ml top filled bag with Pre attached Embrace pump set</u>                  | 55757      |
| 9       | <u>Ross Patrol 1000 ml top fill bags</u>                                               | 52042      |
| 18      | <u>Ross Patrol 1000 ml pump set w/piercing pin</u>                                     | 52040      |
| 20      | <u>Ross EZ feed Patrol bags</u>                                                        | 52048      |
| 17      | <u>Ross 40 mm screw cap for gravity sets</u>                                           | 61         |
| 30      | <u>Ross 1000 ml Patrol EZ Feed bags</u>                                                |            |
|         | <u>Ross EZ Feed 1000 ml bags w pre attached pump set</u>                               | 56         |
| 24      | <u>Ross EZ Feed 1000 ml bags w pre attached pump set</u>                               | 56         |
| 25      | <u>Ross EZ Feed 1000 ml bags w pre attached pump set</u>                               | 56         |
| 60      | <u>Zevex 1200 ml Enterlite Infinity bags</u>                                           | INF1200    |
| 35      | <u>Kendall Kangaroo 1000 ml gravity sets</u>                                           | 8884702500 |
| 100     | <u>Ross EZ Feed 1000 ml bags</u>                                                       | 56         |
| 32      | <u>Ross EZ Feed 1000 ml bags w pre attached pump set</u>                               | 52048      |
| 1 cases | <u>Ross Patrol EX feed with pre attached pump sets</u>                                 |            |
| 6       | <u>Viasys NG tubes 5.6 Fr. 22"</u>                                                     |            |
| 2       | <u>Viasys NG tubes 6 Fr. 36 inch</u>                                                   |            |
| 6       | <u>Viasys Corflo 6 Fr. 36 inch</u>                                                     |            |
| 2       | <u>Viasys NG tubes 8 Fr. 36 inch</u>                                                   |            |
| 25      | <u>Zevex 1200 ml Infinity bags</u>                                                     | INF1200    |
| many    | <u>Zevex 1200 Infinity bags</u>                                                        | INF1200    |
| 39      | <u>Zevex 500 ml Enterlite Infinity bags</u>                                            | INFO500    |
| 22      | <u>Zevex 500 ml Infinity bags</u>                                                      | INF0500    |
| 45      | <u>Zevex 1200 Enterlite bags</u>                                                       | EL1200     |
| 18      | <u>Zevex Enterlite Infinity 500 ml bags</u>                                            | INFO500    |
| 15      | <u>Zevex 1200 ml Infinity bags</u>                                                     | INF1200    |
| 19      | <u>Zevex 1200 ml Enterlite Infinity bags</u>                                           | INF1200    |

|        |                                              |         |
|--------|----------------------------------------------|---------|
| many   | <u>Zevex 1200 ml Infinity bags</u>           | INF1200 |
| 24     | <u>Zevex 1200 ml Infinity bags</u>           | INF1200 |
| 16     | <u>Zevex 1200 ml Infinity bags</u>           | INF1200 |
| 30     | <u>Zevex 1200 ml Enterlite bags</u>          | EL1200  |
| 76     | <u>Zevex 1200 ml Enterlite bags</u>          | EL1200  |
| 1 case | <u>Zevex 1200 Enterlite bags</u>             | EL1200  |
| 100    | <u>Zevex 1200 ml bags</u>                    | EL1200  |
| 1 case | <u>Zevex Enteralite 1200 ml feeding bags</u> | EL1200  |

### Miscellaneous

| Quantity    | Product                                               | Reorder # |
|-------------|-------------------------------------------------------|-----------|
| 10          | <u>10 ml syringes luer lock tip</u>                   |           |
| 2 cases     | <u>2 x 2 sponges</u>                                  |           |
| 30          | <u>20 oz Syringes catheter tip</u>                    |           |
| 22          | <u>3 Tapestrips</u>                                   |           |
| 6           | <u>3M Blenderm Tape</u>                               |           |
| 4           | <u>3M Durapore Tape</u>                               |           |
| 3           | <u>3M Micropore Tape</u>                              |           |
| 12 sm       | <u>3M Transpore Tape</u>                              |           |
| 1 box       | <u>4 x 4 Sterile split pads</u>                       |           |
| 2           | <u>5 ml syringes, BD</u>                              | 309603    |
| 36.00       | <u>6 ply 2 x 2 IV sponges</u>                         | 7087      |
| 3           | <u>60 cc sryinges catheter tip</u>                    | 309620    |
| many        | <u>60 cc sryinges catheter tip</u>                    |           |
| 12.00       | <u>60 cc syringes</u>                                 |           |
| 14.00       | <u>60 cc syringes catheter tip</u>                    |           |
| 14.00       | <u>60 cc syringes catheter tip</u>                    |           |
| 8           | <u>60 cc syringes catheter tip</u>                    |           |
| 6.00        | <u>60 cc syringes catheter tip</u>                    |           |
| 30.00       | <u>60 cc syringes with flat piston</u>                |           |
| 4           | <u>60 ml sryinges catheter tip</u>                    |           |
| 30          | <u>60 ml syringes</u>                                 | 309620    |
| 3           | <u>60 ml syringes BD</u>                              | 309653    |
| 25          | <u>60 ml syringes catheter tip</u>                    |           |
| 12.00       | <u>60 ml syringes with catheter tip</u>               |           |
| 1 box of 30 | <u>60 ml syringes with catheter tip</u>               |           |
| 22          | <u>Aplicare 3 Alcohol Swabsticks</u>                  | S-3005    |
| 20          | <u>Aplicare 3 Providone-Iodone Swabsticks</u>         | S-3001    |
| 12          | <u>Aplicare Aniseptic Gel Hand Rinse</u>              | L-1540    |
| 3           | <u>Aplicare Iodophor PVP Prep Pad</u>                 | P-1001    |
| 3           | <u>Aplicare Skin Protectant Swabstick</u>             | S1010     |
| 5           | <u>Apria Central Line Dressing Change Tray</u>        | K-3501    |
| 26          | <u>Avant Gauze Drain Sponges 4"x4"</u>                | NON256000 |
| 27          | <u>B/Braun BC1000 Normally Closed Backcheck Valve</u> | 415062    |
| 3           | <u>B/Braun CSU100 Ultrasite Valve</u>                 | 415110    |
| 1           | <u>B/Braun Filtered Extension Set</u>                 | 473033    |
| 1           | <u>Bard Access Winged Infusion Set 20 Ga.</u>         | 399067    |
| 1           | <u>Baxter Solution Set</u>                            | 2M9858    |
| 31          | <u>B-D 10ml 20G1 Syringe</u>                          | 309644    |
| 12          | <u>B-D 10ml Syringe w/ Blunt Plastic Cannula</u>      | 303348    |
| 18          | <u>B-D 23G1 PrecisionGlide Needle</u>                 | 305145    |

|        |                                                        |                |
|--------|--------------------------------------------------------|----------------|
| 11     | <u>B-D 28G1/2 U -100 Insulin Syringe</u>               | 329461         |
| 3      | <u>BD 31G x 5/16" Needle</u>                           | 4184911        |
| 26     | <u>B-D 3ml 23G1 Syringe</u>                            | 309571         |
| 1      | <u>B-D 3ml Syringe w/ Blunt Plastic Cannula</u>        | 303346         |
| 2      | <u>BD Posiflow .06ml</u>                               | 385300         |
| 29     | <u>BD Q-Site 0.10ml Closed Lure Access</u>             | 385100         |
| 1      | <u>Bed - medical, located in PA</u>                    |                |
| 5      | <u>Betadine Swabstick</u>                              | 0034-2130-01   |
| 1      | <u>Biopatch Dressing 2.5 cm</u>                        | 3150           |
| 2      | <u>Braun CSU100 Ultrasite Valve</u>                    | 415110         |
| 1      | <u>Braun ThermoScan w/ LF20 Lens Filters</u>           |                |
| 1      | <u>BSN Hypafix Dressing Retention Sheet</u>            | 4209           |
| 20.00  | <u>Cavilon no sting barrier film</u>                   | 3344           |
| 1      | <u>Clave Connector</u>                                 | 11956          |
| 1      | <u>Clave Multidose Vial Access Spike</u>               | 12007          |
| 24     | <u>CloraPrep Sepp</u>                                  | 260449         |
| 1      | <u>Cloraprep w/ Applicator</u>                         | 2160757        |
| 3      | <u>Curlin Medical Administration Set</u>               | 340-4128       |
| 1 box  | <u>Diapers - Adult size</u>                            |                |
| 22     | <u>Duracell Procell C Batteries</u>                    |                |
| 1      | <u>IV Pole</u>                                         |                |
| 177.00 | <u>IV sponges for cleaning around stoma</u>            |                |
| 10     | <u>Kendall Single Tipped Applicators</u>               | 541300         |
| 2      | <u>Lopez Valves - adult</u>                            | 56000          |
| 1      | <u>Medline Lemon Glycerin Swabsticks, Triples</u>      | MDS090600      |
| 25     | <u>NG strips</u>                                       | NG50           |
| 1      | <u>Omron Blood Pressure Monitor</u>                    | HEM-601        |
| 22     | <u>PDI Alcohol Swabsticks 3's</u>                      | S84925         |
| 1      | <u>Potty Chair never used</u>                          |                |
| 16     | <u>Safeline Blunt Cannula</u>                          | NF9210         |
| 1      | <u>SCI Pitch-It Sr. IV Pole</u>                        |                |
| 3      | <u>Tegaderm IV dressings</u>                           | NDC833-1655-01 |
| 8      | <u>Tegaderm Transparent Dressing 4"x4.5" Oval</u>      | 1630           |
| 8      | <u>Tegaderm Transparent Dressing 4"x4.5" Rectangle</u> | 1626W          |
| some   | <u>Trach trays and bags</u>                            | ??             |
| 100    | <u>Trueread Blood Glucose Test Strips s</u>            |                |
| 1      | <u>Walker</u>                                          |                |
| 1      | <u>Walker</u>                                          |                |
| 300    | <u>Webcol Alcohol Prep</u>                             | 6818           |

**Pumps (no pumps currently available)**

**Poles**

|   |                                           |
|---|-------------------------------------------|
| 1 | <u>IV Pole - Heavy Duty about 30 lbs.</u> |
| 1 | <u>IV Pole - feeding tree</u>             |
| 1 | <u>IV Pole</u>                            |
| 1 | <u>IV Pole</u>                            |
| 1 | <u>IV Pole</u>                            |
| 1 | <u>IV Pole</u>                            |

## BUYING ENTERAL FORMULAS WITH FOOD STAMPS

Food stamp can be used to buy any perishable food item. Enteral formulas are perishable food items. Many product items such as Ensure, Boost, Carnation Instant Breakfast, Glucerna, Pediasure, and generic brands, such as Equate by Wal-Mart, can be found over-the-counter at supermarkets and drug stores (Walgreens, CVS, Rite-Aid, etc.). These products typically range from \$8-11 for 6-8oz bottles. Carnation Instant Breakfast can be bought as a powder and then be mixed with milk, water, or type of lactose free milk and may save the patient money.

The above mentioned products can be substituted for the standard formulas that are used in the hospital or that may be ordered by the physician, such as Isosource and Jevity. The table below lists families of formulas that can all be substituted with one another.

| Ordered Formula                                                   | OTC Equivalent                                                               | Additive               |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------|
| Nutren 1.0                                                        | Boost<br>Carnation Instant Breakfast Lactose Free<br>Ensure<br>Ensure Powder |                        |
| Jevity 1.0                                                        | Ensure Fiber                                                                 |                        |
| Isosource HN<br>Isosource 1.5                                     | Boost Plus<br>Carnation Instant Breakfast Lactose Free Plus<br>Ensure Plus   |                        |
| FiberSource HN<br>Jevity 1.2<br>Jevity 1.5<br>Nutren 1.5 w/ Fiber | Boost Plus<br>Carnation Instant Breakfast Plus<br>Ensure Plus                | Metamucil<br>Benefiber |
| Nutren 2.0<br>TwoCal HN                                           | Carnation Instant Breakfast Lactose Free VHC                                 |                        |
| DiabetiSource AC<br>Glucerna 1.0<br>Glucerna 1.2                  | Glucerna Shake<br>Boost Glucose Control                                      |                        |
| Promote                                                           | Boost High Protein<br>Ensure High Protein                                    |                        |
| Promote w/ Fiber                                                  | Boost High Protein<br>Ensure High Protein                                    | Metamucil<br>Benefiber |

Specialty enteral formulas that are not available over-the-counter can be ordered through a store's pharmacy. No prescription is needed to purchase these. The pharmacy must order them in since they are not considered to be a retail product that is sold retail. Food stamps can still be used for these products since they are perishable food items. The patient, family member, or caregiver may need to talk to the pharmacy/store manager to ensure that the formula is rang up correctly to reflect that it is a perishable product, not a pharmacy item.

In order for a patient to obtain food stamps, they must complete a DHS application and turn it in to their local DHS office.



If you are helping the person applying, what is your name?  
 How are you related to the head of household?  
 Does everyone in the household buy and prepare food together?  
 Does anyone in the household get paid for room and board?  
 Are you or anyone you are applying for homeless?  
 Is anyone in the household on strike from a job?  
 Is anyone in the household a migrant worker?

( ) Yes ( ) No  
 ( ) Yes ( ) No  
 ( ) Yes ( ) No  
 ( ) Yes ( ) No  
 ( ) Yes ( ) No

Do you need special help to apply for benefits? ( ) Yes ( ) No  
 If yes, what help do you need?

**List all household members living at the address in the table below.**

**Race:** Please use these codes if you choose to tell us the race for your household members below. This is voluntary and is used to make sure everyone is treated fairly.

W=White or Caucasian, B=Black or African American, A=Asian, H=Native Hawaiian or Pacific Islander, I=American Indian or Alaskan Native  
**Marital Status:** Please use one of the following below for each adult member of the household: married, single, divorced, widowed, legally separated.

| Household Members<br>(you do not have to give a Social Security number or citizenship status for someone not applying for benefits)<br>(First, ML, Last) | Social Security Number | Sex (M/F) | Date of Birth | Check box if U.S. Citizen | Race (above) enter all that apply | (optional) Check box if Hispanic/Latino | Marital Status (above) | Check box if member is pregnant | Check box if member is disabled |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------|---------------|---------------------------|-----------------------------------|-----------------------------------------|------------------------|---------------------------------|---------------------------------|
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |
|                                                                                                                                                          |                        |           | / /           |                           |                                   |                                         |                        |                                 |                                 |

Has anyone in the household applied for or received benefits in another state in the last 60 days? ( ) Yes ( ) No

If yes, who:  Which state:

Are you, or anyone you are applying for, already receiving benefits in another case/county? ( ) Yes ( ) No

If yes, who:  In whose case?

**Did you receive a \$100,000 lump sum payment from the Settlement Law Group in 1998?** ( ) Yes ( ) No

**If you are currently receiving a Social Security check, were you also receiving a Social Security check in 1972?** ( ) Yes ( ) No

**Did you lose Medicare because you returned to work and your earnings were more than the Social Security income limit?** ( ) Yes ( ) No

**Have you been diagnosed with breast or cervical cancer?** ( ) Yes ( ) No

**I understand I may have one or two authorized representatives:**

\_\_\_\_\_ may apply for benefits for me ( ) ; may use my Food Stamp or Families First benefits for me ( ) .

\_\_\_\_\_ may apply for benefits for me ( ) ; may use my Food Stamp or Families First benefits for me ( ) .

**Resource Information:**

(cash, bank accounts, certificates of deposit, stocks, bonds, mutual funds, retirement accounts, pre-paid funeral plans, trust funds, annuities, or other liquid asset not listed)

Type:  List the value of the resource less any amount owed: \$

Type:  List the value of the resource less any amount owed: \$

Do you or anyone that you are applying for have their name on all or part of any resources? ( ) Yes ( ) No If yes, who?

How much: \$  Type of resource?  Is the resource co-owned? ( ) Yes ( ) No

If yes, with who:

Do you or anyone you are applying for own property? ( ) Yes ( ) No

Did you or anyone you are applying for sell, trade, transfer, or give away a resource in the last 60 months? ( ) Yes ( ) No

Did you or anyone you are applying for close an account or add anyone to a title in the last 60 months? ( ) Yes ( ) No

If yes, who:  What type of change?

When (date)?  How much is it worth? \$  Is it still available to you? ( ) Yes ( ) No

Have you or anyone you are applying for received a cash settlement in the last three months? ( ) Yes ( ) No

If yes, who:  How much was it worth? \$

Do you or your spouse have an annuity that was purchased on or after February 8, 2006: ( ) Yes ( ) No MUST check yes or no.  
(Annuities are periodic payments made from funds deposited by an individual in order to establish a source of income for future use.)

Does anyone that you are applying for own a vehicle (or own one with another person)? ( ) Yes ( ) No If yes, who:

Vehicle make:  Vehicle Year:  How much is the vehicle worth? \$

Vehicle model:  Amount owed: \$

Do you own the vehicle with someone else?  Are there any other vehicles in the household? ( ) Yes ( ) No

How is this vehicle used (work, school, medical transportation, etc):

These members of my household have been convicted of a felony for having, using, or selling illegal drugs:

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**Income Details:**

| Who is working? | Hours worked per week? | Monthly income before anything is taken out? | How often is the member paid? | Date job started? | Name and address of employer | Phone Number | Can we contact this employer for proof? (Y/N) |
|-----------------|------------------------|----------------------------------------------|-------------------------------|-------------------|------------------------------|--------------|-----------------------------------------------|
|                 |                        | \$ <input type="text"/>                      |                               | / /               |                              | ( ) -        |                                               |
|                 |                        | \$ <input type="text"/>                      |                               | / /               |                              | ( ) -        |                                               |
|                 |                        | \$ <input type="text"/>                      |                               | / /               |                              | ( ) -        |                                               |

Has anyone's job ended in the last 60 days? ( ) Yes ( ) No

If yes, who?

Why did the job end?

When did the job end?

Employer's name:

Employer's address:

Phone: ( ) -

Would you prefer to provide proof of the reason your job ended rather than have DHS contact your employer for proof? ( ) Yes ( ) No

**Has anyone in the household applied for or is anyone receiving any of the following:**

- Alimony
- Assistance from another State
- Black Lung Benefits
- Child Support
- Civil Service Annuity
- Disability/Sick Benefits (not SSA or SSI)
- Dividends
- Educational Stipend
- Estate/Trust Fund
- Income from another agency
- Interest Income
- Military Allotment
- Money from Another Person (not child support)
- Public Retirement
- Qualified Trust
- Railroad Retirement
- Repatriation Payments
- Social Security Income (SSA)

- Supplemental Security Income (SSI)
- Training Allowance
- Unemployment Compensation
- Union Funds or Pensions
- Veteran's Benefits
- Workers Compensation
- Other Sources
- None of the above

Who receives this income?

Which type?

Date applied/begun: or Amount: \$

How often?

Who receives this income?

Which type?

Date applied/begun: or Amount: \$

How often?

**Expense Details:**

**Please tell us about any child care expenses:**

Who pays?

Name of child:

Amount: \$ How often?

Person or agency providing care:

Care provider's address:

Phone: ( ) -

**Please tell us about any medical expenses:**

Does anyone in the household have any past, unpaid, or ongoing medical expenses? ( ) Yes ( ) No

To whom is it owed?

How much? \$

If yes, who:

How often ?

Does anyone pay medical bills for a former family member? ( ) Yes ( ) No

Who is the payment for?

How often ?

If yes, who:

To whom is it owed?

Is anyone self-employed? ( ) Yes ( ) No

If yes, who?

What kind of work is this?

Amount made each month before expenses? \$

Are there expenses for this job? ( ) Yes ( ) No

If yes, how much? \$

Has this self-employment ended? ( ) Yes ( ) No

If yes, when did it end?

If applying for Medicaid, does anyone you are applying for have life insurance? ( ) Yes ( ) No If yes, who:

**Please tell us about any shelter expenses:**

|                       | Who Pays? | Total | How often? | Has it ended? |
|-----------------------|-----------|-------|------------|---------------|
| Rent                  | \$        |       |            |               |
| Mortgage              | \$        |       |            |               |
| Property Tax          | \$        |       |            |               |
| Homeowner's Insurance | \$        |       |            |               |

**If you are paying rent, or living in someone else's home, what is their name and phone number?**

| Who Pays?                        | Amount per month | Who Pays?            | Amount per month |
|----------------------------------|------------------|----------------------|------------------|
| Gas ( ) Yes ( ) No               |                  | Sewer ( ) Yes ( ) No | \$               |
| Electricity ( ) Yes ( ) No       | \$               | Water ( ) Yes ( ) No | \$               |
| Fuel Oil/Kerosene ( ) Yes ( ) No | \$               | Trash ( ) Yes ( ) No | \$               |
| Coal/Wood ( ) Yes ( ) No         | \$               | Other ( ) Yes ( ) No | \$               |
| Telephone ( ) Yes ( ) No         | \$               |                      |                  |

**Please tell us about any court-ordered child support paid for a child outside the home:**

Who pays?  How much: \$  Is this a court-ordered payment? ( ) Yes ( ) No

Child's name:

Child's address:

Date of birth:  /  /

Phone number: (  ) -  -

**Please tell us about any health insurance expenses you or any member you are applying for may have (other than TennCare Standard).**

Examples may include accident, basic hospital, basic hospital/medical/surgical.

| Who is the policy holder?               | Additional policy holder?               |
|-----------------------------------------|-----------------------------------------|
| Who is covered?                         | Who is covered?                         |
| What type of coverage?                  | What type of coverage?                  |
| Premium amount? \$ <input type="text"/> | Premium amount? \$ <input type="text"/> |
| How often?                              | How often?                              |

**Insurance company information:**

Name:

Address:

Phone: (  ) -  -

Policy Number:

Begin Date:

**Additional Insurance company information:**

Name:

Address:

Phone: (  ) -  -

Policy Number:

Begin Date:

Does anyone have access to health insurance but has not yet applied for it? ( ) Yes ( ) No

If yes, who?

**\*\*\* Turn page over to sign \*\*\* Your application must be signed on the back of this page.**

**Voter Registration**

Are you registered to vote where you live now? ( ) Yes ( ) No  
Would you like to register to vote? ( ) Yes ( ) No  
Do you want DHS to mail you a voter registration form? ( ) Yes ( ) No

The benefits you may receive from DHS will not change whether you register to vote or not.

**Important Information**

We use Social Security numbers to check that you are who you say you are. We use them to make sure you get the right amount of aid, to change the amount of aid you get, to check other computer and government records, and to make sure you qualify. We check Social Security, IRS, and employment records. We may check Immigration and Naturalization records. If those records don't match what you say, it may affect whether you qualify and how much cash or Food Stamps you get. You may be subject to criminal prosecution for knowingly providing incorrect information.

In accordance with Federal Law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (202)720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W. Washington, D.C., 20201 or call (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers. You may also file a complaint with the Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37248, or call at 615-313-4700.

**Release:** By signing below I authorize the State of Tennessee, its agents, or assigns to verify any of the facts contained in this application, any attachments, and any statements made to an interviewer.

The next few pages, called the Statement of Understanding, have important information. Please read them carefully. The worker will tear them off and give them to you. Be sure to take them with you. Sign below after you have read them. Your signature below means you have read and understand what this information says and agree that we may get records or proof we need to see if you can get Food Stamps, Families First, or TennCare/Medicaid.

I represent and warrant I am authorized to make the statements in this application. I understand and agree to the rules and information for the programs for which I have applied. I certify that all persons asking for or getting aid are U.S. citizens, legal aliens, or eligible immigrants. I understand if I am asked, I will give information that proves what I say. I give DHS permission to get proof, including school records. I understand I must tell DHS about any changes in my/our living situation within 10 days. I certify under penalty of perjury and all other applicable penalties that what I say on this application, any attachments, any papers that I may give, and to whoever interviewed me are true and correct.

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





**¿Habla español? Llama 1-866-311-4287.**  
Need to report a change? Have a question?  
Need help? Call us. This call is free.  
**Family Assistance Service Center**  
**1-866-311-4287**  
We are here to help you from 7 a.m.  
to 5:30 p.m. Monday through Friday.

## **Statement of Understanding - Program Rules** **Important - Keep This Paper!**

If you have a disability and require special assistance, please let us know. If you need help understanding English we will provide an interpreter when you talk to us. This is a free service. We can still take your application today.

**INTÉRPRETES GRATUITOS** – Si no entiende bien el inglés y necesita ayuda, por favor avísenos. Le conseguiremos un intérprete que le ayudará a hablar con nosotros. Este servicio es gratuito. Conseguir un intérprete no retrasará el procesamiento de su caso.

**You can apply for Families First, Food Stamp, or Medicaid/TennCare Standard benefits** online or at a DHS office. An application must be completed. You must give us proof of who you are, your income, and other facts needed to approve your application. If you need help getting proof, ask your DHS caseworker.

**Anyone in the household applying for Families First, Food Stamp benefits, or Medicaid/TennCare Standard benefits** must give us a Social Security Number and citizenship or immigration status.

- If you do not have a Social Security number, we can help you ask for one.
- If you have a Social Security number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member.
- DHS **does not need** Social Security numbers or citizenship/immigration status for household members not applying for benefits.

**If you are applying for help from DHS, we may give your Social Security Number to:**

- Police who are looking for lawbreakers when the law allows or requires us or a court orders us to do so.
- Other federal or state agencies if the law allows or requires us to do so.

**How long do we take to decide about your application?**

- Medicaid: We take either 45 or 90 days to decide if you can receive benefits. Your caseworker will tell you which decision time applies to you. TennCare Standard may take longer.
- Families First cash payments: We have 45 days to decide if you can receive them.
- Food Stamps: Usually we have 30 days to decide and to give you Food Stamp benefits if you qualify.
- To make a decision on time, DHS must have your help to get all the proof we need.

### **Food Stamps Information:**

**Food Stamp benefits won't change your Families First benefits.** If your Families First cash payments stop, you may still receive Food Stamps. But if you start receiving Families First, your Food Stamp benefits may go down. **You will be notified of this change; however, you may receive this notice less than ten days before your Food Stamps go down.**

**Your Food Stamps benefit may end if you:**

- Lie or hide facts to get Food Stamp benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with Food Stamp benefits like beer, cigarettes, or soap.

**If you break these rules, you will not get Food Stamp benefits for:**

- 1 year the first time.
- 2 years the second time.
- Forever the third time.

**If you trade Food Stamp benefits for drugs. You can be cut off for:**

- 2 years the first time.
- Forever the second time.

**You will be cut off the Food Stamp Program forever if a court finds you guilty of:**

- Trading Food Stamp benefits for guns, ammunition, or explosives.
- Selling Food Stamp benefits worth \$500 or more.

**You will not get Food Stamp benefits for ten (10) years if you lie about who you are or where you live in order to receive Food Stamp benefits.**

**If you do not follow your Families First plan, we may cut your Families First cash payments or your Food Stamp benefits may be reduced.**

**If you do not report your work income or are found guilty of breaking Food Stamp Program rules on purpose, you may have to pay back money if you get too many Food Stamp benefits.**

**People who break these rules may go to prison, be charged under federal laws, or be fined up to \$10,000.**

**Some household members must register for work if they want to receive Food Stamps.** Your worker will tell you who in your household must register to qualify. If this happens, you will have to go to the Department of Labor and Workforce Development (DOLWD) for an interview. They will ask you about your past work and will help you prepare to get a job.

**You may get more Food Stamp benefits if you have proof of these kinds of expenses:**

- Medical
- Child or dependent care
- Child support
- Housing or utilities

**Your DHS caseworker can help you get proof.** But you must report the expense and give us proof. If you don't tell us about these expenses and give us proof, we will assume you do not want the deduction and you won't get more Food Stamp benefits.

### **Families First Information:**

If you get Families First cash payments you don't qualify for, you must pay the State back. You can:

- Pay from your Families First cash payments.
- Pay in cash, if you don't receive Families First.

If you lie or hide facts to get Families First cash payments, you can be taken to court. You may be charged with perjury (lying under oath), theft or another crime, and may be sentenced to time in jail. If you break Families First rules on purpose, we call this an Intentional Program Violation. If you are found guilty, you could be cut off Families First for:

- 6 months the first time
- 1 year the second time
- Forever the third time

It is illegal to get cash payments in two states at the same time. Anyone who does this may be cut off cash payments for 10 years.

**Your children can get Families First OR Food Stamps benefits but you cannot if you are:**

- A fleeing felon
- A parole or probation violator
- Found guilty after August 22, 1996, of a drug-related felony, **unless** you meet a specific exception.
- Your caseworker can give you more information about the exception.

**To get Families First cash payments, you must sign and follow a Personal Responsibility Plan.** This plan may require you to go to a work-related activity.

### **Important information about Child Support and Families First:**

**You may be able to get Families First cash payments and child support at the same time.** If you get Families First, you must help us prove who the child's father is. You must also work with us to collect child support for the children on Families First. We won't try to collect support if you prove there is a good reason not to do so. All child support must go first to DHS. If the parent gives you money directly, you must send it to DHS. **You may be able to get some or all of the child support back.** We call these payments child support pass-through payments.

The amount of your child support pass-through payment depends on both your "unmet need" and the amount of child support paid. We figure your unmet need based on:

- How many people the Families First cash payment covers
- How much other income you have

You can ask your DHS caseworker how much your unmet need is.

### **Medicaid/TennCare Standard Information:**

- You are responsible for providing Medicaid/TennCare Standard with any changes in your address or income.
- Don't let anyone else use your Medicaid/TennCare Standard card. You may have to pay the State back for the other person's medical bills.
- You may have to work with us to get the absent parent(s) to pay medical bills or insurance for your children.
- You must sign over to the State any reimbursement you get for medical treatment paid for by Medicaid/TennCare Standard. By law the money belongs to the State. If you don't turn it over to the State, you may lose your TennCare benefit, be charged with a crime, and be sued in court for the money.
- If the Tennessee Bureau of Investigation, Office of Inspector General, or any other agency contacts you about Medicaid/TennCare Standard fraud or abuse, you must help them.
- Medicaid/TennCare Standard must share financial and personal information in order to run its program. They share it only as the law requires or permits. Everyone who sees your information must follow all state and federal laws about keeping your information private.
- If we need to gather medical information to find out if you can get or keep Medicaid/TennCare Standard, we will give you a special form (a HIPPA release) that will let us ask for your medical information
- If you own or lease a home outside the State of Tennessee, you may not be eligible for benefits.
- If you receive public assistance outside the State of Tennessee other than unemployment benefits, you are not eligible for Medicaid/TennCare Standard.

- **You must report any change to the information you provide to DHS within ten (10) days of the change.** This includes changes in address, family size, assets, employment, income, marital status, eligibility for participation in Medicare, or availability of group health insurance.  
**Tell your caseworker about changes right away. Then mail a report of change letter to the DHS local office within thirty (30) days of the change.** Include copies of any supporting papers with the report of change letter. If you fail to report changes timely, you will have to pay TennCare for any benefits improperly paid on your behalf and/or any premium underpayment.
- If you have TennCare Medicaid coverage, you must tell DHS when you sell or give away assets. You must also tell DHS when you take out a mortgage or home equity loan on your home.
- **It is against the law to lie or hide facts on this application or in your interview.** Telling lies or hiding facts about things like income, where you live, or other types of insurance you have, could result in an investigation by the Office of the Inspector General.
- If the State pays for medical bills or for nursing home care for you, **the State may get money back that you owe. When you die, the State may take money that you owe from your estate.**

**If you purchased an annuity on or after February 8, 2006,** the Deficit Reduction Act (DRA) requires the State of Tennessee to be:

- Named as the remainder beneficiary in the first position for at least the total amount of medical assistance paid; **or**
- Named as such a beneficiary in the second position if there is a community spouse and/or a minor disabled child.

Under certain circumstances, buying an annuity may be treated as a disposal of assets for less than fair market value and this can affect whether you can get TennCare or Medicaid. Your caseworker will be able to give you the details regarding disposals for less than fair market value.

### **Do you want to apply to vote in the next election?**

Federal and state law requires that we ask if you want to register to vote. We must ask you this question any time you apply or re-apply for benefits, when you are recertified for benefits, or if you call to tell us you have moved. We will help you to fill out all the forms.

### **Voter Registration Information:**

- The benefits you may receive from DHS will not change whether you register to vote or not.
- We can help you apply. The decision to get help is yours. You may fill out the form in private.
- You may file a complaint with the Coordinator of Elections, Secretary of State's Office, 900 William R. Snodgrass Tennessee Tower, Nashville, TN 37243, 1-615-741-7956, Tennessee Relay Center, 1-800-848-0299, if you believe:
  - Someone has interfered with your right to register or to decline to register to vote.
  - Someone has interfered with your right to privacy in deciding whether to register or in applying to register to vote.
- If you choose to register or decline, we will not tell anyone outside the election commission about your choice or where you applied. We will only use this for registration purposes.
- You can't vote until you get your voter registration card. If you do not have the card in three weeks, check with the Election Commission.
- The County Election Commission will see if you are able to register to vote. This is **not** done by DHS or the TennCare Bureau.
- If you mail your application to your county election commission, you must vote in person the first time you vote.
- We will mail you a "Mail-In Application for Voter Registration" form within 30 days if you are telling us by phone or internet about:
  - An address change
  - An application
  - A re-application

- A re-certification
- A review

If the deadline to register is less than 30 days away, we will mail the form to you within 5 days or the next work day if we can.

**HIPAA:**

The federal **HIPAA** law says we must keep facts about your health private. It also says we must give you this notice. Here are the rules that we must follow to keep the facts about your health private. These rules can change. If important changes are made, we will tell you.

**In order to determine your eligibility for TennCare, DHS may share your private health information with:**

- Some employees of the Department who need it to decide if you can get TennCare; and
- TennCare.
- DHS may also share your private health information with the federal Department of Health and Human Services because they provide oversight of the TennCare program.

**With your prior written consent, DHS may share your private health information with any other person or entity, such as:**

- Your health care providers;
- An attorney;
- Members of your family.

**If you are not able to provide prior written consent, DHS may share your private health information with:**

- An authorized representative – who will also have the right to provide written consent for release of your private health information to other individuals and entities;
- A family member or others involved in your health care. You may ask us not to tell them your information. We will agree if we can. If you are a minor child or in an emergency, we may not be able to agree.

**Without any prior consent, DHS may also share your private health information:**

- With a health oversight agency or law enforcement as required by law for purposes of investigating theft or fraud allegations related to receipt of program benefits;
- With any other individual or entity, including law enforcement and other government agencies, when allowed by law or when required to do so by a court order;
- With another individual or entity for purposes of research, as permitted by law.

**RIGHTS ABOUT YOUR HEALTH INFORMATION**

**You have the right to:**

- See your health records, except where limited by law.
- Get copies of your health records, except where limited by law.
- Talk to us about how we use and share your health information.
- Ask us to change health information that you think is wrong. You must ask us to change it in writing and tell us why. We may not be able to change it. If we can't change it, we will tell you why.
- You can get a list of those we shared your health information with after April 14, 2003. You must ask us in writing. The list will cover up to the 6 years prior to the request. The list does not have to include those we shared information with in order to determine your eligibility for TennCare or because you asked us to in writing.

- Ask us not to share some facts about your health information. You must ask us in writing. You must tell us what facts you don't want shared. You must tell us who you don't want us to share those facts with. But, there may be some times when we cannot agree to your request. We will tell you why.
- Take back your okay to share your health information. If you signed an authorization form, you can take it back any time. But, you must do it in writing. This will not change any facts we have already shared.
- Ask us to contact you in a different way or at a different address. You must tell us in writing.
- Ask for a new notice of DHS's privacy practices.

## QUESTIONS or COMPLAINTS

Do you have questions about this notice? Please call 1-888-863-6178. In Davidson County, call 313-5790. TTY#1-800-270-1349.

Do you have a complaint about how your private health information was handled? You can call or write one of the offices listed below to ask questions or make a complaint. You will not lose your eligibility if you complain or ask a question.

Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37248, or call at 615-313-4700.

Office of Civil Rights, Medical Privacy, Complaint Division, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, or call at 866-624-7748.

### Your right to a fair hearing:

What if you don't agree with what we decide on your application or case? You can appeal for a fair hearing. You may speak for yourself at the hearing. You also may bring a friend, relative, or lawyer to speak for you. After you hear from us, you have 90 days to file an appeal for Families First and Food Stamp benefits, and 40 days to file an appeal for Medicaid/TennCare Standard. **If you want to continue your benefits while the appeal is being decided, you must ask us within 10 days for Families First and Food Stamps and 20 days for TennCare/Medicaid. If you lose the appeal, you may have to pay back the benefits you received during the time the appeal was being decided.** If you want to file an appeal, tell your DHS caseworker. You can also call the Family Assistance Service Center at 1-866-311-4287. This is a free call.

### Permission to release school attendance records:

I (client) give permission for the school attendance records of children I included on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities and the records will be destroyed when they are no longer needed.

### Permission to contact me:

I agree that DHS may contact me by U.S. Mail and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for benefits / services or the benefits / services that I am already receiving.

**METRO SOCIAL SERVICE SUPPLEMENTAL  
NUTRITION PROGRAM  
For Davidson County Residents**

**Nutritional Food Supplement**

The Nutrition Program sells nutritional supplements. A doctor's office may fax a required doctor's order with the patient's name, address, telephone number, SSN, DOB, and reason for referral to the office at (615) 880-2291.

| <b>Product</b> | <b>Price</b> |
|----------------|--------------|
| Ensure         | \$17.00/case |
| Ensure Fiber   | \$17.00/case |
| Ensure Plus    | \$20.00/case |
| Glucerna       | \$31.00/case |

Hours for nutritional supplement purchase are 9am – 11am and 1pm – 3pm.

**Office Location**

Metro Social Services  
523 Mainstream Drive, Suite A  
Nashville, TN 37228