



MPS and Related Diseases Family Assistance Program Application

(All information will be kept in the strictest confidence)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code _____

Phone number: _____ E-mail _____

Name of affected individual: _____ Date of birth _____

Disease affecting the individual: _____ Amount requested (\$3,000 max): _____

Have you been a member of the National MPS Society for a period of six months? ___ Yes ___ No

Please explain how the financial assistance will be used, describing the special equipment or medical aids needed (*attach additional pages if needed*):

Do you have medical insurance? ___ Yes ___ No

If yes, have you been denied payment for this item from your insurance company? ___ Yes ___ No

If yes, please attach the letter of denial. If no, please indicate what, if any, will be your out-of-pocket expense. Please attach statement from insurance company showing the amount they will pay.

Are you willing to donate the item to a Society member when it is no longer needed? ___ Yes ___ No

Please include the following **required documentation** with your application

- 1) Documentation that funding has been requested by your insurance company, if applicant has medical insurance. (Include either letter of denial from insurance company or statement from insurance company indicating amount insurance will pay)
- 2) Invoices/quotes/estimates (Documentation must include supplier's name, address, detail of item/service to be provided, and cost.)
- 3) Physician's signed order on letterhead stationary (Required for medical equipment or aids)

(Signature of Applicant)

(Date)

Please mail your application to:

**Family Assistance Program
National MPS Society
4220 NC Hwy 55, ste 140
Durham, NC 27713**

Please call the office at 919.806.0101 if there are questions about this application or if assistance is needed to complete the application.

National MPS Society Family Assistance Program (FAP) Guidelines

Process:

- 1) Only parents/guardians of an affected individual or an affected adult who reside in the United States and are members in good standing are eligible for funds from the Family Assistance Program (FAP). The definition of “good standing” is:
 - membership dues are satisfied for the current year
 - membership in the National MPS Society has been maintained for at least six months prior to the date of application.
- 2) Strictest confidentiality regarding application, names and funding will be maintained by the applicant and the Society.
- 3) Funds will be made available only for one-time exceptional and extraordinary costs. On-going expenses incurred by members are not covered under this assistance program.
- 4) The applicant should be willing to donate the item to a Society member when it is no longer needed.
- 5) Application for assistance should be made in advance of a cost being incurred. Special consideration can be made if the cost has been incurred,
- 6) Examples of potentially eligible costs are: special equipment and medical aids.
- 7) Grants for FAP may be requested up to a maximum of **\$3,000.00** per membership, per 12-month period, dependent on available funds and the Committee’s decision.
- 8) A minimum of 10% of the total cost of the equipment or medical aid, up to a maximum of \$200, must be funded by the applicant or by other sources.
- 9) All required documentation must accompany the FAP application form prior to application being reviewed. Applications will be reviewed by the committee upon receipt of all documentation, and the MPS office will notify the applicant of the funding decision.
- 10) If the applicant has medical insurance, documentation that funding has been requested by insurance must accompany the application. The Documentation must include either a letter of denial of coverage or the written decision indicating amount insurance will pay.
- 11) The Society will issue a letter to the applicant indicating whether the application has been approved or denied and the amount of funding granted, if any.
- 12) Funding will be paid directly to the vendor/supplier upon the Society receiving an original or photocopy of the invoice/quote/estimate from the applicant. In special situations, the individual may be reimbursed with the grant funding if the cost has already been incurred.

Application Review

- 1) Applications will be reviewed once all of the required documentation is received.
- 2) The Family Assistance Committee will review all eligible applications and will select the applications for funding
- 3) A check will be made out to the vendor/supplier. This will require the applicant to supply a “quote” or invoice estimate prior to work being done. The Society will send the check to the applicant. The applicant will be responsible for sending the check to the vendor/supplier, if necessary.
- 4) The Family Assistance Committee’s interpretation of the regulations outlining the FAP and any decisions made by the Committee are binding. Appeals can be made to the Board of Directors in writing. The appeal will be reviewed at the next Board meeting.