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Emergency Financial Assistance Application

Financial assistance grants are provided to dialysis and kidney transplant patients to assist with short-term, one-time emergency needs such as food, utility payments, rent and/or medication. The maximum grant amount is $150 per patient per year. Payments will be made to vendors, not to the patient. Emergency financial assistance should not overlap with an individual's use of the Kidney Foundation of WNY Transportation Assistance or Nutritional Supplement programs.

Date of Application:_____
Patient's Name:_____
Patient's Home Address: _____
Phone number: _____
Social Worker name:_____
Facility name:_____
Phone number: _____

Need for which funds will be used:_____
(Please provide detail of the need for emergency funding)_____
_____

Amount of request:_____
($150 is maximum amount)

If approved, check will be made out to:_____
Check cannot be made out to patient; must be a company/business. Funding requests for food can be given in the form of supermarket gift cards.
Address for check:_____

Has the patient received previous emergency grants? Yes____No____
If yes, please note month and year:_____

Have other funding sources been explored? Yes_____No_____Explanation:_____
_____
_____

In submitting this application, I guarantee its truth and accuracy to the fullest extent of my knowledge. The patient also agrees that the information in this application may be verified.

_____
Signature of social worker Date

Office Use Only

Approved by_____ Date_____

Revised 2/2022