4444 Bryant and Stratton Road, Williamsville, NY 14221
Email: kallen@kfwny.org, Fax: 716-276-3649, Phone: 716-529-4392

Nutritional Supplement Application

Nutritional renal supplements are provided on a short-term basis to dialysis patients in order to prevent or treat nutritional deficits. If an application is approved, the Kidney Foundation of WNY will send 24 units of supplement powders and/or drinks to the patient's dialysis center, to be distributed to the patient by the dietitian. The dietitian or social worker may reapply if continued assistance is needed.

The patient must have an albumin below 3.5 when calculated by the BCG method or 3.2 when calculated by the BCP method, documented by a dietitian or physician. Please include documentation of albumin levels for a period of three months. If this documentation is not available, please provide as much data as possible.

Patient's Name:_____
Patient's Home Address: _____
Patient's Phone: _____

Social Worker name:_____
Social worker phone/email:_____

Facility name:_____
Facility address (supplements will be delivered here):_____
_____
Days and hours of operation:_____
Phone:_____
Dietitian name:_____
Dietitian phone/email:_____

Application status: New_____Renewal_____
Month/Year Supplements Last Received:_____
Albumin (must be less than 3.2 BCP Method or 3.5 BCG Method)
Month 3: _____ Method: _____ Date recorded: _____
Month 2: _____ Method: _____ Date recorded: _____
Month 1: _____ Method: _____ Date recorded: _____
Flavor preference (as available): Vanilla____Berry__

In submitting this application, I guarantee its truth and accuracy to the fullest extent of my knowledge.

_____
Signature of social worker or dietitian Date

Office Use Only

Approved by_____ Date_____

Revised 2/2022