



North Carolina Care Grant Request for Funds Packet

***PLEASE READ THIS BEFORE COMPLETING YOUR REQUEST ***

→ **TO BE ELIGIBLE FOR THIS GRANT, YOUR PRIMARY RESIDENCE MUST BE IN NORTH CAROLINA AND YOU MUST HAVE A VERIFIED DIAGNOSIS OF ALS or PLS.**

IMPORTANT INFORMATION

- This is a reimbursement grant program which will reimburse up to a maximum amount of **\$750** per period.
- In order to receive funds, you **must follow the "Instructions for Applying"** below.
- You may submit the *Request for Funds* form with copies of receipts **up to three times ONLY** during the period until the \$750 cap is met. All requests are subject to the availability of funds at the time of submission. Therefore, if partial reimbursement is initially received this does not guarantee you will receive the rest of the \$750 later. Any request submitted over the 3x max will not be reimbursed.
- The sooner in the period you submit your reimbursement, the greater the chance of you being reimbursed, as funds may run out before the end of the period.

INSTRUCTION FOR APPLYING (please follow steps below to be sure you are submitting request correctly)

Step 1 - Ensure expenses qualify for reimbursement.

- Verify that receipts are for items on the ALS Eligible Expenses List **AND**
- Confirm receipts are between the **acceptable date range of 12 months prior to submission.**

Step 2 - Complete Request for Funds Form - Both sides must be fully completed (pgs. 3-4),

Step 3 - Attach COPIES of Receipt(s) - Receipts must be for items that are already paid for and **MUST INCLUDE CLEAR DESCRIPTION AND DATE**. Please note, for medical appointments, please be sure the receipt has a description of the appointment and date of appointment/payment.

- You can use *Mileage log* or *Respite Care Provider log* if needed as receipts (pg. 5 & 7).

Step 4 - Return by fax or email (must be in the form of a scanned document as an attachment (PDF). Please do not send pictures included in the body of email). Instructions on how to scan and send using your smart phone are attached on the last page (pg. 11). You may also mail the *Request for Funds* form with copies of receipts (address provided on pg. 4). **PLEASE DO NOT SEND IN ORIGINAL RECEIPTS.** Retain a copy of your paperwork for your records. If you need extra forms, please visit our website at www.alsnc.org, go to Navigating ALS, then Care Grant Program where you can download *Request for Funds* packet or separate forms as needed. You can also request by email or phone from a Care Services staff member.

Do not wait until the last minute to submit your reimbursement if there is an issue with your submission there may not be adequate time to process your request.

Step 5 - Receive check, which can take **up to 6-8 weeks**. Checks are void after **90 days** and cannot be re-issued. Please deposit when you receive. If you do not receive a check **after 6 weeks**, please contact Claudia Beirne at claudia@alsnc.org or 919-390-0125.

>>IMPORTANT DATES TO REMEMBER- LATE REQUESTS WILL NOT BE ACCEPTED, NO EXCEPTIONS <<

Grant Periods	<i>Request for Funds</i> form along with eligible receipts MUST be received In-House by:	Receipt Dates Must be dated
1 st (Jan. 21 - July 20)	HARD DEADLINE: July 20	within the previous 12 months of submission date
2 nd (July 21 - Jan. 20)	HARD DEADLINE: Jan 20	
If mailing, Must be postmarked by the 15th to allow time for deadline		

ALS Eligible Expenses

- Please be sure to **check this list BEFORE submitting your Request for Funds form**. Items NOT on this list will NOT be eligible for reimbursement.
- **ACCEPTED RECEIPTS:** Copies (not originals) of receipts that **CLEARLY SHOW DATE AND DETAIL** of item(s)/service(s) which have already been paid for (cannot accept quotes, Proposals or Estimates).
- **NOT accepted RECEIPTS:** Copies of checks/cancelled checks, bank statements, credit card statements, insurance explanations of benefits (EOBs) **PLEASE DO NOT SEND MEDICAL BILLS THAT DO NOT HAVE A DESCRIPTION OF APPOINTMENT ALONG WITH DATE AND AMOUNT YOU PAID** (check with your provider to get an itemized receipt to submit).
- Receipts must be within the acceptable date ranges for the current period.

RESPIRE CARE: *the temporary relief for a primary caregiver, enabling them to take a much-needed break from the demands of caregiving (Does NOT include house cleaning, home/lawn maintenance, drivers).*

- If care provider is **NOT** through a professional homecare agency, provider must complete the “Respite Care Provider Log” (pg. 5) which serves as your receipt. Care providers cannot live at the same address as the person living with ALS. (*Request could be subject to non-payment if false information is submitted*). The Care Provider must also include a copy of their ID.
- If care provider **IS** through a professional homecare agency, attach a copy of the receipt from the professional provider to “Request for Funds” form.

COMMUNICATION:

- iPads/tablet/smart phone (limit 1 per person) and communication apps
- speech generating devices (SGDs), voice amplifiers and voice banking.
- electronic writing tablets (example: Boogie Board), communication tablets, Eye Gaze
- virtual assistant/home automation systems, i.e. Alexa, Google Home (limit of 3)
- Personal emergency response system – installation, then monthly fee up to \$75 per month, HomeCam/Doorbell Cam

MEDICAL EXPENSES: (only items listed below)

- **ONLY THESE LISTED PRESCRIPTION are eligible:** Toferson (Qalsody), Relyviro, Radicava, Rilutek (Riluzole)/Tiglutik/Exservan, Nuedexta, and Baclofen (pump) medications. (receipts must include name of medication)
- ALS clinic visits co-pays, genetic testing through ALS clinic, Respiratory procedures/respiratory devices, feeding tube procedure (**receipt must clearly show detail of service**)
- Feeding tube formula, oral nutritional formula (example: Boost/Ensure), liquid thickener. (does not include supplements)
- Durable medical equipment: any type of wheelchair, medical wheelchair cushion, wheelchair repair, wheelchair batteries, wheelchair accessories, lift chair, Hoyer lift & sling/sit to stand lift, shower/bath chair, rollator walker, bedside commode, over the bed table, bed rails, hospital bed or adjustable bed (does not include sheets/blankets).
- Adaptive equipment (must be directly related to ALS), incontinence products.
- Orthotic Devices: AFO braces, hand splints, Figure 8 sling, cervical collar
- Massage therapy provided by a licensed massage therapist (LMBT), must show LMBT number on receipt/invoice.
- Counseling (individual and/or family) by a licensed provider

HOME MODIFICATIONS:

- Home modification assessment performed by a licensed clinician.
- Materials/labor for home accessibility - RECEIPT MUST INCLUDE A DESCRIPTION OF HOW IT'S BEEN MADE ACCESSIBLE. Includes: grab bars, raised sinks, raised toilet, bidet, shower or bath modification to make it accessible, door widening, expandable door hinges, light switches, door handles, Generator (limit 1 per person)
- Portable or permanent ramps, stairlift, platform lifts, elevator

TRANSPORTATION:

- **Complete a Mileage Log and attach to completed Request for Funds form. Gas receipts are not accepted.**
 - Mileage/rental of vehicle or car service **FOR ONLY THE FOLLOWING:** ALS clinic appointments or other Neurologist appointments, NC clinical trial appointments (when travel stipend is not provided), feeding tube, Baclofen (pump), invasive vent procedures, Radicava and Toferson (Qalsody) Infusion appointments.
All Medical appointments must be directly related to ALS.
 - Lodging for clinic appointment ONLY; 1 room for 1 night, limit up to \$150/night, does NOT include meals.
 - Automobile accessibility modification (not purchase of automobile/van or mechanical repairs), wheelchair lifts, ramps, wheelchair locks/ tie downs, hand controls.
 - Driving evaluations



North Carolina Care Grant Request for Funds Form

Complete this form every time you request funds

(May submit Request for Funds with receipts, 3 times per period only, for a maximum amount of \$750)

Person with ALS Information: (Check made out to person with ALS)

Name: _____

***Note: North Carolina physical address must be provided. PO Box only is not accepted.**

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____ ALS Clinic Attending: _____

Primary Caregiver Information:

Name: _____ Relationship to person with ALS: _____

If different from above:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Product/service request for reimbursement: **(Please check each category on the *ALS Eligible Expenses* list to be sure services/items are listed.** If it is not found on the list, it will not be included in the reimbursement check amount).

PLEASE CHECK ALL THAT APPLY WITH THE AMOUNT REQUESTING:

Respite Care: \$ _____ Communication Devices: \$ _____ Transportation: \$ _____

Home Modifications: \$ _____ Medical Expenses: \$ _____

Total Amount Requesting: \$ _____ (not to exceed \$750)

FOR ALSNC USE ONLY
Amount: _____
Approved By: _____
Date: _____

Something to consider before applying:

Please consider alternative funding sources such as VA benefits (Veterans who are not receiving VA benefits should contact a veteran’s service organization), Medicare, Medicaid, Insurance coverage, Long Term Care insurance, etc. before requesting funds from ALS United North Carolina.



BEFORE SUBMITTING, PLEASE BE SURE THE FOLLOWING IS ACCURATE:

- You have checked the eligible expenses list provided to make sure the item/service you are submitting for is **on the list (must be on list to be eligible for reimbursement, if it is not on the list, it is not eligible, and you will not be reimbursed for it).**
- Receipts must be dated within the previous 12 months of submission date.
- Date is on or before the deadline of the period you are submitting as follows:
1st period (Jan 21 – July 20) deadline = July 20 & 2nd period (July 21 - Jan 20) deadline = January 20.
- Receipts have a **clear description of what the service and/or item purchased is and include date of service/purchase and \$ amount paid. (do not send receipts that have just the \$ amount without showing a description)**
- You have included a copy **(not originals, if sending by mail)** of actual receipt(s).
NO cancelled checks, bank statements, credit card statements/receipts, insurance EOB (explanation of benefits), medical portal statements/account statements without clear description of service and charge, Quote, Estimate or Proposal – as these are not eligible types of receipts.
- If emailing, I have **attached request with receipts as a PDF or word document attachment (NOT as an image – JPEG, PNG, Paint document OR in the body of the email). See last page (pg. 11) for instructions on how to scan using an iPhone or Android phone.**

*By submitting this Care Grant Request for Funds and signing below, I assume personal responsibility for understanding the **ALS United North Carolina Care Grant Request for Funds process, eligible expenses, and hard deadlines. If ANY OF THE ABOVE IS NOT ACCURATE, I understand that I will not receive reimbursement for these items. I also understand that no exceptions will be made to the grant deadlines and all grants are subject to availability of funds. If false information is provided, I understand that ALS United NC has the right to refuse reimbursement of funds and also if I submit the same receipts more than once, I will be no longer eligible for the ALS United North Carolina Care Grant.***

Name of person with ALS	Name of Applicant/Relationship (If completing for person with ALS)
Date	Signature of Person with ALS or Applicant

**Policies and procedures are subject to change without notice.*

Please email (scanned attachment), fax or mail completed Request for Funds form with eligible copies of receipts to the ALS United North Carolina office at:

**ALS United North Carolina
4 N. Blount Street, Suite 200
Raleigh, NC 27601
Email: claudia@alsnc.org
Fax: 919-755-0910**

If you have any questions, please contact Claudia Beirne at claudia@alsnc.org or 919-390-0125



Respite Care Provider Log (For Non-agency) To be included with Request for Funds form
This is reimbursed to person with ALS

Respite Care is the temporary relief for a primary caregiver, enabling them to take a much-needed break from the demands of caregiving.

***Please Note: Service Provider must attach a copy of ID (license/government issued or a utility bill with the address that must match the address below)**

Non-agency Care Provider Name (Print): _____

Street Address: _____
 (cannot live in same residence as person with ALS)

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email _____

Signature of Care Provider: _____

Date (list separately on each line)	Time In:	Time Out:	# of Hours
Total # of Hours _____ x hourly rate \$ _____ = Total Amount Paid for Services: _____			

By Signing below, I acknowledge that the above information is true, correct and complete. I also acknowledge that if I provide false information, I will no longer be able to receive funds for Respite Care that is not provided by a professional agency.

Person with ALS Name (Print): _____

Signature: (person with ALS or Caregiver): _____

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Mileage Log

To be included with *Request for Funds* form

Use Mileage Log form for reimbursement (.67 cents/mile) for the following appointments **ONLY**
(Does Not Include mileage for any other appointments than what is listed below)

- Mileage **OR** rental of vehicle/car service to and from **ALS clinic or Neurologist appointments**
 - North Carolina clinical trial appointments (only when travel stipend is not provided)
 - Feeding tube, invasive ventilator and Baclofen pump procedures
 - Radicava or Toferson (Qalsody) infusions
- *If requesting reimbursement for vehicle/car service, please do not request reimbursement for mileage as this is already included as part of the rental/car service invoice.*
- ***Gas receipts are not accepted, please use this form instead.***

Date	Place/Reason for Travel	Miles Traveled	\$ Amount @ .67/mile
Total:			

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Other ALS Financial Resources

1. Ride for Life Grants

- **Care for Life Grant:** Individuals with a confirmed medical diagnosis of ALS who do not have healthcare coverage for respite care are eligible for this grant.
More info: <https://alsrideforlife.org/programs-assistance/care-for-life-grant-application/>
- **Plan for Life Grant:** Provides a limited number of one-time only legal grants of up to \$1,500 toward the cost of legal services related to ALS.
More info: <https://alsrideforlife.org/programs-assistance/plan-for-life/>

2. Alexa R. Good ALS Foundation

This foundation provides financial assistance and support to SC and NC residents who are stricken with ALS. This assistance may include, but is not limited to, purchase or rental of specialized equipment, sitters and direct assistance to families. **More info:** www.alexargoodals.com Phone: (803)-327-2871
Contact: The ALS United North Carolina Care Services Coordinator at your clinic to assist you with this application.

3. HealthWell's ALS Fund

HealthWell provides up to \$15,000 in financial assistance to underinsured individuals living with ALS to help cover the cost of prescription drug copays or health insurance premiums (please note that the ALS Fund does not cover hospital visits or medical devices). To [qualify for a grant](#), applicants must have some form of health insurance (major medical or prescription drug) and an income that is less than [500% of the Federal Poverty Level](#). **More info:** <https://www.healthwellfoundation.org/> or by phone by calling (800) 675-8416 and receive instant notification of approval.

4. A Giving Spirit Foundation Grant

This grant serves mothers with dependent children living in the home who are suffering from a medically diagnosed, physically debilitating disease. Covers the greater Charlotte, NC service area.
More info: <https://www.agivingspiritfoundation.org/need-us>

5. The Association for Frontotemporal Degeneration (AFTD)

AFTD offers three types of grants (Respite, Travel and Quality of Life grants) to people in the FTD community.
More info: <http://www.theaftd.org/> & <https://www.theaftd.org/living-with-ftd/resources/comstock-grants/>

6. Jim "Catfish" Hunter Foundation

This Foundation offers a grant intended to assist persons living with ALS and/or caregivers. The grant assists with medical expenses, medical equipment, respite care, travel and/or other needs.
More info: <http://www.catfishfoundation.org/corner/application/>

7. CoopStrong Foundation

The CoopStrong is a non-profit organization formed to honor the memory of Nelson Cooper. CoopStrong seeks to support the fight against ALS by assisting local families living with the disease in the Greenville, NC area and supporting research. **More info:** <https://www.coopstrong.org/>

8. **Team Gleason**

Team Gleason serves those living with ALS by providing access to innovative technology including getting assistance with an AAC device (Augmentative and Alternative Communication) and **power wheelchair seat elevator, anterior tilt, and/or attendant control**. **More info:** <https://teamgleason.org/need-assistance/>

9. **ALS Care Fund (Respite Care Grant)**

Patients regularly seen at Atrium Health Carolinas Neuromuscular/ALS-MDA Clinic, may request a grant application from a clinic staff member. The amount varies according to level of need and available funds, can apply twice a year.

More info: Shivangee Thorne, LCSW at Shivangee.Thorne@atriumhealth.org or 704-355-0784.

10. **Ronnie Sherril Project's (TRSP)**

This is a non-profit organization that is to create a mission to create and maintain a community support system to help enhance the life experience of those living with neuromuscular disease. They provide financial assistance for uninsured accessibility-related solutions. This organization provides services to the following counties: Mecklenburg, Iredell, Catawba, Rowan, Cabarrus, Stanly, Lincoln, Gaston, Cleveland.

More info: <https://www.trsp.org/> **To apply:** <https://www.trsp.org/apply-for-financial-assistance>

11. **Live Like Lou**

The Live Like Lou Foundation offers support for families affected by ALS through hands on support in and around the house, grants for respite and home improvement and financial assistance for children in ALS families to pursue education. **More Info:** <https://www.livelikelou.org/als-families>

If you accessed a grant/resource that is not listed on this page, please contact Claudia Beirne at 919-390-0125 or claudia@alsnc.org so that we may add to our list.

Additional Tips

- Have friends or family help you research community resources. Many times, friends and family want to help, but do not know how to assist. This gives them a helpful and tangible “to-do”.
- Confirm all your insurance policy benefits – Health, Supplemental, Long-Term Care, etc. Explore the possibility that needed equipment, services and supplies may be covered by insurance if you have a doctor’s prescription.
- Consider contacting your local Department of Health and Human Services. Often counties provide services such as respite programs, help in accessing Medicaid CAP services, transportation services, etc.
- Look to your local faith-based and volunteer organizations as well as your local Agency on Aging for support.
- Civic organizations such as the Shriners, Jaycees, Kiwanis, Boy Scouts, etc. may offer help (example, building ramps).
- Access Palliative Care Services (may be covered by insurance) for additional pain and symptom management support.
- Check with your car manufacturer to see if they have funding for installation of adaptive equipment.
- If you attend an ALS Clinic, consult the Clinic Coordinator regarding possible additional resources available.

How to scan and email using your smartphone

How to scan and send using your iPhone scanner

Go to your Notes app that came with your phone (looks like a notepad)

Create a new note by tapping on the square with a small pencil in the bottom righthand corner.

Tap on the camera icon above the keyboard.

A box will appear, tap the “scan documents” – (NOT take a picture or use a picture)

Scan the document by centering it and taking a picture then tapping keep scan.

***Note:** at the top right-hand corner it will you can toggle back and forth from “auto” to “manual”*

If you have it on auto, the phone will automatically take the picture, continuously (with seconds in between) until you tap save.

If you toggle to manual, you will need to tap the circle at the middle bottom to take the picture.

And to add additional pages, take picture of next page and tap keep scan (do this for all pages)

When done taking pictures of all pages, tap save.

The scanned pages should appear on screen, tap the symbol on the righthand corner that looks like a square with an arrow going up.

For phones with newer updates, be sure that you choose “**send copy**” and not “collaborate” in the drop down that appears under the scan name that is next to the notepad symbol (name is automatically generated when scan is saved).

Choose the “mail” icon (square with an envelope inside) and tap on it then add email address: claudia@alsnc.org in the “to” space.

tap on the up arrow in the upper right-hand corner.

How to Scan using your Android phone scanner

You need Google Drive installed to scan documents with Android. The app generally comes pre-installed on Android devices; if not, download it from the Google Play store.

Open Google Drive and tap the + symbol.

Select Scan, Position the phone camera over the document and tap the Shutter button when you're ready to capture the image.

Tap done to keep the scan or the back arrow to retake it. tap save, document will show up as “scanned.”

Tap “save to my drive”,

scroll to search for the file, tap on the file,

tap the 3 dots at the top right-hand corner.

tap on “send a copy” select email option (Gmail, outlook), type in email address to send the copy to (claudia@alsnc.org),

tap the send arrow at top of page, tap ok.