

Wiskott-Aldrich Foundation
For Pete's Sake Family Assistance Program
Application for Assistance

Narrative of Purpose and Activities :

The mission of the Wiskott-Aldrich Foundation (WAF) is to improve the quality of life for patients of rare diseases and their families by supporting treatment, care and research.

Through its "For Pete's Sake Family Assistance Program," the Wiskott-Aldrich Foundation provides support to help families who are facing the uncertain recovery of their children with the disease. The foundation's website www.wiskott.org provides links to information and care-giving sources, and soon will include bulletin boards for well-wishing, and private chat rooms for families to converse with others struggling to overcome the disease. For those families where the disease causes "need" (as defined below), supplemental financial support will be made available (see eligibility requirements below). Further, the Foundation will allot a portion of its funds to assist researchers in improving diagnosis, care and treatment methods and finding a potential long-term cure for the disease.

The Wiskott-Aldrich Foundation, Inc. is a Georgia Public Foundation. Financial support is secured from individuals, businesses and other private and public foundations in the form of both monetary and in-kind support.

Eligibility Requirements :

Grants to qualified recipients will be made explicitly for the charitable purpose of the Foundation as outlined above. Grants to disqualified persons or organizations are prohibited. (Please see "Definition of Disqualification" below.) Grants will be made in an objective and nondiscriminatory manner. Persons who are suffering from rare diseases and accredited organizations providing care or treatment to those patients or conducting research of rare diseases, will be eligible for assistance, provided they meet the requirements outlined below.

All patients verifiably diagnosed with and presently undergoing treatment or care by an accredited medical professional for rare diseases are eligible for support from the foundation. Qualified individual applicants are those patients, regardless of race, religion or socio-economic background, who are currently undergoing treatment or ongoing care for a rare disease, and who are consequently incurring medical and/or remedial care expenses, and for whom the payment of said expenses will cause financial hardship on the patient and/or the patient's family. The Board of Director's has initially established the determination of "financial hardship" as the extent to which out-of-pocket disease-related expenses exceed 2% of the applicant's average adjusted gross income for the past two years as determined for Federal Income Tax purposes. (Please refer to Section IV, Numbers 7 & 8 for definition of reimbursable out-of-pocket expenses.) The objective of the Foundation is to meet the greatest possible needs. Priority will be given to those with the greatest financial need and/or most immediate need as determined by the Selection Committee and the Board of Directors. As a general rule, the Foundation is not limited as to the number of recipients who can receive assistance in any particular year. Grant allocations may not necessarily cover all of an individual applicant's requested financial needs.

Benefits from the Foundation will be used to improve the quality of life and to ease the financial burden for the patients and their families. Support will take the form of supplemental financial aid covering costs incurred by and directly related to the treatment and care of the patient that are not otherwise covered by traditional means (i.e., costs not covered by the family's healthcare insurance provider and/or Medicaid/Medicare if applicable). Eligible persons or organizations may re-apply for

support annually.

Definition of Disqualification:

Generally, people or organizations that are considered disqualified - or persons or organizations not qualified to benefit financially from the Foundation - include the following:

- Officers, directors or trustees of the Foundation
- Substantial Contributors to the Foundation (individuals or corporations)
- Companies or partnerships owned substantially by disqualified persons

The spouses and immediate families of any of the above

I. Applicant's information (not the patient's)

Name

First

Middle

Last

Street address

City

State

Zip

Phone (with area code)

Email

Date of birth

Social Security Number

U.S. Citizen?

Yes

No

II. Household / Family Members. Please list all family members and their ages that reside in the patient's household.

Parents or Guardians

Age

Relationship to Patient

Monthly Gross Income

Siblings under the age of 18 living in household

Please list the applicant's adjusted gross household income for the last two (2) years (please attach a copy of your Federal Income Tax Return for each of the last two (2) years):

\$

Please list projected household income for the present calendar year:

\$

Please list all assets other than your current residence, including the estimated value of each:

total: \$

III. Expenses

Please list total monthly living expenses, including rent or mortgage and utilities:

total: \$

Please list total out-of-pocket medical expenses for the past 12 months:

total: \$

Please list total out-of-pocket medical expenses projected for the next 12 months:

total: \$

IV. Patient information

Name and age of the patient if different from the applicant and address if different from the applicant

First Middle Last

Street address

City State Zip

Phone (with area code) Email

Date of birth Social Security Number

When was the diagnosis made?

Name and address of the facility(ies) that is (are) providing primary treatment

How far is (are) the facility(ies) from your home?

Who is (are) the primary physician(s)? Please include the phone number and the name of the institution for each

Please describe the current course of treatment:

What treatments has the patient undergone in the past 12 months?

Has the patient been forced to forego any treatments for financial reasons? Please explain

Please list and include documentation of total out-of-pocket medical expenses specific to the disease

total: \$

Please list and include documentation of total un-reimbursed expenses related to treatment of the disease:

Such additional expenses include, without limitation, (a) lodging and living expenses for the patient and his/her family en route to or at the treatment or care facility, (b) transportation costs (gas, airfare, parking and/or rental car if the family has no other alternative) en route to or at the treatment care facility, (c) child care (day care or after-school care) for any other minor siblings while the patient is undergoing treatment or care for WAS, and (d) additional or ongoing special needs and/or care of the patient, such as therapy.

total: \$

What are the names of patient's primary health insurance and any secondary insurance providers

Has the patient been denied treatment or coverage by any insurer, and if so, for what procedures?

Is the patient eligible for and has the patient applied for Medicaid and/or Medicare? If so, list the assistance being received.

Please list any other assistance being received by family or patient.

total: \$

Please describe any additional and/or extraordinary circumstances that would warrant assistance from the Foundation

The Wiskott-Aldrich Foundation will verify some of the information you've provided using medical records. Please select the reports that you give permission for medical professionals to release (in a moment, we'll ask you to print and sign a form).

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Office notes | <input type="checkbox"/> Lab Reports |
| <input type="checkbox"/> X-Rays | <input type="checkbox"/> All Records |
| <input type="checkbox"/> Other (specify): | |
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