

the MMIHS foundation

www.mmihs.org

admin@mmihs.org

[@mmihsfoundation](https://www.instagram.com/mmihsfoundation)

MMIHS Funds for Families Grant Application

GRANT INFORMATION

The MMIHS Foundation, Inc., is a public 501(c)(3) volunteer organization dedicated to bettering the lives of those affected by MMIHS through the cultivation of a supportive and resourceful community which promotes advocacy, awareness, education, and research.

We know that living with a rare disease can lead to added, unexpected, and astronomical costs for a family and that managing these financial burdens can make an already difficult situation even more challenging. As part of our mission to cultivate a supportive and resourceful community, we have created the MMIHS Funds for Families grant giving program. This program seeks to help families who may find themselves in need of monetary resources to fully fund or reduce the costs of equipment and/or services that are not otherwise covered by insurance.

Coverage varies by location so examples include but are not limited to: Various therapies, Gus Gear Central Line Vest, Hammond Drysuit, Backpacks, adaptive clothing, TPN fridge, coolers, organizational items for medical supplies, chux pads, gloves, sterile pads, alcohol wipes, Mepilex for dressings, etc.

The *MMIHS Funds for Families* program is funded by donations to The MMIHS Foundation, Inc. and is administered by the board of directors on a semi-annual basis.

Rules of Compliance for Families Receiving *MMIHS Funds for Families Grants*

MMIHS Foundation monies must be expended only for those purposes, and at only the location, stated by the applicant in its Grant Application. Whenever possible payments will be made directly to the service or equipment provider. If not possible, a reimbursement directly to the family can be made with proof of a purchase that was made in 2022. No MMIHS Foundation Monies may be shared with or sent to another recipient without explicit, written approval from the MMIHS Foundation Board of Directors. Monies must be used for their purpose within one calendar year or refunded. The applicant must agree to furnish audits and other financial information as outlined in the Application and/or as requested by The MMIHS Foundation. No deviation to or modification of the rules of compliance stated herein is permitted without advance, written approval of the MMIHS Foundation Board of Directors.

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Application Process

1. As funds are available, the foundation will announce an open application window and corresponding submission dates.
2. All applicants will receive acknowledgement upon receipt of application. Applications are subject to an initial screening for eligibility and to ensure all required information has been submitted. Any information not provided could result in a delay of your request or eliminate your request from being considered.
3. The board will review the applications at the board meeting that succeeds the closure of the application window. The date of the meeting will be announced with the application window.
4. Grant awardees will be notified within one week of the board's decision and the allocation process will begin.
5. Monies must be used for their purpose within one calendar year or refunded.
6. If issued an MMIHS Funds for Families grant, you will be required to provide a report describing the use of the funds, expenditure receipts, and any other necessary information within 60 days after receipt of the grant unless agreed upon by the board.
7. In addition we request "picture proof" to be used on our website and social media platforms.

Application Instructions

Application for grants must be submitted on an *MMIHS Funds for Families* Application form. Additional information (brochures, letters, etc.) may be attached to the application.

Any information not provided could result in a delay of your request or eliminate your request from being considered.

Grant applications must be completed, signed, and returned by email (admin@mmihs.org) or by postage to:

MMIHS Foundation, Inc.
ATTN: MMIHS Funds for Families
The MMIHS Foundation
PO Box 186
Willernie, MN 55090

the MMIHS foundation

www.mmihs.org

admin@mmihs.org

@mmihsfoundation

Patient Name: Emily Johnson Patient Birth Date: 6-14-2018

Application Checklist

Please complete this checklist as you work through the application and include it with your final documentation.

- Application Checklist - Pg. 1
- The MMIHS Foundation Funds for Families Allocation Application - Pg. 2-3
- Additional description of the service or equipment requested (if needed) - Pg. 4
- MMIHS Funds for Families Supporting Documentation - Pg. 5
- Signed Agreement - Pg. 6
- Proof of price/cost of requested therapy, services or equipment - (This could be a print out from a website, a copy of an ad, etc.)

Send completed application to:

Via e-mail to:

admin@mmihs.org

or via postage to:

MMIHS Foundation, Inc.
ATTN: MMIHS Funds for Families
The MMIHS Foundation
PO Box 186
Willernie, MN 55090

If the application is submitted via postage, please send an e-mail to admin@mmihs.org notifying us of your submission so we can be sure to collect it in a timely manner.

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The MMIHS Foundation Funds for Families Allocation Application

Please note: All information provided on the following application will be kept confidential amongst the MMIHS Foundation Board of Directors and shall not be disclosed to any third party without the prior consent of the applicant. All participating members of the board will sign a confidentiality agreement prior to reviewing the submitted applications. A copy of the signed confidentiality agreements is available upon request.

Family Information

Patient Name: Emily Johnson Patient Birth Date: 6-14-2018

Primary Contact

Parent/Guardian's Name (if different from patient): Jodi and Michael Johnson

Address: 4867 17th St.
Fargo, ND 58276

Telephone: 748-380-2940 E-mail: jjohnson@hotmail.com

Number of persons in household: Adults 2 Children under 18: 1

Medical Information

Patient's Diagnosis: Megacystis Microcolon Intestinal Hypoperistalsis Syndrome

Primary Physician: Dr. Proleva

- Clinic/Hospital: Sanford, Fargo ND

Other physicians (if applicable): _____

- Clinic/Hospital: Dr. Livingston Sanford, SD

Therapist: Laura (PT) Facility: Achieve Therapy

Therapist: Kendra (OT) Facility: Achieve Therapy

Therapist: _____ Facility: _____

Other: _____ Facility: _____

Funds Requested

1 Type of Services or Equipment:

Music Therapy

Amount insurance will cover:

0

Make payment to:

Jodi Johnson

Amount of funds requested:

\$ 333

Cost:

\$333

2 Type of Services or Equipment

Make payment to:

Cost:

Amount insurance will cover:

Amount of funds requested:

Total Amount

333

Description - Please describe the service or equipment in detail, an attachment is available if more room is needed:

We strive to provide Emily with activities that are developmentally appropriate and rewarding, while in a safe and controlled setting, limiting much that could be detrimental to her health. We have been exploring the world of music therapy with Emily, and she really enjoys it!

Please explain the need for the service or equipment:

Music offered by trained therapists is used to address developmental as well as medical goals. This helps enhance Emily's physical, emotional, cognitive, and social needs.

If you receive a grant, please detail the time frame or schedule for use of the funds:

Music therapy is offered as an in-home experience for Emily, thus limiting and possibly preventing exposure to health related concerns. We are kindly asking for reimbursement for five 45 minute music sessions and one 30 minute session (see attached receipts).

Please attach any additional documentation you feel would be helpful if needed and check the following box:

See attachments for more information

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MMIHS Funds for Families Supporting Documentation

REQUIRED DOCUMENT

This document is to be completed by and an applicable medical professional (i.e. physician, physician assistant, nurse practitioner, Physical, Occupational or Hand Therapist, social worker or other Healthcare Specialist, etc.) substantiating the need for the requested equipment and/or services.

Name of Medical Professional: Eva Wagman
Occupation: Music Therapy MT-BC/L
Employer: Music in Motion
Relationship to Applicant: Music Therapist
Length of time you have known the applicant: 2.5 years

Professional explanation as to why the requested equipment and/or services are necessary for the applicant:

My name is Eva Wagman, MT-BC/L. I am Emily's Music therapist and have been working with her for the past 2.5 years, providing private services in-home. Music Therapy has helped Emily in many ways; musically, socially, and emotionally. I am writing this letter in support of her to receive a grant to help cover the cost of this therapy, as insurance does not pay for music therapy.

Contact Information:

Phone: 482-987-4629

E-mail: ewagman@gmail.com

Signature: 

Date: 4-8-22

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MMIHS Funds for Families Supporting Documentation

REQUIRED DOCUMENT

This document is to be completed by and an applicable medial professional (i.e. physician, physician assistant, nurse practitioner, Physical, Occupational or Hand Therapist, social worker or other Healthcare Specialist, etc.) substantiating the need for the requested equipment and/or services.

Name of Medical Professional: Tyler Soderberg
Occupation: Medical Supply Representative
Employer: Yoder Medical Essentials
Relationship to Applicant: Medical Supplier
Length of time you have known the applicant: 5 years

Professional explanation as to why the requested equipment and/or services are necessary for the applicant:

My name is Tyler Soderberg representing Yoder Medical Essentials. This letter is in regards to Supplies for Everly Peterson. Music Therapy is not something we are able to bill for, this would have to come from a therapy department. It does not allow us to bill to an insurance company. Any questions, please contact me.

Contact Information:

Phone: 368-247-8290

E-mail: tyler.soderberg@gmail.com

Signature: 4-8-22 

Date: 4-8-22

Agreement

The MMIHS Foundation Board of Directors will review and discuss this application and requested attachments in the decision process for fund allocation. Any information not provided, could eliminate the request from being considered. Funds will be disbursed on a pro-rated basis to qualified applicants, based on available dollars.

Without explicit, written approval of the MMIHS Foundation Board of Directors, MMIHS Foundation monies must be expended only for those purposes, and at only the location, stated by the applicant in its Grant Application. Without explicit, written approval of the MMIHS Foundation Board of Directors, no MMIHS Foundation Monies may be shared with or sent to another recipient.

The applicant must agree to furnish audits and other financial information as outlined in the Application and/or as requested by The MMIHS Foundation. No deviation to or modification of the rules of compliance stated herein is permitted without advance, written approval of the MMIHS Foundation Board of Directors.

Monies must be used for their purpose within one calendar year or refunded. A detailed report describing the use of the funds, expenditure receipts, and any other information to illustrate funds usage must be submitted within 60 days after utilizing the funds.

Photographs of utilization should also be submitted along with a brief statement detailing your use of the service or equipment. Submissions of such information implies permission for The MMIHS Foundation to make use of the photos on their website and/or social media platforms. Failure to agree could eliminate your request from being considered.


Are you willing to comply with the requirements?

Yes

No

Signatures

I hereby agree to the terms and conditions stated above. I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and disqualify me from any future grants given by The MMIHS Foundation.



Signature of Applicant

4-8-22

Date

Signature of MMIHS Foundation President

Date

Invoice # 0003187
Invoice Date May 8, 2017
Balance Due (USD) \$180.00

Item	Description	Unit Cost	Quantity	Line Total
45min Home MT	Music Therapy April 7,20,27,	60.00	3	180.00
Total				180.00
Amount Paid				0.00
Balance Due (USD)				\$180.00

Terms

Bill due upon receipt. Overdue bills will be charged a late fee.

Invoice # 0003352
Invoice Date June 12, 2017
Balance Due (USD) \$153.00

Item	Description	Unit Cost	Quantity	Line Total
45min Home MT	Music Therapy May 4, 12,	60.00	2	120.00
30 min MT	Music Therapy May 25	33.00	1	33.00
Total				153.00
Amount Paid				0.00
Balance Due (USD)				\$153.00

Terms

Bill due upon receipt. Overdue bills will be charged a late fee.