**Kostiuk ALS Care Grant Program Overview**

**Purpose:** To provide financial reimbursement to Georgia patients diagnosed with ALS and PLS to address needs not covered by traditional insurance, Medicaid and Medicare.

**Eligibility:**
1. Must have a diagnosis of ALS or PLS and reside in The ALS Association Georgia Chapter service area;
   a. Must provide verification of diagnosis of ALS or PLS diagnosis **ONE TIME ONLY (for first-time applicants)** by submitting a “Verification of Diagnosis” form which must be completed by a neurologist who specializes in ALS or PLS.
2. Must use the grant to offset the financial burden of living with ALS or PLS to provide for needs such as equipment, care and/or services. Please refer to Care Grant Program Guidelines for covered benefits. Some benefits may require a physician prescription.

**Grant Offering:**
1. Grants available twice a year
   a. Cycle 1
   b. Cycle 2
2. Awards up to **$1,000.00** per cycle, **not to exceed $2,000 annually**
3. First-come, first-served.
4. A **maximum of 100 grant applications** will be approved per cycle. You are required to complete a **new application for each grant request**.
5. Grant requests must be related to the diagnosis of ALS or PLS, such as equipment, care and/or services. Please refer to ALS Care Grant Program Guidelines for covered benefits. Some benefits may require a physician prescription.
6. Grants will be paid as an expense reimbursement. The patient must first **incur the expense then be reimbursed via the grant program**.
7. If grant applications exceed budget funding for any given year, new applicants will take precedence over those who have already been approved for a grant.

**Disbursement:** Once approved, grants will be paid to the patient or payee noted on the billing statement form, provided that all paperwork has been completed appropriately and receipts have been received by the office in accordance with stated deadlines.

For questions or more information, please contact your Care Services Coordinator by phone 404-636-9909 or via email careservices@alsaga.org
Steps to Apply for the ALS Care Grant Program

***Please read instructions carefully***

- Needs must be directly related to ALS or PLS diagnosis.
- For reimbursable items, please refer to the list of acceptable reimbursements in the ALS Care Grant Guidelines.

**Step 1:** Complete the application and **sign it**.
- **Cycle#1:** Application deadline is March 1st.
- **Cycle #2:** Application deadline is August 1st.

*If this is your first time completing an application, you must submit a Verification of Diagnosis form which must be completed by an experienced neurologist. If you are not sure that you have a form on file in the Chapter office, please contact the office at 404-636-9909/888-636-9940 or by email at careservices@alsaga.org

**Step 2:** Once approved, begin saving your receipts that fall after the approval date for the covered items/services (see reimbursement chart). **Do not mail any receipts unless notified of approval.** Remember, **only receipts** that meet the guidelines and are turned in will be processed for reimbursement.

- All reimbursement requests require a completed Billing Statement for Reimbursement Form to be returned with receipts. You will receive this form with your award notification.