



williamssyndrome  
ASSOCIATION

## Williams Syndrome Association, Inc. Announces Medical Treatment Assistance Fund

The Williams Syndrome Association has established a medical treatment assistance fund to help individuals with Williams syndrome receive the best possible care.

The WSA is pleased to announce that we are now able to offer financial support to help families cover the non-insured expenses associated with essential treatments for their children (of any age). Covered expenses should be related to essential medical treatments, surgical procedures or 2<sup>nd</sup> opinions for surgical procedures and include (but are not limited to):

- **Travel expenses**
  - Airfare - for individual with WS and 1 parent if family is out of state
  - Mileage expenses if traveling by car
  - Lodging - if treatment requires more than 1 day
  - Food
- **Special equipment or services** needed for treatment (non-covered portion of expense)
- **Respite services** for siblings while parents are out of town with child with WS

Applications may be submitted by email, fax or postal mail, provided that all required attachments are included. Awards are made on a rolling basis. Award amounts will be determined by financial need.

### **Applications and supporting documents can be mailed to:**

Williams Syndrome Association, Inc.  
Medical Procedure Assistance Fund  
570 Kirks Blvd. #223  
Troy, MI 48084

For more information, or to send forms by email:

800-806-1871 phone . 248-244-2230 fax . [tmonkaba@williams-syndrome.org](mailto:tmonkaba@williams-syndrome.org) . [williams-syndrome.org](http://williams-syndrome.org)

**Williams Syndrome Association**  
**Medical Procedure Assistance Fund Application**



The **WSA Medical Procedure Assistance Fund** is a needs based fund providing families with financial support for expenses not covered by insurance that are associated with essential medical treatments for their children (of all ages) with Williams syndrome. Examples of covered expenses include:

- Travel expenses for out of town procedures (gasoline and/or mileage expenses)
- Overnight lodging for families when child is hospitalized out of town
- Respite services for siblings while parents are out of town with child with WS

Applications for funding will be based on the following:

- ▶ Current membership status
- ▶ The income of the applicant
- ▶ Availability of other funding sources (parent, trust funds, agencies etc.)
- ▶ Documented Medical necessity for the procedure

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Individual with WS: \_\_\_\_\_ Age: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ 2<sup>nd</sup> e-mail: \_\_\_\_\_

Have you ever participated in a WSA fundraising event?  No  Yes

If yes, which ones: \_\_\_\_\_

Have you received a WSA Scholarship in the past?  No  Yes

If yes, which ones: \_\_\_\_\_ When: \_\_\_\_\_

## ***MEDICAL PROCEDURE INFORMATION***

*(use additional page if needed to complete answers)*

Medical Issue: \_\_\_\_\_

Primary Physician for the issue: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Location of Procedure (Hospital & Address) \_\_\_\_\_

Expected # days for hospitalization: \_\_\_\_\_

Travel Plans (air, train, auto etc): \_\_\_\_\_

Anticipated travel expense: \_\_\_\_\_

Family Lodging Plans: \_\_\_\_\_

Anticipated lodging Expense: \_\_\_\_\_

Additional Expenses: \_\_\_\_\_

Amount requested from WSA: \$ \_\_\_\_\_

**Other Funding Sources (supporting documentation required):**

Name: \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Name: \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Name: \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

## ***FINANCIAL INFORMATION***

Current Yearly Household Income (per IRS tax return) \$ \_\_\_\_\_

Number of dependents living at home: \_\_\_\_\_

Additional Income: \$ \_\_\_\_\_

Total Yearly Income: \$ \_\_\_\_\_

Does Applicant receive SSI payments:  No  Yes, annual amount: \$ \_\_\_\_\_

Do you have any additional 'Out of Pocket' expenses\* for:

Elderly Parents:  No  Yes, amount: \$ \_\_\_\_\_

Tuition for other Children:  No  Yes, amount: \$ \_\_\_\_\_

Medical expenses (paid or accumulating):  No  Yes, amount: \$ \_\_\_\_\_

**(\*If you answered yes to any of the above, supporting documentation should be provided)**

***Please send the following :***

- Completed application*
- Letter from Dr. describing medical need*
- Copy of the first 2 pages of your IRS tax form*
- Documentation to support additional funding*
- Documentation to support additional 'Out of Pocket' expenses*

*Return to:*

Williams Syndrome Association, Inc.  
Medical Assistance Fund  
570 Kirts Blvd. #223  
Troy, MI 48084

*Or Send by email to: [tmonkaba@williams-syndrome.org](mailto:tmonkaba@williams-syndrome.org)*