

## Tips for filling out the CARE Fund Grant Application:

- Know that the CARE Fund only covers expenses for medical care. While we understand the high costs associated with injury, we cannot offer assistance for travel, car payments, mortgage payments, fuel, food, insurance payments, lodging, etc.  
- Know that all information requested helps to ensure we are good stewards of our donors' money and can comply with our annual non-profit audit.

- Gather all required information and materials (listed below) prior to beginning the online application. We understand it's time-consuming and cumbersome, but the preparation will help you and us.

- Set enough time aside to complete the online application.

- Use a desktop or laptop computer rather than a phone.

- Understand there will be various places within the application where you can upload files to attach any corresponding or relevant documentation.

- Enlist a significant other, family member, trusted neighbor, or friend to assist you gather any documentation and complete the application if it will help.

### Information needed for your application:

\*Demographic information (name/address)

\*2 most recent paystubs if employed

\*2 most recent bank statements

\*Disability payment receipt

\*List of all monthly household income:

Earned income, pension/retirement, government benefits, unemployment, social security benefits, child support/alimony, disability

\*List of household assets:

Checking accounts, savings accounts, health savings accounts, pension/retirement, IRA, other retirement investments, Certificates of Deposit

\*Covid vaccine record (Date received, Dose #, Lot #)

\*Physicians seen for adverse reaction, labs and imaging, diagnosis, current injury related treatments, both drug/non-drug therapies, previous medical history diagnoses prior to vaccination

\*A simple medical note from one of your providers you have seen due to your adverse reaction to the Covid19 vaccine. (see example below).

NOTE: We do NOT need your entire medical record or multiple provider notes. We need ONE note that documents you received the COVID-19 vaccine and documents your symptoms after the shot. The note does not need to make a judgement on the causation of your symptoms. Below is an example of an excellent medical note.

Patient: [REDACTED], Legal Name: [REDACTED], DOB: [REDACTED], Date: [REDACTED] (PCP: Daniel J. Nothke, MD)

### Progress Notes

Progress Notes signed by Daniel Nothke, MD on 6/27/2024 4:13 PM  
Date of Service: 06/25/2024

**HISTORY:** [REDACTED] is a most pleasant 54-year-old retired Orthopedic Surgeon. Past history of low testosterone level (supplemented), history of partial transverse myelitis (under the care and direction of Dr. Margaree de Leon, Neurology), hyperlipidemia (with mildly elevated secondary calcium score, on statin therapy), and severe/significant reaction to Moderna COVID vaccination (December 2020), as well as chronic dyspareunia, who presents for follow-up of chronic active medical conditions. [REDACTED] notes he continues to have intermittent with insomnia and near syncope, though they are somewhat better. He has seen Dr. Margaree. He states satisfactorily what he does any type of increase in physical activity, he notices a significant flare-up in myalgias and especially joint discomfort. He states at times he can notice lower extremity edema and joint stiffness. He can be bedridden for 2 to 3 days. Steroids seem to improve the situation. He follows with Dr. Margaree de Leon regularly and has an appointment in September. He was seen in June. There was a discussion of pulse dose intravenous therapy at 40 mg once a day for a total of 2 days a month to attempt to decrease the incidence of these inflammatory flare-ups. [REDACTED] states that Dr. Margaree de Leon wanted to be sure would not be affecting his blood sugars. He also continues on Cymbalta, Aripiprazole.

He states he gets annual eye exams. He states he had a colonoscopy at age 70 and was told he was good for 7 years. Apparently, he had 1 benign polyp per discussion with [REDACTED] today.

**REVIEW OF SYSTEMS:**  
All other review of systems, otherwise, reviewed and negative.

**PHYSICAL EXAMINATION:**  
**VITAL SIGNS:** For the exam, blood pressure 130/80, pulse 73 and regular, weight is 219 pounds, 6 feet 1 inch tall, temperature 98.6, pulse oximetry is 96%.  
**HEENT:** Head normocephalic. Eyes, pupils are equal. Sclerae and conjunctivae are clear. Eustachian ears appear unremarkable.  
**NECK:** Supple.  
**LUNGS:** Clear to auscultation.  
**HEART:** Rends a regular rate and rhythm. Normal S1, S2. No murmurs.  
**EXTREMITIES:** No edema is noted in lower extremities today on exam.  
**NEUROLOGIC:** The patient is cognitively intact per observation. Muscle tone appears normal. His gait shows some wide base to it. He is cognitively intact per observation.  
**VASCULAR:** Carotid upstrokes are both bilaterally. No carotid bruits appreciated.

**LABORATORY EVALUATION:**  
Reviewed in detail with [REDACTED]. Comprehensive metabolic panel reveals normal electrolytes, glucose 109, creatinine 1.25 (stable) and under the care and direction of Dr.

Matt Steen, Nephrology: Liver function studies reveal normal transaminases, total bilirubin 0.4, alkaline phosphatase 106, total protein 8.2, cholesterol 194, HDL 43, LDL 52, triglycerides 45. CBC is normal. Hemoglobin A1c is 6.0% (stable). Testosterone level is 78. Urinalysis shows some trace amount of proteinuria. Urinalines 2, 3, 20 to 100 hyaline casts are noted. PSA 3.57 (stable).

### ASSESSMENT PLAN:

1. Partial response myofascial and inflammatory/autoimmune. This is presumed to be secondary to vaccination with Moderna vaccine December 2020. It is noted in Dr. Margaree de Leon's note on 06/14/2024. It was presumed to be [REDACTED] related symptoms. He is not able to work due to these symptoms. He is on medications including Aripiprazole, Aripiprazole, Dr. Margaree de Leon did discuss pulse dose intravenous therapy. Certainly I think [REDACTED] would be given this opportunity. We will strictly monitor his blood sugars.
2. Episodic of myofascial pain syndrome. He has seen Dr. Scott Miller (Cardiology), in North Chicago. These symptoms have improved.
3. Hypertension. He is on statin therapy with excellent control.
4. Hyperlipidemia. All level is stable. We will continue to monitor this with him.
5. Elevated creatinine level. He has seen Dr. Matt Steen, [REDACTED] states Dr. Steen is waiting. We certainly can take over seeing his [REDACTED] states Dr. Steen understood, however, if creatinine levels rise or there is a concern, I would refer him back to Nephrology.
6. Low testosterone level. This is supplemented. We will continue to monitor his PSA and CBC. Periodically we will update this before he leaves for Texas somewhere in September/October.
7. Abnormal urinalysis. It does show some casts/hyaline. This could be due to hyaline casts or possibly medications. The liver function studies are entirely normal. CT scan in 2021 showed normal liver. We will have him check out to [REDACTED] update urinalysis when he gets his regular lab work in September/October of this fall.
8. Hypertension treatment. Again seems to be improved. Again did see Dr. Miller.
9. Hypertension. [REDACTED] does take olmesartan 20 mg daily. It is always a pleasure to see [REDACTED]. He will see an agent when he is back from Texas early in the spring of 2025. He understands that I am more than happy to see him sooner if he would like to follow up before he leaves for the fall, simply let me know.

Please note office visit, review of chart, direction, discussion, completion of tests including notation for staff to reach out to Dr. Margaree de Leon did advise 55 minutes.

Directed By: Daniel J. Nothke, MD  
Signing Provider: Daniel J. Nothke, MD

**ENCLOSURE**  
D: 06/25/2024 07:52:49 PM T: 06/20/2024 11:48:53 PM  
JOB: 06/27/24  
CC: Jorge A. Margaree de Leon, MD

Use of MHS on 6/27/2024 11:05 AM  
[REDACTED] York Valley Tor  
Chief Complaint  
Patient presents with  
\* Medical Problems Re-evaluation

\*Details of past (or future) expenses for which you are requesting grant relief (financial assistance) in the following categories: Medical copays, Diagnostics, Treatment, Medical Equipment or Imaging

NOTES: Past uncovered expenses can be supported by receipts, proof of payments, or debt collections letter (eg unpaid amount of \$XXX for 'hospital/care facility/medical provider' that resulted in bill being sent for debt collection). A bill submitted

to insurance is NOT adequate. We need documentation of what expenses were paid for *out of pocket* that insurance did not cover.

-If requesting funds for future treatment, we need a detailed care plan including detailed costs from your provider or someone in their office.

-If your total household savings, pension, IRA add up to \$100,000 or more please contact React19 prior to applying for us to review. [carefund@react19.org](mailto:carefund@react19.org)

-Please also review the maximum annual family income chart below to see if you qualify to apply:

State	Maximum Annual Family Gross Income
Alabama	100000
Arizona	100000
Arkansas	100000
California	116400
Colorado	101900
Connecticut	105000
Delaware	100000
Florida	101000
Georgia	100000
Hawaii	119300
Idaho	100000
Illinois	100000
Indiana	100000
Iowa	100000
Kansas	100000
Kentucky	100000
Louisiana	100000
Maine	100000
Maryland	107700
Massachusetts	110400
Michigan	100000
Minnesota	100000
Mississippi	100000
Missouri	100000
Montana	100000
Nebraska	100000
Nevada	100000
New Hampshire	106500
New Jersey	116000
New Mexico	100000
New York	116300
North Carolina	100000
North Dakota	100000
Ohio	100000
Oklahoma	100000
Oregon	102200
Pennsylvania	100000
Rhode Island	101300
South Carolina	100000
Tennessee	100000

Texas	100000
Utah	100000
Vermont	103100
Virginia	101300
Washington	108400
West Virginia	100000
Wisconsin	100000
Wyoming	100000
Alaska	105100
South Dakota	100000