



Icing Smiles, Inc. Medical Eligibility Form

Parent/Guardian: If you have not completed the online application, please do so at IcingSmiles.org. This step is required to initiate the request for a cake and can **only** be done by the parent/guardian.

Medical Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Email: _____ Family ID: _____

TO BE COMPLETED BY THE SPECIALIST PHYSICIAN:

<input type="checkbox"/>	<p>The patient is eligible based on the Eligibility Criteria Sheets AND is within 2 years of active treatment.</p>	<p><i>The child is afflicted with a life-threatening or life altering medical condition of a progressive, degenerative, or malignant nature as outlined on our Eligibility Criteria Sheets (attached) and is within 2 years of active treatment.</i></p> <p><i>*Active treatment is defined by the period when a patient is undergoing aggressive, direct interventions to treat a specific condition, and the patient is NOT considered stable or in maintenance.</i></p> <p style="text-align: center;"><i>Daily meds and/or routine/follow-up office visits do not meet the active treatment criteria.</i></p> <p>Date of last active treatment/chemo/radiation/surgery/transplant: _____</p>
<input type="checkbox"/>	<p>The patient is eligible based on hospitalizations.</p>	<p><i>The child required frequent or extended hospitalizations within the last 12 months. (30 days or longer OR more than 6 overnight hospitalizations)</i></p> <p>Please provide dates: _____</p>
<input type="checkbox"/>	<p>The patient is not eligible.</p>	<p><i>Please return the form directly to Icing Smiles.</i></p>

COMPLETE FOR URGENT CAKE REQUEST ONLY (WITHIN 4 WEEKS):

<input type="checkbox"/>	<p>The patient is on hospice/palliative care. MD initials: _____</p>	<input type="checkbox"/>	<p>The patient will be admitted inpatient on their birthday. MD initials: _____</p>
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* Physician's Name: _____ Phone: _____

* Hospital Affiliation: _____ Specialty: _____

* Physician's Email Address: _____

***All fields must be completed - incomplete or incorrect information will not be processed/accepted. Emails for RN's, Office Coordinator, SW, and/or the generic office inbox will not suffice.**

***REQUIRED: Office Stamp or Patient Label in the box.** If you do not have an Office Stamp or Patient Label, please send the form via fax with a fax cover sheet that includes the patient's name and DOB on the cover sheet.

X _____

WET INK Signature of Specialist Physician ONLY

Date

As of 1/2025, the form can no longer be completed/signed by a PCP/Pediatrician, a PA or ARNP, a Social Worker, or a Child Life Specialist.

Icing Smiles, Inc. Medical Eligibility Form- Eligibility Criteria Sheets

Disclaimer: Icing Smiles, Inc. and its leadership reserve the discretion to approve or deny any request.

Specialty:	Initials:	Condition:
Cardiology		Complex congenital heart disease listed below AND must have had open-heart surgery within the last 2 years: <input type="checkbox"/> Aortic, Mitral, or Tricuspid Atresia <input type="checkbox"/> Double Inlet Left Ventricle <input type="checkbox"/> HLHS/HRHS <input type="checkbox"/> Major Aortopulmonary Collaterals <input type="checkbox"/> Tetralogy of Fallot with pulmonary atresia
		Congestive heart failure that meets one of the following: <input type="checkbox"/> Left ventricular ejection fraction <40% <input type="checkbox"/> Moderate or severe systemic ventricular dysfunction on ECHO/MRI
		Continuous oxygen dependence
		Frequent hospitalizations (3+ in a year) after repair of a congenital heart defect (excludes routine studies & Cath Lab procedures) *List hospitalizations on page 1 of form/MEF
		Hypertrophic, restrictive and/or arrhythmogenic right ventricular cardiomyopathy
		Implanted cardiac defibrillator (ICD)
		Implanted ventricular assist device (VAD)
		Inherited arrhythmia (Long QT, CPVT, Brugada) associated with a documented cardiac arrest
		Mitral valve/left AV valve within 2 years of surgical replacement
		Placement on the heart transplant list
		Pulmonary arterial hypertension (PH) on continuous oxygen or two PH medications
		Recipient of a heart or heart-lung transplant within the last 2 years
	Endocrinology	
		Chronic pancreatitis that meets one of the following: <input type="checkbox"/> 3 or more episodes in the past 12 months requiring hospitalizations for pain management and treatment <input type="checkbox"/> Requiring total pancreatectomy with islet auto transplant (TPIAT)
		Hyperinsulinism with persistent hypoglycemia after pancreatectomy
		Multiple endocrine neoplasia (MEN) syndromes with evidence of cancer
		Panhypopituitarism requiring active hormone replacement with hydrocortisone and/or desmopressin
		Recipient of a Pancreas transplant within the last 2 years
		Thyroid cancer requiring chemotherapy treatments and/or radiation
		X-linked adrenoleukodystrophy with adrenal or brain findings
Gastroenterology		Chronic progressive liver disease/failure that meets one of the following: <input type="checkbox"/> With decompensation (i.e.: jaundice, ascites, varices, encephalopathy) <input type="checkbox"/> Hepatopulmonary syndrome <input type="checkbox"/> Hepatorenal syndrome <input type="checkbox"/> Portal hypertension
		Familial adenomatous polyposis (FAP) with a history of polyps
		Inflammatory bowel disease (IDB) resulting in one of the following: <input type="checkbox"/> Severe disease necessitating emergency surgeries <input type="checkbox"/> Not responsive to 3 or more biologics <input type="checkbox"/> Severe complications related to immunosuppression <input type="checkbox"/> Prolonged TPN dependence
		Liver Failure (chronic)
		Recipient of a Liver or Bowel/intestinal transplant within the last 2 years
		Short bowel syndrome or intestinal failure requiring prolonged parenteral (TPN) support
Genetics & Metabolic		Aicardi- Goutières Disease
		Alexander disease (symptomatic)
		Angelman Syndrome
		Barth Syndrome
		Congenital anomaly, chromosomal or single-gene condition with associated condition meeting the following: <input type="checkbox"/> Gastrointestinal dysfunction meeting a Gastroenterology/Hepatology condition(s) listed <input type="checkbox"/> Kidney dysfunction meeting a Nephrology condition(s) listed <input type="checkbox"/> Motor seizures meeting the Neurology condition listed <input type="checkbox"/> Cardiac complication meeting a cardiology condition(s) listed <input type="checkbox"/> Respiratory complication meeting a Pulmonary condition(s) listed *Please select associated condition in respective specialty.
		Congenital Diaphragmatic Hernia (CDH) within 2 years of birth
		Epidermolysis bullosa (EB), dystrophic or Herlitz form
		Gaucher disease, type 2
		Infantile Pompe

Specialty:	Initials:	Condition:
Genetics & Metabolic		Krabbe disease (symptomatic)
		Lesch-Nyhan syndrome
		Maple syrup urine disease with a history of hypoleukemia
		Metachromatic leukodystrophy
		Mucopolysaccharidosis disorders (symptomatic): <input type="checkbox"/> Hunter syndrome <input type="checkbox"/> Hurler syndrome <input type="checkbox"/> Sanfilippo syndrome
		Niemann-Pick disease
		Peroxisomal disorder
		Sphingolipidosis with symptoms in the pediatric period: <input type="checkbox"/> GM1 gangliosidosis <input type="checkbox"/> Tay-Sachs
		Trisomy 13/ Trisomy 18
	Hematology	
		Hemophagocytic Lymphohistiocytosis (HLH)
		Bone Marrow Failure Syndromes
		Severe Aplastic Anemia
		Myelodysplastic Syndrome (MDS)
		Severe Congenital or Acquired bleeding/blood cell disorders with at least one of the following : <input type="checkbox"/> Hemorrhage in vital organs <input type="checkbox"/> Requiring chelation treatment
		Sickle Cell Disease or Thalassemia with at least one of the following : <input type="checkbox"/> End Organ damage requiring additional supportive measures <input type="checkbox"/> History of acute chest syndrome <input type="checkbox"/> History of splenic sequestration/splenectomy <input type="checkbox"/> Regular transfusions/transfusion dependent disease Wiskott-Aldrich Syndrome (active disease)
Immunology & Infectious Disease		Bruton's agammaglobulinemia
		Chronic granulomatous disease
		Primary immunodeficiencies with one of the following : <input type="checkbox"/> Requiring lifelong treatment with a significantly shortened life expectancy (within the childhood period; before the age of 18) <input type="checkbox"/> Resulting in frequent (3+) unplanned hospitalizations in the last 12 months where infection is not well controlled *List hospitalizations on page 1 of form/MEF
Nephrology		Atypical hemolytic uremic syndrome treated with chronic anticomplement therapy
		Chronic kidney disease (stage 3 or greater) with 3+ acute illnesses/exacerbations in the last year requiring hospitalization *List hospitalizations on page 1 of form/MEF
		Dialysis-dependent renal disease
		Placement for Kidney transplant Recipient of a Kidney transplant
		Recipient of a Kidney transplant within the last 2 years
Neurology		Alpers disease
		Batten Disease
		Congenital neuromuscular disease with progressive loss of motor function in children who are symptomatic : <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Congenital Myopathy <input type="checkbox"/> Myotonic Dystrophy And currently experiencing a respiratory or cardiac condition : <input type="checkbox"/> Cardiac complication meeting cardiology condition(s) listed <input type="checkbox"/> Respiratory complication meeting Pulmonary condition(s) listed *Please select associated condition in respective specialty.
		Duchenne Muscular Dystrophy
		Epilepsy: Lennox-Gastaut: classified as uncontrolled motor seizures that are currently defined as Tonic, atonic, or tonic-clonic <u>and with a failure of two or more anti-seizure medications</u> and with continued, repeated breakthrough tonic, atonic or tonic-clonic seizures requiring rescue medication(s) (2+ event per month)
		Huntington's Disease; symptomatic
		Leigh Syndrome with MRI changes
		Moyamoya disease
		Neurodegenerative Disease with MRI findings of progression and currently experiencing a respiratory or cardiac condition : <input type="checkbox"/> Cardiac complication meeting cardiology condition(s) listed <input type="checkbox"/> Respiratory complication meeting Pulmonary condition(s) listed *Please select associated condition in respective specialty.
		Neuronal brain iron accumulation (NBIA)
	Rett syndrome	
	Riley-Day	
	Spinal Muscular Atrophy; type 1 and type 2	

Specialty:	Initials:	Condition:
Oncology		Cancer of the following nature within the last 2 years of completion of chemotherapy treatment and/or radiation treatment: <input type="checkbox"/> ALL <input type="checkbox"/> AML <input type="checkbox"/> Central Nervous System (CNS) Germ Cell <input type="checkbox"/> Ewing Sarcoma <input type="checkbox"/> Hepatoblastoma <input type="checkbox"/> Wilms Tumor <input type="checkbox"/> Hodgkin Lymphoma <input type="checkbox"/> Neuroblastoma <input type="checkbox"/> Osteosarcoma <input type="checkbox"/> Brain Tumors <input type="checkbox"/> Retinoblastoma <input type="checkbox"/> Thyroid Cancer
		Blood cancers within the last 2 years of completion of chemotherapy treatment and/or radiation treatment
		Low-grade tumors with one of the following: <input type="checkbox"/> Requiring chemotherapy treatment or radiation within the last 2 years <input type="checkbox"/> Requiring more than one major surgery within the last 2 years
		Malignant neoplasm or neoplasm of unspecified behavior within the last 2 years of chemotherapy treatment and/or radiation treatment
Pulmonary		Childhood interstitial lung disease (symptomatic) associated with one of the following: <input type="checkbox"/> Surfactant protein deficiencies <input type="checkbox"/> Immune dysregulation/immunodeficiency <input type="checkbox"/> Autoimmune-related <input type="checkbox"/> Pulmonary fibrosis
		Continuous oxygen dependence
		Chronic ventilator dependence
		Chronic respiratory failure requiring continuous oxygen, CPAP/BiPAP, or ventilator (excluding OSA)
		Cystic Fibrosis that meets one the following: <input type="checkbox"/> Advanced lung disease and/or oxygen dependence <input type="checkbox"/> Not eligible for or intolerant to modulator therapy <input type="checkbox"/> Significant CF-related liver disease
		Long-term tracheostomy dependence
		Placement on the lung transplant list
		Pulmonary lymphangiectasia
Rheumatology		Recipient of a lung transplant within the last 2 years
		Antiphospholipid Syndrome with recurrent Thrombosis (active disease)
		Chronic Infantile Neurological Cutaneous and Articular (CINCA) Syndrome
		Chronic Vasculitis (one of the following types): <input type="checkbox"/> Eosinophilic Granulomatosis with Polyangiitis <input type="checkbox"/> Granulomatosis <input type="checkbox"/> Microscopic Polyangiitis <input type="checkbox"/> Polyangiitis <input type="checkbox"/> Polyarteritis Nodosa <input type="checkbox"/> Takayasu Arteritis
		Neonatal onset multisystem inflammatory disease (NOMID)
		Polychondritis resulting in end-organ damage
		Severe JRA/JIA with at least one of the following: <input type="checkbox"/> Multiple (3+) unplanned hospitalizations within the past 12 months *List hospitalizations on page 1 of form/MEF <input type="checkbox"/> Significant complications related to immunosuppression/medications or significant end-organ involvement <input type="checkbox"/> Significant extra-articular manifestations despite treatment
		Systemic lupus erythematosus with Stage 3 or greater nephritis