



515 MADISON AVENUE, SUITE 1130
 NEW YORK, NY 10022
 212-838-3029
 800-365-1336
 THEBMF@BONEMARROW.ORG

LIFELINE FUND AND ONE-TO-ONE FUNDS APPLICATION

Please read the financial program Guidelines carefully before completing this form. **Application by mail only.**

PATIENT IS APPLYING TO: **LIFELINE FUND (FINANCIAL ASSISTANCE)** **ONE-TO-ONE FUNDS (PERSONAL FUNDRAISING)**

PLEASE CHECK THE PROGRAM(S) YOU ARE APPLYING TO ABOVE

PATIENT INFORMATION

First Name _____ Last Name _____ Date of Birth _____ Age _____ Sex _____

Address _____ Preferred Language English
 Spanish Other – specify: _____

City _____ State _____ Zip _____

Phone _____

Email _____

Race/Ethnicity (optional)

- Hispanic/Latino African American/Black
- Native American White/Non-Hispanic
- Asian Other – specify: _____

Responsible Family Member _____

Fundraising Coordinator _____

(for One-to-One Funds only) _____

Relationship to Patient _____

Phone _____ Email _____

I would like information about the programs selected below. (Please provide valid email address.)

- Ask the Expert – Advice from transplant professionals.
- SupportLine – Patient-to-patient peer support.

Check Payable To _____

Send Check To _____

Address _____

City _____ State _____ Zip _____

I certify I have read and understand the Lifeline Fund Guidelines and I agree to abide by these guidelines.

Patient/Responsible Family Member's Signature _____ Date _____

PHYSICIAN AND NURSE INFORMATION

Complete diagnosis _____

Date/expected date of BMT _____

Hospital _____

Physician _____

Email _____ Phone _____

Nurse Coordinator _____

Email _____ Phone _____

Type of Transplant (check all that apply)

- Autologous Bone marrow
- Allogeneic, related Stem cell
- Allogeneic, unrelated Cord blood

TO BE COMPLETED BY SOCIAL WORKER/NURSE COORDINATOR (CONTINUED ON PAGE 2)

Social Worker/Nurse _____

Hospital _____

Address _____

City _____ State _____ Zip _____

Email (required) _____

Phone (required) _____

Is this the first request to the Lifeline Fund/Patient Aid? Yes No

If not, when was previous request? _____

Social Worker/Nurse's Signature _____ Date _____

Aid received or pending from _____ other organization _____

Continue on page 2

Patient's Name _____



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TO BE COMPLETED BY SOCIAL WORKER/NURSE COORDINATOR (CONTINUED FROM PAGE 1)

Psychosocial Summary (required) – Describe the patient’s current treatment, living and financial situation. Feel free to attach an additional page if necessary.

Service Request – Rank up to three areas of greatest need and provide additional details. Amount Requested \$ _____

___ Transportation	___ Housing	_____
___ Co-pays/Premiums	___ Utilities	_____
___ Medical Expenses	___ Caregiver	_____
___ Living Expenses	___ Donor Costs	_____
___ Other – specify: _____		_____

TO BE COMPLETED BY PATIENT AND SOCIAL WORKER/NURSE COORDINATOR

Employment – Indicate current employment for all applicable members of household. If not currently employed, complete for most recent position.

	Current Employer/Position	Expected End Date	Previous Employer/Position	Date Last Employed
Patient				
Spouse/Partner				
Parent/Guardian (1)				
Parent/Guardian (2)				
Responsible Family Member				
Other Member of Household				

Financial Info – Do not leave any fields blank. If value is zero, write \$0.00. If household income is listed as zero, please explain in Psychosocial Summary.

Estimated Monthly Household Revenue				Estimated Monthly Household Expenses			
Income/Wages	\$	Disability	\$	Rent/Mortgage	\$	Utilities	\$
Unemployment	\$	Pension	\$	Medical Insurance	\$	Transportation	\$
Social Security	\$	Other	\$	Caregiver Expenses	\$	Other	\$

Household Savings			
Savings Account	\$	IRA/Retirement	\$

Patient’s Insurance _____
 Number of household members/dependents _____

Photo – The optional photo(s) for this application is: enclosed will be sent via email to patientservices@bonemarrow.org



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LIFELINE FUND AND ONE-TO-ONE FUNDS GUIDELINES

Please read the Guidelines carefully
before completing the application.

ABOUT LIFELINE FUND

As The Bone Marrow Foundation's flagship undertaking, The Lifeline Fund provides financial support to individuals who meet our eligibility guidelines. This funding helps to cover the myriad costs associated with transplants, such as donor searches, compatibility testing, bone marrow harvesting, medications, home and child care services, medical equipment, transportation, cord blood banking, and housing. The program leverages social media to enable patients to reach out to their family, friends and social networks for additional financial support.

In order to be considered for this program, patients must be affiliated with a certified transplant center and must be on track to have a bone marrow, stem cell, or cord blood transplant or still be receiving post-transplant care. The original application should be submitted *via postal mail only* to The Bone Marrow Foundation.

LIFELINE FUND GUIDELINES

All sections of the application, including physician's, nurse's and social worker's signatures, must be completed before being considered for evaluation. Incomplete applications will not be accepted.

Social Worker/Nurse Coordinator

In order to understand the nature of the patient's need and properly evaluate the application, please be as specific as possible when completing the application and consider all members of the household when completing the financial information. If necessary, feel free to attach an additional page for this information. It is not necessary to submit receipts or financial records.

The Psychosocial Summary section should describe additional factors beyond the financial information to be considered during the evaluation process (e.g. length of time unemployed, health concerns of another family member, other significant expenses, etc.). The Service Request section should explain the assistance requested, with specified amounts for each if possible (ex. \$150 for gas, \$325 for insurance premium, etc.).

Photo (optional)

In order to raise additional awareness of an applicant's transplant journey, a patient may submit a photo to be included in The Foundation's online social media campaign. This campaign encourages people to make anonymous donations through our website, 100% of which go directly to the selected patient.

Submission of a photo constitutes consent for the photo to be used on The Foundation's website, social media profiles, and other communications. Only patient's first name, photo and narrative will be used. Digital photos are preferred.

Please email the photo(s) to patientservices@bonemarrow.org and include "Lifeline Fund" and the patient's name in the subject line of the email. If you do not have access to email, you can mail the photo(s) to The Foundation.

TYPE OF ASSISTANCE

Lifeline funding may be requested to cover costs associated with:

- donor search, testing and related expenses
- medical treatment
- health insurance premiums and co-pays
- medication and medical supplies
- home and day care
- transportation
- accommodations
- psychosocial support
- sperm banking
- cord blood banking
- legal fees
- living and housing expenses (ex. rent, utilities, groceries, etc.)
- caregiver expenses related to transplant

For questions about other expenses, contact The Bone Marrow Foundation.

EVALUATION AND DECISIONS

All requests are acknowledged via email upon time of receipt to the patient as well as to the social worker or nurse indicated on the form. The social worker and patient will also be contacted once a decision has been reached.

As funding is limited for the Lifeline Fund, priority for grants is given to patients meeting eligibility guidelines and demonstrating the greatest financial need. Patients who are approved will receive a one-time grant.

Patients whose initial request is declined may reapply if there is a change in their socioeconomic status. Patients reapplying must complete a new application.

DISBURSEMENT OF FUNDS

Patient funding will be disbursed within 4-6 weeks of receipt of the application. Funds will be disbursed only in the form of a check from The Bone Marrow Foundation and made payable to the individual or entity listed on the application.

The Bone Marrow Foundation reserves the right to deviate from these Guidelines on a case-by-case basis when special circumstances arise.

Continue to One-to-One Funds Information



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ABOUT ONE-TO-ONE FUNDS AND GUIDELINES

The Bone Marrow Foundation's One-to-One Funds assists transplant patients and their families by creating personal funds at the Foundation. A patient's community, family, and friends can raise money that will be placed in the fund and used for that specific patient's transplant-related expenses (see "Use of Funds" section below).

The patient must be affiliated with a certified transplant center and a social worker, nurse, or doctor at the transplant center must submit a letter verifying diagnosis and treatment before a new One-to-One Fund can be opened. The patient must be on track to have a bone marrow, stem cell, or cord blood transplant or still be receiving post-transplant care.

The Bone Marrow Foundation has found that families partnering with one organization for their fundraising efforts leads to optimal fundraising success. For this reason, our policy is that One-to-One participants cannot use other fundraising platforms in addition to their One-to-One Fund.

Please write legibly on the application and keep a copy for your records.

RESPONSIBILITIES

Fundraising Coordinator

At least one fundraising coordinator must be designated for a One-to-One Fund. The fundraising coordinator can be a family member or friend who will be responsible for promoting the fund and managing fundraising activities. The Bone Marrow Foundation is not responsible for conducting fundraising efforts.

Responsible Family Member

Each patient should identify one family member or friend who will be responsible for issues related to the fund during times that the patient is receiving treatment or otherwise unable to make decisions about the fund. This includes requesting disbursements from the fund and closing the fund. This person can also act as the fundraising coordinator.

The Bone Marrow Foundation

The Bone Marrow Foundation will process all donations received by mail and online, provide each donor with a thank you letter and tax receipt, maintain a personalized webpage for the patient's fund, make approved disbursements from the fund, and maintain accounting records for the fund. A fee of 5% of incoming donations will be charged by the Foundation to cover the costs of administering the fund, such as credit card processing, accounting services, website management, postage, etc. The remaining 95% will be available for the patient's use. The patient's fund will remain open for as long as needed. In the event that the patient no longer requires a One-To-One Fund, the remaining balance will be distributed to another patient receiving assistance from The Bone Marrow Foundation.

PERSONAL WEBPAGE

A personalized webpage on The Bone Marrow Foundation website is not required to open a One-to-One Fund, but it is suggested as it creates a place to share the patient's story and provides a link for donors to contribute directly to the fund online. A BMF social worker will be

assigned to each patient's One-to-One Fund and will assist them every step of the way.

Submission of the photo and story constitutes consent for both to be used on the Foundation's website, social media profiles, and other communications.

DONATIONS

All donations to the One-to-One Funds are tax-deductible and The Bone Marrow Foundation will provide each donor (who provides contact information) with a tax receipt. The Foundation cannot provide receipts for any contributions that do not pass through the One-to-One Funds, and donations given directly to the patient are not tax-deductible.

Donations can be made by credit card, check, money order or through the Foundation's website.

USE OF FUNDS

One-to-One Funds may be used to cover costs associated with the transplant or the necessary living expenses. These may include:

- donor search, testing and related expenses
- medical treatment
- health insurance premiums and co-pays
- medication and medical supplies
- home and day care
- transportation
- accommodations
- psychosocial support
- sperm banking
- cord blood banking
- legal fees
- living and housing expenses (ex. rent, utilities, groceries, etc.)
- caregiver expenses related to transplant

One-to-One Funds may not be used for:

- fundraising costs
- reimbursement for lost wages
- repayment of personal loans

For questions about other expenses, contact The Bone Marrow Foundation. Requests for disbursement from the fund must be accompanied by a receipt or invoice for the expense in question.

The Bone Marrow Foundation reserves the right to deviate from these Guidelines on a case-by-case basis when special circumstances arise.