

Cooley's Anemia Foundation **Support for Parents of Newly Adopted Children** **with Thalassemia**

The Cooley's Anemia Foundation (CAF) will award \$1,000 to parents of newly-adopted children with significant forms of thalassemia in recognition of their willingness to provide a new home to these important members of the thalassemia community. (A significant form of thalassemia would include thalassemia major, thalassemia intermedia, e beta thalassemia, hemoglobin H disease or hemoglobin H constant spring.) This will apply to children adopted on or after July 1, 2018.

Support will be dependent upon availability of funding. In the event that the number of applicants exceeds the amount of funding available, the Foundation reserves the right to make adjustments as necessary in the number of awards given and/or the level of funding for each applicant.

Requirements:

- ◆ Adopted child must be diagnosed with one of the following forms of thalassemia: thalassemia major, thalassemia intermedia, e beta thalassemia, hemoglobin H disease, or hemoglobin H constant spring. Parents must provide proof of diagnosis from a qualified medical expert.
- ◆ Adopted child must be registered with the Cooley's Anemia Foundation. (If you are unsure if you are registered, please contact CAF at Eileen.s@thalassemia.org).
- ◆ The adopting parent(s) must be a citizen of the United States.
- ◆ The adopting parent(s) must provide proof of completed adoption of the child in question and that the adoption occurred on or after July 1, 2018. A copy of a certificate of citizenship or of an adoption certificate for a child adopted from outside the U.S. or of an adoption certificate for a child adopted from within the United States are examples of acceptable proof.

The complete application, proof of diagnosis and proof of adoption should be returned to Eileen.s@thalassemia.org or faxed to (212) 279-5999 or mailed to Cooley's Anemia Foundation, Adoption Support, 330 Seventh Ave #200, New York, NY 10001.

For more information, email Eileen.s@thalassemia.org.

COOLEY'S ANEMIA FOUNDATION
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Name of parent(s): _____

Name of child(ren): _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone number: _____

Email: _____

Please indicate thalassemia diagnosis: _____

Are you a resident of the United States? _____ **Yes** _____ **No**

Date when adoption was finalized: _____

I certify that the information in this application is true and accurate.

Applicant's Signature: _____

Date: _____