

Cooley's Anemia Foundation

Support for Significant Travel to Treatment Centers

The Cooley's Anemia Foundation (CAF) is offering limited financial assistance to individuals with thalassemia who experience financial hardship due to travel expenses incurred in obtaining an annual comprehensive care evaluation or extraordinary thalassemia care at a major treatment center. (Extraordinary thalassemia care shall be defined as care recommended by a qualified thalassemia physician which falls outside regular transfusions or comprehensive care – for example, if a patient requires multiple MRI iron assessments which cannot be performed at their home treatment facility.)

CAF will reimburse up to \$500 in travel expenses to qualified applicants. Reimbursements will be distributed on a first come, first serve basis until funding for the period has been exhausted. No one thalassemia patient may receive more than \$500 travel reimbursement on an annual basis under the terms of this program. Families with more than one child with thalassemia may be reimbursed for up to \$500 for each child. Travel must have occurred on or after January 1, 2026.

Patients are encouraged to take advantage of any existing services already in place for defraying costs (such as low-cost housing or reduced-cost or free travel services provided in conjunction with a specific center) before applying for these funds. Because funds are limited, patients are encouraged to check with CAF in advance if they are planning on utilizing this program for reimbursement. CAF will make every effort to assist qualified applicants but cannot provide funding once it is exhausted for the year. Total funding for the initial year is \$30,000.

Requirements:

- ◆ Applicant (or their child) must be diagnosed with one of the following forms of thalassemia: alpha thalassemia major, beta thalassemia major, beta thalassemia intermedia, e beta thalassemia, hemoglobin H disease, or hemoglobin H constant spring.
- ◆ Applicant (or their 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).
- ◆ Applicant must be a resident of the United States.
- ◆ Applicant must submit copies of receipts for relevant travel-related expenses incurred in order to obtain a comprehensive care evaluation or extraordinary thalassemia care from a treatment center. *See next page for discussion of relevant expenses.* Applicant must also submit signed note from doctor or nurse confirming they were seen on the dates for which they are requesting travel reimbursement.

The complete application and receipts for relevant expenses should be returned to escott@thalassemia.org or faxed to (212) 279-5999 or mailed to Cooley's Anemia Foundation, Treatment Travel Application, 330 Seventh Ave #200, New York, NY 10001.

For more information, email escott@thalassemia.org.

Relevant Expenses

The following are considered relevant travel expenses and can be reimbursed (up to \$500) upon submission of receipts:

- ◆ Transportation from home to treatment center and back for adult patient or for pediatric patient and one parent/guardian.
- ◆ Reimbursement of automobile travel, based upon mileage and utilizing IRS standard mileage rates for medical purposes (21 cents per mile for 2025). Mileage to be determined using distance from home to center and back.
- ◆ Basic overnight lodging costs (i.e., cost of room and applicable taxes) for adult patient or for pediatric patient and one parent/guardian. Extra costs (telephone, movie rental, etc.) will not be reimbursed.
- ◆ Reasonable meal expenditures for adult patient or for pediatric patient and one parent/guardian. Reimbursable meal costs may not exceed \$60 total for one adult patient for one 24-hour period or \$120 total for a pediatric patient and one parent/guardian for one 24-hour period.

COOLEY'S ANEMIA FOUNDATION
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Application

Please print or type the information. Return to escott@thalassemia.org or fax to (212) 279-5999 or mail to Cooley's Anemia Foundation, Treatment Travel Application, 330 Seventh Ave #200, New York, NY 10001. Applications must include relevant receipts.

Name of applicant: _____

Name of child(children) (if applicable): _____

Address: _____

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

Telephone number: _____

Email: _____

Please indicate thalassemia diagnosis: _____

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

Date(s) during which expenses incurred: _____

Treatment center visited: _____

I certify that the information in this application is true and accurate. I also defend, indemnify and hold Cooley's Anemia Foundation, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with this trip, including travel to and from the final location. Parent or guardian signatures will also apply for children in the party.

Applicant's Signature: _____

Date: _____