



30 EAST END AVENUE, SUITE 1F
NEW YORK, NY 10028

212-838-3029
800-365-1336

THEBMF@BONEMARROW.ORG

ONE-TO-ONE FUND APPLICATION

Please read the One-to-One Funds Guidelines carefully before completing this form. Please keep a copy of this form for your records. **Application by mail only.**

PATIENT (last name, first, middle) _____ Date of Birth _____ Sex _____

Address _____

City _____ State _____ Zip _____

Check payable to: _____

Send check to: _____

Address _____

City _____ State _____ Zip _____

Ethnicity (optional): African American/Black Native American
 Asian White, Non-Hispanic Hispanic/Latino
 Other - Please specify: _____

Social Security # _____

Phone _____

Email _____

Please contact me with more information about the selected additional ways the Foundation offers support:

- Patient Aid.** Direct financial assistance
- Lifeline Project.** Caring supporters to patients
- Ask The Expert.** Advise from transplant professionals
- SupportLine.** Patient-to-patient peer support

MEDICAL INFORMATION

Complete Diagnosis _____

Type of BMT: (Check all that apply)

- Autologous Stem cell Allogeneic, related
- Cord blood Syngeneic Allogeneic, unrelated

Date/expected date of BMT _____

Hospital _____

Address _____

City _____ State _____ Zip _____

Please be sure to submit a letter verifying diagnosis and treatment from your social worker, nurse, or doctor at the transplant center **within 30 days** of the start of a new One-to-One Fund.

Physician _____

Phone _____

Email _____

Nurse Coordinator _____

Phone _____

Email _____

Social Worker _____

Phone _____

Email _____

FUNDRAISING COORDINATOR

(last name, first) _____

Address _____

City _____ State _____ Zip _____

Relation to Patient _____

Phone _____

Email _____

FAMILY MEMBER/FRIEND CONTACT

(last name, first) _____

Address _____

City _____ State _____ Zip _____

Relation to Patient _____

Phone _____

Email _____

ADDITIONAL INFORMATION/DISCLOSURE OF OTHER FINANCIAL ASSISTANCE



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ONE-TO-ONE FUND GUIDELINES

The Bone Marrow Foundation's One-to-One Funds assists patients and their families by creating a personal fund at the Foundation. The patient's community, family and friends can raise money for the patient's transplant expenses and all donations will benefit the patient.

General Guidelines

Patients must be affiliated with a certified transplant center. A social worker, nurse, or doctor at the transplant center must submit a letter verifying diagnosis and treatment **within 30 days** of the start of a new One-to-One Fund.

The fund must have at least one fundraising coordinator who will be responsible for promoting the fund. This person can be a family member or friend.

Each patient should identify one family member who will be responsible for issues related to the fund (it can be the fundraising coordinator or someone else) for times the patient is receiving treatment or otherwise unable to make decisions about the fund.

Patients must disclose the names of any other organizations which have been involved with financial or in-kind assistance, including any dollar amount applied for or awarded to date.

The fundraising coordinator/patient receives a listing of all donations made to their personal fund on a weekly basis (unless there has been no activity – donations or expenditures – to the fund that week).

Please write legibly on the application.

Please keep a copy of the application for your own records.

At the completion of transplant and after reimbursement for all related expenses, or if a patient does not survive, any money remaining in the fund must be donated to a program or to another One-to-One Fund. If a patient in need of the funds does not have a One-to-One Fund, a new fund will be created in their name. Determination of which program or patient is the recipient of the funds is at the discretion of The Bone Marrow Foundation and may be advised by the patient with the original fund and/or his/her responsible family member, fundraising coordinator.

Donations

All donations are tax deductible and can be made by credit card, check or through the Foundation's website. The checks should be made payable to The Bone Marrow Foundation and include the patient's name on the check.

Each donor receives an acknowledgement letter from The Bone Marrow Foundation.

Disbursement of Funds

Funds are dispersed directly to either the patient or to a specific vendor.

All expenses need to have accompanied receipts. The Bone Marrow Foundation takes a 5% fee to administer this Fund (credit card fees, postage, etc).

Use of Funds

One-to-One funds may be used to cover costs associated with:

- donor search
- compatibility testing
- donor harvesting
- transplant
- medication
- home and day care
- transportation
- accommodations
- medical and psychosocial supplies
- sperm banking
- cord blood banking
- legal fees
- insurance premiums/copays
- approved living/housing expenses
- caregiver expenses related to transplant

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

- reimbursement of paid bills (prior to the beginning of the fund) **unless** there is appropriate documentation
- fundraising costs – any events need to make enough money to cover event expenses

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