



DURABLE Brains Foundation acts as an organization aimed at helping others with Chiari Malformation. We are determined to provide as much financial relief as possible to avoid having to delay treatment at Chiari CARE at Cornell for Chiari Malformation.

Many patients find discounted medical flights through Angel Flights or Miracle Flights. For lodging, families often have to pay \$200 or more a night for a hotel room near the hospital.

Other expenses also arise, for instance, paying for meals daily.

At DBF, we are here to assist with some stresses by paying for some of the costs directly through the travel company, hotel or other accommodation company, or provide gift certificates and coupons to local restaurants or stores.

To be considered for financial assistance, please complete this application. Also, please attach any forms from your Transportation Company, hotels, etc.

A DBF organizer will be contacting you for further information, answer any questions you may have, and provide you with additional information.

Please email all forms and confirmations (appointment, travel, etc.) to [durablebrainsfoundation@gmail.com](mailto:durablebrainsfoundation@gmail.com)

Please note, travel and lodging are our main goals, but we are also working on providing gift certificates to nearby restaurants and stores. If these become available during your stay, you will be notified.



Air Charity Network

(877) 621-7177

<http://aircharitynetwork.org/home/request-a-flight/>

Air Care Alliance

(888) 260-9707

<http://www.aircarealliance.org>

Mercy Medical Angels

(800) 296-1217

<http://mercymedical.org>

Angel Flight

(918) 749-8992

<http://www.angelflight.com/patients/>

Miracle Flights

(800) 359-1711

<https://www.miracleflights.org>

Operation Liftoff

<http://www.operationliftoff.com>

National Patient Travel Center

(800) 296-1217

<http://www.patienttravel.org>

Lifeline Pilots

(800) 822-7972

<http://lifelinepilots.org/request-a-flight>

Bentley Hotel

500 East 62<sup>nd</sup> Street

New York, NY 10065

(212) 644-6000

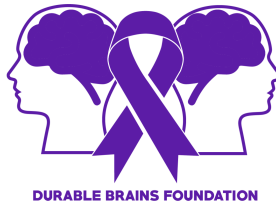
[www.bentleyhotelnyc.com](http://www.bentleyhotelnyc.com)

Guest Facility at the Helmsley Medical Tower

1320 York Ave

New York, NY 10021

(212) 472-8400



## Qualification Eligibility and Rules

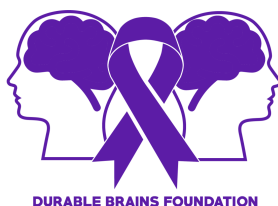
(Please read carefully before signing below, Form must be signed to process.)

- By signing, I understand that I will return unused gifts, such as gift cards, for other families and not keep or sell them for my own benefit.
- The patient listed for assistance has been medically diagnosed with Chiari Malformation and is receiving care at Weill Cornell Medical Center.
- I am the applicant and/or custodial parent, or legal guardian, of the child applicant that are listed in the application to receive assistance.
- I understand that I MUST COMPLETE a testimonial for the website after receiving assistance.
- I understand that DURable Brains Foundation Inc. receives and reviews applications on a rolling basis and answers applications in the order in which they are received.
- I understand that any monies awarded by DURable Brains Foundation Inc. will be distributed on a first come first serve basis. The monies awarded will only cover expenses up to, and not exceeding, a predetermined budget for each family.
- I understand that DURable Brains Foundation will not be responsible for any outstanding balance or cost owed by patient/applicant in the event that the monies awarded do not account for the full balance. **PATIENT AGREES TO INDEMNIFY AND HOLD HARMLESS DURABLE BRAINS FOUNDATION INC. FOR ANY OUTSTANDING BALANCE OR DEBT NOT PAID AFTER THE MONIES HAVE BEEN DISTRIBUTED.**
- By signing below, I give my consent for necessary staff/agencies to share information that I have provided on this form with persons/agencies that provide assistance to families.
- By signing, I understand that DURable Brains Foundation Inc. will not be providing me with actual money. I further understand that DURable Brains Foundation Inc. will be paying businesses directly on my behalf.
- I understand that I am only allowed one application at a time. Once my application is fulfilled, I can apply to receive assistance again once more within a calendar year.
- I understand that assistance is per patient, per appointment or treatment visit, but I cannot receive assistance more than two times a year.
- By signing, I agree that I have read and understand the rules and requirements pertaining to eligibility for this assistance program.

**Applicant/Custodial Parent/Legal Guardian's Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**DURable Brains Foundation Inc. abides by all state and federal laws pertaining to CONFIDENTIALITY and NON-DISCRIMINATION.**



## ASSISTANCE APPLICATION

### PATIENT INFORMATION

Name:

Date of birth:

Phone:

Email:

Current address:

City:

State:

ZIP Code:

PEDIATRIC

ADULT

(Please circle)

APPOINTMENT SURGERY

(Please circle)

Length of Visit:

### PARENT INFORMATION (IF APPLICABLE)

Name:

Address:

DOB:

City:

State:

Zip Code:

Phone:

Email:

Relation:

### PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR TRAVEL ASSISTANCE

Travel Company:

Dates of Travel:

PLANE

TRAIN

CAR

OTHER: \_\_\_\_\_

(Please circle)

Total Cost of Travel:

**Please include copy of confirmation for travel accommodations.**

### PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR LODGING ASSISTANCE

Lodging Company:

Dates of Lodging:

HOTEL

OTHER: \_\_\_\_\_

(Please circle)

Total Cost of Lodging:

**Please include copy of confirmation for lodging accommodations.**

### SIGNATURES

I authorize the verification of the information provided on this form and have added any additional necessary information.

Signature of applicant (or parent):

Date: