

DebRA Family Crisis Fund

Purpose

To alleviate some of the financial burden of un-reimbursed costs of medical supplies, other comforting aids, or procedures.

Who Can Apply?

- Any person with EB
- Those who demonstrate financial need – extenuating circumstances, emergency, or financial crisis

What kinds of things does the Fund cover?

- Medically necessary procedure or equipment related to treatment of EB that is not covered by insurance or another source of assistance
- Will serve a beneficial medical purpose for the recipient

Grant Limit

Total number and size of awards per year are made based on availability of funds
1 Grant per year per family

Deadline

Accepted on an ongoing basis

How to apply

Mail or fax completed application form to:

DebRA of America
Attn: Family Crisis Fund
16 East 41st Street, 3rd Floor
New York, NY 10017
Fax 212-868-9296

DebRA Family Crisis Fund Application

Name of Patient: _____

Name of Person making Request: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

Email: _____

Age of person with EB: _____ Type of EB: _____

What is the amount of the request \$ _____

Does applicant have health insurance? _____ If so, what portion will the insurance pay _____

How will the funds be used? _____

Please explain the financial need?

I have included with my application form an invoice, insurance statement, estimate or other information related to the cost of the item being requested. (must be enclosed to consider request).

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