Mesothelioma Applied®
Research Foundation
research - education - support - advocacy

PATIENT TRAVEL GRANT PROGRAM

About

The Meso Foundation's Patient Travel Grant Program, founded by Mary and Bob Cosentino, provides travel grants to patients and one caregiver traveling for an initial consult and/or for clinical trial treatments.

Type of eligible travel must fall into at least one of these two categories:

1. One trip for one initial consultation with a mesothelioma expert.
2. Multiple trips to participate in an interventional clinical trial (found on clinicaltrials.gov).

Program Guidelines

- Each trip can be reimbursed for up to a maximum of $1,000, with the total reimbursements for all trips not exceeding $6,000 per patient/caregiver annually and not exceeding two clinical trials overall.
- Patients receiving standard treatment (chemotherapy, radiation, etc.) without being enrolled in a clinical trial do not qualify for this program.
- All expenses (including documentation) must be submitted within 30 days or they will not be reimbursed.
- All funds will be remitted via electronic transfer unless other arrangements are made and must be remitted to the patient or their legal guardian.

Eligible Expenses

- Lodging (i.e., hotel, motel, Airbnb)
- Transportation (i.e., plane, bus, train, transit tickets)
- Taxi or rideshare costs
- Gas (not mileage)

Non-eligible Expenses

The following expenses may **not** be submitted to this program:

- Food purchases*
- Travel insurance
- First class tickets/upgrades
- Entertainment costs such as, but not limited to, movies, liquor or bar costs
- Toiletry articles
- Personal purchases such as clothing, valet services, recreational activities (spa, exercise charges, etc.)

*If it is determined that you are in the top 20% of financial need, the committee may reach out to you to discuss the possibility of covering food expenditures.

To apply

- Complete the following application in its entirety. If you require assistance filling out the application, please contact Nicole Yost at (703) 879-3824 or by email at info@curemeso.org.
- Have your treating physician complete the *Medical Authorization Form.*
- Send all materials via email to Nicole Yost **at info@curemeso.org or via fax to (571) 363-2784.** Mailed applications are no longer accepted.

Mesothelioma Applied Research Foundation,
1615 L Street NW, Suite 430, Washington, D.C. 20036
(703) 879-3797

PATIENT TRAVEL GRANT APPLICATION

Please fill out the following application to the best of your ability. If any section is left blank, your application will not be considered. For questions that do not apply, write "N/A." If any amount is 0, write "0."

PATIENT INFORMATION

Personal

Name: ______________________________ DOB: ______________ Gender ____________

Home Address: __________________________ Cell Phone: ____________________________

City/State/Zip: __________________________ Email: ______________________________

Medical Information

Treatment Facility: ________________________ Type of Mesothelioma: ____________________

Treating Physician: ________________________ Is the patient enrolled in a clinical trial? ☐ Yes ☐ No

Date of Diagnosis: ________________________ Length of trial: ________________________

Other

Referring Party's Name: ____

How did you hear about our travel grant program?: ______________________________________

How many travel grants have you previously received? ____________________________________

Would you like to participate in the Meso Foundation's support services? ___________________________

If yes, check all that apply: ☐ Patient Telephone Support Groups ☐ Patient Facebook Support Groups

CAREGIVER INFORMATION

Name: ______________________________ Relationship to Patient: ____________________

Home Address: __________________________ Home Phone: __________ Cell: ____________

City/State/Zip: __________________________ Email: ____________________________

Would you like to participate in the Meso Foundation's support services? ___________________________

If yes, check all that apply: ☐ Caregiver Telephone Support Groups ☐ Caregiver Facebook Support Groups

NEEDS ASSESSMENT

Please state net loss in income since mesothelioma diagnosis. This sum can be a monthly amount OR a yearly amount. [For example, if I had a yearly salary of $50,000 before diagnosis, and now can no longer work and do not receive any compensation or disability, I would write $50,000 and check "Yearly" because I have a loss of $50,000 yearly.]

Amount: ________________ ☐ Monthly ☐ Yearly

Please provide a total monetary amount of all medical bills accumulated that are not covered by your insurance [in other words, what is the total amount of medical expenses you need to pay out of pocket? This includes copays, prescriptions, hospital visits, in-patient stays, etc.]

Amount: ________________

What is the distance of travel between your house and treatment facility in miles for a one-way trip? [For example, if I lived in Trenton, NJ and were receiving treatment at Wake Forest, NC, I would write 414 miles.]

Distance: ________________

Please tell us about your need for this travel grant. Please share here any issues you'd like us to know about [you can use the back of this page for additional space]: ____

Do you anticipate needing additional funds in the future? ☐ Yes ☐ No (If yes, please contact us at info@curemeso.org or (703) 879-3797.)

PATIENT TRAVEL GRANT EXPENSE REPORT

Please use the following chart to indicate your expenses. For each expense, you must check one of the categories in orange (Hotel, Gas, Tickets, Taxi, Metro). “Taxi” includes cabs, Uber, Lyft, and any other analagous services. “Tickets” includes any bus, train or plane tickets purchased. Please indicate which mode of transport you used in the Description box.

Date	Hotel	Gas	Tickets	Taxi	Metro	Description	Total
	☐	☐	☐	☐	☐		$
	☐	☐	☐	☐	☐		$
	☐	☐	☐	☐	☐		$
	☐	☐	☐	☐	☐		$
	☐	☐	☐	☐	☐		$
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	☐	☐	☐	☐	☐		$
	☐	☐	☐	☐	☐		$

Total Amount: _________

**You must submit all receipts with this document OR within 30 days after returning from your dates of travel. If you do not submit your receipts, you may be required to pay back the Meso Foundation for any undocumented expenditures.*

Submit your receipts to Nicole Yost.

Email: info@curemeso.org
Fax: +1 (571) 363-2784

PATIENT TRAVEL GRANT AGREEMENT

Please read the following statements thoroughly and sign below to indicate you have read and agree with the statements. Your application will not be considered unless you provide your signature.

I certify that all of the statements and information contained in this application and in the attachments hereto are true and complete.

I have read everything in this document and understand all information in its entirety.

I understand that knowingly providing false information will disqualify me from being considered for the grant award and may constitute criminal fraud.

I authorize the verification of any of all information listed in this document.

I am aware that the Mesothelioma Applied Research Foundation is not required to share with me the details of my scoring for financial need.

I promise to use any grant funds awarded solely for the specified travel and to return any funds not so used within 30 days following the indicated dates of use.

I understand that receipts for me purchases must be presented to the Mesothelioma Applied Research Foundation within 30 days following the indicated dates of use of the grant. Any funds not accounted for, but paid for by the grant, must be returned to the Mesothelioma Applied Research Foundation upon request. I understand that failure to do so will result in disqualification from any consideration of grant allocation in the future.

I understand that my caregiver may be responsible to pay back any funds not used or accounted for on my behalf.

______________________________________ ______________________________________

Patient Signature *Date*