



Medical Treatment Assistance Application

Purpose:

The purpose of the Medical Treatment Assistance (MTA) program is to provide travel/lodging/meal assistance to individuals living with muscular dystrophy in order to alleviate the burden of traveling for medical treatments. This assistance is provided in the form of one **\$500 Visa Gift Card** to be used for gas, hotel stays, meals, and other expenses associated with traveling to receive medical treatments.

Eligibility Requirements For MTA Grant:

Please note: MTA Grants are intended for individuals and families receiving ongoing medical treatment that requires repeated travel to a treatment site.

- Assistance is awarded to individuals with a muscular dystrophy disease or the direct family of the affected individual. Proof of diagnosis is required (please see Requested Materials).
- Applicants must demonstrate financial need and may be required to provide documentation.
- Applicants must reside in the United States.
- Proof of treatment is required from applicant's healthcare provider (please see Requested Materials).
- Applicants who are approved may reapply every 12 months.

Laughing At My Nightmare reviews and awards MTA Grants on a rolling basis. All notifications, both of awards and declinations, will be mailed out within 30 days of receiving your application. All Requested Materials should be submitted to the address below.

Mail completed application and Requested Materials to:

**Laughing At My Nightmare, Inc.
ATTN: Application Dept.
2732 Lafayette Ave.
Bethlehem, PA 18017**

Or email to:

shane.burcaw@gmail.com

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MTA GRANT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP CODE: _____

DAY NUMBER: _____

ALTERNATE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH (MM/DD/YYYY): _____

Male _____ Female _____

DATE OF DIAGNOSIS: _____

TYPE OF MUSCULAR DYSTROPHY: _____

How did you hear about Laughing At My Nightmare?

Please describe your sources of financial support (Please Note: Grant recipients may be asked to provide supporting documentation):

Please describe the treatment you are receiving, as well as the travel requirements:

WHAT YOU WILL RECEIVE:

Applicants who are approved will be receiving one **\$500 Visa Gift Card**, to be used for gas, hotel stays, meals, and other expenses associated with traveling to receive medical treatments.

Requested Materials - PLEASE SUBMIT WITH YOUR COMPLETE APPLICATION:

- Proof of Diagnosis
- Proof of Medical Treatment - A simple note from your healthcare provider stating that you or a family member with MD will be receiving medical treatment.

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive a Laughing At My Nightmare grant, my name/image may be used by Laughing At My Nightmare for media and/or promotional purposes:

Signature: _____ Date: _____