



**Mary Lorusso-DiBara, President**  
**Northeast Lyme and Associated Diseases Resource Foundation**  
**40 Prospect Lane, Portsmouth RI 02871**  
**Website: NELAD.org Email: neladresourcefoundation@gmail.com**

- Submit this form (2 pages) and any attachments by mail at the above address or email us at: neladresourcefoundation@gmail.com
- Please print clearly & complete the entire application
- We will contact you by email with questions and if you are invited to apply for a Testing and/or Treatment grant

### Your Information:

Full name:	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	Date:	
Address:	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Street address</span> <span>Apt/Unit #</span> </div>	Phone:	
	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	Email:	

### Information if you are applying for a child:

Child's Name & Age: \_\_\_\_\_ Your relationship to child: \_\_\_\_\_

May we contact you if we have any questions? Yes  No  Best Contact: \_\_\_\_\_ email \_\_\_\_\_ phone

### Medical Information and Background:

1. Do you/the applicant have a diagnosis for Lyme/co-infections confirmed by a practitioner? Yes  No

If **yes**, who diagnosed you/the applicant?  Primary Care  Hospital/Urgent Care

Lyme Practitioner \* Name of Lyme Practitioner \_\_\_\_\_

If **yes**, are there blood test results?  Yes  No

\*What is a "Lyme Practitioner"? A licensed medical professional (MD, DO, DNP, NP, PA) who uses his/her experience and current research with Lyme disease and other tick-borne and vector-borne infections to treat patients. Often they have received training through ILADS (International Lyme and Associated Diseases Society). For further information, please review **Dr. Daniel Cameron's Lyme Science Blog: "What is a Lyme Literate Doctor?"** For help finding a Lyme physician/practitioner in your area, visit [LymeDisease.org](http://LymeDisease.org).

2. If you/the applicant do not yet have a diagnosis for Lyme/co-infections, how do you think we can help you?

Grant for testing to confirm diagnosis

Help to find and pay for a Lyme practitioner who can properly treat me/the applicant despite financial hardship

Other - Please explain:

## Medical Information and Background (Cont.) :

Are there any other family members who live with you/the applicant who have been diagnosed/treated for Lyme and/or co-infections?

Yes  No

If yes, is there any testing that reflects this?  Yes  No

If yes, how many family members? \_\_\_\_\_

**On a separate attachment, briefly describe your current medical situation and why you are reaching out to us.**

(Include symptoms, how long you/the applicant has been ill, practitioners seen, treatments received, and how this has impacted your/applicant's life.)

## Financial Information

1. Do you/the applicant have medical insurance?  Yes  No

If so please list: \_\_\_\_\_

\_\_\_\_\_

2. Do you file a Federal 1040 tax return  Yes  No

**If yes**, are you willing to provide income verification by submitting the Pages 1 & 2 and schedule 1 of your tax return?  Yes  No

**If no**, are you willing to provide proof of participation in a program such as SSI, SSDI, SNAP, Medicaid, Medicare in the form of a current approval letter from the providing entity?  Yes  No

3. Have you applied for other grants to assist you?  Yes  No **If yes**, where have you applied? \_\_\_\_\_

**On a separate attachment, briefly describe your/the applicant's financial situation and its impact on accessing testing and /or treatment.**

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### Pre-application checklist:

- ✓ **Completed application form – 2 pages**
- ✓ **Attachments: Answers to narrative sections on application form**
  - **Medical information narrative**
  - **Financial information narrative**

### Mailing Pre-applications

- Email completed application to: [neladresourcefoundation@gmail.com](mailto:neladresourcefoundation@gmail.com)
- Mail applications to: Mary Lorusso-DiBara, President  
NELAD Resource Foundation  
40 Prospect Lane  
Portsmouth RI 02871