**Travel Assistance Program**

The Travel Assistance Program of CureDuchenne is offered to individuals with Duchenne, their families, and/or caregivers with significant financial need (based on the FPL standards below).

As a non-profit organization, CureDuchenne relies on the generosity of donors and sponsors. The continuation of the Travel Assistance Program is dependent on the availability of funds. This program could be modified or discontinued at any time should funding become limited or no longer available.

**Travel Assistance Program Eligibility Criteria**

* For individuals under 18 years of age, a parent or legal guardian must apply on their behalf.
* Applicants must be US citizens or permanent residents, and
* Applicants must have a confirmed Duchenne muscular dystrophy diagnosis or have an immediate family or household member with a confirmed diagnosis, and
* Applicants must demonstrate financial need: household income at or below adjusted 400% U.S. Federal Poverty Level (FPL). CureDuchenne may request financial documents such as recent tax returns, 1099s, Social Security benefit statements or W-2s for review to determine eligibility.

**Travel Assistance Program Acceptance**

Travel Assistance is based on a first-come, first-served basis for as long as funding is available and based on CureDuchenne’s sole discretion. Submitting the application does not guarantee acceptance in the program. Your application will be reviewed and you will be notified of your status.

If determined eligible, CureDuchenne will secure hotel accommodations on your behalf.

**Cancellations**

Should you need to cancel this reservation, you must contact Kerry Johnson at [kerry@cureduchenne.org](mailto:kerry@cureduchenne.org) no later than **fourteen (14) business days** prior to the event. Neglecting cancellation jeopardizes the potential for other eligible recipients to receive this assistance.

**Travel Assistance Program Support**

CureDuchenne is a nonprofit organization that relies on the generosity of individual, foundation and corporate contributions to advance its mission. The Travel Assistance Program is supported by “Support-a-Family” pledges, grants and other contributions.

**2019 Household Income Requirements for the Travel Assistance Program**

Annual Household income must be at or below 400% of the U.S. federal poverty level guidelines.

**Federal Poverty Level (FPL):** an income threshold that varies by family size, which outlines the estimated minimum income required for a household to buy food, clothing, transportation, shelter, and other necessities.

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| Family Size  (Persons in Family or Household) | 48 Contagious States, Puerto Rico and D.C. | If you live in Alaska | If you live in Hawaii |
| 1 | $49,960 | $62,400 | $57,520 |
| 2 | $67,640 | $84,520 | $77,840 |
| 3 | $85,320 | $106,640 | $98,160 |
| 4 | $103,000 | $128,760 | $118,480 |
| 5 | $120,680 | $150,880 | $138,800 |
| 6 | $138,360 | $173,000 | $159,120 |
| 7 | $156,040 | $195,120 | $179,440 |
| 8 | $173,520 | $217,240 | $199,760 |
| For each additional person add | $4,320 | $5,530 | $5,080 |

*SOURCE: Federal Register, January 28, 2019  
https://aspe.hhs.gov/poverty-guidelines*