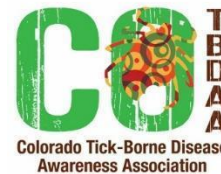




## Colorado Tick-Borne Disease Awareness Association

501(c)3 Nonprofit, EIN # 81-3611916

9996 West US HWY 50, PMB 1115, Salida, CO 81201



August 2025

**Dear Health Care Provider,**

The Lyme Disease Association (LDA) closed its doors in 2024 and has entrusted the Colorado Tick-Borne Disease Awareness Association (COTBDAA) with the continued stewardship of its *LymeAid 4 Kids (LA4K)* fund. This transition ensures the ongoing support of children in need of testing and treatment for Lyme and other tick-borne diseases (TBDs). **The program will continue to operate on a national level under COTBDAA's guidance, with grants available to assist children and families across the United States.**

Enclosed is a packet of information about the LA4K program. The fund offers financial assistance to families who have no health coverage—or no reimbursement—for Lyme and/or TBD-related care. Grants of up to \$2,000 per child are available, to be used for diagnosis and treatment of Lyme/TBD and all applications must be submitted through the child's health care provider.

To apply, you must complete the physician form, and the child's parent or guardian must complete the remaining documents. All forms must be submitted together through your office no later than September 15, 2025. Approved grants are paid directly to your practice

The LA4K fund was created in collaboration with the LDA and internationally acclaimed, New York Times best-selling author Amy Tan, who shared her own challenges with Lyme disease in her memoir *The Opposite of Fate: A Book of Musings*. Since its inception, the fund has provided approximately \$420,000 in assistance to families.

We hope you will review the enclosed information to determine whether any of your pediatric patients may be eligible, and assist their families in applying.

Contributions to the fund are deeply appreciated and can be made payable to:

**Colorado Tick-Borne Disease Awareness Association**

9996 W. Hwy 50, PMB 1115

Salida, CO 81201

**Memo line:** *LymeAid 4 Kids*

Application forms and additional information can also be found at [www.ColoradoTicks.org](http://www.ColoradoTicks.org).

Sincerely,

Monica White

President / Co-Founder

[LA4K@coloradoticks.org](mailto:LA4K@coloradoticks.org)

Mobile: 719-221-1537

Colorado Tick-Borne Disease Awareness Association (COTBDAA)

National LymeAid 4 Kids Program

**Are you 21 or under without medical insurance reimbursement for  
Lyme or Other Tick-Borne Disease?**



**Do you think you may have Lyme or other tick-borne diseases?**

**Are you experiencing financial hardship?**

If you answered **yes** to these questions...

**The *LymeAid 4 Kids* fund may help you:**

- **It can provide up to \$2,000 toward diagnosis & treatment**
- **It is available through licensed medical providers nationwide**
- **It is simple to apply**

**For further information, check with your provider or go to  
<https://coloradoticks.org/national-lymeaid-4-kids-la4k-program/>**



### Criteria for the LymeAid 4 Kids Fund

- Applicants are eligible to apply for up to \$2,000 for children aged 21 and under.
- Grant Application Deadline from Provider is September 15, 2025.
- The applicant must not have medical insurance coverage or receive government assistance for **Lyme or tick-borne disease** treatment. However, if the applicant has private or government insurance that does **not** cover services from a provider who treats **Lyme or tick-borne disease**, this should be noted on the application. In such cases, the application **may still be considered for approval** if all other eligibility requirements are met.
- The applicant/guardian shall sign a certified statement testifying to financial hardship.
- The applicant/guardian shall have a signed & dated provider recommendation that the applicant/guardian is suffering from financial hardship, and that based on symptoms and history, Lyme & other tick-borne disease testing and/or treatment is necessary.
- **All forms must be submitted by the doctor's office to COTBDAA.** Families fill out their form and give it to provider. NO forms will be accepted directly from patients, only through the submitting office. Send to: [LA4K@Coloradoticks.org](mailto:LA4K@Coloradoticks.org)
- When contacting the COTBDAA by email, please be sure to include the provider's **full name, practice or office name, and phone number** in your message.
- Patients must be US residents.
- Medical providers must be US residents and licensed in the US.
- A patient may receive a LA4K award only ONE time.
- Families can only submit an application from one doctor for a particular child. Can submit for other children.
- **All LA4K checks will be payable to the submitting provider's office only.** LA4K Checks cannot be made payable to labs, pharmacies, or other medical entities.
- Money may be used for determining if a patient has Lyme/TBD or for treatment by a submitting office.
- COTBDAA retains the right to be reimbursed by the applicant if application statements are proven false at any time.
- COTBDAA is not responsible in any way for medical treatment received using LymeAid 4 Kids funds.
- Please email us with any questions at [LA4K@Coloradoticks.org](mailto:LA4K@Coloradoticks.org)

# LA4K GRANT APPLICATION INSTRUCTIONS

## 1. Complete Your Part:

Fill out the *Applicant Certification Form* and give the **entire package** plus the first page of your IRS 1040 to your provider.

## 2. Provider Completes and Sends:

Your provider fills out their form and emails the completed package to COTBDAA.

LA4K@coloradoticks.org

## 3. Submit Follow-Up Form:

Once your provider has received the package, complete the online [Follow-Up Form](https://coloradoticks.org/lymeaid-4-kids-la4k-grant-application/) (https://coloradoticks.org/lymeaid-4-kids-la4k-grant-application/) so we can track and update you on your application status.



## **Applicant Certification Form**

### Contact Information

Name of Applicant: \_\_\_\_\_

Note: Applicant is the Parent/ Guardian of applicant 21 years or younger or the name of the independent person between 18-21

Name of Patient : \_\_\_\_\_ Patient Age \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Applicants Email: \_\_\_\_\_

Applicants Mobile Phone: \_\_\_\_\_

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### Patient Declaration of Hardship

1. *Applicant checks this box and signs certification if at least 18 years of age and independent*

☐ I certify that I am unable to pay for my medical treatment due to financial hardship. I further certify that the financial documentation submitted with this certification accurately reflects my current income and that of my spouse, if any.

**OR**

2. *Parent/Guardian checks this box and signs certification if the patient is younger than 18 years of age, or if the patient is between 18-21 and still a dependent.*

☐ I certify that I am unable to pay for the medical treatment of the patient due to financial hardship. I further certify that the financial documentation submitted with this certification accurately reflects my current income and that of my spouse, if any, and that of the patient if applicable.

## Proof of Financial Hardship

☐ First page of the most recent 1040 form(s) filed by the patient and/or parent/guardian as required in the checked box above. If married and filing jointly, one 1040 is sufficient. If married and filing separately, both 1040s must be included. If you yourself are employed but are also able to be claimed under someone else's return, the first page of all pertinent returns must be sent.

### **1040: PROVIDE 1ST PAGE ONLY, BLACK OUT ALL SOCIAL SECURITY NUMBERS & ADDRESSES**

If the enclosed documentation does not reflect my current income, I agree to reimburse Colorado Tick-Borne Disease Awareness Association for the medical expenses it pays on behalf of the Applicant as well as any costs and expenses incurred by the collection. If I am a parent/guardian applicant, this certification applies to my income plus the income of my spouse.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant as appears on 1040: \_\_\_\_\_

Print Name of Applicant as appears on 1040: \_\_\_\_\_

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### **Further Supporting Information:**

(Ex: Insurance restrictions/denials for treatment for Lyme and TBD treatment; Extenuating circumstances of financial hardship)



## LymeAid 4 Kids Health Care Provider Form

To the best of my knowledge, I, \_\_\_\_\_, believe that

(Print Provider's Name)

\_\_\_\_\_ meets the following criteria, and I agree to the following:

(Print Patient's Name)

1. The Applicant is 21 years or under;
2. The patient does not have any insurance coverage for Lyme or tick-borne disease and does not qualify to receive government assistance for medical care or the patient is covered under existent private or government coverage which will not pay for the services of a provider who treats chronic Lyme disease for which the applicant/patient is applying
3. The patient/parent/guardian is/are unable to pay for testing and/or treatment for Lyme and/or other tick-borne diseases due to financial hardship.
4. Based on the symptoms, history, and medical examination of the patient in this application, I believe that the patient needs to be tested and/or treated for Lyme and/or other tick-borne diseases.
5. \*All checks should be made payable to \_\_\_\_\_.  
(Practice Name)
6. I will directly email (LA4K@coloradoticks.org) the complete application package to Colorado Tick-Borne Disease Awareness Association (COTBDAA), including Applicant Certification Form and first page of applicants 1040.
7. After the expenditure of the funds, if requested by the COTBDAA, I will send proof that all the funds have been expended for the applicant.

\_\_\_\_\_  
(Physician's signature **NO STAMPS ACCEPTED**)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Practice Address

\_\_\_\_\_  
(Print office Contact name)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Office Contact Email)

\_\_\_\_\_  
(Office Contact Phone Number)

\* Checks will **ONLY** be made payable to the provider or practice group