

## Lung Transplant Support Program

### Part I: To be completed by Applicant (please print)

#### Patient information

Name of Applicant: \_\_\_\_\_  
*First Middle Initial Last*

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*(Mailing Address) (City) (Postal Code)*

Date of Birth: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

(If patient is a child, please provide parent/guardian's name and phone number)

Name of Parent/Guardian: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Part II: To be completed by Referring Physician/Specialized Physician

#### Referring Physician/Specialist

Primary Diagnosis: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*(Signature of Referring Physician)*

### Part III: Declaration of Eligibility

I hereby make application for financial assistance in accordance with LungNSPEI's Lung Transplant Support Program. I declare that the above information is correct to the best of my knowledge and should there be any changes I agree to notify LungNSPEI

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Signature of applicant  
*(If other than patient, please state relationship to patient)*

LungNSPEI

Halifax Office: 200-6331 Lady Hammond Road, Halifax, NS B3K2S2

PEI Office: 81 Prince Street, Charlottetown, PE, C1A 4R3

Telephone: (902)443-8141 \* Facsimile: (902)445-2573 \* Toll Free: 1-888-566-5864

Email: [info@lungnspei.ca](mailto:info@lungnspei.ca) \* website: [www.lungnspei.ca](http://www.lungnspei.ca)

# The Lung Transplant Support Program

## **General information**

The Lung Transplant Travel Assistance Program is a program of LungNSPEI that is designed to provide modest support to individuals who have to travel out of province to receive a lung transplant.

## **Who Qualifies?**

Residents of Nova Scotia and Prince Edward Island who must travel out of the Province to receive a lung transplant.

## **How to Apply?**

The applicant must complete the attached application form on the reverse side and forward to LungNSPEI. The referring physician section must be completed and signed by the referring physician/specialized physician.

## **What Financial Assistance is Available under the Program?**

LungNSPEI provides a modest financial contribution to patients awaiting a lung transplant. The financial contribution is a one time grant per recipient.

## **Approval Process**

All applications are reviewed on an individual basis. Once your application has been received, it will take 2-4 weeks for review of your application. If your application has been approved you should receive your bursary within 4-6 weeks upon receiving your application.

## **Contact Information**

If you require further information you can contact,

LungNSPEI

Nova Scotia office: 200-6331 Lady Hammond Road, Halifax, NS B3K 2S2

Prince Edward Island office: 81 Prince Street, Charlottetown, PE C1A 4R3

Tel: (902) 443-8141

Fax: (902) 445-2573

Toll Free: 1-888-566-5864

Email: [info@lungnspei.ca](mailto:info@lungnspei.ca)