

Lung Transplant Support Program – Application Form

Part 1: To be Completed by Applicant

Patient Information

Name of Applicant: _____

First Name	Middle Initial	Last
Phone # (include area code): _____	Cell # (include area code): _____	
Email Address (must include for direct deposit): _____		
Complete Mailing Address: _____		
Date of Birth: _____		Approved Date of Departure (must include): _____

If patient is a child. Please provide parent/guardian's name and phone # below:

Name of Parent/Guardian: _____ Phone # (include area code): _____

Caretaker Information

Name of Caretaker: _____

Phone # (include area code): _____	Cell## (include area code): _____
Relationship to Patient: _____	

Part 2: To be Completed by Referring Physician / Specialized Physician

Primary Diagnosis: _____

Physician's Name: _____

Work Address: _____

Phone #: _____ Fax#: _____

Email: _____

Date: _____ Signature: _____

Part 3: 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)

The Lung Transplant Support Program

General Information:

The Lung Transplant Support 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 application form 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:

NS Office: 6331 Lady Hammond Rd, Suite 200, Halifax NS, B3K 2S2 Ph: (902) 443-8141

PEI Office: 670 University Avenue, Suite 260, Charlottetown PE, C1E 1H6 Ph: (902) 892-5957

Toll Free: 1-800-451-2221 **Email:** info@lungnspei.ca