

## 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 a 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](mailto:info@lungnspei.ca)