



Canadian Hemophilia Society - BC Chapter
TRAVEL TO CLINIC FUNDING APPLICATION FORM - B



2025

***We are unable to process incomplete applications.
Please print clearly and review the check list on page 3 before mailing.***

APPLICANT'S NAME: Mr Mrs Ms _____

NAME OF CHILD: _____
(if applying for a minor)

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

To be eligible for funding provided by the BC Chapter, applicants must:

- be Current Member of the BC Hemophilia Society for min 3 months
- be Diagnosed with an Inherited Bleeding Disorder
- provide a one time doctor's confirmation letter indicating the applicant's (or the child for whom you are applying) specific inherited bleeding disorder diagnosis ie) FVIII, FIX, vWD**
- be a Canadian Citizen/Permanent Resident of BC for min 3 months; provide ID (PR Card)
- have active/valid medical insurance coverage under Medical Services Plan of BC; provide ID (BC Care Card)
- where applicable, provide proof that government or private insurance, the **BCFRP** or the **Travel Assistance Program (TAP)** does not cover all or part of the cost of your travel expenses (see Travel Resource pgs 4 & 5)
- provide original, official, printed receipts for accommodation (if applicable); no screenshots please
- confirm that the information in this application form is true to the best of his/her knowledge

Applicant's Signature

Date

OFFICE USE ONLY - February 2025

Membership enrollment date		Application eligibility approved	
Diagnosis Letter received		Original Receipt(s) received	
Funding Application complete		Receipt(s)/kms approved	
Clinic Appt. Signature received		Cheque # issued	
Notes:			

BC HEMOPHILIA SOCIETY TRAVEL TO CLINIC FUND

The purpose of this fund is to assist an eligible person or a family (for families having more than 1 eligible person), who need to travel a distance greater than 100 kms (200 kms round trip), to attend their scheduled **Hemophilia Clinic or Outreach Clinic appointment**. The BC Chapter will reimburse:

TRIP: **\$0.68/km in excess of 100 km each way** up to a **max return trip reimbursement of \$350 per clinic visit. Maximum two clinic visits (\$700) per calendar year.** *Transportation reimbursable amount can be applied to alternate travel modes such as bus, airplane or ferry but cannot exceed the automobile reimbursement limitation.*

LODGING: **\$200 for one night only per clinic visit** for costs relating to commercial accommodation. **Maximum two clinic visits (\$400) per calendar year.**

Total KMS of Travel (from applicant’s residence to clinic appointment, round trip): _____

Note: Emergency visits, GP or specialist visits and initial appointment with the Clinic to determine if you have an inherited bleeding disorder do not qualify under this funding.

Hemophilia Assessment Clinic physician/nurse to fill out information below

Name of Patient attending scheduled Hemophilia Clinic Appointment:

Date of Appointment: _____, 2025

Location of appointment:
(check one)

Adult Hemophilia Clinic St. Paul's Hospital

Pediatric Hemophilia Clinic BC Children's Hospital

Outreach Clinic _____
location

Name of Physician (please print) + _____ + _____
Signature of Physician **Physician's office stamp**

PLEASE CHECK INFORMATION ON PGS 4 & 5 ABOUT SEVERAL OTHER TRAVEL RESOURCES THAT YOU MAY BE ELIGIBLE FOR THROUGH OTHER ORGANIZATIONS

**Note : As they are not BC Hemophilia Society related funding, we are only able to list the resources; the BC Chapter does not administer nor process any of the additional options*

PLEASE READ CHECKLIST CAREFULLY & RETAIN THIS PORTION FOR YOUR RECORDS

Check to make sure you have included all necessary documents, and mail to BC Chapter

PO BOX 21161 Maple Ridge Sq. RPO Maple Ridge, BC V2X 1P7

1. Page 1 to be filled out and signed by applicant (no electronic signature please)

Page 2 to be filled out and signed by Hemophilia Assessment Clinic physician/nurse

2. Make sure you have been approved for BC Chapter Membership (printable from website)

3. Receipts

- original, official, printed receipts only; no screenshots please
- expenses that predate membership enrollment date are not eligible

4. Diagnosis letter from physician (hematologist or family doctor)

- verification letter must indicate **specific hemophilia diagnosis such as F8, F9, vWD**; unspecified inherited bleeding disorder diagnosis is not sufficient to determine eligibility for funding and will not be accepted

REIMBURSEMENT PROCESS FOR CHAPTER FUNDING:

1: Funding application form, related expense receipts and all supporting documents must be received by the BC Chapter no later than 31 days (Jan 31) following the end of the calendar year in which you attended Clinic appointment & incurred the claimed expense.

2: Submitted documents will be reviewed by the Board of Directors at the earliest opportunity (usually at their next scheduled Board Meeting).

3: If your documents are approved, you will be mailed a cheque from the BC Chapter for the eligible amount. The BC Chapter does not send periodic progress reports on the status of applications however, applicants are welcome to contact the Chapter if an update is desired.

Please note that the Board of Directors do not meet during the summer and winter holiday months and therefore, any applications for funding requests will be reviewed at the first scheduled meetings after the hiatus (September & January). If this delay presents a financial hardship for you, please contact the BC Chapter and all efforts will be made to hasten the process if possible.

TERMS:

When applying for funding, please ensure that you have been approved for membership for min 3 months prior to applying for funding.

Please be aware that all chapter programs/funding are subject to change and/or to the availability of funds. Applicants must meet all qualifying criteria in order to be eligible to receive Chapter Funding. This application form provides a brief overview of the Travel to Clinic Fund; for additional details, questions or information about other funding we provide, please visit the BC Chapter Website or contact the BC Chapter Administrator:

Email:
chshbc@shaw.ca

Voicemail:
778-230-9661

Website:
www.hemophiliabc.ca

ADDITIONAL TRAVEL RESOURCES

Families coming to BC Children's Hospital for medical appointments

1. **Hope Air** - Provides flights (for one parent and child) for children requiring scheduled medical treatment. General guideline is for a family making less than \$70,000 per year. - 1-877-346-HOPE (4673) – more info
<https://hopeair.ca/about/>
2. **Travel Assistance Program (TAP)** – Free ferry travel and discounted airline costs for appointments. – TAP forms can be collected by their local medical clinics or from the Peds clinic -
<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/travel-assistance-program-tap-bc>
3. **Friends of Children** - Families from the East Kootenay and Northern BC Region can access travel funding to attend appointments. - 1-866-564-2217 - www.friendsofchildren.ca
4. **In Trail - 'Gordy Steep Fund'** - Trail & area program assisting families financially who need to travel due to medical reasons, administered by the Kootenay Boundary Regional Health Foundation.
Contact the switchboard 250-364-3424 or Lisa Pasin 250-364-3495 or email: lisa.pasin@interiorhealth.ca. Possible one-time \$500 grant for Trail & area families.
5. **In Kaslo - 'Trust for Kids'** - An organization assisting families who need to travel due to medical reasons.
Contact Dave Boland 250-353-2500 or email: superdave@gmail.com.
Area served: Retallack to Trout Lake to Toad Rock. Adult assistance too: "Helping Hands Trust".
6. **BC Family Residence Program (BCFRP)** - Connecting children and families with medical care at BC Children's Hospital or Sunny Hill Health Centre for Children. This organization will book and pay for accommodation at Easter Seal House, Ronald McDonald House or hotels.
Please apply to BCFRP by answering the following questions below and send it directly to bcrfp@variety.bc.ca.
 - Patient's name:
 - Date of Birth:
 - BC Personal Health Number ie: Care Card (MUST HAVE ACTIVE MSP COVERAGE):
 - Home address (please include postal code). *MUST LIVE OUTSIDE OF THE LOWER MAINLAND to be eligible):
 - Cell/Home number:
 - Email address (hotmail often goes to junk folder):
 - Medical reason including DEPT. & PHYSICIAN patient is seeing at BCCH and/or Sunny Hill.
OFF-SITE appts are NOT eligible for coverage.
 - Appointment/Admittance dates:
 - Dates of required accommodation:
 - Name of guest's travelling with patient for this medical visit?:
 - Will you be travelling with a vehicle for this medical visit?:
 - Do you have a valid credit card for incidentals upon check in? (# is not required in this email. Not all of our hotel vendors require a credit card but specific hotels will request the cc upon check in).

BC FAMILY RESIDENCE PROGRAM CRITERIA & GUIDELINES

To be eligible for BCFRP you must:

- Be a resident of BC and have valid medical insurance coverage under the Medical Services Plan of BC.
- Have a child 18 years of age or younger, who is receiving medical care at BC Children's Hospital, including premature babies and other neonates.
- Live outside of the lower mainland.

For eligible families, The BC Family Residence Program covers accommodation costs for all eligible dates. BCFRP provides coverage for one room per family of patient.

The Eligible dates for accommodation coverage during a medical visit are as follows:

Appointments: Checking-in the day before the patient's confirmed appointment, until check-out the following morning after the appointment.

Multiple Appointments (must be within 7 days of each other to be considered as the same medical visit): Checking-in the day before the patient's first confirmed appointment, until check-out the morning after the last confirmed appointment – up to 30 days max.

Admittances: Checking-in the day before the patient's confirmed admittance, until check-out the morning after their discharge – up to 30 days maximum.

- If the patient has a confirmed appointment/s (pre-op etc.) within 7 days of their admittance, and/or if they have appointment/s (follow-ups etc.) within 7 days of their discharge, then BCFRP can cover accommodations from check-in the day before the first confirmed (pre-admission) appointment, until check-out the morning after the last confirmed (post discharge) appointment – up to 30 days max.

Please Note the Following:

*Often, Doctor's will ask families to stay close to the hospital for 'prep' or 'monitoring' without the patient having an officially scheduled appointment.

BCFRP cannot provide coverage for these 'extra' dates, or any other dates that fall outside of our eligibility criteria.

If a COVID-19 test is requested prior to an appt. or procedure and an additional night's accommodation is required, it must be listed as an appt. in the hospital system, to be eligible for coverage. If it is not listed, unfortunately, the BC Family Residence Program cannot cover any additional nights.

*Patients must have confirmed appointment/s, admittance, or discharge dates scheduled with BCCH, BCCA (Vancouver location only), Sunny Hill and/or Oak Tree Clinic to qualify for accommodation coverage with our program.

Appointment/s that take place off-site from the above listed facilities are not eligible for accommodation coverage with BCFRP (even if the appointment/s are scheduled with a BCCH Clinician/Doctor).

*BCFRP provides accommodation coverage for eligible dates up to 30 days maximum - Per Medical Visit.

Once the 30-day maximum coverage has been reached, the following criteria must be met to qualify for a New Medical Visit:

- The patient must not have any appointment/s, admittance/s or discharge dates scheduled with BCCH, BCCA or Sunny Hill for a total of 8 days. The family and patient must also have 8 days between their last BCFRP medical visit check-out date, and their new BCFRP medical visit check-in date.