



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



2024

We are unable to process incomplete applications
Please print clearly and mail to BC Chapter

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

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
- be a Canadian Citizen & Permanent Resident of BC with active MSP coverage (BC Care Card)
- 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) FVII, FIX, vWD**
- 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 (details on page 4 & 5)
- provide Original Receipts (if applicable)
- confirm that the information in this application form is true to the best of his/her knowledge

Applicant's Signature

Date

OFFICE USE ONLY - June 2024

Membership current		Application 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. Emergency visits, GP or specialist visits, etc. do not qualify under this funding. 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): _____

Hemophilia Assessment Clinic physician/nurse to fill out information below

Name of Patient attending scheduled Hemophilia Clinic Appointment:

Date of Appointment: _____, 2024

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 PAGES 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 options listed on pages 4 & 5.*

PLEASE READ CHECKLIST CAREFULLY & RETAIN THIS PORTION FOR YOUR RECORDS

1. **Page 1 to be filled out and signed by applicant**
Page 2 to be filled out and signed by Hemophilia Assessment Clinic physician/nurse
2. **Make sure you have applied for Chapter Membership** (printable from website)
3. **Receipts** - original, official receipt(s) only
4. **Verification 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, your membership must be current. If you have not renewed or applied for membership, please ensure that you submit an application for membership **prior to or included with your funding request application**.

Please be aware that all chapter programs are subject to change and availability of funding. 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