

Please complete form, attach all of the following and return to The Foundation of CVPH:

A copy of page one and two of your income tax return for the previous year

An itemized list of what likely travel expenses will be

Patient's Name

Date of Birth

Address

Phone Number

Travel Companion

Estimated Annual Household Income

Patient/Guardian's Employer

Describe Patient's Diagnosis

Date of Onset of Diagnosis

Physician Referring You Out of Area

Is this a second opinion

Where is care being provided?

Yes

No

What Fund are you applying for?

The April LaValley Fund - Patients with cystic fibrosis

Chelsea's Rainbow Fund - Pediatric patients with cancer

CVPH Travel Fund - Patients who require care outside of the area

Melissa Lahtinen-Penfield Fund - Organ donation & organ transplant

Roger Senecal Fund - Pediatric patients who require care outside of the area

Signature of Patient - if under 18, a guardian must sign

Please return this form to The Foundation of CVPH. A committee will review your application and you will be notified of the results. Please note that if you are approved, you will be asked to provide receipts for transportation expenses and food.

Reimbursement does not include alcohol. You will also need to provide proof of medical appointments.

If you have any questions, please contact The Foundation of CVPH at 75 Beekman St. Plattsburgh, NY 12901.

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