

LAO COMPASSION FUND APPLICATION

DATE: _____

REFERRED BY: _____

CRITERIA

Eligible lymphedema patients must apply in writing to the LAO outlining their need for financial assistance in the form of a letter and this completed form and any attached documents required as requested below

ARE YOU A CANADIAN CITIZEN OR PERMANENT RESIDENT ONTARIO:

YES/NO

HOW LONG: _____

OHIP# _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

PHYSICIAN (FAMILY DOCTOR) OR ONCOLOGIST: _____

PHONE NUMBER: _____

ADDRESS: _____

REFERRING LYMPHEDEMA TRAINED THERAPIST
NAME: _____

PHONE NUMBER: _____

ALTERNATE CONTACT: _____

PHONE NUMBER: _____

RELATIONSHIP TO CONTACT: _____

- ATTACH REFERRAL LETTER FROM FAMILY DOCTOR AND LYMPHEDEMA TRAINED THERAPIST
- PROVIDE NAME OF THE COMPANY AND THE POLICY NUMBER OF ANY HEALTH INSURANCE PROGRAMS, PRIVATE OR GROUP INSURANCE BENEFITS, INCLUDING LETTER OF CLAIM REFUSAL
- MUST PROVIDE PROOF OF INCOME STATUS, PROVIDING EVIDENCE OF COMBINED HOUSEHOLD INCOME (I.E. NOTICE OF ASSESSMENT, T1 OR ODSP STATEMENT)