

# B R E A T H E

the lung association

Lung Transplant Program  
Application

Please fax or email the completed form Attn: Lung Transplant Assistance Program  
to: (780) 488-7195 or [info@ab.lung.ca](mailto:info@ab.lung.ca)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Underlying Lung Disease:  CF  COPD  Pulm Fibrosis  Pulm HTN  
 Other: \_\_\_\_\_

Caregiver(s):

Name: _____
Phone Number: (____) _____
Email: _____

Name: _____
Phone Number: (____) _____
Email: _____

Financial Support Received Thus far:

Indian Affairs  AISH  AB Works  Kinsmen  Other: \_\_\_\_\_

Funding Details:

\_\_\_\_\_  
\_\_\_\_\_

Areas of Support Requested:

Grocery \_\_\_\_\_  Fuel \_\_\_\_\_  Parking \_\_\_\_\_

Social Worker contact information:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### *Patient Consent*

As an applicant of The Lung Association, Alberta & NWT Lung Transplant Assistance Program, you are consenting to give your contact information to The Lung Association, Alberta & NWT. You are also consenting that a staff member may contact you to arrange a meeting time to award the support gift to you.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_