



APPLICATION FOR TRANSPORTATION ASSISTANCE

Philae Shriners
PO Box 9050, Sta "A"
Halifax, NS B3K 5M7

Ph: (902) 454-7811
Fax: (902) 455-8963
Email: philaeshriners@eastlink.ca

PLEASE PRINT

_____ Last Name (patient) _____ First Name (patient)

_____ Address _____

_____ City _____ Province _____ Postal Code

Sex: Male Female Date of Birth: _____
DD MM YEAR

Name of Father: _____ Last Name _____ First Name _____

_____ Address (if different than patient's) _____

_____ City _____ Province _____ Postal Code

(902) _____ Telephone No. (home) (902) _____ Telephone No. (work) (902) _____ Telephone No. (other)

Email: _____

Name of Mother: _____ Last Name _____ First Name _____

_____ Address (if different than patient's) _____

_____ City _____ Province _____ Postal Code

(902) _____ Telephone No. (home) (902) _____ Telephone No. (work) (902) _____ Telephone No. (other)

Email: _____

Diagnosis: _____

Eligibility: Children up to age 18 who reside in Nova Scotia or Prince Edward Island are eligible to apply for transportation assistance provided the following criteria are met:

- 1.) The Child's condition must fall within the Shrine mandate of Orthopedic, Burns, Spinal Cord Injury or Cleft Lip & Palate.
- 2.) The child must be a patient of the IWK Grace Hospital for Children (Halifax), or the Nova Scotia Rehab Centre (Halifax)
- 3.) The child's family must reside in Nova Scotia or Prince Edward Island, and must be more than 50km away from the IWK or NS Rehab.

Date of Application: _____/_____/_____ **Referred By:** Shriner Non-Shriner
DD/MM/YYYY

Last Name First Name

Telephone No.: (902) _____ Fax No: (902) _____

Email: _____

Please Check All That Apply

Transportation Meals Ronald Mcdonald House Bracing / Orthotics

Other: _____
Explain

Legal Guardian: _____ Date: _____
Signature

Please Read

From time to time the Shine Clubs within the jurisdiction of Philae Shriners sponsor events that may be of interest to our Shrine Children and Families. This could include Christmas Parties, Picnics, Dinners and Magic Shows to name a few. If you would be interested in receiving information on such events please indicate below.

I, _____ give permission to Philae Shriners to share my name, address and telephone # with Shrine Clubs within Nova Scotia and Prince Edward Island.