



## **Travel Grant Application Instructions:**

### **WHAT IS A NEHI TRAVEL GRANT?**

A travel grant may consist of funds and/or vouchers (for airfare, hotel, transportation, etc.) for patient and family travel.

### **WHAT TRAVEL IS COVERED?**

The primary goal of the travel grant is to assist with necessary travel to NEHI specialist. For example, to have specialized tests, establish diagnosis, or make/improve care plan. NEHI patients and up to two guardians may be included.

### **HOW MANY TRAVEL GRANTS WILL BE AWARDED?**

Travel grants are awarded based on availability of funds and patient needs.

### **HOW WILL RECIPIENTS BE SELECTED?**

Applications are evaluated on a case-by-case basis.

### **HOW CAN I APPLY?**

Complete the attached application submit electronically to: [carly@nehiresearch.org](mailto:carly@nehiresearch.org). Please submit your application at least two weeks prior to planned travel. Please include a note from your referring doctor confirming the need to see the requested specialist. Please reach out to [carly@nehiresearch.org](mailto:carly@nehiresearch.org) if you have questions or any requests for exceptions.

Vouchers will be transferred before travel. Funds will be transferred as reimbursement once all necessary receipts are submitted.



## Travel Grant Application Form:

Application Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Date of Birth : \_\_\_\_\_

Name of Applicant (guardian): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Travel dates (must be at least 2 weeks from application date): \_\_\_\_\_

Amount Requested (grants are available up to \$2,500): \_\_\_\_\_

Does patient have an official NEHI Diagnosis? (please explain - biopsy, CT, etc.):

\_\_\_\_\_

Names of travelers (NEHI Patient and up to 2 guardians) and their relationship to patient:

\_\_\_\_\_

\_\_\_\_\_

Reason for travel (Diagnosis, further testing, treatment plan, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of referring doctor and hospital: \_\_\_\_\_

Doctor & Hospital you are traveling to: \_\_\_\_\_

Household income in US Dollars (circle one):

<\$30,000    \$30,001 - \$60,000    \$60,001 - \$100,000    >\$100,000

Number of dependents/children in household (circle one):

1    2    3    4    5 or greater

