



Caring Breaths Financial Assistance Programs Health Care Provider Referral Form

www.caringbreaths.ca

Who may you refer for the Caring Breaths Program?

- Individuals on a lung transplant journey (including primary caregivers)
- On a lung cancer journey (including primary caregivers)

To be eligible:

- Applicants must be a Saskatchewan resident
- All expenses must have been paid within the past 12 months. (Individuals may receive up to \$1000.00/calendar year in reimbursements. Priority is given to people with the greatest medical and financial need).

What expenses may be reimbursed?

Medical expenses

- Medical equipment: (for example but it is not limited to: blood pressure monitor with adapter, digital thermometer, digital scale, etc.)
- Medical equipment rental costs Note: Funding should be requested first through SAIL or SaskAbilities
- Home-based equipment for pulmonary rehabilitation

Travel and accommodations

- Travel and accommodations to attend medical care or appointments
- For travel/accommodations more than 50 km, please apply first to the Telemiracle Kinsmen Foundation

Fees and other eligible expenses

- Utility bills to maintain your primary Saskatchewan home while you are in Edmonton for transplant-related care
- Mortgage or rent, for your primary Saskatchewan home while you are in Edmonton for transplant-related care if you do not have other insurance
- Home maintenance costs paid to a private company while you are in Edmonton for transplant-related care, when:
 - the home is unoccupied, or
 - no one is living there who can reasonably manage home maintenance
- Home maintenance costs paid to a private company if you are unable to maintain your primary residence due to lung disease (pre- or post-transplant)
- Dependent care costs while you are in Edmonton for transplant-related care (for example: childcare, family care, pet care etc.)
- Pulmonary rehabilitation enrollment fees

In addition to this referral form, all applicants on a lung transplant or lung cancer journey (including their primary caregivers) must also complete our online application and upload copies of the receipts for the expenses they are requesting.

*A copy of the health provider referral form may be uploaded when the applicant is filling out their online application, or it may be emailed directly by you to caringbreaths@lungsask.ca.



Name/Professional Title: _____
Phone Number: _____
Email: _____
Date: _____

Please accept my letter of support for _____
(Name of Applicant)

The applicant is requesting financial support from the program because:

(Include information about the applicant's lung health related diagnosis and why they require the service/program/equipment/etc. they are requesting funding for.)

Signature of Health Care Provider _____

Provide the completed referral form to the applicant to include with their online application or email it to caringbreaths@lungsask.ca

Before the application will be reviewed, Lung Saskatchewan must receive each of the following items from the applicant:

1. Completed Application Form
2. Health Care Provider Referral Form (Current Form)
3. Receipts- Uploaded receipts of expenses being requesting for reimbursement.