

# FINANCIAL SUPPORT REQUEST - FONDATION HTAPQ



Nu. of Request: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Age : \_\_\_\_\_

Place of Residence (city): \_\_\_\_\_ Tel.: ( ) \_\_\_\_\_ - \_\_\_\_\_

## MEDICAL FOLLOW-UP

Which year did you received your pulmonary hypertension (PH) diagnosis? \_\_\_\_\_

In which hospital are you being treated for PH?

- Jewish General Hospital  
 Institut universitaire de cardiologie et de pneumologie de Québec (IUCPQ)  
 Other, specify: \_\_\_\_\_

Who is your PH doctor? \_\_\_\_\_

In which CLSC are you registered? \_\_\_\_\_

- Type of PH:  Pulmonary Arterial Hypertension (G-I);  PH due to left heart disease (G-II);  
 PH due to lung disease and/or chronic hypoxia (G-III);  Chronic thromboembolic PH (CTEPH) (G-IV);  
 PH due to blood and other disorders (G-V)

## MEDICAL EQUIPMENT USED

- Wheel Chair;  Walker;  Oxygen Concentrator;  C-PAP;  
 Safety Device (e.g.: shower and bath bar/chair, seat, etc.);  Other(s) (specify):

Details : \_\_\_\_\_

**IMPORTANT** : Contact the "Fondation" before purchasing or renting any equipment.

## DOMESTIC SITUATION

Your marital status?  Single;  Married;  Common law;  Separated/divorced;  Widower/Widow

Do you live alone:  Yes;  No

People under your care:  None;  Husband/Wife;  Spouse.  Other person(s)

Child/Children: How many? \_\_\_\_\_ For each child, please fill out the following table :

	Age?	Student?	Worker?	Invalid?		Age?	Student?	Worker?	Invalid?
Child Nu. 1					Child Nu. 4				
Child Nu. 2					Child Nu. 5				
Child Nu. 3					Child Nu. 6				

## FINANCIAL SITUATION

**INCOME:** (Use your most recent income tax « avis de cotisation » issued by Revenu Québec)

**PH Patient:** - What is your total income declared on line 199? \$ \_\_\_\_\_

- What are the sources of your income?  Work;  Retirement annuity;  Social Assistance;  
 Salary Insurance;  Québec Disability Pension;  Quebec Pension Plan/Old-Age Security;  
 Guaranteed Income Supplement (GIS);  Other(s), specify: \_\_\_\_\_

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**Family Income:** (Include incomes of all family members living with you in your calculations)

- What is the total family income? (total of all lines #199 Qué): \$ \_\_\_\_\_

**Mandatory:** (All copies of the most recent income tax « avis de cotisation » issued by Revenu Québec must be included)

## PHARMACARE PLAN

According to which pharmacare plan are you covered?

- Your own collective plan;  Your spouse or parents' collective plan;  
 RAMQ (Québec Pharmacare Plan);  The RAMQ Program « Patient d'exception »

What is the annual cost of your deductible? \$ \_\_\_\_\_ (1)

What is the cost of your monthly co-payment: \$ \_\_\_\_\_ X 12 months = \$ \_\_\_\_\_ (2)

**Mandatory:** Include first bill of the year

**Total (1 + 2):** \$ \_\_\_\_\_

## OXYGEN NEEDED

What is the monthly rental cost of your pump/tank? \$ \_\_\_\_\_ X 12 months = \$ \_\_\_\_\_ (1)

What is the cost of a refill? : \$ \_\_\_\_\_ X How many refills per year? \_\_\_\_\_ = \$ \_\_\_\_\_ (2)

**Mandatory:** Include the supporting documents

**Total (1 + 2):** \$ \_\_\_\_\_

## COST OF A HOSPITAL VISIT

What is the distance (one-way) between your home and the hospital you are treated for PH? \_\_\_\_\_ km

a) Public transportation: \$ \_\_\_\_\_

b) Parking: \$ \_\_\_\_\_

c) Fuel: \$ \_\_\_\_\_

d) Meals (if required): \$ \_\_\_\_\_

e) Lodging (is required): \$ \_\_\_\_\_

Total amount for one visit (a+b+c+d+e) = \$ \_\_\_\_\_

X Number of planned visits in one year = \$ \_\_\_\_\_

**Total / year =** \$ \_\_\_\_\_

## HOME SUPPORT NEEDED (Use a separate page if needed.)

Specify details (e.g.: house cleaning, laundry, meals, hygiene, etc.) and list incurred costs.

**Mandatory:** Include the supporting documents.

## OTHER NEEDS (Use a separate page if needed.)

Specify details and list incurred costs.

**IMPORTANT:** Do not incur costs before submitting your request.

**Mandatory:** Include the supporting documents (cost estimation).

**TOTAL AMOUNT OF MY REQUEST: \$** \_\_\_\_\_

By signing this document, I authorize the "Fondation HTAPQ" to contact my PH doctor if need be.

**Date**

**Signature**

**City**

**Note:** Send your request with all necessary documents to the following address:

Fondation HTAPQ, c/o Mrs Andrée Trépanier, r.n.  
1285 rue Rolland, Verdun (Qc) H4H 2G5

For more information or for help filling up the form, contact:

Mrs Andrée Trépanier, r.n.

By phone: (514) 732-0161

By email: andreetrepanier@videotron.ca