

DUCKLINGS TRAVEL, INC.

APPLICATION

Ducklings Travel has a very specific mission. We will consider applicants that have non-life threatening, yet debilitating, medical conditions that require extensive travel and distant medical treatment. All applicants MUST be under the age of 18-years old. It is preferred that the following application be received by Ducklings Travel, Inc. 4-6 weeks prior to the anticipated treatment date to allow Ducklings Travel, Inc. to process the request.

ALL sections must be completed before submission.

Child's Information

Name: _____

DOB: _____

Legal Guardian's Information

Name: _____

Phone: _____

Email: _____

Treatment Location: _____

Anticipated Treatment Date and Duration: _____

Medical Provider(s) Name: _____

Medical Facility Name: _____

Assistance Requests (Check All That Apply):

___ Transportation (Air, Car Rental, etc.)

___ Lodging

___ Food

___ Other (Please Specify): _____

Please Note: ALL applicants must be submitted with a letter of verification from a medical provider. Verification is to include location and dates of anticipated treatment along with the performing medical provider's credentials. Patients medical condition (diagnosis and prognosis) is NOT required, as this is a violation of HIPAA, however, you may include this information if you do so wish. Medical care providers/facility may be contacted by Ducklings Travel, Inc. for verification of treatment location and date of care ONLY.

Legal Guardian Name

Date

Legal Guardian Signature

Date

DISCLAIMER and CONSENT

While Ducklings Travel will make every effort to assist patients with their travel expenses, we cannot guarantee to cover all travel expenses incurred. Applications will be reviewed on a case by case basis by the Ducklings Travel, Inc. 's board members, based entirely on the scope and nature of applicant's non-life threatening, yet debilitating, medical conditions.

An application is required for each treatment, with no guarantee for assistance for each request. Granted travel arrangements will be made through Ducklings Travel, Inc. to a limited extent. If applicable, we will make air, rental car, and hotel arrangements at our discretion. Food stipends

will be rewarded on a case by case basis. The above-signed acknowledges that no promises or assurances whatsoever have been made by any representative of Ducklings Travel, Inc. regarding the requested travel accommodations. Under no circumstances will Ducklings Travel, Inc. grant recipients checks and/or cash as means of financial assistance. Financial assistance may include, but is not limited to, the following forms: prepaid airfare, prepaid hotel stays, and/or food stipends.

The above-signed further understands that completion of this form, and personal information provided therein, is voluntary and will not affect your application consideration by Ducklings Travel, Inc. Ducklings Travel, Inc. may use your provided information to process your application, administer and manage your request for travel accommodations, and for internal use to determine your request(s) while establishing your family's needs with regard to granting travel accommodations.

PLEASE MAIL OR EMAIL COMPLETED APPLICATIONS TO:

MAILING ADDRESS

EMAIL

DUCKLINGS TRAVEL
PO BOX 1416
ESTERO, FL 33929

INFO@DUCKLINGSTRAVEL.ORG

