

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 and mail to the address below or submit electronically to: carly@nehiresearch.org. Please submit your application at least six weeks prior to planned travel. Please include a note from your referring doctor confirming the need to see the requested specialist.

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

Mailing Address: 9521 B Riverside Pkwy Box# 369 Tulsa, OK 74137



Travel Grant Application Form:

1 2 3 4 5 or greater

Application Date	e:	-			
Patient Name:_	cient Name:Patient Date of Birth :				
Name of Applica	ant (guardian):				
Address:					
City:		State:	Zip Code:		
E-mail address:			Phone:		
Travel dates (m	ust be at least 6 weeks f	from application date	9):		
Amount Reques	sted (grants are available	e up to \$2,500):			
Does patient ha	ve an official NEHI Diag	nosis? (please explai	n - biopsy, CT, etc.):		
Names of travel	lers (NEHI Patient and u	p to 2 guardians) and	their relationship to patier	nt:	
	el (Diagnosis, further tes				
Name of referri	ng doctor and hospital:				
	tal you are traveling to:				
Household inco	me (circle one):				
<\$30,000	\$30,001 - \$60,000	\$60,001 - \$100,00	00 >\$100,000		
Number of depe	endents/children in hou	sehold (circle one):			



escription of Request and Statement of Financial Need (attach additional pages as necessary)				