**DUCKLINGS TRAVEL, INC.**

**APPLICATION**

Ducklings Travel has a very specific mission. We will only consider applicants the 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.

ALL sections must be completed before submission.

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**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 applications must be submitted with a letter of verification from medical care 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 the 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.

The above-signed further understands that the granting of any travel assistance and the authority to participate therein by any person is contingent upon approval by the Ducklings Travel, Inc.’s board, and compliance with all conditions, qualifications, pre-requisites and restrictions imposed by Ducklings Travel, Inc., which includes submission of this application.

The above-signed 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 INFO@DUCKLINGSTRAVEL.ORG

PO BOX 1416

ESTERO, FL 33929