REFERRAL FORM[redacted]

HAITI CHOLERA RESEARCH FUNDING FOUNDATION INC

4700 Lucerne Lakes Blvd West #604
Lake Worth, FL. 33467
Ph: 561-577-2698
Fax: 561-658-7868
Tax ID 46-3860026

501 C 3,ECOSOC Special 2017, UNMGCY,NGO ACCR.IYF

Referral Source: MD_____MSW_____Hospital_____

Client Info: Name:_____ Address:_____
Phone:_____ DOB:_____Emergency Contact:_____
MD Info: Name:_____Address:_____
Phone:_____Fax:_____UPIN:_____

APPLICANT RESPONSIBILITIES & SIGNATURE

Please read each statement carefully and check either Yes or No

1. Yes No. I understand that I may request a Fair Hearing if I am not satisfied with the decision regarding my application for free non-emergency transportation.
2. Yes No. I may also request a Fair Hearing if I feel that I have been discriminated against because of race, color, national origin, sex, age, religion, or political belief, or because I am disabled.
3. Yes No. I understand that I may be asked to verify any or all information on this application form or to provide additional information and that failure to provide this verification or information will result in denial.
4. Yes No. I understand that alterations on this form must be initialed by me or the application may be denied.
5. Yes No. I understand that the following expenses must be approved before the trip is taken Only Palm Beach County.
6. Yes No. I understand that this completed application, including all required verification must be received by HCRFF office no later than 24 hours of the Medical appointment for which I requesting.
7. Yes No. I understand that my signature means that I've read, or had someone read to me, all statements on this form and that I understand all questions.
8. Yes No. I understand that travel expenses from city to city does not include waiting ten to fifteen minutes for a taxi. Clients will be charged a separate bill to cover the difference.
9. Yes No. I understand that HCRFF is not responsible for any item left in taxis or vehicles in a car accident.

VERIFICATION OF TRAVEL

Patient's Name:_____
Purpose of Visit: Routine_____ Follow-up_____ Walk-in_____ Initial_____
Date of appointment_____Time of appointment_____
Transportation: Taxis_____
Client's Signature_____