



32 Strawberry Hill Court, Suite 11
Stamford, CT 06902 USA
(203) 276-5949

Application for Care-18 and Older

We look forward to considering your application. As you provide the information requested below, please note the request at the end of the application for a brief health history along with back-up documentation. *Note, too, that we rely on telemedicine to provide care for young adults with CF who are 18 and over; travel to the U.S. is not an option.*

Please understand that none of the information you share below will disqualify you from consideration as long as it is truthful and accurate. To comply with U.S. government rules, if we find any misleading statements or documentation in what you send, we will be permanently unable to consider your application.

Please provide the following:

Full legal name of individual with CF (as seen on passport):

Your first and last name if you are the parent or caregiver:

Primary Whatsapp number: _____

Primary email address: _____

For individual with CF:

Date of birth: _____

Place of birth: _____

Complete home mailing address:

Description of daily medical treatment:

Description of any diagnoses besides CF:

Level of education, profession, and annual family income (*A reminder that honest income numbers will not be disqualifying, but inaccurate numbers will be*):

Level of English fluency (circle one): Fluent Some English No English

Three additional individuals who we may keep on file as contacts (please include name,

Whatsapp number, and email address for each):

1. _____
2. _____
3. _____

Local doctor's first and last name: _____

Local doctor's Whatsapp number and email address: _____

Name and complete postal address of hospital or CF clinic:

Your level of English fluency (circle one): Fluent Some English No English

Please include the following with your application:

- Photo of individual with CF (for I.D. purposes)
- A brief explanation for why you want to receive medical care from a U.S.-based care team
- A brief health summary for you, written by your physician and translated into English
- The following health records:
 - 1) sweat test results
 - 2) stool elastase results
 - 3) results of any genetic testing

4) blood work with vitamin levels

5) copy of a recent chest x-ray