

Welcome to the BC Cystic Fibrosis Subsidy Program - Application Form 2024

Before filling out the form:

- Please review the approved list of medications and devices that are currently approved under the program. You can see the full list at the foot of this document [here](#).
 - Ensure you have clearly legible pictures or scans of your receipts/proof-of-purchase for all applicable medicines, devices, travel, and/or accommodation.
 - The form has a built in '**save and return**' function. You will be issued a unique code when first accessing the form that can be used to save your progress and return later.
 - If claiming for travel and/or accommodation, you will need to submit a signed CF clinic confirmation document. This document can be downloaded from the website [here](#).
 - Please note that the form does not issue auto-generated emails to confirm receipt of your application. Once you click submit, your application will be received by the CF Care team and will be processed in due course.
 - If you have any queries or issues, please contact cfgrant@phsa.ca
-

Step 1. Access the link to the form.

The link is currently nested on the CFCBC Website, seen here below:

3. Proceed to the application form.

LINK: [BC CF Subsidy Application Form](#)

Questions? Please email CFCBC at cfgrant@phsa.ca

The form can also be accessed from here:

<https://ext-qiga.bcchr.ca/redcap/surveys/?s=NFF4FHKHPFECFARL>

Step 2. Please review the subsidy program policy carefully.

When ready, click 'Next Page'



Resize font:
⊕ | ⊖

[Returning?](#)

If you're using Microsoft Edge, please switch to Google Chrome, or Firefox, as Edge is known to have compatibility issues with REDCap.

Page 1 of 3

BC Cystic Fibrosis Subsidy Program Application Form 2024

[Cystic Fibrosis Care BC \(CFCBC\)](#) is a provincial health improvement network. It provides a multidisciplinary approach to cystic fibrosis (CF) care that can help patients stay healthy longer.

As of June 2024, CFCBC now oversees the administration of the BC CF Subsidy Program, a grant from the BC Ministry of Health and program ("Program") to assist individuals and their families with medication, travel and accommodation costs related to CF related care.

To be eligible for support, individuals must attend a BC CF clinic at least once every year.

The application and reimbursement process is on-line only, using a platform compliant with current privacy standards. Only expenses incurred in the current calendar year will be eligible for reimbursement. Claims are reimbursed on a first come, first serve basis while funds are available. The platform closes when funds are exhausted and re-opens in the next calendar year. Applicants may experience significant wait times between applying and reimbursement.

Next Page >>

Save & Return Later

Step 3. Fill in the details of the person for whom the medications were prescribed.

Note: If you are a parent/guardian filling the form out on behalf of the CF patient, you will be asked to provide your details in the next section.

Information

Date of Application: (The date you are submitting your application)
 * must provide value
 07-04-2024 Today M-D-Y
 (MM-DD-YYYY)

Applicant Details:
(person for whom the medications were prescribed)

First Name: **Last Name:**

Phone Number: **Date of Birth:** Today M-D-Y

Email address:

Address:

Unit/house number:

Street address:

City:

Province: BC

Postal code:

Step 4: Confirm who the cheque will be made out to:

If the payment will be made out to someone other than the CF patient, select **'No'**. Enter their details in the fields that appear:

Primary CF clinic attended:

Date of last clinic visit: Today M-D-Y

Will the reimbursement cheque be made out to the applicant? Yes No reset

Relationship to patient: * must provide value

Please provide the details of the person the cheque will be addressed to:

First Name: **Last Name:**

Phone Number: **Date of Birth:** Today M-D-Y

Email address:

Is the payee's address the same as the applicant's? Yes No reset

If the payee address is also different, select **'No'** and complete the fields that appear.

Is the payee's address the same as the applicant's? Yes No reset

Please enter payee address:

Unit/house number:

Street address:

City:

Province:

Postal code:

Step 5. What will you be seeking reimbursement for?

The form is separated into the following sections:

- **Medicines**
- **Medical Devices**
- **Travel**
- **Accommodation**

Tick the box next to any of the fields you will be including in your application, then click 'Next'

Note: You can return to add more sections as needed using the '**Previous Page**' button

Please select which categories you will be including in this application:
* must provide value

Medicines
 Medical Devices
 Travel
 Accommodation

For this example, we will select all options.

Please select which categories you will be including in this application:
* must provide value

Medicines
 Medical Devices
 Travel
 Accommodation

Click '**Next Page**'

Medicines

Here you will be presented with a set list of medicines that are currently approved under the subsidy scheme.

Step 1. Review the Subsidy policy

Medicines

The following section contains a set list of medications currently approved for reimbursement under the subsidy program. To complete this section, please note the following:








- Tick the box next to each applicable medication, then detail the **purchase date** and **cost** of each.
- There are upload fields at the bottom of the list for you to include a **clear picture OR scanned copy** of **all prescription receipts** as proof of purchase.
NOTE: You can include **multiple receipts** in each image/scan - a picture of the receipts taken from your phone is acceptable once the contents are legible.
- Any medication you wish to claim that is **not included** in the set list can be detailed at the foot of the form. Specify the title, date of purchase, total cost, and upload a clear picture or scan of the prescription receipt(s).
NOTE: As above, you can include multiple receipts in each image or scan
- Approval for any medications that are not included in the set list will be granted at the discretion of the CF Subsidy team

Individuals and their families are strongly encouraged to maximize all other opportunities (pharmacare, extended health benefit plan, co-pays etc.) for coverage and funding **before** applying for reimbursement under the Program.

Please note: Reimbursement for medications will be made to a maximum of \$1,500 per eligible applicant per calendar year.

Step 2. Tick the box next to each applicable medicine, enter the exact purchase date, and the exact payment amount (correct to 2 decimal places).

Select all applicable medications below:

Medication Title:	Purchase Date:	Cost
<input type="checkbox"/> Amoxicillin (Clavulanic acid (Clavulin™))	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
<input type="checkbox"/> Azithromycin (Zithromax)	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
<input type="checkbox"/> Aztreonam for inhalation (Cayston®)	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
<input type="checkbox"/> Beclomethasone (Beconase)	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
<input type="checkbox"/> Bisacodyl (Dulcolax)	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
<input type="checkbox"/> Budesonide (Pulmicort)	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
<input type="checkbox"/> Budesonide /formoterol (Symbicort®)	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>

Sample entries for reference:

Select all applicable medications below:

Medication Title:	Purchase Date:	Cost
<input checked="" type="checkbox"/> Amoxicillin (Clavulanic acid (Clavulin™))	07-01-2024 Today M-D-Y	55.88
<input checked="" type="checkbox"/> Azithromycin (Zithromax)	03-15-2024 Today M-D-Y	90.22
<input type="checkbox"/> Aztreonam for inhalation (Cayston®)	<input type="text"/> Today M-D-Y	<input type="text"/>
<input checked="" type="checkbox"/> Beclomethasone (Beconase)	01-15-2024 Today M-D-Y	100.56
<input type="checkbox"/> Bisacodyl (Dulcolax)	<input type="text"/> Today M-D-Y	<input type="text"/>

The totals for all selected medicines will calculate at the foot of the list.

Note: The max value a patient can claim for medicines in a calendar year is \$1500

Voriconazole (Vfend) Today
M-D-Y

Total medication cost: 246.66
Reimbursement will not exceed maximum allowable per calendar year (\$1500)

Please attach images or scans of all prescriptions listed above.
You can include **multiple receipts per image/file** - a picture taken from your phone is acceptable once it is legible.
If you cannot fit all prescriptions and receipts into one image or file, you may also use **upload field (2) & (3)**.
[Upload file](#)

Medicine Upload field (2).
[Upload file](#)

Medicine Upload field (3).
[Upload file](#)

Step 3. Any medication(s) purchased that are not currently included in the set list can be added to this field:

Please list any medications, NOT LISTED ABOVE, you wish to include with this application.
They may be considered for reimbursement at a future date if funds are available.

Expand

Medicine title, date of purchase, cost

Please attach scans of prescriptions NOT included in the set medication list.
[Upload file](#)

These items may be considered for reimbursement later.

Please specify the **title**, **date of purchase**, and **cost** of each.

Note: You will need a prescription/proof of purchase for every selected medication (including those not currently covered by the program).

Step 4. Uploading receipts/prescriptions

4.1 To upload your receipts/prescriptions, please first ensure the file(s) are saved to a convenient location on your device.

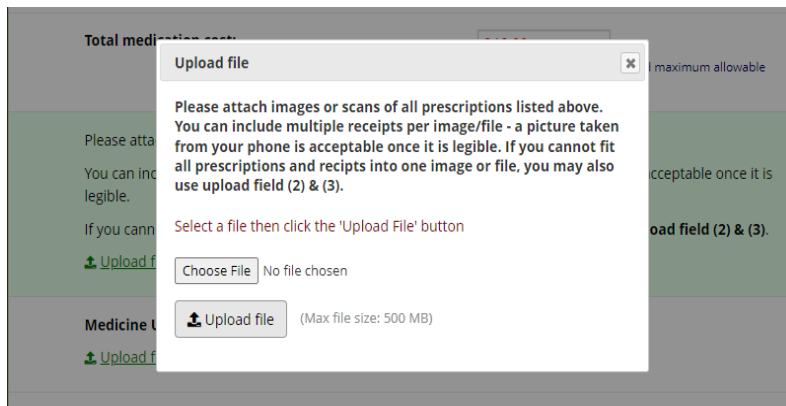
Note: You can *scan* or *take a picture* of your receipts.

As upload fields are limited, we advise that you upload multiple receipts to each **PDF** or **JPEG** file.

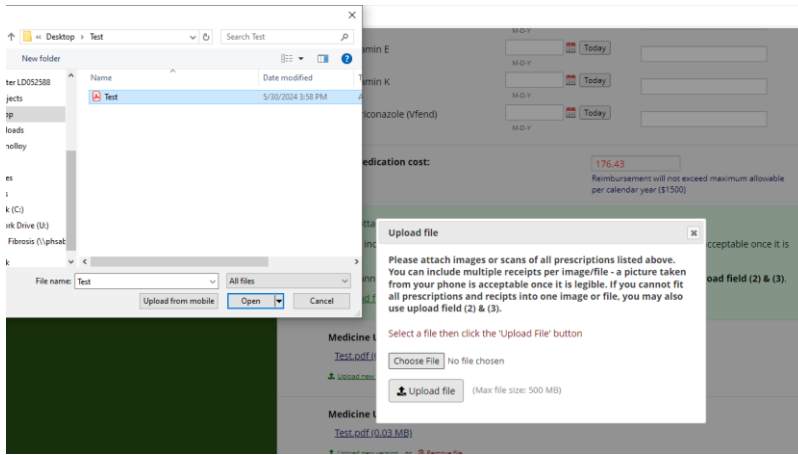
Please ensure each receipt is clearly legible.

4.2. Click the 'Upload File' button.

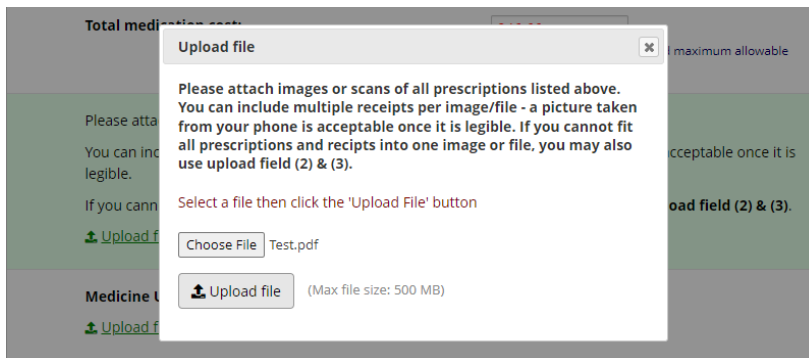
This window will appear:



Select '**Choose File**' and navigate to the location your files have been saved.



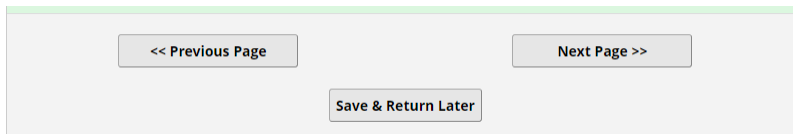
Select the file, click **'Open'**. Once the file has appeared next to the 'choose file' button, click 'Upload'.



If you are experiencing issues uploading your files, your file may be the wrong file type, or may exceed the 500MB size limit.

Please forward the file to Cfgrant@phsa.ca stating your name and record ID of your application.

Once your receipts/prescriptions have been uploaded, you can progress to the next section, return to the previous page, or save your progress and return later.



Medical Devices

As detailed above, please specify any medical devices you wish to include in your application.

Medical Devices

Please note that only devices listed within the following menu and purchased in the current year will be eligible for reimbursement, up to a **maximum of \$300 per calendar year**.

Please ensure that you have explored **all other resources (pharmacare, extended health benefit plan, co-pays etc.)** before submitting an application to this program.

- Tick the box next to each applicable medical device, then detail the **purchase date** and **cost** of each.
- There are upload fields at the bottom of the list for you to include a **clear picture OR scanned copy** of all prescription receipts as proof of purchase.
NOTE: You can include **multiple receipts in each image/scan** - a picture of the receipts taken from your phone is acceptable once the contents are legible.

Device name:	Device purchase date:	Device cost:
<input type="checkbox"/> Compressor	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Nebulizer	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Aerochamber	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Freestyle Libre Sensor	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Dexcom Sensor	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Lancets	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Pen Needles	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Diabetic Test Strips	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Physiotherapy Equipment (PEP, Acapella, Mask)	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>

8.1. Tick the box, specify the date and purchase cost.

Device name:	Device purchase date:	Device cost:
<input checked="" type="checkbox"/> Compressor	03-07-2024 <small>M-D-Y</small> Today	125.66
<input type="checkbox"/> Nebulizer	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Aerochamber	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input checked="" type="checkbox"/> Freestyle Libre Sensor	04-08-2024 <small>M-D-Y</small> Today	507.00
<input type="checkbox"/> Dexcom Sensor	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Lancets	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Pen Needles	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Diabetic Test Strips	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>
<input type="checkbox"/> Physiotherapy Equipment (PEP, Acapella, Mask)	<input type="text"/> <small>M-D-Y</small> Today	<input type="text"/>

Total cost of medical devices: Reimbursement will not exceed \$300 in a calendar year

8.2. Repeat the instructions above to upload your receipts.

Please attach images or scans of all medical device prescriptions listed above.

You can include **multiple receipts per image/file** - a picture taken from your phone is acceptable once it is legible.

If you cannot fit all prescriptions and receipts into one image or file, you may also use **upload field (2)**.

[📎 Upload file](#)

Medical Device upload field (2)

[📎 Upload file](#)

Travel

Review the travel reimbursement policy carefully

Travel

The Program assists with travel and accommodation costs related to attending a CF clinic (including specialized outpatient testing and procedures), and/or hospitalization for CF-related illness.

- Travel and accommodation arrangements are to be made by the individual with CF or his/her family.
- The Program provides coverage for an eligible patient (child or adult) and one caregiver, where medically necessary.
- The "Clinic Visit Confirmation" form, signed by the CF clinic, must accompany each individual claim for travel and/or accommodation.

When possible, patients and families are encouraged to use other medical travel supports before accessing the BC CF Subsidy Program. Examples are the Travel Assistance Program (TAP) and Hope Air.

- People on provincial disability benefits (PWD) also get assistance for non-local medical travel. Ask your CF social worker or team for information on medical travel support programs and whether you might qualify.
- In the case of an extended hospital stay, special arrangements for caregiver accommodation may be possible by first contacting your clinic social worker.

Air:

The Program will reimburse 50-80% of commercial airfare depending on the region you live in (for example those who must travel greater distances receive greater coverage) or mileage, whichever is less.

- 50% coverage for Interior Health
- 80% coverage for Northern Health

Bus:

The program will provide reimbursement for round trip bus fares.

Personal car:

Mileage will be paid at 30 cents per kilometre, based on a minimum 150 km round trip from the applicant or caregivers home to the required facility.

Please note: The program does not cover parking, taxi fare or tolls. Ferry costs are covered by the TAP program.

9.1. Indicate if you/the patient was accompanied by a caregiver

Please indicate if applicant was accompanied by caregiver

* must provide value

Yes

No

reset

Clinic attended:	Mode of transit:	Mileage (km):	Date of visit:	Cost:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Today M-D-Y	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Today M-D-Y	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Today M-D-Y	<input type="text"/>

9.2. Detail the following:

Clinic attended: (St. Paul's / BCCH / RJH / VicGen)

Mode of Transit: (Car / Bus / Air / Ferry)

Mileage (KM): (Total km travelled)

Date of Visit:

Cost:

Clinic attended:	Mode of transit:	Mileage (km):	Date of visit:	Cost:
St. Paul's Hospital	Car	130	04-11-2024 Today	115.00
Royal Jubilee Hospital	Bus	200	01-10-2024 Today	80.23
Victoria General Hospital	Air	300	03-05-2024 Today	520.33
BC Children's Hospital	Ferry	400	05-28-2024 Today	112.99

9.2. Upload your receipt(s)

Total travel cost:				828.55
Mileage total (km):				1030
Please attach a picture or scanned copy of your airline/ bus ticket, or gas receipt (1)				
Upload file				
Airline / bus ticket / gas receipt upload field (2)				
Upload file				
Airline / bus ticket / gas receipt upload field (3)				
Upload file				

Accommodation

Step 1. Review the accommodation reimbursement policy carefully.

Accommodation

Patients of BC Children's Hospital (aged 18 years and under): The Ministry of Health Services and Provincial Health Services Authority has introduced an accommodation assistance program called the B.C. Family Residence Program. It is administered by Variety - The Children's Charity and provides subsidized accommodation for families for up to 30 days per stay.

Arrangements are made through Variety for accommodation in special housing facilities such as Ronald McDonald House, Easter Seal House or alternate locations that meet their criteria. Call 1-866-496-6946 (8am to 4pm Monday to Friday) or visit: <http://www.variety.bc.ca/>

For all other patients/families (including adults) unable to make the round trip to their CF clinic in one day, the cost of one night of accommodation (except in special circumstances) at Easter Seal House will be covered or, in the case of a hotel, costs to a maximum of \$150.

Please attach a picture or scanned copy of your accommodation receipt(s)

[Upload file](#)

Accommodation receipt(s) upload field (b)

[Upload file](#)

Step 2. Upload your accommodation receipt.

2.2. Note: If you are seeking reimbursement for travel costs you are required to submit a **signed CF clinic visit confirmation document** as proof of your attendance.

This form can be downloaded from the CF Care website [here](#) and should be signed by one of the clinical staff during your visit.

Step 3. You can upload the document here:

Please upload the "CF Clinic Visit Confirmation" signed by the clinic to confirm your visit

* must provide value

[Upload file](#)

<< Previous Page Submit

Save & Return Later

Step 4: Once you are satisfied you have entered all relevant data, click **'Submit'**.

Completion


Once you click submit, you will be presented with this screen:

Close survey

Thank you for completing the BC CF Subsidy application form.

Your application has been forwarded to the CF Care team for processing.

If you have any queries regarding your application please contact CFgrant@phsa.ca

 You may return to this survey in the future to modify your responses by navigating to the survey URL and entering the code below.

Return Code:

Note: The form does not issue emails to confirm receipt of your application.

Once you click submit, your application has been received by the CF Care team and will be processed in due course.

As the subsidy operates on a first come, first served basis, applications will be processed in the order in that they have been received.

If any details on your application are missing or unclear (i.e. receipts, purchase dates/cost, personal details) you will be contacted by the CF care team directly.

If you have any queries regarding your application, or have receipts you were unable to upload to the form, please contact cfgrant@phsa.ca

Medicines currently approved under the BC Subsidy program:

Amoxicillin (Clavulanic acid (Clavulin™)
Azithromycin (Zithromax)
Aztreonam for inhalation (Cayston®)
Beclomethasone (Beconase)
Bisacodyl (Dulcolax)
Budesonide (Pulmicort)
Budesonide /formoterol (Symbicort®)
Calcium carbonate
Cephalexin (Teva-cephalexin / Novo-lexin)
Ciclesonide (Alvesco)
Ciprofloxacin (Cipro®)
Cisapride (Prepulsid)
Clindamycin (Dalacin®)
Colistin /colistimethate (Coly-Mycin™)
Cyproterone
Dexlansoprazole
Dornase alfa (Pulmozyme®)
Doxycycline (Doxytab / Doxycin tab)
Elemental Formula (Peptamen 1.5, Peptament Jr, Vivonex Ten, Vivonex Pediatric)
Emla Cream (Lidocaine/Prilocaine)
Esomeprazole
Famotidine (Pepcid)
Ferrous Fumarate (Palafer)
Ferrous gluconate
Ferrous sulfate (Fer-in-sol)
Fluconazole
Fluticasone furoate / vilanterol (Breo)
Fluticasone propionate / azelastine (Dymista)
Fluticasone propionate / salmeterol (Advair)
Hypertonic Saline (Hypersal® / Nebusal™)
Infant formula (Puramino A%2B)
Insulin (all types)
Itraconazole (Sporanox®)
Lactulose (Lactulose)
Lansoprazole
Linezolid
Magnesium citrate (Citro-Mag

Minocycline
Mometasone / formoterol (Zenhale)
Mometasone (Nasonex)
Montelukast
Multivitamins (MVW™ / Centrum / Centrum Forte / prenatal)
Mupirocin (Bactroban®)
Nabilone
Nutritional supplements(Boost™ /Ensure™ /Scandishakes® /Glucerna)
Nutritional supplements(Carnation Instant Breakfast / Resource 2.0)
Nystatin
Omeprazole (Losec™)
Ondansetron (*special authority must be in place, please have this indicated on prescription)
Oseltamivir
Pantoprazole magnesium (Tecta)
Pantoprazole sodium (Pantaloc)
Pneumococcal conjugate vaccine (Pevnar-13)
Pneumococcal conjugate vaccine (Pevnar-20)
Polyethylene Glycol 3350 (PEG 3350) - (RestoraLAX® / Lax-a-day™ / MiraLax)
Polyethylene Glycol 3350 (PEG 3350) - (Golytely / Colyte / PegLyte /Pico-Salax)
Posaconazole
Prednisone
Prucalopride (Resotran)
Rabeprazole /Rabeprazole Sodium (Pariet)
Ranitidine
Rifampin (Rofact®)
RSV Vaccine
Salbutamol (Ventolin® / Airomir)
Sodium chloride capsules
Tiotropium (Spiriva Respimat / Spiriva Handihaler)
Tobramycin (TOBI® / TOBI Podhaler)
Transexamic acid
Trimethoprim / sulfamethoxazole / cotrimoxazole (Sulfatrim™ /Septra)
Ursodiol / Ursodeoxycholic acid (Urso)
Vancomycin (Vancocin®)
Vitamin D
Vitamin E
Vitamin K
Voriconazole (Vfend)

Medical Devices currently approved under the BC Subsidy program:

Compressor

Nebulizer

Aerochamber

Freestyle Libre Sensor

Dexcom Sensor

Lancets

Pen Needles

Diabetic Test Strips

Physiotherapy Equipment (PEP, Acapella, Mask)