



Family Grant

Children diagnosed with complex spinal deformity often face multi-systemic challenges. With the varied treatment options available, it is sometimes difficult for families to commit to a long-term treatment plan. The Chest Wall and Spine Deformity Research Foundation (CWSDRF) Family Grant aims to assist families with this decision by providing travel and hotel support to obtain a respected expert opinion.

Families are able to apply for the grant through the Research Foundation. Experienced physicians who are members of the CWSD Study Group will participate in the approval process, ensuring that those families with complex needs can be evaluated in a timely manner.

Patient Name *(last)* *(first)* DOB *(m/d/yy)*

Parent/Legal Guardian Name *(last)* *(first)*

City State

Email

Telephone

Referral Source

Primary Care Physician Name Institution

Phone #

Orthopaedic Surgeon Name Institution

Phone #

I certify that the referring physician listed above recommends that we obtain expert opinion

Please provide a brief medical history of your child including diagnosis, previous treatments/surgeries.

Please attach copy of most recent full spine xray (AP/lateral)

Please attach copy of pertinent medical records

I authorize the Chest Wall and Spine Deformity Research Foundation to discuss and share medical information on this form with participating Foundation reviewers and referral source for the purposes of evaluation.

Parent/legal guardian e-signature

Date

Applications should be returned to tricia.cwsd@gmail.com and will be accepted and reviewed on a rolling basis.

Only travel and hotel for initial evaluation will be reimbursed (parent/caregiver and child only). Care is not eligible for reimbursement. Multiple trips are not eligible for reimbursement.