

Trans Hope Fund – Medical Note

The Trans Hope Fund offers financial support up to \$200 to transgender & gender diverse individuals accessing gender-affirming care 50km or more from their place of residence. This form may be signed by a physician, psychiatrist, psychologist, social worker or other service provider who is located 50km or more from the individual making the application.

Client (Preferred) First Name	Client Last Name	
Street Address	City, Province	Postal Code

Practitioner's Name		
Name of Clinic / Practice (Stamp)	Type of Service: <input type="checkbox"/> Physician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Other: _____	
Street Address	City, Province	Postal Code
Phone Number	Contact Email	
Client's Completed Appointment Date(s)	Was there a cost to complete this form? <input type="checkbox"/> No <input type="checkbox"/> Yes – Amount: \$_____	

Gender-affirming care can include the following services accessed by a transgender individual in relation to a gender transition: Mental health counselling, psychological or psychiatric assessment, hormone therapy, surgical care, or legal document changes. I verify that the client listed above has accessed my professional services for gender-affirming care.

Date: _____ Signature: _____