



NEED VERIFICATION FORM

IMPORTANT! PLEASE READ. Angel Flight East does offer free air travel, however, we do require written verification that the patient and family cannot afford other means of commercial transportation. **ANGEL FLIGHT EAST CANNOT ACCEPT ANY PATIENT, NOR SCHEDULE ANY MISSION, UNTIL THIS FORM IS COMPLETED, SIGNED, AND FAXED TO OUR OFFICE AT 215.358.1999, or emailed to missions@angelflighteast.org.**

We ask that this form be completed by a professional person, such as a social or case worker, clergy member, accountant, attorney, employer or staff person of a charitable organization. If the patient's doctor is personally familiar with their financial status, he/she may also confirm the financial need.

We need to know that insurance does not cover travel expenses, that the family doesn't have savings or credit cards to use for this purpose or that their income is insufficient to bear the cost of a plane ticket(s).

Please remember that the cost of any mission flown is paid in full by each volunteer pilot and can range anywhere from \$200 to \$800+. Our pilots are not reimbursed by Angel Flight East for any of their expenses. They volunteer all time, aircraft, and all expenses for patients who are truly in need. Lack of financial need will not necessarily disqualify you from obtaining a flight with AFE.

PLEASE COMPLETE THE FOLLOWING:

Patients'/Passengers' Name: _____
(please print)

Give a thorough and specific explanation as to why the patient/family cannot afford transportation. Include important information that supports their case of financial need. Insufficient information or too brief of an explanation may result in the patient not being accepted or the form returned to you to be completed. An additional page may be used.

Signature: _____ Date: _____

Title: _____ Phone #: _____
