

Kid Logistics - *Kid Busy Learning* Program
Confirmation of Cystic Fibrosis Diagnosis

You will fill out most of this page yourself, but *do not complete the last section*.
Ask your Cystic Fibrosis care provider to complete and sign the bottom of this page.

Applicant Name: _____ Applicant DOB: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Phone: _____ E-mail: _____

Signature of Parent/Guardian

Date

CF Care Provider Information

Physician's Name: _____

Name of CF Clinic: _____

Clinic Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

TO BE COMPLETED BY CF CARE PROVIDER:

Do you verify that the applicant has been diagnosed with Cystic Fibrosis? **Yes / No**

CF Physician (Signature)

CF Physician (Print Name)

Date

Return this form to: Kid Logistics, PO Box 320702, Flowood, MS 39232 or kiri@kidlogistics.com