Melissa Marie Mackenzie-Trothen was one of the three co-founding members of the Heart Defects Society.

She was born with Tetralogy of Fallot on January 7, 1973. Her life was cut short on November 7, 2000, just 5 short months after the incorporation of the HDS.

During the initial formation of the organization, she spoke repeatedly about the problems that families faced needing to travel out of the Windsor area in order to seek proper medical care for their heart defects. The financial burden added to the emotionally strained family, and her hope was to alleviate some of this burden.

In her memory, we have created the Melissa Trothen Memorial Fund. This fund is designed to assist families needing to travel outside of the Windsor area for cardiac medical care.

Ontario Corporation #1417571
Registered Charity Number
#89893 7818 RR0001

Heart Defects Society of Windsor and Essex County

Visit our website at:
www.HeartDefectsSociety.org

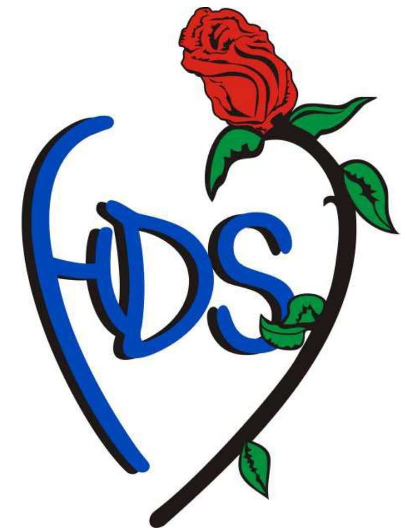
Please mail completed applications to:

HEART DEFECTS SOCIETY OF WINDSOR AND ESSEX COUNTY

1479 Tecumseh Rd. E.
Windsor, Ontario
N8W 1C2

Phone: 519-973-0915
E-mail: info@HeartDefectsSociety.org

Melissa Trothen Memorial Fund



Heart Defects Society of Windsor and Essex County

Heart Defects Society Of Windsor and Essex County

Application for Financial Assistance
Melissa Trothen Memorial Fund

Name of applicant: ______________________________

Address: ______________________________

____

Phone number: ____________ Email address: ____________

Name of patient: ______________________________

Date of birth of patient: ____________ Sex of patient: ___ Male ___ Female

Defect(s) of patient: ______________________________

Description of appointment/surgery: ______________________________

Date of appointment (if day trip): ______________________________ **OR**

Admission date: ____________ AND Discharge date: ____________

Additional Requirements:

1. The bottom portion of this application must be completed by the patient's cardiologist, surgeon, nurse practitioner or social worker.
2. Reason for medical travel must be congenital cardiac defect related.
3. Applicant must not be eligible for complete reimbursement through employment benefits, Ontario Disability Support Program, Children with Severe Disabilities Program, Canada Pension Plan or any other government funded program.
4. Applicant may apply for financial assistance within 3 months after the medical travel has taken place.

I certify that I have read and understood the above requirements.

Signature: ______________________ Date: ______________

All information collected will be used by the Board of Directors of the Heart Defects Society of Windsor and Essex County for the sole purpose of reviewing your application for financial assistance under the Melissa Trothen Memorial Fund. Information will only be given to outside parties for accounting purposes and government regulations. Names will not be released, but information such as age, sex and type of defect may be gathered for statistical or legal purposes. If you wish to retract any answers at a later date, please contact us at any time, and request the information be deleted from our records.

This section is to be completed by the patient's cardiologist/surgeon/nurse practitioner or social worker:

Name & Title (Please print) ______________________________

This patient was seen in ______________________ (city) on the date(s) listed above.

Signature: ______________________ Date: ______________