



Métis Nation of Alberta Health Department
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Compassionate Care: Cancer Transportation Program - Application Form

This program offers individuals financial assistance for the costs associated with travel to and from their cancer-related medical appointments. The Cancer Transportation Program will reimburse mileage to and from appointments, as well as parking (up to \$40 per appointment). Meals are not included in this program.

An application is considered complete when it is signed and all required supporting documentation is received.

Eligibility Requirements

Applicant or co-applicant must:

1. Be an MNA Citizen.
2. Be traveling to a cancer-related appointment which is more than 50 kilometers from applicant's primary residence.
3. Provide proof of medical appointment from physician confirming name, date, time, and location.
4. Be 18 years of age or older, or accompanied by a legal guardian who is 18 years of age or older.

Note: distance criteria does not apply to parking reimbursements. This means eligible applicants who travel **less** than 50 km to a cancer-related appointment can claim parking costs (up to \$40 per appointment).

Travel Documents to Include (if relevant to your application):

- Receipts for bus tickets to and from your appointment.
- Receipts for parking at or near your appointment location.

Please submit completed applications to: **health@metis.org**

If your application has been approved, the applicant will be contacted by an MNA representative.

Reimbursement for eligible expenses will occur after the appointment has taken place and will be mailed to your provided home address. Reimbursement checks may take up to a month process.



Cancer Transportation Program Application Form

Will you be using this program to get to and from cancer-related appointments? This is a requirement of participation.

Yes No

Applicant Information (Individual Attending the Appointment)

Full Name:		Date of Birth:
Home Phone:	Cell Phone:	Email:
Address:		MNA Citizenship Number:
City/Town:	Postal Code:	MNA Region:

Physician Information

Name:	Phone Number:
Address:	

Will your appointments be at your physician's location? Yes No Not sure

If no, please provide your appointment location: _____

Medical Appointment Information

Please attach a proof of appointment letter from your physician outlining the date, time, and location of your appointment.

Clinic/Hospital Name:	
Clinic/Hospital Address:	Phone:
Appointment Date:	Appointment Time:

Is your mailing address different from the address provided above? Yes No

If yes, please provide the address you would like the reimbursement sent to:

Which mode(s) of transportation do you plan on taking to and from your appointment? Note that Taxi fare, Uber, and similar are not covered by this program.

Private vehicle Red Arrow/Ebus/Rider Express/Cold Shot Metro transit

Do you have someone who can drive you? Yes No

Will a child be transported? Yes No

If yes, will you accompany them? Children under the age of 18 are required to have an adult accompany them on all rides.

Yes No N/A



MÉTIS NATION OF ALBERTA

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Are you the driver of an individual needing transportation to a cancer-related appointment? Yes No

If yes, please fill in your information below:

Full Name:		Date of Birth:
Home Phone:	Cell Phone:	Email:
Address:		MNA Citizenship Number:
City/Town:	Postal Code:	MNA Region:

This program is limited by funding. Do you understand that reimbursement support is not guaranteed? Yes No

I consent to receive a follow-up survey regarding my satisfaction with the MNA's Medically Necessary Accommodations Program.

I hereby declare all statements contained in this application are true and correct. I understand that false or inaccurate information could result in termination of my participation in this program.

Signature* of Applicant: _____ Date: _____

**By typing in your full name you are signing this document*