



## Métis Nation of Alberta Health Department

11738 Kingsway Avenue, Edmonton, AB T5G 0X5

780-455-2200 · Toll Free: 1-866-678-7888

health@metis.org · albertametis.com

# Medically Necessary Accommodations Application

To ensure fair access to this service, all Métis Nation of Alberta (MNA) citizens wishing to utilize this service must submit a completed application and adhere to the following criteria. Requests for accommodations cannot be made more than 90 days in advance of a medical appointment and no less than seven days before.

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

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

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

## Eligibility Requirements

Applicant or co-applicant must:

1. Be an MNA Citizen.
2. Have a medical appointment in Edmonton which is more than 50 kilometers from the applicant's primary residence; **OR** be the caregiver accompanying an individual to Edmonton for a Medically Necessary Appointment.
3. Provide proof of medical appointment from your physician confirming name, date, time, and location of the appointment.
4. Be 18 years of age or older, or accompanied by a legal guardian who is 18 years of age or older.

*This service is offered to approved applicants on a first come, first served basis.*

If you have any questions about this program, please call **780-455-2200** or email **health@metis.org**



# Medically Necessary Accommodations Application

## Applicant Information

Full Name:		Date of Birth:	
Home Phone:	Cell Phone:	Email:	
Address:		MNA Citizenship Number:	
City/Town:	Postal Code:	MNA Region:	
Co-applicant Full Name (if applicable):			

## 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:

## Emergency Contact

Full Name:	Relationship:
Address:	City/Town:
Postal Code:	Phone:

## Accommodation Requirements If approved your length of stay will be determined based on your appointment date, need, and other individual factors. Note that we do not offer extended stays.

Do you require a wheelchair accessible unit?    Yes    No
Number of Bedrooms Required:    One Bedroom (max 2 people)    Two Bedroom (max 4 people)
Which day would you like to check in?                      Which day would you like to check out?

## Statement of Use (Please read each statement carefully and fill in the check boxes you agree with)

<p>I agree to abide by all house rules as communicated to me.</p> <p>I agree only the individuals listed on this application will be entering the building and the suite as part of my stay on the premises.</p> <p>I agree that use of the MNA unit is for medically necessary accommodations only.</p> <p>I agree to give a minimum of 48 hours notice if my appointment is cancelled/rescheduled or I am no longer planning to arrive for whatever reason.</p>	<p>I agree to hold the Métis Nation of Alberta (MNA) harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this program, including travel to and from accommodations (including air travel) or any events incidental to this program as it relates to COVID-19 (Coronavirus).</p> <p>I consent to receive a follow-up survey regarding my satisfaction with the MNA's Medically Necessary Accommodations Program.</p>
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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: \_\_\_\_\_

Signature\* of Co-applicant (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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