



MÉTIS NATION OF ALBERTA

Cancer Transportation Program Application Form

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

Description

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 20 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 20 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.

Application Process

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

An MNA representative will notify you of the status of your application.

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.



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- Yes No Will you be using this program to get to and from cancer-related appointments?
This is a requirement of participation.
- Yes No This program is limited by funding. Do you understand that reimbursement support is
not guaranteed?

Applicant Information (Individual Attending the Appointment)

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

- Yes No Is your mailing address different from the address provided above?
If yes, please provide the address you would like the reimbursement sent to:

Mailing Address (If different from the address provided in the Applicant Information)

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

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



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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:
Appointment Date:	Appointment Time:
Appointment Date:	Appointment Time:
Appointment Date:	Appointment Time:

Yes No Appointment has been confirmed by MNA Health Co-ordinator by phone.

Yes No Are you the driver of an individual needing transportation to a cancer-related appointment and would like to have the cheque issued in your name? If yes, please fill in your information below:

Driver Information

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

I consent to receive a follow-up survey regarding my satisfaction with the MNA's Cancer Transportation 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*