



Metis Nation of Alberta

A strong Métis Nation embracing Métis rights

Phone: (780) 455-2200 | Toll-Free: 1-800-252-7553 | www.albertametis.com
11738 Kingsway NW | 100 Delia Gray Building | Edmonton, AB | T5G 0X5

Health, Children, and Youth

PLEASE READ CAREFULLY BEFORE FILLING OUT AN APPLICATION

Eligibility

To ensure fair access to this service, all Métis citizens wishing to utilize this service must submit a completed application and adhere to the following criteria. Applicant or Co-applicant must have:

1. Valid MNA Citizenship; and
2. Proof of a medical appointment for health care services not currently offered in local community or by referral from a physician for applicant or co-applicant. Appointments must be:
 - a. Located in Edmonton and more than 100 kilometers away from the applicant's primary residence;
 - b. Scheduled within a 24-hour time frame of the date requested for accommodations; and
3. Proof of maximum annual household income of \$50,000 or less;
4. Requests for accommodations cannot be made more than 90 days in advance of the date, and no less than 7 days before required for accommodations, unless special circumstances warrant; and
5. Abide by all house rules that have been put in place to provide a safe and enjoyable environment for everyone. House rules include, but are not limited to:
 - a. Illicit drugs are prohibited in the house or anywhere on the premise;
 - b. This is a dry house, no alcohol permitted;
 - c. Smoking is only permitted outside the building. There will be a \$250 fine for smoking inside the unit and denied request for future use;
 - d. Animals are not permitted;
 - e. Maximum occupancy of 2 people for the one-bedroom suite and 4 people for the two-bedroom; and
6. Applicants must be 18 years of age or older, or accompanied by a legal guardian who is 18 years of age or older;
7. Each new request for accommodations requires a new application. Some supporting documentation may be used again, provided it is still relevant

Use of this service is on a first come, first served basis, with priority given to those individuals with multiple and ongoing appointments that require travel on a regular basis.

NOTE: THIS IS NOT AN EMERGENCY HOUSING PROGRAM



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Application Process

Applications should be sent to health@metis.org. An application is considered complete when it is signed and all required supporting documentation is received. Every attempt will be made to assist the applicant in the application process; however, onus is on the applicant to obtain and submit all required documentation. Documentation includes:

- ❑ Métis Citizenship #
- ❑ Proof of current income (Notice of Assessment)
- ❑ Proof of medical appointment confirming name of applicant or co-applicant, date, time, and location.

Every effort will be made to ensure applications are processed in a timely fashion to ensure access to this resource is equitable and used as efficiently as possible.

Once an accepted application has been approved, the successful applicant will be sent a package containing information for their upcoming stay. The MNA representative will call the applicant and confirm the following:

- Date requested and approval for accommodations;
- Contact information of housing's Logistics Coordinator (to facilitate check in/check out process);
- Verbal agreement of:
 - Cancellation policy, and
 - House rules.

After the successful applicant has confirmed the date of accommodations and returned a signed copy of the agreement detailing the cancellation policy and house rules, the information will be passed along to the Logistics Coordinator and the application is considered complete.

If you have any questions or concerns please call 1-780-455-2200 Ext. 403 or email health@metis.org.



Medically Necessary Accommodations Application

Renaissance Tower
 9505 105 Avenue
 Edmonton, AB T5H 0J1

Applicant Information			
Full Name:		Email Address:	
Age:	PHN #:	Date of Birth:	Phone:
Current Address:		MNA Citizenship #:	
City/Town:	Region:	Postal Code:	
Co-applicant Full Name (if applicable):			
Medical Appointment Information			
Clinic/Hospital Name:			
Clinic/Hospital Address:			Phone:
Appointment Date:		Appointment Time:	
<input type="checkbox"/> Single Visit or <input type="checkbox"/> Multiple Visits		If Multiple, please list the schedule:	
Check-in Date Requested:		Check-out Date Requested:	
Emergency Contact			
Full Name:		Address:	
City/Town:	Region:	Postal Code:	Phone:
Relationship:			
Household Information			
Total Number of Family Members: ___ Adults ___ Children			
Total Annual Household Income:			
Do you require a barrier-free unit?:			
Please indicate the number of bedrooms required: <input type="checkbox"/> One Bedroom or <input type="checkbox"/> Two Bedroom			
Statement of use (please initial)			
<input type="checkbox"/> I agree to abide by all house rules as they are communicated to me.			
<input type="checkbox"/> I agree that use of the MNA House is for medically necessary accommodations only.			
<input type="checkbox"/> I agree to give a minimum of 7 days' notice if my appointment is cancelled/rescheduled or I am no longer planning to arrive for whatever reason.			
<input type="checkbox"/> 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 the accommodations (including air travel) or any events incidental to this program.			
I hereby declare that all statements contained in this application are true and correct and 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:

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