

# Patient Travel Request

PLEASE READ CAREFULLY – One form per patient.

**\*\*All the following information is required. Therefore must be provided\*\***

(Please give **5 working days' notice** to receive travel. Unless Emergency, please specify under comments below.)

Today's Date: \_\_\_\_\_ **Are you:** On \_\_\_\_\_ off \_\_\_\_\_ Reserve

## **PATIENT Information:**

**Band Name & Status Number:** \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Is this WCB related? Yes \_\_\_ No \_\_\_

## **TRAVEL Information:**

Date of Travel: \_\_\_\_\_ Time of Travel: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Place From: \_\_\_\_\_ To: \_\_\_\_\_

Escort Name: \_\_\_\_\_ Reason for Escort: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Who's Vehicle: \_\_\_\_\_

## **APPOINTMENT Information:**

DATE & TIME of Appointment: \_\_\_\_\_

Dr Name: \_\_\_\_\_ Dr. who referred you: \_\_\_\_\_

Is this a specialist appointment? If so what type? \_\_\_ **MEALS Required:**

Patient: \_\_\_\_\_ Driver: \_\_\_\_\_ Escort: \_\_\_\_\_

Are you a Diabetic: Yes \_\_\_ No \_\_\_ Expecting Mom: Yes \_\_\_ No \_\_\_

**Do you prefer direct deposit?** Branch \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If so, whose name is on the account? \_\_\_\_\_

Any Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* Please ensure all Confirmation of Appointments & Dr. Referral notes are attached. Also provide Office with a COPY of Valid Vehicle Insurance Papers & Driver's License. Fax-250-761-4156 email: Patient.travelclerk@ehatis.ca \*\***  
**Without the documents travel may be delayed.**

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**Ehattesaht Tribe**

**Attention: Patient Travel Worker**

**Fax: (250) 761 – 4156**



Patient Name: \_\_\_\_\_ Appt. Date & Time: \_\_\_\_\_

Dr. or Clinic Name: \_\_\_\_\_

★ Please have Dr. or Clinic confirm that appointment is one of the following: (Circle one)  
Specialist Appointment      Hospital Appointment      Referred Appointment.  
Dental Appointment      Other \_\_\_\_\_

Any additional comments (To support your travel request):

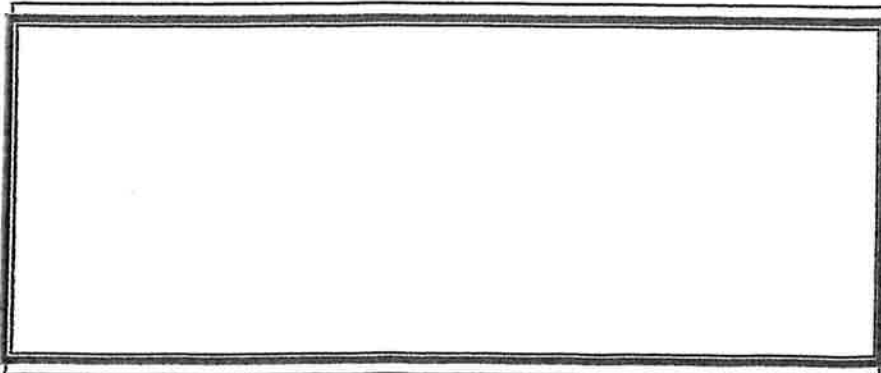
\_\_\_\_\_  
\_\_\_\_\_

This is to confirm that the above noted patient attended their scheduled appointment

\_\_\_\_\_  
Dr. or Nurse Sign here & Date

★ TO PATIENT: This must be returned to the Band Office prior to any additional travel being issued. Travel will not be issued unless appointment is required to travel away from our nearest services.

Stamp here:



# Notice of travel

Print Name: _____  Date of Request: _____	I have read and am in agreement:  *Signature: _____
Name of Meeting/workshop you request to attend:  _____	What hotel or private accommodations do you have confirmed reservations at?  _____ <small>*You are responsible for cancellation of hotel rooms if your plans change.</small>
Place of Meeting/workshop:  _____	Is this a reimbursable expense? Yes _____ No _____ If so, please attach written confirmation of who will be reimbursing the Tribe.
Time of Meeting/workshop:  _____ <small>List times for each day if more than 1 day.</small>	List any other information that can help with your notice of travel.  _____ <small>(do you prefer direct deposit (Bank of Montreal Only)? Etc.....)</small>
Date(s) of meeting/workshop:  _____ <small>Please be sure to list all the dates (if more than 1 day) you are attending.</small>	Manager Approval: _____  Date reviewed: _____
How are you travelling & <u>WHEN</u> are you leaving:  _____ <small>(make sure that the front desk at Ehattesaht has a current copy of your valid driver's license &amp; vehicle insurance papers).</small>	Chief or Council Approval: _____  Date Reviewed: _____
List names of any other persons travelling with you to the same meeting/workshop:  _____	Department Code: _____  Include your code Plz.
Meals requesting:  Breakfast ___ for how many days ___  Lunch ___ For how many days ___  Dinner ___ for how many days ___	

**\*\*NOTE:**

- \* To avoid any delay, please ensure that your notice of travel is completely filled in & all notices for your meeting are attached.
- \* You are responsible for any room cancellations if your plans change.
- \*Repayment is required if you did not cancel your room and we are billed for the room.

## ***School Supplies Applications***

*School Supply funding for Ehattesaht band members in grade 1 – 12.*

Please fill in completely to avoid any delays.

*Applicant's*

*Full name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Is the Student an Ehattesaht Band Member? Y or N*

*Telephone #* \_\_\_\_\_

*Fax #* \_\_\_\_\_

*Alternate #* \_\_\_\_\_

Please list student's information below

<i>Student Name</i>	<i>Grade</i>	<i>School Information</i>	<i>Band Number</i>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING

1. Have you applied for funding from any other funding sources or do you expect to receive funding from another source? Y or N
2. Does your child (ren) live with you? Y or N
3. Are you currently receiving social assistance at Ministry of Human Resources? Y or N
4. If so, please give the name and number of you FAW: \_\_\_\_\_

### Statement of Agreement

Please read and sign below

I agree to use the school supplies funding from the band for school supplies. All other school related fees are the responsibility of each parent.

**I agree to give the Ehattesaht office employees authorization to verify or obtain funding information with Human Resources and other First Nation Band Organizations.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Membership Support Policy

## Purpose

Membership support is intended to provide financial assistance to band members in situations where an individual or family unit find themselves in financial need and all other avenues for financial support have been exhausted.

## Eligibility

In order to access Membership support you must:

- *be a registered member*
- *be 19 years of age or older*
- *not have received membership support in current fiscal year (April 1 through March 31)*
- *be currently be unemployed*
- *be considered to have low income for the family unit(not more than\$2,500.00of monthly family income)*
- *provide proof on income*
- *be receiving social assistance benefits*
- *have payment made directly to supplier or reimbursement based on receipt submitted*

## Ineligible

The following is a list of items that will not be consider to be funded through membership support:

- *Rent, rental arrears or damage deposits*
- *Hydro bills, heating oil or propane*
- *Vehicle payments, insurance payments*
- *Moving expenses (except family violence)*
- *Travel assistance to attend criminal court*
- *Advances on ICBC or WCB or other financial settlements*

## Process

1. *Complete Membership Support Application (attached) then deliver by either method:*
2.
  - *Fax to (250) 761-4156*
  - *Email to [ehattesaht.office@ehatis.ca](mailto:ehattesaht.office@ehatis.ca)*
  - *Mail to Box 59 Zeballos, B.C V0P-2A0*
  - *Hand deliver to band office*
3. *Band Manager will review application to determine eligibility.*
4. *Once deemed eligible payment will be sent to finance for processing & Council approval.*

## Membership Support

### Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am applying to be considered for funds from Member Support for the following reason:  
 \_\_\_\_\_  
 \_\_\_\_\_

1. I certify that I have tried every other avenue of potential assistance and Membership
2. Support is my last alternative  Yes  No

Please check information that applies to you:

a. My monthly combined family income, excluding child tax benefit, and B.C. Pension, is

Under \$2,500 per month

Over \$2,500 per month

b. I am a recipient of Social Assistance  Yes  No

c. I and over the age of 19  Yes  No

d. I am:  Single  Married with Ehattesaht Children under the age of 18

Married with no Ehattesaht Children

Married and have an Ehattesaht Band Member Spouse

e. I am applying for:

Family Unit Amount of \$400.00

Single Unit Amount of \$200.00, I have no Children, or family members that create a part of my family unit that holds a Ehattesaht Band Status Number.

Work Gear for single person maximum amount \$200.00  Work Gear Family Unit Maximum \$300.00

- *(Note: Purchase orders will be provided for food and work gear, any requests that are not covered by purchase order, arrangements will be made to be paid directly via the Ehattesaht Bands Credit Card.)*

Description of what Request is required for:

Amount of Item

Description of what Request is required for:	Amount of Item
<b>Total Requested</b>	

Subtotal \_\_\_\_\_

LESS Amount of funding from other sources \_\_\_\_\_

LESS Cash on hand \_\_\_\_\_

**Total Amount Requested** \_\_\_\_\_

Please list names of Band Members included in this application, including name of applicant:

Band Members Names, including Ehattesaht Band Member Spouse if applicable	Age of Ehattesaht Children Under the Age of 19.	Ehattesaht Band Number for the people on the application.

I certify the above information to be true.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative for Ehattesaht Tribe

\_\_\_\_\_  
Date

**Note:** Please allow a minimum of 10 working days for processing your request (excluding emergency situation). You may be required to complete a means test of Family Income.