# Métis Nation–Saskatchewan (MN–S)

## Cancer & Dialysis Travel Assistance Program Intake Form

**Hours of operation are 8:30 AM - 4:30 PM Monday to Friday**

Email to: healthprograms@mns.work
Fax to: 306-249-4934
Mail to: #310 - 20th Street East, Saskatoon SK S7K 0A7

*Please note, abuse of the program and/or staff harassment may result in refusal from the program.*

## Section 1

First Name: _____ Middle Initial: _____ Last Name: _____

Birth Date: _____

**Are you a citizen or an immediate family member of a citizen from the Métis Nation–Saskatchewan?***

☐ YES ☐ NO

Citizenship Number (or immediate family member's)*: _____

Family member's name: _____

Relation to family member: _____

Address: _____

Postal Code: _____

Phone: _____

**Emergency Contact Information**

Name: _____ Relation: _____

Phone: _____

**What is your COVID-19 vaccination status?***

☐ First Dose
☐ Fully vaccinated
☐ Exemption

Please upload, email or mail your proof of vaccination status or medical exemption letter to the addresses at the top of this form. This can be a photo/ copy of your vaccination card, or a screen shot of your QR code.

## Section 2

**What will you be using the Medical Travel Assistance Program for?***

☐ Cancer-related

☐ Dialysis

**For your treatment travel, which will you be needing assistance for? (Check all that apply).**

○ Accommodations

Do you want MN–S to book your hotel? ☐YES ☐ NO

If yes, what dates do you need a hotel for? _____

Where is your appointment located?: _____

○ Gas/Parking

○ Healthy Food Allowance

## Section 3

**Do you have any additional medical conditions that the program administrator should be made aware of?**

☐ YES (please explain) ☐ NO

_____

_____

_____

_____

_____

Physician Name: _____

Physician Phone Number: _____

**Please attach documentation of your appointment with this form.**

(ATTACH DOCUMENT ON BACK OF FORM OR WITH FORM)

***NOTE: To receive reimbursement, you will also need to submit Confirmation of Attendance from your doctor after your appointment.***

## Section 4

The following information is used by program administrators to calculate fuel costs accordingly. Include information for the vehicle you will be using or that someone else uses to drive you to your appointments.

What is the make of the vehicle? * _____

What is the model of the vehicle? * _____

What is the year of the vehicle? * _____

**Please describe how often you will use the program.**

- ☐ Weekly Basis
- ☐ Bi-Monthly Basis
- ☐ Monthly Basis
- ☐ Bi-Yearly Basis
- ☐ Yearly Basis
- ☐ Unknown

**Please select your yearly household income before tax. Reimbursement will be prioritized for those citizens with high needs and low income.***

- ☐ Low (under $40,000)
- ☐ Medium ($40,000 - $80,000)
- ☐ High ($80,000 +)

Provide an explanation if applicable:

**How many dependents live with you in your home**
***(e.g. children under the age of 18, sick, disabled or elderly requiring care)?****

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+

Please provide us with any additional information we may need to serve you better.

**CONSENT AND ACKNOWLEDGMENT**

I understand that by submitting this intake form to the Métis Nation–Saskatchewan ("MN–S") for enrollment into the Cancer & Dialysis Travel Assistance Pilot Program ("the Pilot Program"), I am consenting to the collection and use of my personal information for the purposes of administering my application and participation in the Pilot Program. I understand that this information is necessary for the purposes of administering my application and participation in the Pilot Program. I understand that my consent to collection and use of my personal information is a condition to my acceptance into the Pilot Program.

I hereby waive any and all claims against the MN–S, its employees, directors, officers and agents relating to the personal information that I am authorizing the MN–S to collect and use in administering my application and enrollment to the Pilot Program.

I _____(Print Name) of_____ (location) the Province of Saskatchewan DO HEREBY authorize MN–S to collection of my personal information provided in support of my application to enable the MN–S to assess my transportation needs and to enable MN–S to confirm my entitlement to participate in the Pilot Program and to administer my participation in the same. I make this solemn affirmation conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.