



# Métis Nation-Saskatchewan (MN-S)

## Medical Travel Assistance Program Returning Citizens Intake Form



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

Email to: [healthprograms@mns.work](mailto: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.*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Citizenship number (yours or immediate family member):\* \_\_\_\_\_

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

First Dose	Exemption
Fully Vaccinated	I already submitted this

Please send your proof of vaccination status or medical exemption letter by email or mail. This can be a photo/copy of your vaccination card, or a screen shot of your QR code.

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

Primary care appointment (e.g., vision, dental, family doctor)	Cancer appointments
Non-primary care appointment (e.g., referral, specialist, prenatal)	Dialysis appointments

### For your medical 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

### 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.**

