



Métis Nation-Saskatchewan (MN-S)

Medical 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: _____

