



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

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 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.

