



Office Use Only		Date:	_____
Information verified		Check req:	_____
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
Approved		Reviewed by:	_____
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			

FUNDING APPLICATION FOR MEDICAL TRAVEL

Please answer all questions. Incomplete applications cannot be assessed for eligibility. Applicants will be notified of their application status within 10 (ten) working days of providing a completed application and related documentation.

*AWN's financial assistance program for medical travel was established to ensure community members are able to access necessary medical appointments and focus on their health and wellbeing rather than financial challenges. **The fund is not intended to assist with family emergencies, extraordinary circumstances, or travel beyond the scope of the program.***

Funding is awarded on a first come first serve basis until annual funding is exhausted. Community members may apply more than one time for medical travel financial assistance until the individual annual amount of \$500 per year is exhausted. Hotel accommodation and taxi expenses must be pre-approved and will be paid according to submitted receipts. Financial assistance is available for community members who meet the below requirements as per AWN Policy 10.08:

- Be an AWN member and a resident of the Grande Cache area Co-operatives, Enterprises or Hamlet of Grande Cache.
- Provide a copy of the medical office note confirming the date and time of the appointment.
- Submit completed medical travel application and applicable appointment confirmation information to AWN **at least ten (10) days prior to the date of the appointment.**

LAST NAME	_____	FIRST NAME	_____
MAILING ADDRESS	_____	COMMUNITY	_____
HOME PHONE	_____	CELL	_____





**ASENIWUCHE
WINEWAK NATION**

1. Have you provided a confirmation letter for the medical appointment?

- YES
- NO

If 'No', complete the below section.

NAME OF THE OFFICE OR PHYSICIAN _____

PHYSICAL ADDRESS _____ PHONE _____

APPOINTMENT DATE _____ TIME _____

2. Are you able to contribute to the cost of your medical travel?

- YES, please list amount: _____
- NO, please provide a brief explanation:

3. What type of funding do you require?

- Mileage
- Meals*
- Both

** Meals will only be covered for appointments 290 km round trip or further. Meal coverage is for the patient only.*

4. Please describe any additional information related to this application that you would like AWN to be aware of.



**ASENIWUCHE
WINEWAK NATION**

DESTINATION	RATE*
Grande Cache	No mileage paid
Hinton	\$60.00
Grande Prairie	\$80.00
Edmonton and area	\$200.00
All other locations in Northern Alberta	\$0.22/km

**Rates subject to change as per Aseniwuche Winewak Nation*

DECLARATION & CONSENT

I understand that this application does not constitute an agreement on the part of Aseniwuche Winewak Nation to provide me with financial assistance.

I declare that all information provided by me in this document is, to the best of my knowledge, correct and complete.

I consent having the information provided on this application verified by Aseniwuche Winewak Nation and any required third parties for the purposes of determining my eligibility for medical travel funding.

I understand that I may be required to pay back any or all monies received by me or another person I designate if I fail to attend appointments as planned, or if it is found I have provided false information.

I acknowledge that providing false information or misusing medical travel funding may result in the loss of access to financial assistance from AWN in the future.

AUTHORIZATION TO MAKE PAYMENT TO AN INDIVIDUAL

In the event I, _____, am deemed to receive funding for medical travel, I authorize Aseniwuche Winewak Nation to make the check payable to:

_____ at address _____,

and phone number _____.

Applicant signature

Print name

Date



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Form last updated December 30, 2021