

Request for Local or Non-Local Medical Transportation Assistance

Case Number	SR Number
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The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to the ministry.

Please complete this form and, if possible, return it to our office 10 business days before the appointment. All appointment information must be confirmed in writing by a medical practitioner in addition to this form.

Part 1 - Patient and/or Advocate Information				
Patient	Last Name	First Name	Telephone	Message OK? <input type="checkbox"/>
Advocate/Guardian	Last Name	First Name	Telephone	Message OK? <input type="checkbox"/>

Part 2 - Medical Appointment Information
Appointment details for all related appointments: Date(s) and Time(s): _____ Hospital/Clinic Address and Department Name _____ Specialist Name: _____ Telephone _____ Referring Medical Practitioner _____ Telephone _____ Is Treatment Ongoing? <input type="radio"/> Yes <input type="radio"/> No How long? _____ # of times per wk/mth _____ Appointment Confirmation Provided: <input type="radio"/> Medical note <input type="radio"/> Appointment card <input type="radio"/> TAP form <input type="radio"/> Medical Practitioner Stamp below

Medical Practitioner Stamp

Medical Escort - Written confirmation of medical need for escort attached: Yes No escort required

Part 3 - Travel Information		
Travel Details		
Departure Date	Return Date	Residential address you are are departing from

Accommodation	
Do you require overnight accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do you require help finding accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Method of Payment Direct Deposit Cheque Mailed Cheque Pick Up in Office

Transportation	
Mode of transportation	
<input type="checkbox"/> Vehicle	Parking Costs _____ Toll Costs _____
<input type="checkbox"/> Bus	Name of company _____
<input type="checkbox"/> Community Driver	Service Provider _____
<input type="checkbox"/> Air	Medically essential doctor letter or TAP attached
<input type="checkbox"/> Transit	
<input type="checkbox"/> Taxi	Must attach medical note as to why you cannot take transit

Part 4 - Declaration (please read and sign)	
I declare that all information I have provided is true and complete. I understand that the accuracy of the information I provide may be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents.	
Applicant Signature _____	Date Signed _____

Under the BC Employment and Assistance Program, a medical transportation supplement can be provided for persons facing extraordinary travel costs associated with essential medical treatment. This supplement is available when no other financial resources are available to cover the cost.

Essential medical treatments are non-emergency, insured medical services covered by Medical Services Plan (MSP) or the *Hospital Insurance Act*.

Local or Non Local Non-Emergency Medical Transportation

If you are applying for a medical transportation supplement, you must:

- Explore all options to assist with medical transportation costs (e.g. family, friends, volunteer agencies, TAP, Health Connections Program, Medical Travel Accommodation Listing)
- **Fill out and submit a Local / Non-Local Medical Transportation Request form HR3320.**
Submit **written** verification of medical appointment. Medical note, Appointment card, TAP form or Medical practitioner stamp is acceptable written confirmation.
- Submit **written** verification why you cannot take public transit
- Submit **written** verification from a medical practitioner on letter head of medical need for escort if additional costs for escort required. (Only eligible if accompanying a patient who is 18 years of age and under or who is incapable of travelling independently due to medical reason)
- If a TAP form is used for ferry or other travel, submit a copy of the TAP form.
For more information about the TAP program, go to www.health.gov.bc.ca/msp/mtapp/tap_patient.html
- Submit **written** verification of appointment being a life threatening health need **ONLY** if you are **NOT** designated a Person with a Disability (PWD) or Person with Persistent Multiple Barriers (PPMB) from the Ministry.

Your eligibility for a medical transportation supplement will be assessed once all requested information is provided and all other resources have been considered. The most affordable option will be considered.

Failure to provide the necessary information required to determine your eligibility may result in delays processing your request.

This ministry may verify the information provided and perform post audit verification to confirm that the funding was used for its intended purpose.