



Medical Grant – Citizen Request for Funding

Provides Citizens with support with unexpected, urgent, or costly medical expenses outside of any health plan on a case-by-case basis. To be eligible, Citizens must be 19 years+ living in the Yukon, demonstrate they've exhausted all other funding sources (i.e. NIHB, insurance), and have a referral from qualified health professional. Note: It may take up to 3-4 days to get approval.

Max available: **\$1300/application, twice per calendar year – with the exception of compassionate travel.**

If your request is approved, you will have to:

1. Sign an agreement (in person or digitally)
2. Provide receipts of expenses for reimbursement.

Name	Date of Birth																
Mailing Address																	
Phone number	Email																
Reason for request:	<p>Do you have:</p> <p><input type="checkbox"/> Physician's referral?</p> <p><input type="checkbox"/> Proof these expenses aren't covered by NIHB?</p> <p>What is your estimated budget?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: center; padding: 5px;"><u>Type of Expense</u></th> <th style="text-align: center; padding: 5px;"><u>Approx Amount</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">Treatment cost</td> <td style="width: 150px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">Accommodations (hotel, etc)</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">Travel costs (fuel, airfare)</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">Meals & Incidentals</td> <td></td> </tr> <tr> <td style="padding: 5px;">Other:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Other</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">TOTAL REQUEST:</td> <td></td> </tr> </tbody> </table>	<u>Type of Expense</u>	<u>Approx Amount</u>	Treatment cost		Accommodations (hotel, etc)		Travel costs (fuel, airfare)		Meals & Incidentals		Other:		Other		TOTAL REQUEST:	
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What are the dates/length of travel?																	
Method of travel? <input type="checkbox"/> Air <input type="checkbox"/> Vehicle <input type="checkbox"/> Other																	
<p><u>Submit to Home & Community Care Coordinator for completion</u></p> <p>Type of request: <input type="checkbox"/> <i>Emergency Medical</i> <input type="checkbox"/> <i>Emergency Dental</i> <input type="checkbox"/> <i>Emergency Vision</i> <input type="checkbox"/> <i>Compassionate Travel</i></p> <p>Eligibility – must be yes for all</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>They are over the age of 19 AND living within the Yukon territory.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>They have not received more than 2 Medical Grant in the current calendar year.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>They have no outstanding Medical Assistance Loans (finance@trondek.ca)</i></p>																	

Appendix A

Tr'ondëk Hwëch'in Medical Grant Application

BETWEEN: Tr'ondëk Hwëch'in AND _____

This agreement was made and agreed upon on this _____ day of _____.

Tr'ondëk Hwëch'in agrees to give a grant in the amount of \$_____ from the Medical Fund.

This grant is to cover the following:

Grants received may only be spent for the purposes identified in the application. Recipients will be required to produce receipts to substantiate their expenses. Tr'ondëk Hwëch'in will pay directly to the service provider wherever possible.

Tr'ondëk Hwëch'in reserves the right to recover funds that are not spent in accordance with this policy through appropriate collection actions.

The undersigned agree to the above terms and conditions.

TH Wellness Director

Witness

Tr'ondëk Hwëch'in Citizen

Witness



Tr'ondëk Hwëch'in Medical Grant Application Checklist

Is the applicant over the age of 19 and a Yukon resident?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Has the applicant received a Medical Grant more than twice in the Current Calendar Year?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the applicant have any outstanding Medical Assistance Loans?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Grant Application is for one of the following approved reasons:

<input type="checkbox"/>	Emergency Dental Care
<input type="checkbox"/>	Laser eye surgery or other vision services
<input type="checkbox"/>	Auditory Services
<input type="checkbox"/>	Compassionate Travel

The following items must be provided with the application:

<input type="checkbox"/>	Written Request (Eg. email or letter)
<input type="checkbox"/>	Signed and Witnessed TH Medical Grant Application Page
<input type="checkbox"/>	Medical professional's referral
<input type="checkbox"/>	Budget, Cost Estimate or Receipt
<input type="checkbox"/>	Proof of Exhaustion of ALL other funding sources (NIHB, Private insurance if applicable, Etc.)

Section 4 Medical Grants

Purpose

Offer citizens support with unexpected, urgent, or costly expenses requiring immediate payment.

Eligibility

All TH citizens nineteen (19) or older living in the Yukon.

Policy

TH will provide medical grants to eligible TH citizens incurring health-related costs outside of any health-care plan and TH family members travelling for compassionate reasons.

Procedures

Grants may only be spent for the purposes identified in the application. Recipients will be required to produce receipts to substantiate their expenses. Tr'ondëk Hwëch'in will pay directly to the service provider wherever possible.

Tr'ondëk Hwëch'in reserves the right to recover funds that are not spent in accordance with this policy through appropriate collection actions.

Before applying for a medical grant, citizens must prove they've exhausted all other eligible funding sources, their medical service is at the request of a qualified health professional, and they do not have any outstanding medical-assistance loans with the TH Government.

Applications for grants must be in writing (e.g., email) and be accompanied by a budget, confirmation of a doctor referral, and a cost estimate from the professional providing the service. The TH Wellness Department at its discretion will approve, or decline, all medical-grant applications. The Wellness Department will keep a file for all referrals and will log when applications are made.

Grants are available for the following on a case-by-case basis:

- Emergency dental care
- Laser eye surgery or other vision services
- Auditory services
- Compassionate travel (see definition)

TH will pay businesses and medical-service providers directly.

The maximum amount allowable is \$1,300 for an application, and applications cannot be made more than twice in a calendar year (with the exception of compassionate travel). This will not be considered taxable income. TH will pay businesses and medical-service providers directly.