FIRST STEP CHARITY

Application for Medical Travel Assistance

FIRST STEP CHARITY RESPECTS THE PRIVACY AND CONFIDENTIALTY OF ALL APPLICANTS AND WILL KEEP ALL INFORMATION STRICTLY CONFIDENTIAL

Please answers all questions completely. If you need additional space, you may use a separate sheet of paper. Where possible, First Step Charity prefers that you submit applications in advance. In cases where requests are not submitted in advance all applications must be submitted within 30 days of the medical travel date to be valid.

If you need help completing this application, please contact First Step Charity

Mark Wilkoff
Phone: 709-623-2007
Email: mark@wilkoff.com

Please note that further information may be requested prior to final approval

Applicant Information	
Name:	Phone:
Address:	Cell:
	Email:

Medical Travel Details

Purpose of travel:
- ☐ Oncology
- ☐ Surgical
- ☐ Orthodontics
- ☐ Orthopedics
- ☐ Other: _____
- ☐ Radiology
- ☐ Rheumatology
- ☐ Ophthalmology
- ☐ Pediatrics

***Proof of appointment required**

Where are you required to travel for medical treatment? _____

Are you travelling to the nearest treatment center? ☐ Yes
☐ No (if no, why?_____)

Is there someone travelling with you? ☐ Yes (If yes, please provide: Name: _____
Relationship: _____
☐ No

How are you required to travel?

☐ Air ☐ Personal Vehicle ☐ Bus ☐ Other: _____

Have you (or will you) apply for financial assistance elsewhere?

☐ MTAP ☐ Hope Air ☐ Private/employer Insurance Policy ☐ Workplace NL ☐ Income Supports
☐ Other: _____

☐ Yes (If yes, how much will you receive? _____ ***Proof Required)**
☐ No

How much are you requesting?	Expected Dates of travel:
☐ Bus $ _____ ☐ Air $ _____ ☐ Personal Vehicle $ _____ ☐ Hotel $ _____ ☐ Meals $ _____ ***Receipt Required following travel**	Departure:_____ Return:_____ ***Proof of Doctor's Visit required following travel**
_____ _____ Signature Date	
By signing you are agreeing to provide proof of receipts and travel as indicated throughout the form. *Failure to do so may result in no reimbursement or may impact future application processes.	

Are there any other travel/accommodation resources available to you (including family/friend's housing)? ☐ No ☐ Yes (if yes, please explain)

_____

_____

Approved Amounts

Bus:_____
Air:_____
PV:_____
Hotel:_____
Meals:_____
Other:_____

Notice: The International Grenfell Association (IGA) provides substantial funding to First Step for our medical travel assistance program. By accepting money to assist in medical travel, you are volunatarily participating in a medical travel assistance program and there are certain risks associated with your participation in this Activity. By participating in a medical travel assistance program, you release from liability and waive your right to sue the IGA and any of its Directors, employees, principals, agents and any affiliated person or entity from any and all claims, including negligence, resulting from any physical injury, illness (including death) or economic loss that you may suffer or which may result from your participation in this Activity, travel to and from this Activity (including air travel) or any events incidental thereto.