

Please submit completed Application with proof of residency, CRA Notice of Assessment, and medical appointment attendance confirmation letter to the Cold Lake and District FCSS.

SECTION 1: APPLICANT INFORMATION	
Name:	Date of Birth:
Address:	
Mailing Address (if different):	
Phone Number:	Email Address:
SECTION 2: APPOINTMENT INFORMATION	
Appointment Date:	Time:
Physician/Health Professional's Name:	Phone Number:
Health Care Facility Address:	City:
SECTION 3: GRANT INFORMATION	
Have you attended a medical appointment at least 150 kilometers (one way) outside of the City of Cold Lake?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you submitting a claim for an appointment which took place within the past six weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made application(s) to this program previously, during this calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, how many times, within this calendar year, have you received funding under the Medical Transportation Grant?</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
SECTION 4: PAYEE INFORMATION (IF DIFFERENT FROM APPLICANT)	
Name:	Relationship to Applicant:
Mailing Address:	
Phone Number:	Email Address:
SECTION 5: AGREEMENT	
By submitting this application form, I, _____, confirm that:	
<ul style="list-style-type: none"> <li>I am a resident of the City of Cold Lake.</li> <li>The information provided on this application is true, complete and correct.</li> <li>I have read, understand, and agree to abide by the terms and conditions governing the grant outlined in the Medical Transportation Grant Policy No. 223-FC-22.</li> </ul>	
Applicant Signature:	Date:

OFFICE USE ONLY	
Application Checklist:	<input type="checkbox"/> Confirmation of Appointment <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Most recent CRA Notice of Assessment
Received By:	Date Received:
Funding: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Funding Amount: \$
FCSS Manager Signature:	Date:



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Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email ([legislative@coldlake.com](mailto:legislative@coldlake.com)) or phone (780) 594-4494 ext. 7915.