

## Policy Manual

### CS.R-4.001 – Benefits Program Appendix B – Transportation Grant Application Form

#### CONTACT INFORMATION

Applicant Name

Mailing Address

Legal Land Location/Blue Sign

Daytime Phone

Email

**Select “Yes” in ONE of the categories below to qualify for the program.**

Are you 65 years old or older? If “Yes”, please provide a copy of a piece of ID that confirms your age.  
 Yes    No

Are you low income? If “Yes”, please provide a copy of your Notice of Assessment or Proof of Assessment issued to you by Revenue Canada (in accordance with FOIP Section 17).  
 Yes    No

Do you have a disability? If “Yes”, please provide a doctor’s note or proof of disability.  
 Yes    No

**IMPORTANT:** Please complete **ALL** fields in full and ensure to collect the clinic stamp from the receptionist at the time of your appointment **see reverse side for details**. Alternately, the clinic may be able to print a confirmation of the appointment for you.

**NOTE: Please ensure that spouses are not claiming for the same trip.**

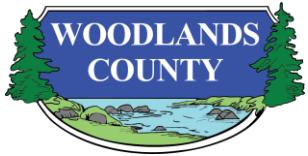
\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

Copies of Documents Attached  
 Yes    No

Received Stamp



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### CS.R-4.001 – Benefits Program

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Date (mm/dd/yyyy)	Location of Appointment Town/City	Total Round Trip (km)	Stamp from Clinic or Printed Copy of Appointment