

# Tr'ondëk Hwëch'in Health & Medical Reimbursement Request



*Provides Citizens with support for health and medical treatment and support.*

*To be eligible, Citizens must:*

1. *be living on TH Traditional Territory*
2. *have a physician's referral.*

Name	Date of Birth
Mailing Address	
Phone number	Email
<p><b>Type of request</b></p> <p><input type="checkbox"/> <b>Medical equipment:</b> <i>for a chronic condition or illness, lifetime max is \$2500</i></p> <p><input type="checkbox"/> <b>Treatment:</b> <i>such as acupuncture, massage, herbal. Practitioner licence must be provided. Max \$500/fiscal year</i></p> <p><input type="checkbox"/> <b>Prescriptions:</b> <i>for chronic conditions – Max \$2500, and must provide proof not covered by NIHB or YG.</i></p> <p><input type="checkbox"/> <b>Fitness Centre Pass:</b> <i>up to \$40/mo or \$480/year</i></p> <p>Comments/Notes</p>	
<p><b><u>Submit to Home &amp; Community Care Coordinator for completion.</u></b></p> <p><b>Eligibility – Must be yes for all</b></p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>Is the applicant living on traditional territory?</i></p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>Does the applicant have a physician referral?</i></p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Prescriptions:</b> <i>Is this excluded from NIHB/YG coverage?</i></p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>For Treatment:</b> <i>practitioner license submitted</i></p>	
<p>Prepared by: _____ Date _____</p> <p>Approved by: _____ Date _____</p>	