

MNBC Essential Medical Travel Assistance Program (EMTAP): Program Description and Application

Overview

The Essential Medical Travel Assistance Program (EMTAP) is a program that provides pre-approved funding and reimbursement to eligible Métis Citizens so they can travel to essential medical appointments, procedures, specialists, etc., which are unavailable in their local community. MNBC works with you to provide reimbursement for travel to your medically necessary appointments or as a pre-approval if you are struggling to pay for the cost of travel to your health services.

APPLICANT ELIGIBILITY	
An MNBC Citizen registered within the MNBC Central Registry	
A BC Resident with MSP Coverage	
Travel is for a medically necessary service	
Meet the Income Threshold based on Line 2600 of Notice of Assessment	
First Time Accessing EMTAP	
All insurance and social programs options have been exhausted	
ACCEPTED MEDICALLY NECESSARY SERVICES	
Medical services insured through the BC Medical Service Plan (MSP)	
Publicly funded diagnostic tests and preventative screening programs	
To the nearest appropriate health professional or health facility	
Treatment at the nearest appropriate facility in BC funded by or referred to by the National Native Alcohol and Drug Abuse Program (NNADAP)	
Diagnostic tests and Psychological Assessments for educational purposes, such as hearing, vision, or developmental tests for children required by the school.	
Medical supplies and equipment and vision care benefits where a fitting is required, and these fittings cannot be made in the community of residence.	
EMTAP COST COVERAGE	
Individual Requiring Travel Assistance	\$1,000 /quarter
Couples Requiring Travel Assistance	\$2,500 /quarter
Families/Households Requiring Travel Assistance	\$3,500 /quarter

You, as a participant will be approved for travel plans following the travel mileage guidelines. You are responsible for submitting Receipts, Maps (route(s) of your journey, including transit from your home address to and from the medical service address), and tickets relevant to your travel.

Where the trip includes an overnight or extended stay away from your home residence (over 50 km or greater), you are reimbursed according to the accommodation guidelines. You are responsible for submitting Receipts relevant to your travels. You can choose the most efficient and economical type of accommodation, considering your health condition, location of accommodations, and travel requirements to access medically necessary health services.

Meals are reimbursed depending on the time you have spent away from your home address according to the meal guidelines. No receipts have to be given, only a timeline of your travel on the application form.

Need Support in Applying?

Reach out to your Regional Health Coordinators or Regional Mental Wellness Coordinator for support.

Essential Medical Travel Assistance Program (EMTAP): Application Checklist

To ensure that we are able to process your request for support through the EMTAP program, please ensure that you have included each of the following documents in your application:

EMTAP Application Checklist	
	Essential Medical Travel Assistance Program (EMTAP) Application Form (Below) OR Online Application: EMTAP Application Form (Prefill) (office.com)
	EMTAP Travel Companion Form (if necessary)
	Proof of Medical Appointment Notice/Confirmation of Appointment Form
	Notice of Assessment OR 6 months banking statements for proof of income (Only related to a medical reason)
	Proof of Travel- Transportation
	Proof of Travel- Accommodation (if necessary)
	Void Cheque

If you need help submitting your application, reach out to your MNBC Regional Health Coordinator or Regional Mental Wellness Coordinator for support.

Eligibility (As reflected by your Notice of Assessment)

- Individuals with a single income of \$27,352 or less.
- Couples with a combined income of \$38,682 or less.
- Families/Households composed of 3 individuals with a combined income of \$47,375 or less.
- Families/Households composed of 4 individuals with a combined income of \$54,704 or less.

OR

- Your financial status has changed significantly due to a medical reason over the last year, and that change is not reflected in your Notice of Assessment. (You are able to provide at least 6 months of banking statements as proof of the change in your income)

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Essential Medical Travel Assistance Program (EMTAP): Application Form

Online Application is also available here: [EMTAP Application Form \(Prefill\) \(office.com\)](#)

* = Required Information

Eligibility

Do you fit within our Income Thresholds based on Line 2600 of your Notice of Assessment (NOA)? *

Individuals with a single income of \$27,352 or less.

Couples with a combined income of \$38,682 or less.

Families/Households composed of 3 individuals with a combined income of \$47,375 or less.

Families/Households composed of 4 individuals with a combined income of \$54,704 or less.

Yes

No

If your financial status has significantly changed due to a medical reason over the last year and it is not reflected in your NOA, you may still qualify for the EMTAP program. **This will be reviewed on a case-by-case basis.** If this is the case, please briefly describe the change in your medical status and submit the following documents along with your NOA:

6 months of banking statements which reflect your change in income due to medical reason

Proof of medical condition which has had an effect on your income (ex: Doctor's note)

Brief description of the medical reason for the change in your income:

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Applicant Information

First Name *

Last Name *

Preferred Name

Date of Birth *

Age Group *

0-15

16-29

30-64

65+

Email *

Phone *

Address *

Address 2

City/Town *

State/Province *

ZIP/Postal Code *

Are you a registered Citizen with MNBC? *

Yes

No

If no, please re-apply once you receive your MNBC Citizenship number. To learn how to apply for citizenship, please visit the following link [here](#)

MNBC Citizenship Number *

Have you participated in EMTAP in the past? *

Yes

No

If yes, submitting this application will indicate that you wish to be notified if the opportunity for additional funds arises. This information will be noted in our program records and does not guarantee that you will be contacted for additional funding.

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Region *

Region 1- Vancouver Island & Powell River

Region 2- Lower Mainland

Region 3- Thompson & Okanagan

Region 4- Kootenays

Region 5- North Central

Region 6- Northwest

Region 7 – Northeast

Gender *

Man

Woman

Two-Spirited

Gender-fluid

Gender non-conforming

Non-binary

Prefer not to say

Gender not represented*

*If your Gender is not represented, please specify here:

Are you applying on behalf of yourself, yourself and a travel companion, or an MNBC Citizen requiring assistance in applying (e.g. a minor). *

Myself

Myself and a travel companion (See the EMTAP Travel Companion Form)

On behalf of an MNBC Citizen requiring assistance (See the EMTAP Travel Companion Form)

What supports are you requesting from the EMTAP Program (select all that apply) *

Transportation Costs (Mileage, Ferry, Scheduled Flights, etc.)

Meals

Accommodations

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Medically Necessary Health Service *

Select one of the following options:

- Medical services insured through the BC Medical Service Plan (MSP)
- Publicly funded diagnostic tests and preventative screening programs
- Treatment at the nearest appropriate facility in BC funded by or referred to by the National Native Alcohol and Drug Abuse Program (NNADAP)
- Diagnostic tests and Psychological Assessments for educational purposes, such as hearing, vision, or developmental tests for children required by the school.
- Medical supplies and equipment and vision care benefits where a fitting is required, and these fittings cannot be made in the community of residence.
- Other:

Proof of Medical Appointment Notice/Confirmation of Appointment Form *

Please upload a photo/screenshot of your health professional's service request (e.g. Doctor's Note) or a completed Confirmation of Appointment Form

I have attached all relevant documents related to Proof of Medical Appointment Notice/Confirmation of Appointment Form.

This Medical Appointment/healthcare professional is the closest geographically to your home address that can provide appropriate medical care needed. In most circumstances, this would be travel within the health authority the applicant resides in. *

- Yes
- No
- Other

All Options for Private Insurance has been utilized *

- Yes
- No
- Other

All Options for Public Social Programs (E.g. Hope Air) has been utilized *

- Yes
- No
- Other

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Are you okay working with MNBC to ensure all Public Social Programs have been accessed/applied for prior to EMTAP approval? *

Yes

No

Are you aware of other MNBC Social Programs (MESAP, MCC, RHC Program)? *

Yes

No

If no, would you like MNBC to provide you with more information?

If you have accessed other MNBC Social Programs in the past, please list them here:

In addition to applying to EMTAP, do you have any other concerns or barriers to effective healthcare you would like to discuss with our team? *

No

Yes (please elaborate):

Request is a One-Time service or Reoccurring? *

One-Time Service

Reoccurring

Date of Medically Necessary Health Service *

Date Leaving Home Address to attend Medically Necessary Health Service*

Time Leaving Home Address to attend Medically Necessary Health Service *

Date Returning Home Address to attend Medically Necessary Health Service *

Time Returning Home Address to attend Medically Necessary Health Service *

Notice of Assessment Uploaded *

Unsure where to find your Notice of Assessment?

Visit this link → <https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/a-copy-your-notice-assessment-reassessment.html>

I have attached all relevant documents related to my Notice of Assessment

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Request for Reimbursement or Pre-Approval *

Reimbursement

Pre-Approval NOTE: Pre-Approval requires a minimum of 5 business days for approval and additional documents are required.

Proof of Travel- Transportation *

Please upload screenshots/photos of your travel route (e.g. Google Maps), receipts for Travel (e.g. Ferry tickets/flight tickets)

I have attached all relevant documents related to my transportation.

Proof of Travel- Accommodation *

Please upload screenshots/photos of your receipts for accommodation if applicable

I have attached all relevant documents related to my accommodation

No Need for Accommodation

Void Cheque *

Please upload a void cheque for the fund transfer

I have attached all relevant documents related to my Void Cheque

Please refer back to the **Essential Medical Travel Assistance Program (EMTAP): Application Checklist** (page 2) to ensure that your application is complete and includes all necessary documentation so that we can process your request for support as quickly as possible.

Submit your completed EMTAP Application Form with all supporting documents and forms to:
emtap@mnhc.ca or healthservicerequest@mnhc.ca

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Declaration of Truth and Consent

Declaration of Truth:

- The applicant declares that all the information given in this application form is true and complete.
- The applicant declares that the notice of assessment is factual and true.
- The Métis Citizen applicant(s) declares that they have not applied for First Nation status under Bill C31, Bill C-3, or Bill S-3 or any other government legislation. The MNBC Central Registry Office will periodically verify that grant recipients maintain MNBC Citizenship.
- The applicant acknowledges and agrees that the facts given in this application form will be kept and disposed of as required by the [Information Management Act](#).
- The applicant agrees that MNBC may collect data and contact them from time to time for the purpose of conducting any participant-related surveys or program information
- The applicant(s) understands that this application does not obligate MNBC to approve funding.
- All applicants who give personal information to MNBC shall be required to consent to the release of that information to MNBC to comply with the BC [Personal Information Protection Act](#) (PIPA) and [Freedom of Information and Protection of Privacy Act](#) (FIPPA).

Consent:

- The applicant(s) gives consent to MNBC and its agents to investigate and disclose any of the information given in this application form for internal purposes or to other agencies for any of the following reasons:
 - To confirm household income;
 - To confirm eligibility for the program;
 - Audit purposes; and/or
 - Referral to other programs within MNBC or outside service providers.
- The applicant(s) consents to release the information provided in this application to MNBC, and understands this information will be used in accordance with the BC [Personal Information Protection Act](#) (PIPA) and [Freedom of Information and Protection of Privacy Act](#) (FIPPA).

By checking this box and submitting your application you agree to the above Declaration of Truth and Consent. *

SUBMIT TO EMTAP@MNBC.CA

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