

## EMTAP Travel Companion Form

### To be completed by the EMTAP Client's planned travel companion

MNBC's EMTAP benefits for a Travel Companion may include transportation coverage, accommodations, and meals for medical or non-medical companions for clients travelling to access medically necessary services.

What is **Not Covered** under EMTAP for a Travel Companion:

- The EMTAP program is not responsible for covering medical and nonmedical companion fees, honorarium, or salary.
- Applicants are notified that Regional Health Coordinators or Regional Mental Wellness Coordinators can be used through this process to support them in their application.
- No reimbursement will occur for any additional fees or costs incurred by the companion outside the scope of this program

Companions must be preauthorized by MNBC and meet the criteria for coverage of a Companion:

- **Medical companion:** A medical companion, a either a physician or registered nurse (health professional), may be approved in cases which involve a client with a health condition where monitoring or stabilization are required during travel and such services are not covered by the provincial or territorial health or social program, other publicly funded program, or private insurance.
- **Non-medical companion:** Coverage for a non-medical companion may be approved when there is a legal or medical requirement that results in the client being unable to travel alone.

Prior to approval, the EMTAP applicant (not companion) must have a completed **Confirmation of Appointment Form**. **If travel has already occurred, applications for reimbursement of a companion will be reviewed on a case-by-case basis.**

Please submit this form with all other supporting documents related to your EMTAP application to:  
**emtap@mNBC.ca or healthservicerequest@mNBC.ca**

## SECTION ONE: PRE-SCREENING QUESTIONS

Is the EMTAP applicant aware you are applying as their companion?

Yes

No

To the best of your ability, please indicate the legal or medical requirement(s) that result in the client being unable to travel alone:

Client is a minor.

Client requires alternative legal consent or decision-making.

Client requires assistance with activities of daily living, such as dressing, eating, and bathing.

Client faces a language barrier.

Client is to receive instruction on specific and essential home medical or nursing procedures that cannot be given to the client only.

Client is undergoing a medical procedure or has a medical condition that will result in the client requiring assistance during the trip (i.e. A client will receive outpatient sedation as part of a medical procedure).

Client is a pregnant woman whose trip is for childbirth, including being closer to care while awaiting childbirth.

Other, please describe:

## SECTION TWO: APPLICANT INFORMATION

Please provide the EMTAP Applicant's information:

First Name:

Last Name:

Email:

Phone:

**SECTION THREE: COMPANION INFORMATION**

Please provide your (companion) information:

First Name:

Last Name:

Email:

Phone:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Gender:

Man

Woman

Two-Spirited

Gender-fluid

Gender non-conforming

Non-binary

Prefer not to say

Gender not represented (please specify):

Are you a registered Citizen with MNBC?

Yes

No

If Yes, please provide your MNBC Citizenship Number:

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

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

Meals

Accommodations

**SECTION FOUR: MEDICAL OR NON-MEDICAL TRAVEL COMPANION**

Are you applying as a medical travel companion or non-medical travel Companion?

Medical Travel Companion (Please move to **SECTION FIVE**)

Non-Medical Travel Companion (Please move to **SECTION SIX**)

**SECTION FIVE: MEDICAL TRAVEL COMPANION INFORMATION**

Please briefly describe why monitoring or stabilization is mandatory or required during travel from a medical professional:

Healthcare Professional Name:

Healthcare Professional License #:

Healthcare Professional Signature:

**SECTION SIX: NON-MEDICAL TRAVEL COMPANION INFORMATION**

Please briefly describe why an escort is requested during travel from a companion:

**Note: The applicant is responsible for their companion. Any pre-approval and reimbursement funds will be paid directly to the applicant, not the companion themselves. It is the applicant's responsibility to distribute the funds to their companion.**