



Atlantic Division

71 Ilsley Avenue, Unit 12
Dartmouth, Nova Scotia B3B 1L5
Telephone: (902) 468-8230
Fax: (902) 468-5328
Toll Free: 1-800-268-7582
www.mssociety.ca

Dear Client:

Thank-you for contacting the Multiple Sclerosis Society of Canada, Atlantic Division, in regards to the Emergency and Long Distance Travel Program. As you begin your application process please note the following:

- **The Emergency and Long Distance Travel Program assists with the costs of travel related to MS medical emergencies, ambulance travel when MS disability leaves no other transport option or long distance travel (more than 200 km one way) to medical appointments.**
- **The maximum funding allowable under the Emergency and Long Distance Travel Program is \$600.00 for the 2010 fiscal year.**
- **The current fiscal year runs will end December 31st, 2010. When all available funds are spent, the Funding Program will close for the year. *New applications will not be distributed or considered until January 1st, 2011, the beginning of our new fiscal year.***
- **Please allow 3 weeks for the process of a complete application. Incomplete applications will cause delays in the approval process.**
- **Please contact the Coordinator of Client Services to see if your transportation needs and expenses are applicable to our program.**

Should you have any questions or concerns regarding the **Emergency and Long Distance Travel Program** or any other programs and services offered by the MS Society, Atlantic Division, please do not hesitate to contact me.

Sincerely,

Elizabeth MacRae

Coordinator, Client Services



Multiple
Sclerosis
Society of
Canada

Société
canadienne
de la sclérose
en plaques



Atlantic Division

71 Ilsley Avenue, Unit 12
Dartmouth, Nova Scotia B3B 1L5
Telephone: (902) 468-8230
Fax: (902) 468-5328
Toll Free: 1-800-268-7582
www.mssociety.ca

Emergency and Long Distance Travel Program

If you are currently receiving money from any government programs please check with that program to determine if funds are available for the service being requested.

I. PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail address: _____

Phone: (_____) _____ Date of Birth: ____/____/____
mm dd yy

2. TRAVEL INFORMATION

What is the reason for your transportation related expenses?

Travelling by ambulance to a medical appointment because of disability caused by MS? Yes No
If this situation applies to you, please submit a 1) confirmation that ambulance travel is the best mode of transport and 2) confirmation of attendance to the medical appointment

Travelling by ambulance due to an MS related emergency? Yes No
If this situation applies to you, please submit a confirmation that you were treated for an MS related emergency

Travelling more than 200 kilometers (one way) for an MS related medical appointment or treatment? Yes No
If this situation applies to you, please submit a confirmation of attendance to the medical *appointment*

3. EXPENSES

What expenses are you claiming (please provide total amount based on receipts submitted for reimbursement)?

Date	Description	Cost

If you need more space, please add expenses on an extra sheet of paper.

SEE OVER →

5. APPOINTING AN ADVOCATE

If you would prefer to have someone else act on your behalf during the funding application process you can appoint an advocate. For example, if you would prefer that we call this person to get more information on your claim.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail address: _____ Phone: (_____) _____

Signature of advocate: _____

6. CONSENT AND SIGNATURE

This form has been completed to the best of my knowledge. I agree that information related to this application may be discussed with my health care professional or equipment supplier as necessary. I agree that the MS Society of Canada (Atlantic Division), its employees, agents, directors and volunteers are not responsible for loss or damage incurred by any party through the use of funded equipment or services and that all funded equipment is the sole property of me, the client.

Signature or Mark

Date

Please return completed form to:
Client Services Coordinator
Multiple Sclerosis Society of Canada, Atlantic Division
71 Ilsley Avenue, Unit 12
Dartmouth, NS B3B 1L5

The Multiple Sclerosis Society of Canada, Atlantic Division protects client's privacy. The information collected is used to provide services to clients and to compile anonymous statistical information. It is shared with authorized individuals and companies outside the MS Society of Canada only if this application form is signed by the client. By completing this form, you hereby consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy.