

Vulnerable Population Essential Travel Client Reimbursement Form

Instructions:

- As of February 15, 2021, band members aged 60 + who reside in Newfoundland are eligible for a monthly subsidy valued at \$50 (per household) to support travel for the purchase of groceries and other essential items during the pandemic. This benefit will run until the available fund has been fully allocated.
- Seniors who require a taxi to travel may request a pre-paid shuttle/taxi in lieu of the \$50.00 subsidy.
- If a shuttle/taxi is required, you may contact our COVID-19 Support Team at 709-634-5163.
- Shuttle/Taxi Trips must be pre-approved and submitted as soon as possible, as this program is a first come first serve basis. Allocated funds will be disbursed until total funds are exhausted.
- Limit of one trip per month, per household.
- Member's must apply each month to receive the vulnerable population essential travel reimbursement.
- Remember to include your Band registration (or identification) number.
- Ensure you have completed all sections of your reimbursement form and signed where applicable to avoid your claim being returned to you for further revision and subsequent delay.
- Please click here for the [Client EFT Direct Deposit Form](#).
- All Vulnerable Population Essential Travel reimbursement claims must be either emailed to covidsupport@qalipu.ca or mailed to the Corner Brook office at:

VPET Reimbursement Program
3 Church Street
Corner Brook, NL
A2H 2Z4

Contact Information:

- To set up a pre-approval for your Vulnerable Population Essential Travel please contact our COVID-19 Support Team at 709-634-5163 or covidsupport@qalipu.ca.
- For general inquiries regarding Vulnerable Population Essential Travel call 709-634-5163.

Vulnerable Population Essential Travel Client Reimbursement Form

All requests for reimbursement of eligible benefits should be made as soon as possible, as this program is "first come first serve" basis. Please submit ALL required documents and retain a copy for your records. **Forms that are unsigned or incomplete will be returned. Faxed claims will NOT be accepted.**

Contact our COVID-19 Support Team for prior approval at 709-634-5163 or covidsupport@qalipu.ca

Section 1 - Client Information (client receiving the service)

Client's Full Name: _____

Date of Birth: ____ / ____ / ____
dd / mm / yyyy

Band Registration #: _____

Clients Home Address: _____ Phone Number: (____) _____

City: _____ Prov: _____ Postal Code: _____ E-mail: _____

Section 2 - Payment Information

Eligible members will receive a monthly benefit of \$50 (per household).

Qalipu First Nation will issue a cheque if EFT information is not available or provided by the member.

PLEASE USE THE EFT INFORMATION ON FILE ☐

MAILING ADDRESS SAME AS CLIENTS HOME ADDRESS ☐

Please provide the name and address of the person to which payment should be made. The payee must be the provincial legal age.

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Section 3 - Authorization and Signature

Qalipu First Nation requires your authorization to collect information from you (including receipts) for services provided to you. I authorize the release of any records that are relevant to the processing and payment of this claim to Qalipu First Nation, its agents or contractors, or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and does not contain a claim for any benefit or service previously paid for by Qalipu First Nation or by any other plan(s)/program(s) that is noted in the statement or explanations of benefits.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** ____ / ____ / ____
(Signature is mandatory) dd / mm / yyyy

Mail this completed form along with receipts (if applicable) to:

Qalipu First Nation
3 Church Street
Corner Brook, NL A2H 2Z4

Faxed claims will be returned, and a mailed copy will be requested.

Privacy statement

Qalipu First Nation also requires your authorization in order to collect information from you for services provided to you and paid for by the Band. Qalipu First Nation is committed to protecting your privacy and safeguarding the personal information in its possession. When a request to provide coverage for benefits is received, Qalipu First Nation collects, uses, discloses, and retains your personal information in accordance with the applicable federal privacy laws and policies.