



# HEALTH GRANT

## APPLICANT INFORMATION Please ensure to complete application in full, incomplete applications might not be considered.

**Full Name:**   
(First, Middle, Last Name)

**Beneficiary Name:**   
(if different from the applicant)

**Complete Address:**   
(Street, City, Province, Postal Code)

**Phone Number:**  **E-Mail:**

**Band Registration Number:**

**Date of Birth:**  **Marital Status:**  Single  Married  Separated  Others

**Occupation:**  **Are You A Retiree:**  Yes  No

## GRANT REQUEST INFORMATION Please ensure to review health grant guidelines for request eligibility.

**Optometry:**  **Massage Therapy:**

**Orthodontics:**  **Physiotherapy:**

**Orthopedics:**  **Chiropractic:**

**Dental:**  **Long Term Care:**

**Mental Health:**  **Medical Footcare:**

**Prescriptions:**  **Medical Equipment:**

**Medical Tests:**

**Notes:**

## EXPECTED COSTS Complete (1) through (6) in dollar amounts.

**Expected Costs (1):**

**NIHB Coverages (4):**   
Non-Insured Health Benefits

**Personal Contributions (2):**

**Total Required (5):**

**Private Health Insurance (3):**

**Amount Requested (6):**

## SUPPORTING DOCUMENTS, CHECKLIST, AND AUTHORIZATIONS

**Copies of Receipts or Invoices included.**  Yes  No **Confirmation that expenses are approved or denied by NIHB, OHIP, or Private Insurance.**  Yes  No

**Fees to be paid to the Service Provider.**  Yes  No **Shawenekezik Health Staff recommendation is included.**  Yes  No

**Health Service Provider confirmation of the expected benefit of the request.**  Yes  No

Certification and Authorization to confirm personal information: I certify that the above information and attachments are true, correct and complete. I am aware that by submitting this application online deems the application signed. I am aware that the information in this application and attached supporting documents will be used to assess grant eligibility. I give permission to the Atikameksheng Trust to access the information from the following organizations to confirm information provided in my application:

Atikameksheng Anishnawbek  Other:

**Applicant Signature**

**Witness Signature**

**Applicant Date**

**Witness Date**

### More Information :

- 31 Reserve Rd, Suite 1, Naughton, ON P0M2M0
- +1 877 221 9588 (Toll Free)
- +1 705 692 2235 (Office)
- +1 705 692 7225 (Fax)
- www.atiktrust.ca
- atiktrust@vianet.ca



OFFICE HOURS: 8:30AM - 4:30PM EST MON-FRI