

Getting Started

Preliminary Eligibility

Does the patient have a medical appointment booked?

<input type="radio"/>	<input type="radio"/>
Yes	No

Is the medical appointment covered by a provincial health plan?

<input type="radio"/>	<input type="radio"/>
Yes	No

Do you currently have the patient’s household income information on hand to complete this form?

<input type="radio"/>	<input type="radio"/>
Yes	No

Do you grant permission to Hope Air to contact the patient’s doctors and/or specialist appointment medical facility?

<input type="radio"/>	<input type="radio"/>
Yes	No

Patient Information

Request Details

Are you completing this request for yourself, or on behalf of someone else?



Myself



Someone Else

SAMPLE

Patient Details

Title▼

First Name

Last Name

Date of Birth

Date▼Month▼Year▼

Phone Number

Alternate PhoneOptional

Email Address

Street Address

CityProvince▼

Postal Code

Language Preference

Language▼

☐

Hope Air can email me with occasional updates about our services.

Escort Information

Does the patient require assistance by an escort to ensure

physical safety?

☐

Yes

☐

No

Appointment Information

Referring Doctor Details

First Name or Initial

Last Name

Phone Number

Medical Appointment Details

Appointment Date

Date



Month



Year



Appointment Time

Hour



Minute



AM/PM



If the medical facility is not listed, please type it in the Medical Facility Name space.

Medical Facility Name



Appointment Medical Facility Phone Number

Ext

Specialist Appointment Doctor Details

Do you know the details of the specialist appointment doctor?

☐

Yes

☐

No

Travel Details

Travel Information

Preferred Departure City

Preferred Arrival City

Preferred Departure Date

Date



Month



Year



Preferred Departure Time



Preferred Return Date

Date



Month



Year



Preferred Return Time



Special Needs

Does the patient have any special needs that need to be accommodated for air travel? (Select all that apply)

☐

Power wheelchair (patient's own)

☐

Service animal

☐

Manual wheelchair (patient's own)

☐

Visual Impairment



Other mobility aid (patient's own)



Airport wheelchair



Physical Assistance



Oxygen



Hearing Impairment



Seizures



Severe Allergies

Volunteer Pilot Program

Hope Air has a Volunteer Pilot Program in which private pilots, approved by Hope Air, fly patients in small private planes rather than on commercial flights. For more information, please see our [Help \(/Our-Work/Travel-Request/Travel-Request-Help\)](#) page.

Is the patient willing to take a volunteer pilot flight?



Yes



No

Household Income

Household Family Members

Hope Air requires the total gross income of the patient's household family in order to determine travel request eligibility. Income information for all household family members for the past 12 months is required to be submitted. Household family members with no income should also be listed.

Please add **all members** of the patient's household family below

Add Household Member

Please enter the gross total income received in the past 12 months from the following sources.

Is this person an adult or child?

☒ Adult

☐ Child

First Name

Household Member's Information

Is this household member currently employed?

☐ Yes

☐ No

Please enter the gross total income received in the **past 12 months** from the following sources.

Full time employment

Dollars

Part time employment

Dollars

Contract, Temporary, or Seasonal Employment

Dollars

Self-employment

Dollars

Federal Income Assistance

Please enter the gross total income received in the **past 12 months** from any of the following federal income assistance sources:

Employment Insurance

Dollars

CPP Retirement Pension

Dollars

CPP Disability Benefits

Dollars

Old Age Security Pension

Dollars

Guaranteed Income Supplement for OAS

Dollars

Veteran Income Support

Dollars

Other Sources of Federal Income Assistance

Describe Income Source

Amount

Dollars

ADD INCOME

Provincial Income Assistance

Please enter the gross total income received in the **past 12 months** from any provincial income assistance programs (i.e. income assistance, disability support, etc.):

Income Assistance

Dollars

Disability Support

Dollars

Other Sources of Provincial Income Assistance

Describe Income Source

Amount

Dollars

ADD INCOME

Non-Government Income

Please enter the gross total income received in the **past 12 months** from any non-government income sources:

Corporate Pension

Dollars

Investment Income

Dollars

Spousal Support

Dollars

Private Insurance Claim

Dollars

Workplace Injury Income Supplement

Dollars

Other Sources of Non-Government Income

Describe Income Source

Amount

Dollars

ADD INCOME

Survey Questions

Please answer the following survey questions before submitting your travel request. These questions will not have any bearing on the outcome of this travel request, but your answers help Hope Air in our efforts to raise funds to continue expanding and enriching our services.

All individuals 18 and older require government- issued photo ID to board a commercial flight. Do you have appropriate photo ID?

<input type="checkbox"/>	<input type="radio"/>
Yes	No

Is this the first request submitted for this patient?

<input type="radio"/>	<input type="radio"/>
Yes	No

What illness is the medical appointment for?

Illness

▼

What type of medical appointment is this?

Appointment Type

▼

Does the patient have diabetes?

<input type="radio"/>	<input type="radio"/>
Yes	No

If the requested trip is more than one day, where will the patient be staying overnight?

Selection

▼

How will the patient get to the medical appointment if Hope Air is unable to assist?

Selection ▼

Which best describes the patient's household family?

Selection ▼

Anything else you would like to share about your financial or medical situation relevant for us to know so that we can best try to help you?

Other Info

Optional

Submission

By submitting this form, you confirm that the information provided is true and accurate, and understand that this form is a request for travel assistance, not a confirmed booking.