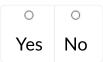
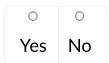
# **Getting Started**

## **Preliminary Eligibility**

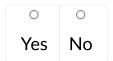
Does the patient have a medical appointment booked?



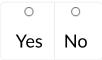
Is the medical appointment covered by a provincial health plan?



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



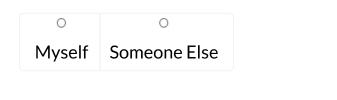
Do you grant permission to Hope Air to contact the patient's doctors and/or specialist appointment medical facility?



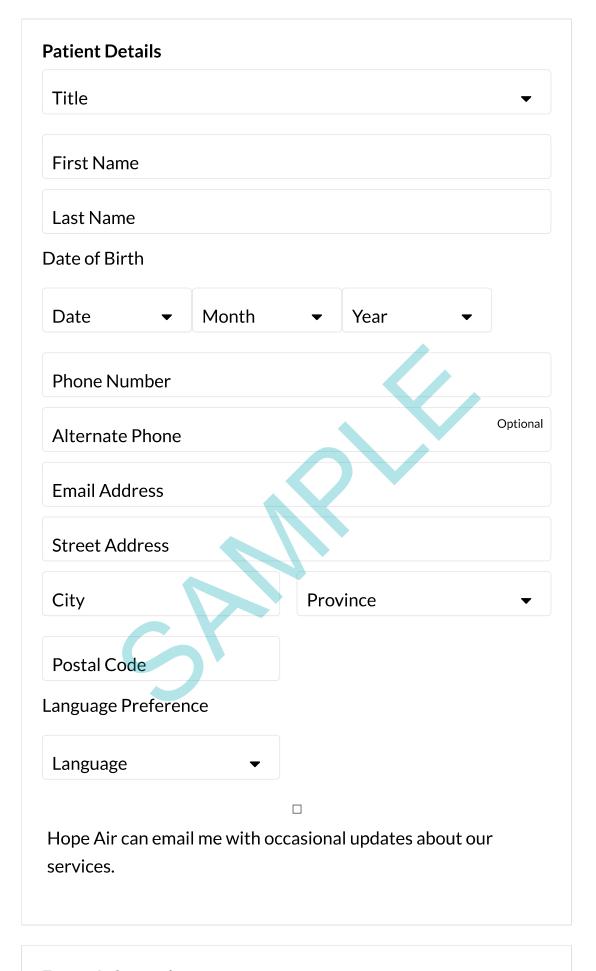
# **Patient** Information

## **Request Details**

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

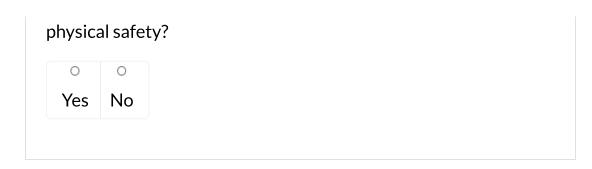




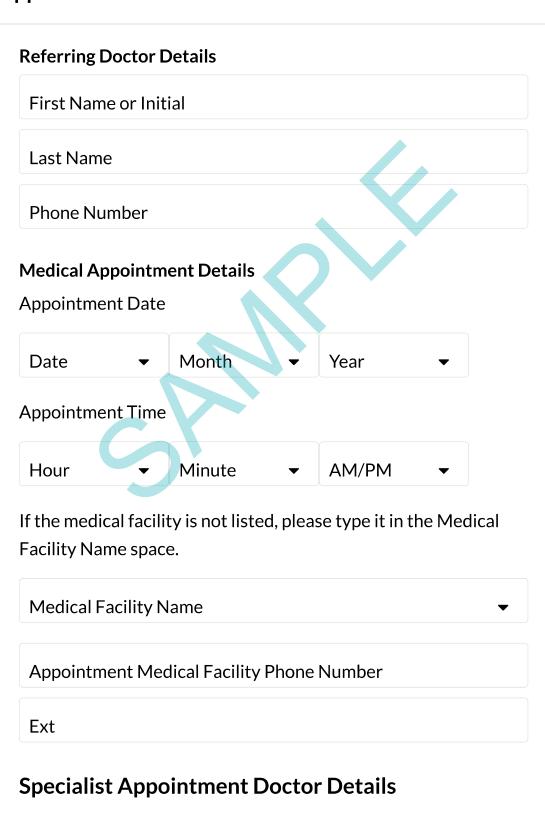


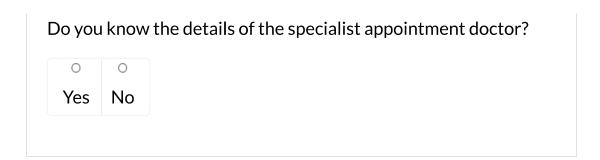
#### **Escort Information**

Does the patient require assistance by an escort to ensure

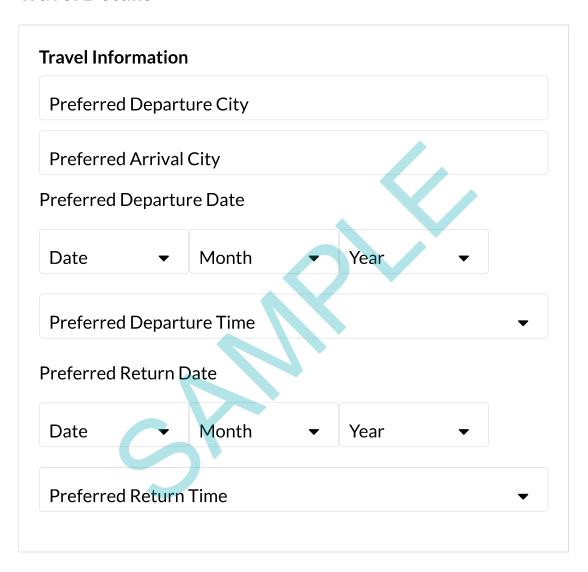


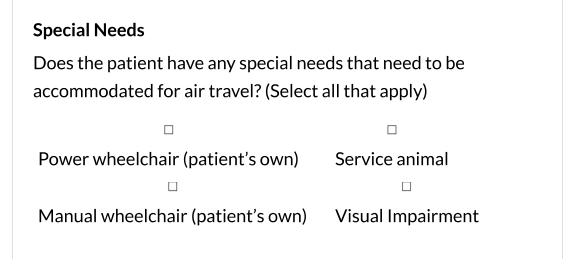
# **Appointment** Information





### **Travel Details**





Other mobility aid (patient's own)

Hearing Impairment

Airport wheelchair

Seizures

Physical Assistance

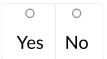
Severe Allergies

Oxygen

# **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?



## 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?



# Household Member's Information

Is this household member currently employed?

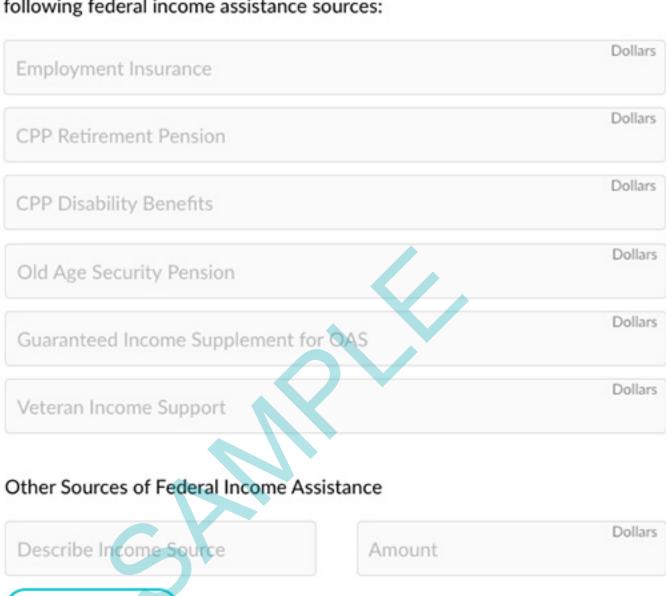
O Yes	O No

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:



# Provincial Income Assistance

ADD INCOME

Income Assistance

ADD INCOME

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.):

Dollars

Disability Support		Dollars
Other Sources of Provincial Incom	e Assistance	

# Please enter the gross total income received in the past 12 months from any non-

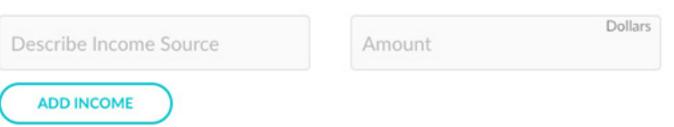
Non-Government Income

government income sources:

Dollars

	Dollars
Investment Income	Dollars
Spousal Support	Dollars
Private Insurance Claim	Dollars
Workplace Injury Income Supplement	Dollars

# Other Sources of Non-Government Income

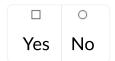


#### Form Submission

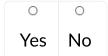
# **Survey Questions**

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?



Is this the first request submitted for this patient?



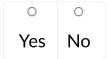
What illness is the medical appointment for?



What type of medical appointment is this?



Does the patient have diabetes?



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



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? Optional Other Info

#### **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.