



NON-INSURED HEALTH BENEFIT APPLICATION FORM

NOTE TO CITIZENS: Missing information will result in a delay of processing your request.

Date (mm/dd/yy):	
Full legal name of Citizen*:	
Date of Birth (mm/dd/yy):	
Mailing address:	
Postal Code:	
Physical address (if different than mailing):	
Phone number:	
E-mail address:	

***The Citizen must be a registered Toquaht citizen over 18 OR a guardian of a registered Toquaht child under the age of 18.**

Please note that receipt of application does not indicate approval for funding. Funding is subject to available budget and meeting policy criteria.

Funds will be allocated annually through our NIHB policy and the Budget Act and once exhausted, we will no longer be accepting requests.

The Toquaht Community Services staff are available to help you prepare your application. It is advisable to talk with them prior to submitting an application.

Citizens will be asked to provide receipts or documented proof of the amount requested (e.g. quote for cost of eyeglasses) to support our financial records.

Whenever possible, monies will be paid directly to the vendor or supplier (if applicable). Other health benefit requests will be reimbursed and not prepaid.



Please provide a copy of your updated banking information (void cheque or direct deposit form from your banking institution) for reimbursement. We also require an email address to send payment details.

Toquaht will **not** reimburse Citizens for expenses paid prior to funding approval. Support provided is subject to maximum funding allocations as defined in the Toquaht NIHB policy.

How much funding are you applying for under Non-insured Health Benefits?

Is this covered by any other service providers? Note: TNG is last payer.

FNHA Private Insurance WCB/ICBC Income Assistance Other

Please describe the amounts that the other service providers are funding.

Provider	Service/Product	Amount

Please describe your health need. You may want to tell us the nature of the services (i.e., medications, medical equipment, mobility aids, dental, eyeglasses, registered alternative health therapies – chiropractor, massage, mental health support, traditional medicine).

Has a doctor or health professional recommended this support?

Yes
 No Not Applicable

Have you attached quotes from a health supplier?

Yes
 No Not Applicable

TOQUAHT NATION GOVERNMENT
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Wherever possible Toquaht will pay suppliers directly for goods and services. We will need to know the name, phone number, and address of the supplier you are working with.

When is the best time to contact you: Morning Afternoon Evening

Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly provide information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly provide information that is false, it may result in disqualification for any future requests for financial assistance from the Toquaht Nation Government.

Name:

Signature:

Date Submitted:

This is a fillable pdf form. You may require a pdf reader to complete the form. Please save the completed form on your device for your records. You may also print this form to be completed by hand.

Attach your completed document with supporting documents and send via email:
noreenf@toquaht.ca.

Physical applications can be dropped off to the office or mailed to the address below:

In-person: Toquaht Nation Government – 1971 Peninsula Rd., Ucluelet

By Mail: Toquaht Nation Government, PO Box 759, Ucluelet, BC V0R 3A0



TOQUAHT NATION OFFICE USE ONLY

Reviewed by:

Citizen Support Policy Checklist:

The Community Health Representative receives all requests, although the point of contact may complete an application with the citizen or representative.

- Physical paper copies of applications should be date stamped when they are received.
- The CHR will review the application and identify if the application is complete or incomplete and requires more information.
- Is the person a registered Toquaht citizen or an eligible unregistered child under one year old of a Toquaht citizen?
- The CHR will contact the citizen or representative and advise them:
 - The application has been received.
 - Whether or not the application is complete.
 - What is required to complete the application if it is not complete.
 - The CHR should ask the following questions in reviewing applications.
 - Does the application include all information required to process payments? Names of suppliers? Banking information? Email address?
 - Is the applicant eligible to receive funds? Are they a registered citizen?
 - Questions to ask: Have they identified and tried to access other sources of funding?
 - Other social programs
 - Private insurance plans
 - Provincial health insurance
 - First Nations Health Authority
 - Indigenous Services Canada (example: Jordan's Principle)
 - How much funding is required/requested? Is this within the maximum limits set out in the policy? Has this citizen applied for other NIHB this fiscal year?

Advise citizen if this is an eligible cost as outlined in the policy. Please refer to the NIHB policy to see if the item or service requested is covered.



The CHR will offer to have a phone interview with the citizen or representative if the application is **incomplete** to gather the information required.

The CHR will advise the citizen or representative that until the application is complete it will not be processed.

The CHR will send the application to the Director of Community Services for approval – if the DoCS is unavailable the Director of Operations can approve.

DoCS will:

- Ensure correct coding
- Ensure funds are available to be allocated (check budget)
- Ensure application is complete – if incomplete send back to CHR

Once the application is approved, the CHR will place it on the shared drive with the supporting documentation. All documents will be combined into one single document wherever possible.

Remember to advise the citizen or representative whether the application has been approved or denied and any next steps.

The naming convention for Citizen Support Non-insured Health Benefits Policy applications is: Date (YYMMDD)_NIHB_Smith, J

Advise finance via email of the completed application, its location and who the payment will be made out to by Wednesday at 10am.

Interview notes:

Approved or declined:

Amount approved and coding:

Approved by:

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Date:

Electronic File name: