



COMPASSIONATE TRAVEL PROGRAM APPLICATION FORM 1

Qikiqtani Inuit Association (QIA) Compassionate Travel Program provides assistance for air travel for a maximum of two (2) family members who is terminally ill and facing imminent death.

Please see the Compassionate Travel Program Description for eligibility requirements.

Qikiqtani Inuit Association
Assistant Executive Director
P.O. Box 1340, Iqaluit, NU, X0A 0H0
Tel: (867) 975-8400 Toll Free: 1-800-667-2742
Email: Griefandbereavement@qia.ca
Website: www.qia.ca

Person Information:1		Personal Information: 2	
Last Name		Last Name	
First Name		First Name	
Date of Birth		Date of Birth	
Relationship to Individual		Relationship to Individual	
NTI Number		NTI Number	
Travel From		Travel From	
Travel To		Travel To	
Departure Date		Departure Date	
Return Date		Return Date	
Contact Number		Contact Number	
Email		Email	
Signature		Signature	

TERMINALLY ILL CONTACT INFORMATION (FACING IMMINENT DEATH)		
Last Name		
First Name		
NTI Number		
Date of Birth		
Doctor or Nurses Letter Attached	YES	NO
Location of Patient		



COMPASSIONATE TRAVEL PROGRAM APPLICATION Letter From Authority FORM 2

TO:
Qikiqtani Inuit Association
Community Liaison Officer
P.O. Box 1340 Iqaluit, NU, X0A 0H0
Phone: (867) 975-8400 Toll Free: 1-800-667-2742
Email: Griefandbereavement@qia.ca
Website: www.qia.ca

From: _____
P.O. Box _____, _____ NU, _____
Tel: _____
Cellphone: _____
Email: _____

Letter from Applicant

We, the immediate family member of patient _____
(Name of patient facing imminent death)

Of _____ are requesting that Qikiqtani Inuit Association (QIA)
(community)

provide assistance to the following two (2) Nunavut Land Claim Beneficiaries:

(Name)

(Community)

(Name)

(Community)

Authorized Family Member Signature

Print Name

Date

QIA's Compassionate Travel Program provides financial assistance for air travel for a maximum of two family members who wish to visit the family member facing imminent death.

Who is considered to be a family member?

Grandmother, grandfather, mother, father, daughter, son, aunt, uncle, sister, brother, and grandchildren.



CONFIRMATION FROM DOCTOR or NURSE FORM 3

From: _____

Hospital: _____

Phone #: _____

Email: _____

Date: _____

TO:
Qikiqtani Inuit Association
Community Liaison Officer
P.O. Box 1340 Iqaluit, NU, X0A 0H0
Phone: (867) 975-8400 Toll Free: 1-800-667-2742
Email: Griefandbereavement@qia.ca
Website: www.qia.ca

Dear Qikiqtani Inuit Association,

This Letter is to inform you that _____ is facing imminent death. He / She is a resident of _____. He / She currently located at _____ hospital.

His / Her NTI Enrolment Number is _____.

Please contact me at phone number _____ or I can be contacted by email at _____ if you require any other information or have any questions.

Sincerely,



BEREAVEMENT and COMPASSIONATE TRAVELER'S NOTICE

NA beneficiaries who are accessing the Bereavement and Compassionate Travel Program.

Qikiqtani Inuit Association does not cover/pay for the following:

- 1) Accommodations/Hotel of any kind
- 2) Meals or per diems
- 3) Ground transportation (Taxi, bus, etc.)
- 4) Change fees relating to airline bookings made by QIA

It is the traveler's responsibility to ensure they are at the airport and checked in on time.

QIA through travel agent will book most direct flights, avoiding layovers when and where possible.

The Community Liaison Officer should be contact to assist in travel date changes for only the following factors:

- a. Flights cancelled due to weather
- b. Flights cancelled due to mechanical

If the traveler decides to make further changes to the dates of travel, the traveler must call the airline/s two (2) days in advance. The traveler will pay the change fees and other costs.

QIA is not responsible for any further arrangements due to missed flight, or changes to original bookings.

I _____ acknowledge that I have read and understand the notice above.

Signed this day of _____, 20_____.

Signature: _____

AGREEMENT

- a) Chosen family member(s) must travel before the funeral date for up to a maximum of 30 days
- b) It is the responsibility of the travelers to make any flight changes and pay the change fees incurred, after flight bookings have been confirmed. The traveler can call the airline directly at 1-800-267-1247.
- c) Other Regional Inuit Association applications are not accepted for the Nunavut Compassionate Travel Assistance Program



FOR OFFICE USE ONLY		
Application accepted	YES	NO
TEC Number		
Director's Signature		Date: