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| Logo CISSS LAU |  |
|  | Direction des programmes en déficiences et de la réadaptation physique |

MATERIAL ASSISTANCE PROGRAM

TRANSPORTATION-ACCOMMODATION

INTERVENTION PLAN

**1. Identification of the patient**

Health insurance number:  Date of birth: 

Last name at birth:  First name:  Sex: 

Address:  City: 

Postal code:  Telephone: 

Email: 

Income source: Employment [ ]  Social assistance [ ]  Other [ ]  specify: 

(guardian’s income if a child under 18)

**2. Identification of services**

Occupational therapy [ ]  Physiotherapy [ ]  Neurology [ ]  Audiology [ ]  Speech therapy [ ]  Social work [ ]  Psychology [ ]  Neuropsychology [ ]  Early stimulation [ ]  Other [ ]  specify: 

Trip frequency

Number of times: () **X** week or () **X** month or () **X** year

Planned period: from  to 

**3. Means of transport for travel**

Personal vehicle [ ]

Volunteer transport [ ]  Cost of round trip:  $

Paratransit [ ]  Cost of round trip:  $

Public transit [ ]  Cost of round trip:  $

**4. Identification of the professional responsible for treatments**

Last name:  First name:  Function: 

Name of the facility (where services are provided): 

Address: 

Telephone: 

 Date 

Signature of the professional (must be a member of a professional order) d m y

* **REVERSE TO BE COMPLETED BY PATIENT OR GUARDIAN**

**Eligible expenses**

The program covers 70% of all eligible expenses.

An intervention plan is required for each facility attended. It must be signed and sent **as soon as services begin** (see contact details below). This plan must be renewed annually.

Distance is calculated in kilometres using Google Maps over the shortest distance between the place of permanent residence and the location of public health services and social services.

Round trips must be longer than 50 kilometres between the home and the location of the services. However, no minimum distance is required for trips required for intensive treatments, that is, once a week or more often.

The program covers a return trip provided that the patient is in the vehicle.

* For use of a personal vehicle: a rate of $0.295 per kilometre is applied.
* For volunteer transport, paratransit or public transit: the true cost is covered, with supporting documents.

In addition to the distance expenses claimed, please indicate any additional expenses for which you would like to be reimbursed (eligibility criteria apply).:

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| [ ]  | Parking |
| [ ]  | Meals (Breakfast: $3.25, Lunch: $4.75, Supper: $4.75) |
| [ ]  | Lodging (hotel in Montreal: $60 per night hotel elsewhere in Québec: $50 per night non-hotel establishment: $16.40 per night including breakfast)\* Lodging expenses are covered only if it is impossible to return the patient to their own home in the same day, based on the doctor’s recommendations.  |

Recipients of social assistance receive the difference between the rate paid by the Ministère du Travail, de l’emploi et de la Solidarité sociale and the one in effect for the transport-accommodation program, $0.16 per kilometre, only for the use of a personal vehicle. Parking costs, meals and lodging are reimbursed by the Ministère du Travail, de l’Emploi et de la Solidarité sociale.

* To obtain reimbursement of accepted expenses, you must provide us with the confirmation of attendance signed by the professional and, if applicable, receipts for parking, meals, lodging and the volunteer organization before the applicable deadline.

**This application will be processed from the date of receipt at our offices and will end on March 31 of the current fiscal year (fiscal year: from April 1 to March 31).**

 Programme Transport-Hébergement

Direction des programmes en déficiences et de la réadaptation physique

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