

Application for Payment of Medical Transportation – Therapeutic Activities
Public transit

PLEASE PRINT, USING A PEN.

<ul style="list-style-type: none"> • The most economical rate will be used to calculate the amount to be reimbursed to you, according to the maximum frequency of the therapeutic activity recommended by your physician. • You must submit your application to your local employment centre (CLE) by the last day of the month following the month covered by the application. 	IMPORTANT
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Applicant identification

Last name
First name
File no. (CP-12)

Local employment centre (CLE)

Fax

Details about your trips for therapeutic activities

You can use the calendar to calculate the number of trips during the month.

Month						
Reminders						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Trips during the month of: Month Year

Check the box next to each transportation payment method used and enter the number of trips for therapeutic activities during the month.

Transportation payment method	Number of trips
<input type="checkbox"/> Monthly pass (Opus card, etc.)	
<input type="checkbox"/> Single ticket	
<input type="checkbox"/> Other (specify):	

Déclaration d'un responsable du dossier de santé mentale ou de l'activité

J'atteste que les renseignements qui figurent sur ce formulaire sont exacts et complets et, en cas de modification, je m'engage à en informer sans délai le ministère du Travail, de l'Emploi et de la Solidarité sociale.

Date _____ Nom de famille et prénom _____ Titre du poste _____ Signature du représentant de l'organisme _____

OR

Declaration by beneficiary

To be completed only in the following situations:
 - the therapeutic activity does not require the presence of the person responsible for the activity or for the mental health care file
 - if the participant must remain anonymous (for example: an Alcoholics Anonymous meeting or an Narcotics Anonymous meeting)

I solemnly affirm that the information provided on this application form is accurate and complete, and agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale immediately of any change in this information.

Date _____ Signature of beneficiary _____

