



TEMAGAMI FIRST NATION

BEAR ISLAND,
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TFN Enrichment Funds **Terminal Illness Policy**

1. PURPOSE:

1.1 To set out guidelines for the administration of the terminal illness program.

2. ELIGIBILITY:

2.1 Registered Members of the Temagami First Nation who are hospitalized or have a family member that is hospitalized due to illnesses that are chronic, terminal or waiting transplant procedures.

2.2 The “applicant” can either be the caregiver/support person or the terminally ill.

2.3 The application must be in the registered Temagami First Nation Member name.

2.4 The policy can only be accessed by one family member at a time.

3. CAREGIVER/SUPPORT FOR TERMINALLY ILL PATIENT:

3.1 One caregiver is defined as: Spouse, Mother, Father, Brother, Sister, Mother-in Law, Father-in Law, Daughter-in-law, Son-in-law, Brother-in Law, Sister-in Law, Step-mother, Step-father, Step-brother, Step-sister, Grandparents, and Children/Step-children, Grandchildren, Aunt, Uncle, Niece and Nephew.

4. ALLOCATION:

4.1 Eligible TFN members can access up to a maximum of \$2,500.00 per fiscal year

4.2 The program year is from April 1st each year to March 31st of the next year.

4.3 Funding is approved on a first come first served basis, according to the date received by the Office Manager until the annual set funding has been expended.

5. PROCESS FOR REQUESTING FUNDS:

5.1 Please note: Before accessing Terminal Illness Policy be sure to access First Nation & Inuit Health or any other health coverage available to you first.

5.2 Temagami First Nation member and/or caregiver must complete the Terminal Illness application and submit ORIGINAL receipts and necessary documentation from Physician(s) or Specialist outlining the importance of support system be in place for terminally ill patient, any associated costs for patient care; and submit to Doreen Potts Health Centre – Office Manager for verification and approval.

5.3 Note: Any costs associated with patient care for non-status family member will not be covered. Temagami First Nation members who are caregiving for non-status family members will only be reimbursed for their travel fees.

6. CLIENT HEALTH COVERAGE:

6.1 Travel:

6.1.1 Travel for support/caregiver for terminally ill

6.1.2 RATES ARE AS FOLLOWS:

- 6.1.2.1 Temporary Accommodations will be covered to maximum of \$1,000.00 per month (ORIGINAL receipts (required)
- 6.1.2.2 Private accommodations @ \$ 40.00/night
- 6.1.2.3 Meals @ \$ 20.00 per meal (Breakfast/Lunch/Dinner)
- 6.1.2.4 Groceries @ \$ 400.00 per month (Original receipts are required)
- 6.1.2.5 Travel @ \$ 0.42cents/KM
- 6.1.2.6 Boat/Snow Machine \$ 50.00/trip maximum
- 6.1.2.7 Hospital parking (ORIGINAL receipts required)
- 6.1.2.8 Public transportation (cab/subway/bus within city limits- ORIGINAL receipts required)