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 Kivalliq Inuit Association

**Compassionate Travel Program Application Form
 FORM 1**

Kivalliq Inuit Association's (KIA) Compassionate Travel Program provides assistance for air travel for a maximum of three (3) family members who wish to travel to see a family member who is terminally ill and facing imminent death.

Please see the Compassionate Travel Program Description for eligibility requirements.

Kivalliq Inuit Association

P.O. Box 340

Rankin Inlet, NU X0C 0G0

Tel: (867) 645-5725

Fax: (867) 645-2348

Toll Free: 1-800-220-6581

Email: cpilakapsi@kivalliqinuit.ca

Website: www.kivalliqinuit.ca

PERSONAL INFORMATION 1	PERSONAL INFORMATION 2
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Date of Birth: _____	Date of Birth: _____
Relation to Individual: _____	Relation to Individual: _____
NTI Number: _____	NTI Number: _____
Travel From: _____	Travel From: _____
Travel To: _____	Travel To: _____
Contact number: _____	Contact number: _____
Email: _____	Email: _____
Signature: _____	Signature: _____
Departure Date: _____	Departure Date: _____
Return Date: _____	Return Date: _____
PERSONAL INFORMATION 3	TERNALLY ILL CONTACT INFORMATION (FACING IMMINENT DEATH)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Date of Birth: _____	NTI Number: _____
Relation to Individual: _____	Date of Birth: _____
NTI Number: _____	Doctor or Nurses letter Attached: _____
Travel From: _____	Location of Patient: _____
Travel To: _____	
Contact number: _____	
Email: _____	
Signature: _____	
Departure Date: _____	
Return Date: _____	



COMPASSIONATE TRAVEL PROGRAM APPLICATION

Letter from Authority FORM 2

To:
Kivalliq Inuit Association
Bereavement/Compassionate Travel Coordinator
32-4 Sivulliq Avenue, Rankin Inlet, NU. X0C-0G0
Phone: 867-645-5725
Toll Free: 1-800-220-6581
Email: cpilakapsi@kivalliqinuit.ca
Website: www.kivalliqinuit.ca

From:

P.O. Box _____, _____ NU, _____
Phone: _____
Cellphone: _____
Email: _____

Letter from Applicant

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

Of _____ are requesting that the Kivalliq Inuit Association (KIA)
(Community)

To provide assistance to the following three (3) Nunavut Agreement Beneficiaries:

_____	_____
(Name)	(Community)
_____	_____
(Name)	(Community)
_____	_____
(Name)	(Community)

Authorized Family Member Signature

Print Name

Date

KIA's Compassionate Travel Program provides financial assistance for air travel for a maximum of three family members who wish to visit the family member who is terminally ill or 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**

To be filled out by Health Care Official (Nurse or Doctor)

From: _____

Hospital: _____

Phone #: _____

Email: _____

Date: _____

To:
Kivalliq Inuit Association
Bereavement/Compassionate Travel Coordinator
32=4 Sivulliq Avenue, Rankin Inlet, NU. X0C 0G0
Phone: 867-645-5725
Toll Free: 1-800-220-6581
Email: cpilakapsi@kivalliqinuit.ca
Website: www.kivalliqinuit.ca

Dear Kivalliq 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,



I _____ acknowledge that I have read and understand the guidelines.

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 the traveler can call the airline directly.
- c) Other Regional Inuit Association applications are not accepted for the Bereavement/Compassionate Travel Assistant Program.

FOR OFFICE USE ONLY

Application Accepted: YES/NO _____

Travel Warrant #: _____

Reviewed & Approved by: _____

Processed by: _____