

Ontario Works Medical Travel Form

Return to: SOCIAL SERVICES DIVISION
HEALTH & SOCIAL SERVICES DEP
P.O. BOX 570
SIMCOE, ON N3Y 4N5

SOCIAL SERVICES DIVISION
HEALTH & SOCIAL SERVICES DEP
117 FORREST ST. EAST
DUNNVILLE, ON N1A 1B9

PLEASE NOTE – In order to be reimbursed for travel expenses relating to medical appointments, your attendance at each appointment must be verified. Any cost incurred for obtaining this verification will not be covered by Social Services.

*MONTHLY MEDICAL TRAVEL AND TRANSPORTATION COSTS BELOW \$15 PER MONTH WILL NOT BE REIMBURSED BY SOCIAL SERVICES. New rate of \$0.40 for clients driving themselves and receiving a ride from a friend or family member as per O. Regulation 134/98 s.55 (1). Parking receipts need to be attached for reimbursement.

The medical professional and driver must print their name and sign off on each medical event. In addition medical professionals must stamp the back of this form. Failure to complete this form as indicated will result in your request not being processed.

Primary Client Name: _____

Client Requiring Travel: _____

Address: _____

Phone Number: _____ Date of Birth: _____

For the Month of: _____ Case Manager Name: _____

***Attach Parking Receipts**

Date of Appointment	Method of Travel (Driver, Self)	Address of Appointment	Total KM's	Medical Professional Name & Signature	Driver Name & Signature

Date of Appointment	Method of Travel (Driver, Self)	Address of Appointment	Total KM's	Medical Professional Name & Signature	Driver Name & Signature

Client Signature _____

Date _____

Medical Professional's Stamp

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