



Compassionate Travel Program Description

How does Kivalliq Inuit Association's Compassionate Travel Program work?

Kivalliq Inuit Association's (KIA) Compassionate Travel Program provides financial assistance for air travel for a maximum of two (2) family members who wish to see a family member who is terminally ill and facing imminent death.

Who is eligible?

- Traveller(s) must be related to the individual who is terminally ill and facing imminent death. Eligible relatives include grandmother, grandfather, mother, father, daughter, son, brother, sister, aunt, uncle, grandchildren.
- The family must provide a letter signed by the terminally ill patient's doctor.
- The person who is terminally ill and facing imminent death must be an immediate family member of a registered Beneficiary of the *Nunavut Land Claims Agreement* (NLCA).
- The recipients must be registered Beneficiaries of the NLCA.
- Families must work together to determine which family members are in most need of assistance.
- KIA will provide assistance to the individuals selected by the family. Community Liaison Officers (CLO) will assist KIA in this area.
- Priority will be given to family members over the age of 16.
- Has been a resident of the Kivalliq region for a least 12 consecutive months immediately preceding the day on which he/she votes

For more information, please contact:

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
Cellular: 867-645-6832
Website: www.kivalliqinuit.ca

How do Beneficiaries access the Compassionate Travel Program?

1. The Compassionate Travel Program Application Form is available on KIA's website at www.kivalliqinuit.ca or by contacting the KIA office in Rankin Inlet at 1-800-220-6581 or (867) 645-5725 or can also contact the local CLO.
2. The Compassionate Travel Program application form must be completed and submitted to KIA's office in Rankin Inlet.
3. On receipt of the completed application form and required documents, KIA will make all travel arrangements.
4. Airfares will be paid for two (2) qualifying persons.



Compassionate Travel Program Application Form

Kivalliq Inuit Association's (KIA) Compassionate Travel Program provides assistance for air travel for a maximum of two (2) family members who wish to travel to see a family member who is terminally ill and facing imminent death.

Please refer to the Compassionate Travel Program Description for eligibility requirements.

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PERSONAL INFORMATION 1

Last name: _____

First name: _____

Date of birth: _____

Relation to individual: _____

Nunavut Beneficiary identification number: _____

Travel from: _____

To: _____

Contact number: _____

Signature: _____

Departure date: _____

Return Date: _____

PERSONAL INFORMATION 2

Last name: _____

First name: _____

Date of birth: _____

Relation to individual: _____

Nunavut Beneficiary identification number: _____

Travel from: _____

To: _____

Contact number: _____

Signature: _____

Departure date: _____

Return Date: _____

Please provide a copy of a doctor's letter or the application will not be processed

Name of individual that is terminally ill (facing imminent death): _____

Beneficiary # of individual that is terminally ill (facing imminent death): _____

FOR OFFICE USE ONLY

Application accepted: _____ Benefit taken up: _____

Travel warrant # _____

COMPASSONATE TRAVEL PROGRAM AUTHORIZATION FORM

To: Kivalliq Inuit Association
P.O. Box 340
Rankin Inlet, NU X0C 0G0
Fax: 867-645-2348

From: _____

We the immediate family members of _____ of
(Name of individual facing imminent death)

_____ are requesting that Kivalliq Inuit
(Community)

Association (KIA) provide Compassionate Travel assistance to the following two (2) individuals:

1. _____
(Name) (Community)

2. _____
(Name) (Community)

SIGNED BY:

(Authorized Family Member)

(Print Name)

(Date)