



First Nations Health Authority
Health through wellness

Community Request for COVID-19 Companion Reimbursement

Last updated on December 10, 2021

Please complete the following form to request reimbursement for COVID-19 companions for clients who were hospitalized with COVID-19 away from their local hospital. **Please submit** this completed form **along with itemized receipts/invoices**, to COVID19@fnha.ca. For more information on what items the FNHA is able to support, please see the [COVID-19 Community Support](#) Guide.

Please Note:

- Only one companion per client may be reimbursed
- The reimbursement form should be for no more than one month of travel at a time
 - One month extensions may be given by resubmitting the reimbursement form
- Only travel/accommodation for companions between Sept. 15, 2021 and June 30, 2022 is eligible

Requester information

Date of Submission:		Contact Name:	
Contact Email:		Contact Phone Number:	
Community/Health Service Organization:			

Details of Client being supported by Companion

Status Number	Last Name	First Name	Date of Birth (MM/DD/YY)

Name of escort/companion	
Travel and Accommodation Dates	
Cost of travel (e.g. mileage, bus or plane fare)	
Accommodation Costs (e.g. total hotel bill)	
Nights in hotel x \$60 Daily Meal Rate OR \$236 weekly rate where hotel has kitchenette:	
TOTAL COST:	

Please list receipts attached (*only travel and accommodations require receipts*)

Receipt/Invoice type (travel/accommodation)	Name of Vender	Receipt/Invoice Total