

**HEALTH RELATED TRAVEL RECEIPT - ESCORT**

Last Name*	First Name*	Middle Name(s)*
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IMPORTANT - Fillable/printable form available at www.veterans.gc.ca/eng/forms

- This form is to be completed by the escort **who has received pre-approval from VAC.**
- An escort is a person who accompanies the Veteran:
 - from the Veteran's home to their medical appointment; and
 - for the duration of their appointment; and
 - from their appointment to the Veteran's home.
- To ensure the Veteran's safety, you are to remain with them at their health professional's office.
- If you are **not** the spouse, dependent or a member of the Veteran's household, the Veteran may pay you an escort fee. VAC will reimburse this fee up to a maximum of a half-day or full-day rate. If eligible, meals will also be paid when travel (or travel and appointment) takes the entire two hours between 6:30 a.m. and 8:30 a.m.; or 11:30 a.m. and 1:30 p.m. or 5:00 p.m. and 7:00 p.m.
- If you **are** the spouse, dependent or a member of the Veteran's household, you are not eligible for an escort fee but the Veteran may pay you for a meal (see meals eligibility above). You should complete this form only if the Veteran is eligible for a meal.
- If you escort more than one Veteran in the same day, you must not collect payment more than once for the same half-day period.
- Where there is a different escort for each appointment, each escort must complete a separate form. This is to protect the privacy of the Veteran and escorts. If you need additional forms, they are available on-line at www.veterans.gc.ca/eng/forms; or you can photocopy this form or call us toll-free at 1-866-522-2122.

Appointment Date (yyyy-mm-dd)	How much were you paid to assist this Veteran?	For how many hours?	Are you the spouse, dependent or member of Veteran's household?	Escort's Name	Escort's Signature
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		

The personal information provided on this form is collected under the authority of the *Veterans Health Care Regulations* and/or the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* for the purpose of determining eligibility for, and facilitating the reimbursement of, health related travel expenses. Providing the information is voluntary, however, failure to complete any part of this form may result in delays.

The personal information collected on this form is protected from unauthorized disclosure by the *Privacy Act*. Name, contact information and information related to health related travel may be shared with a third party claims processor for reimbursement purposes. Personal information, including Service Health Records, obtained by VAC may be shared with Public Works and Government Services Canada (PWGSC) for the purpose of creating a digital image of the record for use by VAC. By Order in Council 2011-1348, Human Resources and Skills Development Canada (HRSDC) may provide services on behalf of VAC.

The *Privacy Act* also gives individuals a right of access to personal information about themselves under the control of the Department, as well as a right to challenge the accuracy and completeness of their personal information and have it changed as appropriate.

For further information on the above statement, contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9. Please quote Personal Information Bank Health Care Benefits and Services - VAC PPU 295 and/or Rehabilitation - VAC PPU 300 of the Government of Canada Info Source publication.