



NITINAHT WEEKLY

July 3rd ,2019 – July 10th 2019



**Happy
Birthday
Mom**

*July 5th
Birthday Wishes*

We would like to wish our Beautiful Mother, Frances Tate a Very Happy 76th Birthday this Friday, July 5th!!

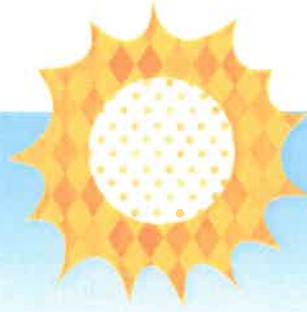
We look forward to Celebrating your day, and wish you many, many more Mom <3 We love you!! Xoxo

- Love from Brian & Dawnda, Peggy & Rastha, Floyd & Sheryl, Darryl, Wayne, Sandra & Kurt, Karen & Andrew and Steven & Maggie!

Plus, your 31 Grandchildren!

Plus, Plus your 19 Great-Grandchildren

Also, Happy Birthday to Our Cousin, Russel Edgar on July 5th!! Have a good day Russel. From all your Tate relatives <3



Community Service

Calendars and Activities

July 2019

Highlights

Literacy Camp

Medical schedule

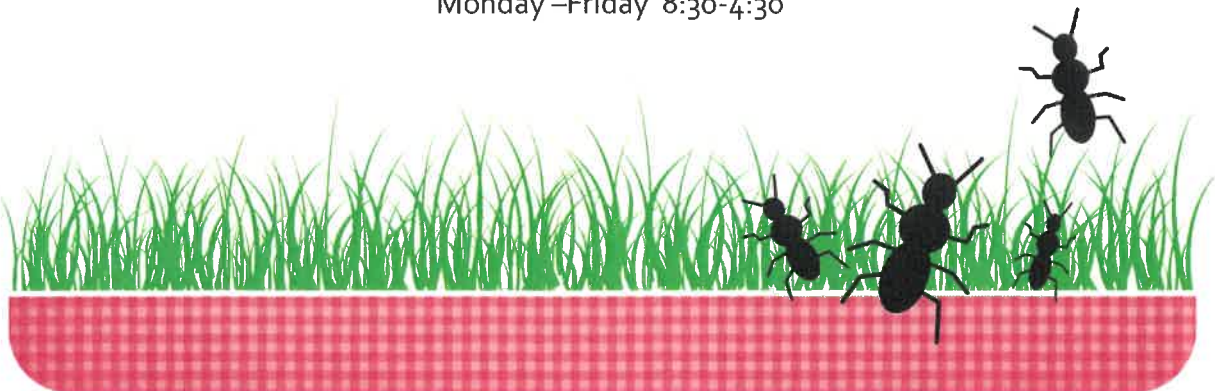
Community Campout

Elder's events

Cabin Build

Call: 250-745-3331

Monday –Friday 8:30-4:30



Summer Advertising 2019

July 8-12, 2019



Tribal Journeys
In Ditidaht July 11-12, 2019



Literacy Camp

Three weeks of fun
July 8-25



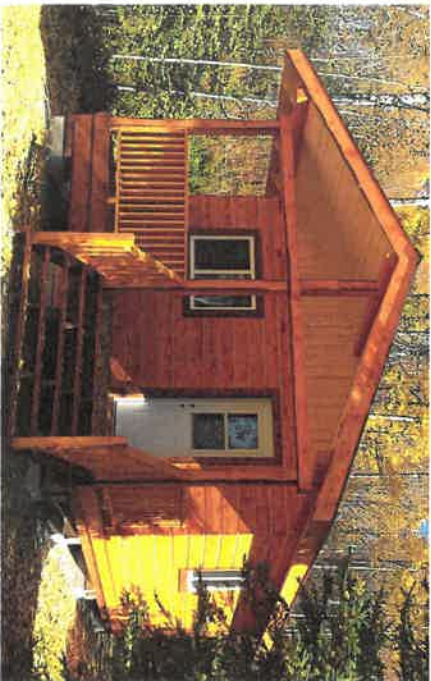
Elders trip to Lummi Washington

July 24-28 2019



Summer Advertising 2019

Warrior's cabin build begins this summer
July 22, 2019



If you would like to help or have questions phone
1-250-745-3331

Youth Weekend Retreat

July 26-28

Cheewaht welcoming kids home



For more information call Community Services

Ladies Night

Wednesday Nights at 7:00 pm
Childcare provided



Medical Supports in Ditidaht
Every Monday and Thursday
(see calendar provided)



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July 2019

Community Events

◀ Jun 2019		July 2019					Aug 2019 ▶	
Sun	Mon	Tue	Wed	Thu	Fri	Sat		
	1 Stat Holiday	2	3 Ladies Night 7 pm (vision boards)	4	5	6		
7	8 Day camp Literacy 10:00-3:00 AA meeting 7 pm Community Campout	9 Day camp Literacy 10:00-3:00 Community Campout	10 Community Campout Day camp Literacy 10:00-3:00 Ladies Night 7 pm Craft night	11 Community Campout Day camp Literacy 10:00-3:00 Tribal Journeys Arrival	12 Community Campout Tribal Journeys	13		
14	15 Day camp Literacy 10:00-3:00 AA meeting 7 pm	16 Day camp Literacy 10:00-3:00	17 Day camp Literacy 10:00-3:00 Ladies Night 7 pm Dinner and workshop	18 Day camp Literacy 10:00-3:00	19	20		
21	22 Cabin build begins Day camp Literacy 10:00-3:00 AA meeting 7 pm	23 Day camp Literacy 10:00-3:00	24 SA Day Elders trip leave for Lummi Day camp Literacy 10:00-3:00 Ladies Night 7 pm Spa and games night	25 Lummi Day camp Literacy 10:00-3:00	26 Youth weekend begins Lummi	27 Youth weekend Lummi		
28 Lummi	29 AA meeting 7 pm	30	31 Ladies Night 7 pm Family trees and snack night	August 1				

July

2019

Elder's events calendar

Upcoming events

- Band community camp out
- Canoe arrival in Nitinaht
- Elder's trip to Lummi WA



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8 Depart Band Camp out	9 Canoes arriving	10	11 Canoes depart	12 Return from Campout	13
14	15	16	17	18	19	20
21	22	23	24 Elder's trip to Lummi Depart	25	26	27
28 Elder's return from Lummi	29	30	31			

Ucluelet

Hitacu

Anacla

Port Alberni

Macoah



ESowista/TyHistanis

CHILD CARE SURVEY

Hupacasath

Calling all parents & caregivers!
Help build a community plan for accessible, affordable, quality child care and enter to **win** a **FAMILY FUN PACK**.

Hot Springs Cove

Tseshah

Take the online survey at
<https://www.surveymonkey.com/r/ACRDChildCare>
or ask your child care provider.

Ahousat

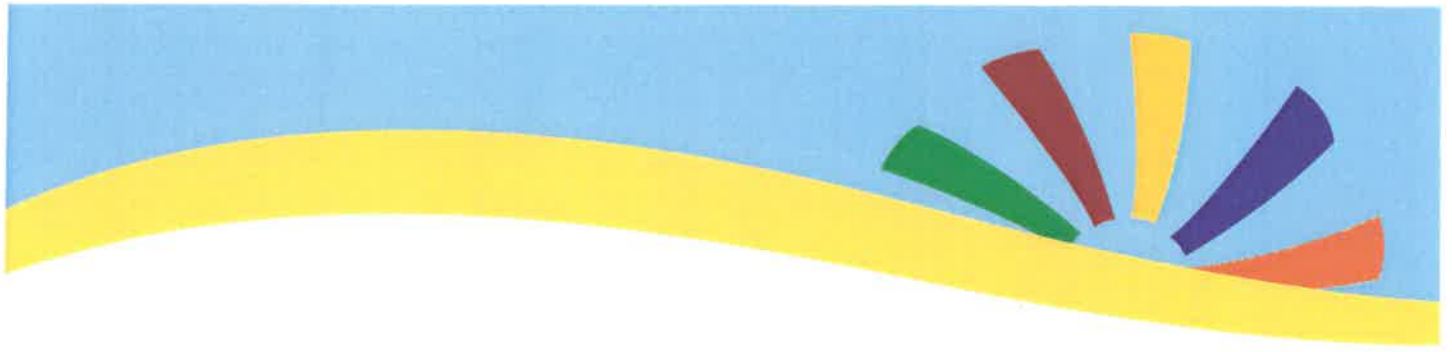
Ditidaht



ACRD Areas

Opitsaht

Tofino



AA Meeting

Mondays 7:00pm

Community Services building

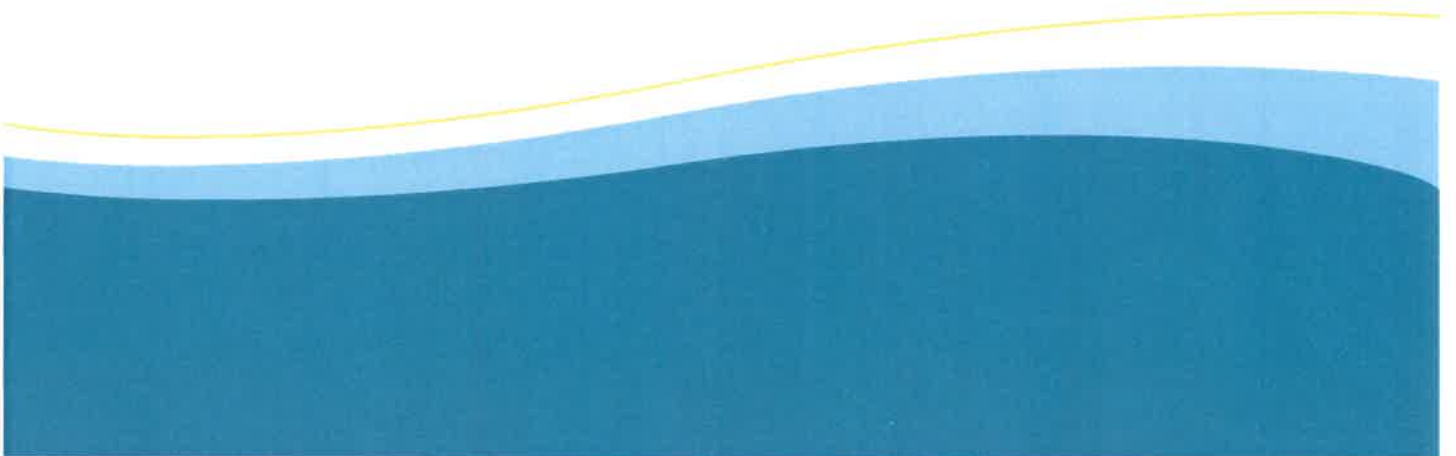


Come and join us...

All it takes is a desire to quit drinking.

All are welcome...

Come in for friendship, support and hope.



LUNCH AND LEARN



July 15 12:00-1:00 pm

Come and **LEARN ABOUT ALLERGIES**

and medication that can help. **ANNIE** the

Respiratory Therapist will cover

everything from mold, seasonal allergies, food allergies and so much more. Come

for **lunch** and some valuable

information.

Lunch and Learn



July 29 12:00-1:00 pm

Come and **OVER THE COUNTER**

MEDICATION that can help. **JESSIE**

the *Pharmacist* will cover everything from **T3s, Advil, ibuprofen** and so much more.

Come for **lunch** and some valuable

information.

July 2019

Medical Calendar

◀ Jun 2019		July 2019						Aug 2019 ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat		
	1 Stat Holiday	2 Nurse: Deb Melvin	3	4 Julian Chiropractor	5	6		
	7 8 Doctor: Laura LPN: Willow	9	10	11 Marc physiotherapist	12	13		
14	15 Anne respiratory therapist Lunch and Learn: Allergies Dr. Mcleod LPN: Willow	16 Nurse: Deb Melvin Richard: Quasa here to help with information for 60's scoop Day schoolland day scholars	17	18 Julian Chiropractor	19	20		
21	22 Julian Chiropractor LPN Willow	23 Nurse: Deb Melvin	24	25 Beth physiotherapist	26	27		
28	29 Pharmacist: Jessie Lunch Learn: Over the counter medication Dr. Mcleod LPN: Willow	30 Nurse: Deb Melvin	31	August 1 Julian Chiropractor				

Health Benefits Medical Transportation Request Form:

Please Fill out form completely as I need this to send in for reimbursement.

Surname: First and Middle Name:

Address: Telephone:

Escort Information: needs a valid driver's licence, unless traveling by bus and needs assistance

Health Practitioner/Health Facility Information: Dr.s Name/ Dentist Name / Clinic / Department

Travel Information:

Appointment: Time and Date

Appointment: From Where TO Where

Sign and Date: This needs to be signed and Dated

There are a lot of incomplete forms that I would like completed for APRIL/MAY, if anyone has any confirmation forms to be turned in.

Thank you very much

PT/CHR

Grace Marshall 250 745-3331



Ditidaht Community Services

P.O. Box 340 Port Alberni, B.C. V9Y-7M8 PH: 745-3331 FAX: 745-3741

HEALTH BENEFITS MEDICAL TRANSPORTATION REQUEST FORM

Part 1 - Client Information

Surname:		First and Middle Names:	
Status Number:	BC Health Care Card Number:	Date of Birth: / / YY/ MM/ DD:	
Address:		Telephone Number#:	
City:	Province/Territory:	Postal Code:	

Part 2 - Escort Information

Escort Required	YES _____	NO _____	Status Number (if applicable)
Escort Name:			Date of Birth: / / (YYYY/MM/DD)

Part 3 - Health Practitioner / Health Facility Information

Name:	Telephone Number:
Address:	City/ Province/Territory:
Specialty:	Appointment Date(s) and Time(s):

Part 4 - Travel Information / Mode of Transportation

Date of Departure:		Return Date:	
Transported From:		Transported To:	
Transportation Type:	<input type="checkbox"/> Plane	<input type="checkbox"/> Bus	<input type="checkbox"/> Boat
	<input type="checkbox"/> Taxi	<input type="checkbox"/> Private Vehicle: _____ x \$0.23/KILOMETRE = \$ _____	
			<input type="checkbox"/> Wheels for Wellness

Part 5 - Accommodation

Accommodation Type:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private	Accommodation Check - In Date:	Accommodation Check - Out Date:
Indicate if two (2) Beds Required:	YES	or	NO	Wheelchair accessible Room Required: YES or NO
Total Amount of Meals Requested:				

Part 6 - Authorization and Signature

I authorize the release of any records that are relevant to the processing and payment of all claims held by the service provider to First Nations Health Authority, it's agents or contractors, or any appropriate Health Professional licensing or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and do not contain a claim for any benefit or service previously paid for by First Nation Health Authority; Health Canada; or by any other plan(s)/program(s) that is noted in the statement or explanation of benefits.

Client, Parent, Guardian or Person having a legally recognized authority	Date: / / (YYYY/MM/DD)
Print Name:	Signature:

Please complete this form and attach a copy of the referral letter (if applicable), including the specialist's information, confirmation of appointment, Physician Escort Form (if applicable).

Note: Original Receipts for Hospital Parking, Tolls, Ferry, Air, Bus, Taxi, and Hotel **MUST** be mailed to our office indicating to whom it should be payable to with the referral and confirmation of appointment.



First Nations Health Authority
Health through wellness

540 - 757 West Hastings Street
Vancouver, BC
Canada V6C 1A1

T 1.800.317.7878
F 1.888.299.9222
www.fnha.ca

Dear Client:

The First Nations Health Authority (FNHA), Health Benefits has designed this check list in order to process your medical transportation travel and/or reimbursement request in a timely manner. Correct completion of the required forms and associated documentation is crucial to ensure that your travel request and/or reimbursement is processed quickly and efficiently.

Request for Medical Transportation Form

This form must be filled out and submitted to our office at least five (5) days prior to your appointment to ensure sufficient time for our office to make your travel arrangements.

The following documentation must also be submitted along with the Medical Transportation request form:

- a. Documentation from a doctor's office confirming your upcoming appointment complete with the date and time
- b. Copy of the physician's referral including the office address, date, time, and reason for the appointment (if applicable) – FNHA, Health Benefits funds travel to the nearest appropriate health professional and/or health facility. Depending on the nature of your appointment, medical justification may need to be provided to support your travel request.

Physician Escort Request Form

If you require an escort, this form must be completed **by the physician** indicating the medical/legal reason for an escort. The physician should also include a brief description of why and/or how an escort would be assisting you.

Confirmation of Attendance Form

After your appointment is complete, this form must be **stamped by the physician** and/or **signed by the physician** where you attended your appointment confirming your attendance. Please ensure that the date and time of your appointment have also been included on the form. If the section regarding pending appointments is completed by the same doctor, this will eliminate the need to obtain another confirmation of appointment.

Reimbursements

In order to process your reimbursement the following required documentation must be sent to our office:

1. Request for Medical Transportation Form (please clearly indicate what you are requesting for reimbursement)
2. Confirmation of Attendance including date and time (signed/stamped by medical professional)
3. Copy of Physician's Referral (if applicable)
4. Physician Escort Request Form (if applicable)
5. Original receipts complete with all travel information (if applicable)

Notes about receipts:

- We do not accept faxed copies or photocopies of receipts
- We do not accept receipts that have been altered without confirmation from the provider
- We do not require gas and/or meal receipts as those totals are calculated in office based on regional mileage and meal allowance rates

FNHA policy states that all invoices submitted for payment for the reimbursement of expenses for medical transportation benefits must be submitted within one (1) year of the service being provided. Requests for reimbursements submitted more than one (1) year after the service is rendered will be rejected.

It is recommended that you make photocopies of all documentation submitted to our office for your reference.

We hope that you find this information helpful. If you have any questions please feel free to contact our office at 1-800-317-7878, press#1 and then #1 again for Patient Travel.

Yours Truly,

Health Benefits
Patient Travel
First Nations Health Authority