



## Support our Troops

ALL COMPLETED FORMS AND SUPPORTING DOCUMENTATION ARE TO BE SCANNED AND EMAILED TO +SHO SOT REQUESTS FROM THE DWAN NETWORK. ONLY APPLICATIONS FROM THE CURRENT FISCAL YEAR WILL BE ACCEPTED. IF YOU HAVE ANY QUESTIONS CONTACT LISA FISCHER AT EXT. 3736

### Schedule G – Medical/Dental Family Travel – 3 CDSG CFB SHILO CAF MEMBER

Surname		Given Name		Initial(s)
CF1 Number			Rank	Unit
Reg Force <input type="checkbox"/>	Reserves <input type="checkbox"/>	Class _____		Service Number

Hereby make application for the Support our Troops mileage allowance for my child's/spouse's

medical or dental appointment in \_\_\_\_\_ Proof of attendance is attached.

\*Do not include personal medical information with this form.

#### MARITAL STATUS

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common-Law <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow <input type="checkbox"/>
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#### PATIENT'S INFORMATION (SPOUSE OR CHILD)

Surname		Given Name		Initial(s)
DATE AND TIME OF MEDICAL OR DENTAL APPOINTMENT			ADDRESS OF MEDICAL OR DENTAL FACILITY	

#### CONTACT INFORMATION

Mailing Address		City	Province	Postal Code
Home/Cellular Phone		CAF Member's Work Phone		CAF Member's Email Address

Effective 1 Dec 23, CAF families will be reimbursed each time they travel outside of CFB Shilo for a spouse's or child's medical or dental appointment, in accordance with the following chart:

Travel to:	Gas	*Breakfast (max \$30)	Lunch (max \$30)	Parking not covered by Medical Office	Winnipeg Only		Comments
					Dinner (max \$50)	Accommodations (Max \$50)	
Winnipeg	\$50.00	Up to \$15 per person	Up to \$15 per person	Up to \$7 per day	Up to \$25 per person	Up to \$50	Patient plus one. Meals, parking, and accommodation must be supported by detailed receipts.
Portage la Prairie	\$30.00	Up to \$15 per person	Up to \$15 per person	Up to \$7 per day	N/A	N/A	

\*Breakfast is only covered when an overnight stay is required.  
 \*\* Low KM rate for Manitoba – 24.0 – 1 July 2023

Note: Meals are covered when it is not possible to eat a meal at home. Meal receipts must correlate with the appointment time. (For example: if an appointment is at 10:00 a.m. and a lunch receipt is time stamped at 5:45 p.m. the meal is not covered.)

Complete the following "Travel Information" as per the chart above.

**Schedule G – Medical/Dental Family Travel – 3 CDSG CFB SHILO**

**TRAVEL INFORMATION**

Destination	Gas Cost	Departure Time	Arrival Time	Breakfast Cost	Lunch Cost	Supper Cost	Accomm Cost	Parking
		Date	Date					

<b>Total Claim</b>	
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**DISCLOSURE & AUTHORIZATION**

I hereby verify that all of the information I have provided with respect to my request for application for financial assistance from Support Our Troops, is true. This will also confirm that I consent to the collection, disclosure and sharing of personal financial information by SOT authorized personnel/SISIP Financial FCs/Chain of Command as deemed necessary for the sole purpose of assessing my request for this application, and for all other purposes associated with the administration of the Support Our Troops Funds and that no other use or disclosure of this information will occur without my consent, other than pursuant to the provisions of the Access to Information Act and Privacy Act.

<b>CAF Applicant's signature</b>		<b>Date</b>
<b>Approval of Senior Manager PSP</b>		<b>Charge to:</b>
<b>Craig Ethelston</b>	<b>Date</b>	<b>2060-0-2230-0-07932</b>

**SIGNATURE**

Completed forms and all supporting documentation are to be scanned and emailed to +SHO SOT Requests from the DWAN network. Please note, emails not sent from the DWAN network will not be delivered. Forms can also be dropped off at the PSP Office at building L-102, Rm 137. If you have any questions please contact Lisa Fischer, PSP Admin Assist, at ext. 3736