

Trans Hope Fund – Expense Claim Form

The Trans Hope Fund offers financial support up to \$200 to transgender & gender diverse individuals accessing gender-affirming care 50km or more from their place of residence.

Claimant (Preferred) First Name	Claimant Last Name	
Street Address	City, Province	Postal Code
Phone Number	Email	

Specific Expenses

Please list below any specific expenses that you are claiming. Eligible expenses could include hotel accommodations, legal name or gender change, the medical note fee for this application, and travel by taxi, bus, or air. Receipts must be attached for all of these expenses. Dates for expenses should match the appointment dates on the medical expense claim form.

Date (MM/DD/YYYY)	Brief Description of Expense	Receipt? (✓)	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total A:			\$

Use of Personal Vehicle

If a personal vehicle was used to travel to and from your appointment, please complete the following table below for reimbursement. Please ensure that the distance is reported in kilometres and that return trip is included. To find the claim amount, multiply the kilometre amount by 0.3. Dates for these claims should match the appointment dates on the medical expense claim form, but receipts are not necessary in this section.

Date (MM/DD/YYYY)	Origin	Destination	Total KM Roundtrip	Claim (\$0.30/km)
				\$
				\$
				\$
				\$
				\$
Total B:				\$

Meals (Per Diem)

Often, when travelling to a medical appointment, a person needs to eat a meal away from home. Depending on the time of day and distance traveled, an individual may need to purchase more than one meal. Dates for these claims should match the appointment dates on the medical expense claim form, but receipts are not necessary in this section.

Date (MM/DD/YYYY)	Breakfast (\$10)	Lunch (\$15)	Supper (\$25)	Daily Total
				\$
				\$
				\$
				\$
				\$
Total C:				\$

Summary

Please complete the following section using the totals from the previous 3 sections.

Total A Specific Expenses	\$
Total B Personal Vehicle	\$
Total C Meals	\$
Total Claim (A+B+C)	\$

If you receive funding, what name should we use on any cheques issued to you?

Terms & Conditions

I agree that no other agency, organization, insurance or government body has already reimbursed me for the expense items listed above.

I agree that the information contained in this application, including the expense claims above, are true and accurate.

I understand that my information will be reviewed by the Trans Hope Fund Committee and that my application will remain confidential to the greatest extent possible. I understand that my application may be stored in a secure location for a maximum of 2 years. I understand that the Trans Hope Fund or its agents, are not responsible for any lost or stolen receipts or applications.

I consent to Moose Jaw Pride contacting the practitioner in my attached medical note as well as any individual or business listed in my expense claims to validate their accuracy.

I understand and accept that there is no guarantee that my application will be funded and that all decisions made by the Trans Hope Fund committee are final and cannot be appealed.

Date _____ Signature _____

Trans Hope Fund Document Checklist

- | | |
|---|---|
| <input type="checkbox"/> Proof of address (required) | <input type="checkbox"/> Completed Expense Claim Form |
| <input type="checkbox"/> Trans Hope Fund Medical Note | <input type="checkbox"/> Copies of Receipts |