



**Ontario Works Program
Housing and Social Services Department
Monthly Medical Transportation Log**

Year: Month: Applicant's name: Member ID:

Address: Patient's Name:

Date:	Family Member (self, spouse, child)	Name and Address of Health Professional	Transportation (own car, friend, borrowed)	Kilometres (return)	Cost of Parking	Time In	Time Out	Doctor or staff initials with Stamp or Card

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- All sections **must** be completed before your Case Manager can issue medical travel and transportation benefits.
- Your Case Manager will use your starting destination and end location and enter them into a program which calculates distance traveled.
- If there is a discrepancy in the kilometers declared, the lower amount of your declaration and the distance calculator we use, will be the amount to be paid.
- If you are using your vehicle or a friend or family vehicle, verification of valid insurance must be provided.

Please complete forms in full and deliver to:

Ontario Works, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695