HEALTH DISCRETIONARY FUND POLICY			
Policy Type:	**Health**	**Initially Approved:**	**07/19/2012**
Policy Sponsor:	**Health Department**	**Last Revised:**	**04/28/2025**
Primary Contact:	**Health Director**	**Review Scheduled:**	**04/2026**
Approver:	**Chief and Council BCM WFN 25/26-01-17**		

PURPOSE:

To establish a Health Discretionary Fund to fund health needs and services not covered by OHIP, NIHB or other private health coverage.

To ensure the implementation of the Wahnapitae First Nation's revenues for health are allocated in a fair and equitable manner for the benefit of the Wahnapitae First Nation members.

ELIGIBILITY:

Registered members of Wahnapitae First Nation who are at a financial need to support service costs above OHIP, NIHB and other private health coverage.

ALLOCATION:

Ontario Lottery Gaming Commission and Impact Benefit Agreement revenues will be accessed to fund allocations of the Health Discretionary budget which will be determined annually by the Chief and Council.

Accessing funds will be on a first come first served basis annually.

PROCESS FOR REQUESTING FUNDS:

All other appropriate health benefits and funding sources must be exhausted prior to accessing this program.

An application must be completed for prior approval to determine eligibility.

Eligible recipients or guardians of recipients must complete the health benefits form and attach original receipts and necessary documentation from the Physician or specialist outlining associated costs and submit to the attention of the Community Wellness Coordinator for verification and approval.

Approved Requests will then be forwarded to the Finance Director for payment disbursement.

Appeal for denied applications will be reviewed by the Health Director and Executive Director and this decision will be final.

HEALTH COVERAGE:

Eligible Members maximum approval of $1,000.00 for the following:

The Health Discretionary Fund will be distributed to assist with the medical coverage that is above the allowable amounts with NIHB, OHIP and other private health coverage up to a maximum of $1,000.00 annually. This includes but is not limited to the following:

1. Travel Out of Town:
    a. Rooms to be covered to a maximum of $200/night (receipt required).
    b. Milage, meals, and per diem rates as per the Finance Policy.
    c. Travel out of town requires a physician referral based on services not being available locally or specific specialist recommendation from the physician.

2. Chiropractor, Osteopath, Podiatrist/Chiropodist, Message Therapist, Naturopath/Dietician, Speech Therapy, Equipment, Audiologist, Optometrist, Dental, Physiotherapist, Athletic Therapist, Psychologist, Social Worker, and Acupuncturist.

3. Any other medical needs not listed in this policy will be reviewed/assessed on a case-by-case basis by the Community Wellness Coordinator and Health Director.

4. Medical Procedures:
    a. Cosmetic Medical procedures will be reviewed only with a physician referral, reviewed by the Community Wellness Coordinator and Health Director.

REVISION HISTORY:

Date (mm/dd/yyyy)	Motions
07/19/2012	BCM 11/12 #82
12/12/2020	BCM 20/21-12-178
02/25/2025	BCM WFN 24/25-02-282
04/28/2025	BCM WFN 25/26-04-17

REIMBURSMENT CLAIM FOR WFN HEALTH BENEFITS

This form must be signed and completed in full.
Enclose original receipts

With Regards to this Claim:
Have you accessed First Nation and Inuit Health? Yes ____ No ___
If yes, please attach documentation. If no, please explain why.
Do you have any other group health insurance coverage available to you? Yes ___ No ___
If yes, have you accessed it? Yes ___ No ___
If no, please explain why _____

Print Client Name: **Address:** **City:** **Postal Code:**	**Date of Birth:** **Phone #**	**Registry #**
Type of Expense: **i.e. vision, dental etc.**		**Amount Charged**
		TOTAL $

I hereby certify that the above information is true and accurate.

_____ _____

SIGNATURE or (Parent/Guardian Signature of Client under 18 years of age) **DATE**

Mail or deliver this form and original receipts to:

Attention: Community Wellness Coordinator
Wahnapitae First Nation, 259 Taighwenini Trail Road, Capreol, ON P0M 1H0
For inquiries please call: 705-858-7700