



APPLICANT CLIENT NAME	DATE OF BIRTH
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APPENDIX D - RETURN ASSURANCE TRAVEL FORM

This form is to be filled out by the person responsible for the return travel costs for the Client. Round Lake Treatment Centre is a non-profit organization and is unable to pay for travel costs.

I, _____ (Print Name) agree to pay for any and all travel costs limited to place of residence incurred by _____ (Applicant's Name). **I understand that if the Applicant is discharged or voluntarily leaves treatment before completion that Social Assistance and First Nations Inuit Health Branch will not cover return travel.**

In the case that Round Lake Treatment Centre must pay for any of the Applicant's travel, I agree to reimburse Round Lake Treatment Centre for all costs incurred. I understand that I will be sent an invoice which will state clearly all costs incurred by RLTC to get the above named Applicant safely home.

Note: Any outstanding debts incurred by the above noted Applicant Client will prevent all future intake processing until it is paid in full.

SURNAME (LEGAL)	FIRST NAME	MIDDLE NAME
ADDRESS	CITY, PROVINCE	POSTAL CODE
TELEPHONE	CELL	EMAIL

SIGNATURE

DATE