

About the Program

Métis Nation of Ontario Announces New Virtual Health Care Program

The Métis Nation of Ontario (MNO) is pleased to announce the launch of a new Virtual Health Care Program, made possible through funding capacity. This program, which will be managed by the Healing and Wellness Branch, is designed to provide Métis Citizens (verified) with easy access to supplemental health care while alleviating wait times for medical consultations.

Program Details

- **Application Process:** Applications can be submitted by each Citizen in need of health consultation services. Approved Citizens will receive a link allowing them to connect with a Physician Assistant.
- **Scheduling:** Appointment date and times will be at the coordination of the Citizen and Physician Assistant's schedules, booking through a third-party administrative service.
- **Follow ups:** Any recommended treatments and/or follow up appointments are at the discretion of the Physician Assistant and Citizen.

This program aims to provide a simplified process to accessing medical health services, ensuring that MNO Citizens can receive the care they need.

Accessing the Service

- Complete and submit application process
- Expected timeline: Please allow 48 business hours for application processing
- Citizen must have access to an Internet connection and connected device to be able to attend appointment
- Desktop devices must use Google Chrome or Firefox browsers - Mobile requires Android, Safari or iOS

General Consultation Supports

- Non-emergency medical inquiries
- ePrescription Renewals
- Treatment for minor illness and infections
- Mental Health referrals
- Referrals for specialists or labs
- Any inquiries that would normally be brought to a family doctor or General Practitioner

This program will NOT:

- Provide access to controlled medications such as narcotics
- Provide mental health diagnosis
- Assist with any work release or medical forms including WSIB, disability, or long-term absence. This includes past illnesses or anything longer than one week of absence.

Application Checklist

Please use the following checklist to ensure all information and documentation is provided for review in order to avoid any delay in acknowledging your application:

☐

Copy of MNO Citizenship Card

☐

Completed and submitted application

APPLICATION

Virtual Health Care Program

Region Map



APPLICATION

Virtual Health Care Program



SECTION 1 - CITIZEN APPLICANT INFORMATION:

CITIZEN APPLICANT:

First Name:		Last Name:	
Home Telephone (including area code):		Work/Cell Telephone (including area code):	
Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> Prefer not to say	Email Address: _____		Date of Birth: ____ / ____ / ____ MM DD YYYY
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced	Métis Citizenship number _____		Region Number City/Town _____ _____

Parent/Guardian Information for applicants under the age of 16 (IF APPLICABLE):

First Name:		Last Name:	
Home Telephone (including area code):		Work/Cell Telephone (including area code):	
Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Two - Spirit <input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> Prefer not to say	Email Address: _____		Date of Birth: ____ / ____ / ____ MM DD YYYY

APPLICATION

Virtual Health Care Program

SECTION 2 - DECLARATION

I hereby declare and certify that the above information is correct and true.

- ☐ I understand that this is an application for virtual consultations with a Physician Assistant through the Virtual Health Care Program offered by the Métis Nation of Ontario - Healing & Wellness Branch.
- ☐ I understand that the applicant must be a Verified Métis Citizen by the MNO Section 35 Rights Policy.
- ☐ I understand that booking appointments for anyone other than the Verified Métis Citizen applicant could result in my removal from the program.
- ☐ I understand that any verbal abuse or foul language used towards the Physician Assistant or other medical specialists will not be tolerated and could result in my Virtual Care access being revoked.
- ☐ I understand that the web link provided is intended for use by the applicant only. Sharing of this link could result in use of this service being revoked.

Applicant Signature

Date

Parent/Guardian Signature

Date

Section 3 - Permission to access

I consent to and authorize the MNO Programs & Services branch Healing & Wellness to confirm my MNO Citizenship file status with the Métis Nation of Ontario Registry (i.e., whether or not my file is complete and meets the MNO's current requirements for MNO citizenship) for the purpose of applying for and determining my eligibility to potentially access programs, services, and/or supports subject to MNO Policy #2021-001: Eligibility for Direct Benefits Programs and Services Policy, <https://www.metsnation.org/news/mno-announces-policy-updates/>. I understand that if my citizenship file is not complete, I do not qualify for this benefit. However, I may update or attempt to complete my citizenship file and then re-apply.

Applicant Name:

Home Address:

**Signature of
MNO Citizen:**

Date:

Disclaimer: This document is for the sole purpose of confirming an applicant Métis family line in order to qualify for the Métis Nation of Ontario Health Benefit Support Program. This Permission to access form does not replace the Métis Nation of Ontario citizenship application. If you have any questions regarding Metis Citizenship, please contact the Registry at:

Tel: 613-798-1006 Toll-Free: 855-798-1006

E-mail: info@mnoregistry.ca Web: www.metsnation.org