



## COMPASSIONATE TRAVEL PROGRAM APPLICATION Letter From Authority FORM 2

TO:  
Qikiqtani Inuit Association  
Community Liaison Officer  
200-922 Niaqunngusiariaq St, NU  
X0A 3H0  
Phone: (867) 975-8400 Toll Free:  
1-800-667-2742  
Email: [Griefandbereavement@qia.ca](mailto:Griefandbereavement@qia.ca)  
Website: [www.qia.ca](http://www.qia.ca)

From: \_\_\_\_\_  
P.O. Box \_\_\_\_\_, \_\_\_\_\_ NU, -  
Tel: \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Letter from Applicant

We, the immediate family member of the late \_\_\_\_\_  
(Name of patient facing imminent death)

Of \_\_\_\_\_ are requesting that Qikiqtani Inuit Association (QIA)  
(community)

provide assistance to the following three (3) Nunavut Land Claim Beneficiaries:

\_\_\_\_\_  
(Name) (Community)

\_\_\_\_\_  
(Name) (Community)

\_\_\_\_\_  
(Name) (Community)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Who is considered to be a family member?

Eligible “family members” include grandmother, grandfather, mother, father, spouse, daughter, son, sister, brother, grandchildren, aunt, uncle, niece, and nephew. Flexibility in family relations may be exercised by an RIA in order to respectfully honor the wishes and choices of next of kin or the immediate family members.