V.J. Colasanti, Employment and Social Services Division, Municipality of Chatham-Kent P.O. Box 1230, 435 Grand Avenue West, Chatham, Ontario, N7M 5L8 TO:

TRAVEL AND TRANSPORTATION COSTS TO MEDICAL APPOINTMENTS RE:

This is to verify that	This is to verify that
attended at our office on	attended at our office on
for necessary medical treatment.	for necessary medical treatment.
Signature:	Signature:
Name (Please print):	Name (Please print):
Title:	Title:
Facility:	Facility:
Location of Facility:	Location of Facility:
Client Date of Birth:	Client Date of Birth:
Case Manager Name:	Case Manager Name:
This is to verify that	This is to verify that
attended at our office on	attended at our office on
for necessary medical treatment.	for necessary medical treatment.
Signature:	Signature
Name (Please print):	Name (Please print):
Title:	Title:
Facility:	Facility:
Location of Facility:	Location of Facility:
Client Date of Birth:	Client Date of Birth:
Case Manager Name:	Case Manager Name: