

## ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE

L'hôpital général St-Joseph d'Elliot Lake

**The Oaks Centre**—Withdrawal Management Services and Camillus Centre 9 Oakland Blvd; Elliot Lake, Ontario P5A 2T1

Telephone: 705-848-2129

Facsimile: WMS 705-461-4510 --- Camillus 705-461-8599

## **Travel Guarantee Form**

Name of Applicant:		_Admission Date:
		Admission Time:
		<ul><li>□ Tapering Program</li><li>□ Young Adult Treatment Group</li><li>□ Stage 2 Recovery Group</li></ul>
l,	have an admission	date for I
I, have an admission date for I understand prior to arrival, I must have return transportation guaranteed, regardless of whether I have completed treatment or not.		
At discharge I will be going home by		
□ By □ By □ Ar	bus 🔲 I have a guaran	ket (You must submit a photocopy of the ticket) tor who has agreed to provide a return ticket tor who has agree to provide return transportation.
I have asked my guarantor to sign the form below, agreeing to provide travel post treatment (regardless of completion). I further understand that my guarantor may be contacted if alternative travel arrangements are required.		
My signature:		Date:
Guarantor Section (To be filled out by person guaranteeing return transportation)		
I agree to provide return transporta	ition to Name of Applica	
St. Joseph's General Hospital –Oak Centre, regardless of whether the above applicant has completed treatment or not.		
Name of Guarantor:	Sig	nature of Guarantor:
Please Prin	t	Signature
Address of Guarantor:		Daytime Telephone Number:  ☐ Home ☐ Work ☐ Cell  Evening Telephone Number:
Relationship to Applicant:		□Home □ Work □ Cell