

ASSISTANCE FOR CANCER PATIENTS PROGRAMS

Drug Assistance for Cancer Patients Program; and Boarding, Transportation and Ostomy Program

ELIGIBILITY

To be eligible for the **Assistance for Cancer Patients** programs (*Drug Assistance for Cancer Patients* and the *Boarding, Transportation and Ostomy Program*), the patient must be receiving treatment (chemotherapy, radiation, surgery) for cancer at a treatment centre and:

- Be a resident of Nova Scotia and have a valid Nova Scotia health Card
- Have a gross family income no greater than \$35,000 per year
- Not be eligible for coverage under other drug programs

Date of patient's cancer diagnosis _____

Does the patient have private insurance that will cover the cost of cancer medication? Yes No

PATIENT INFORMATION

Patient's Name _____ Date of Birth _____ / _____ / _____
Day Month Year

Address _____ Postal Code _____

Preferred Telephone Number _____ Married Single

Nova Scotia Health Card Number _____ (10-digit number)

If the patient is a dependent, name of parent(s) or guardian(s) _____

Parent(s) or Guardian(s) Telephone Number _____

Will the patient require a travel escort? Yes No (If yes, please call 1-866-553-0585 for more information)

INCOME INFORMATION

I have included a copy of the most recent Notice of Assessment or Re-assessment from Canada Revenue Agency for each person in the family (e.g. the patient, their parent(s) or guardian(s), spouse or common-law partner).

Yes No

STATEMENT FOR RELEASE OF MEDICAL INFORMATION RELATED TO PATIENT

I hereby authorize Dr. _____ of _____
(Name) (Address)

to provide Pharmacare Programs with medical information that may be required to determine eligibility for the *Assistance for Cancer Patients* programs. I acknowledge that by completing this application, this information will be used to determine eligibility for the *Assistance for Cancer Patients* programs (Boarding Transportation & Ostomy, and Drug Assistance for Cancer Patients programs).

Patient/Parent/Guardian's Signature _____ Date _____

Spouse/Common-Law Partner's Signature _____ Date _____