Institutional Supportive Care - Income-Tested Resident Charge

Side B: Annual Application

- Completing Side B means that you must apply for the program each year.
- Provide a copy of your Notice of Assessment OR pages 1 to 4 of your Income Tax Return showing Line 15000 (for both Resident and Spouse).
- If you do not file income tax, please include a written explanation and provide documentation from all sources of income (examples: cheque stubs, T4's).
- Please ensure you have provided all information. Incomplete applications will result in delays.
- **Please print the form and sign**.

Please return to:

Drug Plan and Extended Benefits
3475 Albert Street
Regina, SK S4S 6X6
Phone: 1-800-667-4884
or 306-787-5023
Fax: 306-787-8679
Email: DPEB@health.gov.sk.ca

Resident Information (Please Print)

Name:

Health Services Number: Date of Birth:

Social Insurance Number:

Spouse Information (Please Print)

Name:

Health Services Number: Date of Birth:

Social Insurance Number:

Contact Information (Please Print)

Name:

Home Phone Number: Work Phone Number:

Street Address or P.O. Box: City/Town: Province: Postal Code:

Declaration and Consent

Is the Power of Attorney (POA) signing on behalf of the resident or spouse? **YES ☐ NO ☐**

If YES, then copies of the POA documents MUST be attached. NOTE: If a Trustee, Guardian or POA is signing for the Applicant, a copy of the legal document must be attached to this consent form. Due to the variety of POA documents, some may not be considered acceptable for CRA, such as POA specific to or limited to a bank or financial institution.

"I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by the Saskatchewan Ministry of Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval."

Date

Signature of Resident, or if applicable, Guardian/Trustee/Power of Attorney. A witness is necessary if resident signs with an "X" or a mark.

PRINT NAME OF Guardian/Trustee/ Power of Attorney/Witness.

Date

Signature of Spouse, or if applicable, Guardian/Trustee/Power of Attorney. A witness is necessary if resident signs with an "X" or a mark.

PRINT NAME OF Guardian/Trustee/ Power of Attorney/Witness.