Health PEI
One Island Health System

PEI Insulin Pump Program

Family Contribution Assessment and Release of Information

This Application is for… (Check all that apply)

☐ **New Pump** OR ☐ **Replacement pump** (current pump past warranty) ☐ **Pump Supplies**

Child / Youth's Information - Individual who requires the insulin pump and/or pump supplies (Please Print)

Last Name		**First Name**		**Middle Initial**	
PHN #		**DOB**		**Sex (M/ F)**	

Address (Mailing address for pump supplies)

Street # and Name				Apt#	
City / Town		Province		Postal Code	
Home Telephone	( )	Cell	( )		

Child/Youth Lives With ☐ Mother only ☐ Father only ☐ Both parents ☐ Other (specify)

Applicant's Household Information – Household to which IPP correspondence sent (Please Print)
If the applicant is currently 18 years old, please review statement on bottom of the last page.

Parent / Legal Guardian of child / youth noted above

Check box if age 18 years, and you are applying as independent, and continue to next section ☐

Last Name		First Name		Middle Initial	

Spouse / Partner (Of Parent / Legal Guardian)

Last Name		First Name		Middle Initial	

Address ☐ Same as above

Street # and Name				Apt #	
City / Town		Province		Postal Code	
Telephone	☐ Same as above	Home Telephone	( )		
Cell phone	( )	Work telephone	( )		

Do you or does your spouse / partner have:

Third party health insurance that would cover part or all of the cost of your insulin pump?	☐ Yes	☐ No
Third party health insurance that would cover part or all of the cost of your insulin pump supplies?	☐ Yes	☐ No

If "yes" to above, please provide the following information

Name of health insurance company		
Name of Employer		Plan number
Terms of Coverage (e.g. insurance pays 80% of costs of insulin pump and supplies)		

If there is **more than one plan** that covers child / youth, please provide information on the additional health plan

Name of health insurance company		
Name of Employer		Plan number
Terms of Coverage		

Please submit application along with your certified copy of the most recent tax year **Canada Revenue Agency Income Tax Return** to the address below. This should include both incomes in two income households, to reflect the 'family' income. (Please note: The CRA Notice of Assessment is not sufficient, the complete Income Tax Return, certified by CRA is required. Call 1-800-959-8281 to request a certified copy).

Submit completed application to:

Health PEI Insulin Pump Program
Montague Health Center
407 MacIntyre Avenue
Montague, PE COA 1R0 Phone # 1 902-838-0787 Fax # 1-902-838-0986

The *Freedom of Information and Protection of Privacy (FOIPP) Act* of Prince Edward Island governs the collection, use and disclosure of personal information contained in this form. If you have any questions about the collection of your personal information, please contact the Health PEI Privacy and Information Access Coordinator at (902) 368-4942.

Declaration and consent

I/We, the undersigned, declare that the information provided on this application is true and correct to the best of my/our knowledge.

I/We, the undersigned, understand that refusing to submit information or knowingly furnishing false or incomplete information is an offence under the *Drug Cost Assistance Act*.

For the purpose of verifying program eligibility, I/We authorize Health PEI to obtain information from:

- My employer, my insurer, and my plan administrator regarding private insurance coverage;
- The Provincial Health Plan (the Plan) regarding my eligibility for health services and release of my PHN;

I/We, the undersigned, agree to notify Health PEI of any changes to the household income, insurance coverage, or any other factor which may affect my level or eligibility of coverage.

I/We, the undersigned, hereby consent to the release by the Canada Revenue Agency (CRA), of income, expense and identifying information from income tax returns or from other sources, copies of notices of assessment or reassessment, and copies of information slips (for example, T2202A, T3, T4 and T5 slips) filed with CRA. The information will be relevant to, and used solely for the purpose of determining and verifying my eligibility and entitlement for assistance, and collecting overpayments of assistance under the Drug Cost Assistance Act identified above.

This authorization is valid for the taxation year immediately preceding the date of this application for assistance under the Drug Cost Assistance Programs identified above.

Name of Applicant	**Signature**	**Date** (YYYY/MM/DD)
Name of Applicant	**Signature**	**Date** (YYYY/MM/DD)
Name of Youth if 18 years of age	**Signature of youth**	**Date** (YYYY/MM/DD)

- By signing above I certify that the information given on this application and in any documents attached is correct, complete, and fully discloses my household conditions.
- I understand that a false statement constitutes fraud and may result in recovery of any benefits paid.
- I acknowledge that it is my responsibility to report any change to the information provided within 30 days of the change coming into effect.

Child / Youth's Name		PHN	

CONSENT FOR RELEASE OF PERSONAL INFORMATION

Personal information is required to be released to key partners as part of the business process and continuous quality improvement, of the Insulin Pump Program. Your child's and your family's personal information will be used and disclosed only for:

- assessing, verifying and approving your eligibility for the program
- the administration, monitoring and evaluation of the program
- facilitating communication between the vendor, Health PEI and the applicant

These partners include the Health PEI Insulin Pump Program Administration Office, the selected pump vendor and their approved subcontractor(s), employees of Health PEI, and the Provincial Diabetes Program to ensure a fair administration, monitoring and evaluation of the program. The collection, use and disclosure of your child's personal information will be limited to only the information required to manage these specific functions. We are committed to protecting personal health information and will only disclose it as permitted by *Freedom of Information and Protection of Privacy Act (FOIPP)*.

The IPP Administration Office will inform the selected vendor and their approved subcontractor(s) of the family contribution that will be required towards the purchase of the pump and supplies. The vendor and their approved subcontractor(s) will also inform the Administration Office of the mailing address and tracking number of the orders when shipped and report returns or discontinuation of supplies and/or insulin pumps as well as misuse of supplies.

This Family Contribution Assessment Form along with the Canada Revenue Agency Income Tax Return will be stored in a secure filing system with access limited to authorized users. Precautions are in place to ensure that this information is appropriately secure, in accordance with government and Health PEI guidelines.

As well, all collected information from the necessary application forms, will be entered into a database that may be used within Health PEI, to evaluate the Insulin Pump Program and to identify opportunities for improvement. In addition, the vendors and their approved subcontractors may provide Health PEI with pump device and supply usage information. This data will be kept in a secure database, with access limited to authorized users. The database and all records with the Health PEI Insulin Pump Program, diabetes clinics and the IPP Administration Office will be retained in accordance with the appropriate Health PEI record retention schedule.

I/We consent to Health PEI collecting, using, and disclosing personal information about me or my/our family for the purposes described above related to the management of the Insulin Pump Program. I/We also consent to Health PEI receiving insulin pump and supply usage information from the selected pump vendor and their approved subcontractor(s).

I/We declare that all the information supplied above is true and correct to the best of my/our knowledge. I/We understand that if I/We choose to withhold or withdraw my/our consent to the collection, use, and disclosure of this information by Health PEI, I/We may be denied coverage under the Insulin Pump Program.

The vendor and their approved subcontractor(s) may offer a variety of services such as access to a vendor supported website for personal health information and insulin pump data download and analysis. I /We understand that I/We use these services or resources at my/our own risk and the services and resources are not endorsed in whole or in part by the Government of Prince Edward Island, Health PEI, or the Insulin Pump Program.

If an applicant is less than eighteen (18) years of age, the legal guardian or parent must sign the form. Applicants who are 18 years of age must sign this consent.

Name of Applicant	Signature	Date (YYYY/MM/DD)
Name of Applicant	Signature	Date (YYYY/MM/DD)
Name of Youth if 18 years of age	Signature of youth	Date (YYYY/MM/DD)

Youth who are 18 years of age when completing this application:

- If you are 18 years of age, living independently and have income, you should complete and sign the application and submit your CRA Income Tax Return

- If you are 18 years of age and are living as a dependent (ex: high school or university student):
  - you should review / sign the consent below, giving permission for your parent(s) to apply on your behalf
  - your parent(s) should complete and sign the application and your parent(s) submit their CRA Income Tax Return(s). In addition to your parent(s) signing this application, your signature is also required on page 2 and page 4 of this application.

CONSENT of Youth who is 18 years of age and who is living dependently with a parent or parents at the time this application is being made (required if application is being made on behalf of a youth who has reached their 18th birthday):

I, _____, born _____ being 18 years of age, consent to my
(print name) (yyyy/mm/dd)

parent/s making this application on my behalf for funding assistance under the PEI Insulin Pump Program.

_____ Date: _____
Signature of Youth (yyyy/mm/dd)