

Nova Scotia Insulin Pump Program Application Dependent Child/Youth (Under 18 years)



This form is to be completed for all Nova Scotia Insulin Pump Program (NSIPP) applications (*new or renewal*). Follow the instructions on pages 3 and 4 to complete this application. Please print, if completing this form by hand.

Make sure you provide a Notice of Assessment for you and your spouse/partner as applicable: Attached

Section 1: Application Request <i>Check All That Apply</i>			
Application Type	<input type="checkbox"/> New to NSIPP <input type="checkbox"/> NSIPP Renewal		
Applying For	<input type="checkbox"/> First Pump <input type="checkbox"/> Replacement Pump AND/OR <input type="checkbox"/> Pump Supplies		
Current Pump	<input type="checkbox"/> Insulet/Omnipod	<input type="checkbox"/> Medtronic	<input type="checkbox"/> Tandem
Preferred Pump <small>(For Replacement)</small>	<input type="checkbox"/> Same as Above <input type="checkbox"/> If Not, Preferred Pump Type: _____		
Pump Year: _____			

Section 2: Child's Information			
Name	Last: _____		Date of Birth (dd/mm/yyyy)
	First: _____		
	Middle Initial(s): _____	Used Name: _____	Sex assigned at birth <input type="checkbox"/> Female <input type="checkbox"/> Male
NS Health Card			
Mailing Address <small>(For delivery of Pump and Supplies)</small>	Suite/Apt: _____		Building/Street Number and Name: _____
	PO box: _____	City/Town: _____	Province: _____ Postal Code: _____

Section 3: Household Information			
Number of Dependents in household (see page 4 for definition)	_____		Number of Members Applying to NSIPP _____
Parent/Legal Guardian of the Child Above			
Name	Last: _____		Date of Birth (dd/mm/yyyy)
	First: _____		
	Middle Initial(s): _____	Used Name: _____	Social Insurance Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Mailing Address <small>(For correspondence)</small> <input type="checkbox"/> Same as above	Suite/Apt: _____		Building/Street Number and Name: _____
	PO box: _____	City/Town: _____	Province: _____ Postal Code: _____
Phone	Home: _____	Work: _____	Cell: _____
Email	Personal: _____		Work: _____
Spouse/Partner Details (of Parent/Legal Guardian)			
Name	Last: _____		Date of Birth (dd/mm/yyyy)
	First: _____		
	Middle Initial(s): _____	Used Name: _____	Social Insurance Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Check this box if you and/or your spouse has no income	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse	Do you or your spouse/partner have private health insurance that provides full or partial coverage for an insulin pump and/or pump supplies?	Insulin Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No Pump Supplies: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Diabetes Distress						
Living with diabetes can be tough. Consider the degree to which each item below has distressed or bothered you DURING THE PAST MONTH . Check the appropriate number.						
	Not a Problem 1 2		Moderate Problem 3 4		Serious Problem 5 6	
1. Feeling overwhelmed by the demands of living with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling that I am often failing with my diabetes routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notice of Assessment

Please attach a copy of the Notice of Assessment for the most recent tax year for you and your spouse/partner, as applicable.

Your Notice of Assessment is a document showing your name; SIN; tax year; and a summary of your income, deductions, credits, etc. If you cannot find your Notice of Assessment, you can request a copy from the Canada Revenue Agency

- On-line at cra-arc.gc.ca
- By phone 1-800-959-8281
- By teletypewriter service 1-800-665-0354

Collection, Use, and Disclosure of Your Personal Health Information

The Nova Scotia Insulin Pump Program (NSIPP), a provincial program of the Department of Health and Wellness delivered through the IWK Health Centre, requires the collection, use and disclosure of your personal health information mainly for assessing, verifying, and approving your eligibility for the program and the administration, monitoring, and evaluation of the program.

The personal health information collected and used for the purpose of determining your eligibility for the program may be disclosed to others such as the Diabetes Health Care Team, the selected pump vendor and/or a third party working on behalf of the vendor, the Diabetes Care Program of Nova Scotia, and the NS Department of Health and Wellness to ensure a fair administration, monitoring and evaluation of the program. The collection, use and disclosure of your 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 the Personal Health Information Act (PHIA).

The financial information on the Notice of Assessment(s) for your household will be used solely for the purpose of determining and verifying your financial eligibility for the NSIPP and for the administration, monitoring, and evaluation of the program.

Consent

All the information supplied is true and correct to the best of my knowledge.

I/we understand and consent to the Department of Health and Wellness collecting, using and disclosing my/our child's personal health information on this form for the purposes and to the organizations described above.

I/we understand and consent to the Department of Health and Wellness or agents acting on its behalf to review my/our financial information for the purpose of determining and verifying my/our child's financial eligibility for the NSIPP.

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 the NSIPP, my/our child may be denied coverage under the NSIPP.

I/we agree to receive correspondence from the NSIPP that contains personal health and financial information by:
(check all that apply)

- Email (to email ID on page 1) Mail (to address on page 1)

If you are unable to sign this form, you may give oral consent and the form may be signed by an agent acting on your behalf as a witness to the declaration.			
Child	Signature	Name (please print)	Date (dd/mm/yyyy)
Parent/Legal Guardian of the Child Above	Signature	Name (please print)	Date (dd/mm/yyyy)
Spouse/Partner (Of Parent/Legal Guardian)	Signature	Name (please print)	Date (dd/mm/yyyy)

Application Process

Applying for NSIPP coverage is a 2-Step Process (for **both** initial applications and annual NSIPP renewals)

STEP 1A Complete the application and mail to the NSIPP (see address on other side) AND attach a copy of the Notice of Assessment for the most recent tax year for you and your spouse/partner, as applicable.

- If you have health insurance (through work, school, or privately purchased), contact your insurance company to determine how much coverage you have under that plan for an insulin pump and/or pump supplies.

STEP 1B Once your application has been processed, you will receive a letter confirming the amount of your copayment. With this letter, will be a Financial Agreement form that you must review, sign, and return to the NSIPP Coordinator.

STEP 2 If applicable, work with your Diabetes Health Care Team to complete the Clinical Eligibility Form. This step will begin only after your application has been processed and you have agreed to cover your estimated share of your pump and/or supplies cost. To see the Clinical Eligibility Criteria, please go to the NSIPP website at novascotia.ca/dhw/nsipp

Please note: If you are not currently being seen by a Diabetes Team with insulin pump specialty, please reach out to the NSIPP coordinator to help navigate to the appropriate resources.

Information to Help You Complete Your Application

Who is eligible?

You may apply to the NSIPP if you:

- Are a permanent Nova Scotia resident, and
- Have a valid Nova Scotia Health Card, and
- Have type 1 diabetes.

If your family has just moved to Nova Scotia, you must first apply for and receive a Nova Scotia Health Card before you can register with the NSIPP.

Which form should you complete?

For children/youth under the age of 18, the parent(s)/legal guardian(s) must complete the Dependent Child/Youth Form. In cases of joint custody, the parent with the lowest household income (i.e., parent and/or his/her spouse/partner) should submit the application. For the purposes of the NSIPP, the parent/legal guardian is considered the applicant.

What are you applying for? Ensure that you check each box that applies to your situation on the first page of this form.

- **NEW PUMP** – check this box if you are applying for your **first ever** pump (i.e., you are not currently using a pump)
- **REPLACEMENT PUMP** – check this box if you are currently using a pump and you are applying for a new pump because your pump is at the end of its life (over 5 years old/out of warranty). If you are applying for a replacement pump, you must ask your current pump company to send an **OUT OF WARRANTY** letter to the NSIPP.
- **PUMP SUPPLIES** – check this box if you are applying for pump supplies.
Includes: infusion sets, insulin cartridges/reservoirs, skin prep, adhesive.
Does not include: batteries, continuous blood glucose monitoring systems, insulin, test strips, lancets.

Who requires the insulin pump and/or insulin pump supplies?

Provide information about the person who will be receiving the insulin pump and/or insulin pump supplies in the Applicant's Information section. The address information in this section should be the address for where the insulin pump and/or pump supplies will be sent.

How does the NSIPP define household for income purposes?

For the purposes of the NSIPP, household income is based on the income of a single adult or an adult and spouse/partner.

How does the NSIPP define adult?

A person 18 years of age or older.

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How does the NSIPP define spouse/partner?

A spouse/partner is a person who is married to you or with whom you are living in a marriage-like relationship (e.g., common-law).

A spouse/partner may be of the same sex.

For the purposes of the NSIPP, a spouse/partner is considered a dependent in the household.

How does the NSIPP define dependent child?

For the purposes of the NSIPP, a dependent child is defined as:

- A child or a legal ward of an adult
- Less than 25 years of age
- A disabled adult, supported by an adult
- Not married and not living in a marriage-like relationship

How does the NSIPP define number of dependents in the household?

For the purposes of the NSIPP, the total number of dependent children as defined above, and the spouse/partner of the applicant are considered dependent members in the household.

Which incomes need to be reported?

Report the income of the parent/legal guardian who is applying **AND** the income of that parent's/legal guardian's spouse/partner.

You do not need to report the income of other adults in your household or the income of your dependent children.

How do you report your income?

Attach a copy of the Notice of Assessment(s) for the parent/legal guardian who is applying **AND** that parent's/legal guardian's spouse/partner.

If the parent/legal guardian who is applying and/or his/her spouse/partner have no income to report, please complete and attach a Proof of No Income Form from the Canada Revenue Agency (see below for contact information).

What is a Notice of Assessment?

A Notice of Assessment is a document showing your name, social insurance number, tax year, and a summary of your income, deductions, credits, etc. If you cannot find your Notice of Assessment, you can request a copy from the Canada Revenue Agency.

- On-line at cra-arc.gc.ca
- By phone 1-800-959-8281
- By teletypewriter service 1-800-665-0354

Are you having trouble covering the cost of your diabetes medications/testing supplies?

Contact the Nova Scotia Pharmacare Program to see if you are eligible for financial assistance through one of their programs, and for inquiries related to Continuous Glucose Monitoring systems:

Nova Scotia Pharmacare Programs

PO Box 500

Halifax, Nova Scotia B3J 2S1

902-496-5667

1-877-330-0323 toll-free

Online resources: nspharmacare.ca

Have more questions?

If you have any questions or require help to fill out the application form, please call:

902-470-6707

1-855-306-6360

Online resources: novascotia.ca/dhw/nsipp

Mail or email your completed application form to:

Nova Scotia Insulin Pump Program

PO Box 9700

Halifax, Nova Scotia B3K 6R8

Email: nsipp@iwk.nshealth.ca