

Personal health information on this form is collected by Health PEI for the purposes of determining your eligibility for the PEI Insulin Pump Program, for evaluating the program and for other purposes permitted by the *Health Information Act*. Your information will be collected, used and disclosed only as permitted by law. For more information, visit www.healthpei.ca/yourprivacy or contact the Health PEI Provincial Diabetes Clinical Leader at (902) 368-4243.

This Application is for... (Check all that apply)					
<input type="checkbox"/> New Pump	<input checked="" type="checkbox"/> OR	<input type="checkbox"/> Replacement pump (current pump past warranty)	<input type="checkbox"/> Pump Supplies		
Individual who requires the insulin pump and/or pump supplies (Please Print)					
Last Name		First Name		Middle Initial	
PHN #		DOB			
Address (Mailing address for pump supplies)					
Street # and Name				Apt#	
City / Town		Province		Postal Code	
Home Telephone	()	Cell	()		
If the above named individual is under age 18, please indicate living arrangements:					
<input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other (specify)					
<ul style="list-style-type: none"> • Parents/ Guardian are to complete Section A on page 2. 					
If the above named individual is age 18– 24 years, please indicate current status:					
<input type="checkbox"/> Single (including widowed or divorced) If single are you a full time student?			<input type="checkbox"/> Married/Common –law: go directly to Section B on page 2		
<ul style="list-style-type: none"> • If yes, the parent / guardian (s) of the full time student (i.e. the dependent) are to complete Section A on page 2 as the Applicant. • If no, go directly to Section B on page 2 					

SECTION A:

Household Information for Applicant on behalf of a Dependent (Under age 18 or a full time student aged 18 to 24)

Parent / Legal Guardian of individual noted above

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Insurance Number

Spouse / Partner (Of Parent / Legal Guardian)

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Insurance Number

Address Same as above

Street # and Name	Apt #
-------------------	-------

City / Town	Province	Postal Code
-------------	----------	-------------

Telephone <input type="checkbox"/> Same as above	Home Telephone ()
--	--------------------

Cell phone ()	Work telephone ()
----------------	--------------------

Does the parent/ guardian, or spouse / partner have:

Third party health insurance that would cover part or all of the cost of your insulin pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Third party health insurance that would cover part or all of the cost of your insulin pump supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

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

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

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 PROCEED TO PAGE 3

SECTION B:

Household Information for Independent Applicant (Age 18 to 24 year old, not a full time student)

Last Name	First Name	Middle Initial
-----------	------------	----------------

Applicant's Social Insurance Number

Spouse / Partner (if applicable)

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Insurance Number

Do you or your spouse / partner have:

Third party health insurance that would cover part or all of the cost of your insulin pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Third party health insurance that would cover part or all of the cost of your insulin pump supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

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

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

If there is **more than one plan** that provides coverage, please provide information on the additional health plan

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

PLEASE PROCEED TO PAGE 3

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*.

I/We consent to Health PEI collecting, using, and disclosing personal health 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).

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, 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 Programs identified above.

A parent or legal guardian may provide consent for all dependents under the age of 18.

This authorization is valid for the two taxation years preceding the date of this application, the current taxation year and each subsequent consecutive taxation year for which I apply for assistance under the Drug Cost Assistance Programs identified above.

Name of Applicant	Signature	Date
Name of Spouse (if applicable)	Signature	Date
Please mail, fax or email completed applications to: Health PEI Insulin Pump Program Montague Health Center PO Box 877 Montague, PE COA 1R0		Contact Information: Insulin Pump Program Administrator Phone # 1 902-838-0787 Fax # 1-902-838-0986

Name of insulin pump user:		PHN	
----------------------------	--	-----	--

Consent for Release of Personal Health Information – Additional Information

Personal health information is required to be released to key partners as part of the business process and continuous quality improvement, of the Insulin Pump Program. Personal health information will be used and disclosed only for:

- assessing, verifying and approving 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 personal health 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 *Health Information Act*.

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 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.

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 the consent on page 5.

Young adults ages 18 to 24 years of age, please note:

- If you living independently and have income, you should complete all required information and sign the application.
- If you are living as a dependent (ex: high school or university student, full time):
 - your parent / guardian must complete and sign the application
 - you must review / sign
 - the written consent for the Release of Personal Information (noted above)
 - the consent below, giving permission for your parent / guardian to apply on your behalf

CONSENT of young adult who is 18 to 24 years of age or older 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 dependent who has reached their 18th birthday):

I, _____, born _____ being 18 years of age or older, 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.

Signature of Young Adult

Date: _____
(yyyy/mm/dd)

Please retain this page for information purposes

How do we define “Applicant”?

An applicant must be an adult (refer to definition below) and will be the person to whom all correspondence relating to the Insulin Pump Program will be sent.

How do we define “Adult”?

An adult is a person 18 years of age and over.

How do we define “Household”?

A household is:

- a single adult
- an adult and spouse (refer to definition below)
- an adult and all dependent children (refer to definition below)
- an adult, spouse, and all dependent children

How do we define “Spouse”?

A spouse is a person who is married to you or with whom you are living in a marriage-like relationship. A spouse may be of the same gender.

How do we define “Dependent”?

A dependent is:

- a child or a legal ward of you or your spouse
- under the age of 18 years or under the age of 26 and attending a post-secondary institution on a full time basis - confirmation of enrolment from the post-secondary institution is required.
- not married and not living in a marriage-like relationship

A dependent can only be registered with one family at any given time.

What if I am single, 18 years of age or over and still living with my family?

If you are 18 years of age or over, and **NOT** a full time student, you must complete your own registration form. If you live with your parents and do not have a spouse or dependents, you are a family of one for our purposes. Do not include your parents’ names or their incomes on your registration form

How do we define “Household Income”?

For each household member, use Line 150 (Total Income) from the preceding year’s tax return, and deduct any amounts reported on lines # 210 (Split–Pension Amount), # 214 (Child Care Expenses), # 220 (Support Payments Made). This amount represents each individual’s income for the purpose of Drug Program coverage. Add together the individual amounts for each household member identified above to determine total household income.

How do we calculate coverage under the Insulin Pump Program?

Take the household income you just calculated, determine which income range you fall under:

Total Household Income Ranges	Percentage of Coverage
\$0 to \$19,999	100%
\$20,000 to \$39,999	95%
\$40,000 to \$49,999	90%
\$50,000 to \$99,999	70%
\$100,000 and above	60%