



# Nova Scotia Diabetes Assistance Program

## Family Registration Form

All sections of this form must be completed. Please read reverse side of this form before completing.

.....

### Section A

#### Family Contact Information

Name of Adult (Family contact person who will receive reimbursement cheques.)

Last Name	First Name	Middle Initial
Address		Telephone Number (902)
City/Town	Province Nova Scotia	Postal Code

#### List of All Family Members (if more space is required, attach a separate sheet)

Last Name	First Name	Middle Initial	Date of Birth (YYYY/MM/DD)	Family Relationship Family Contact (above) (F) Spouse (S) Dependant (D)	Health Card Number	Diabetes (Yes or No)	Income Verification * Attached (Yes or No income to report)
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

#### \*Income Verification

Photocopies of the most recent Income Tax Notice of Assessment for each family member must be attached to this application. Notice of Assessment may be obtained from Canada Revenue Agency by calling 1 (800) 959-8281.

#### Declaration of Family Contact Person

I declare that the information provided on this application is accurate and true and I will immediately inform the Nova Scotia Diabetes Assistance Program of any changes.

Signature	Date
-----------	------

# Important Information

## Eligibility

Families and single individuals (18 years of age and over) applying for the Nova Scotia Diabetes Assistance Program must meet the following criteria:

- Be a permanent resident of Nova Scotia
- Have a valid Nova Scotia Health Card
- Be under the age of 65 years
- Have diabetes or be applying on behalf of a dependant (child 17 years or under) who has diabetes
- Do not have drug coverage through Veterans Affairs Canada, First Nations and Inuit Health, or any other drug insurance plan that covers medications and supplies for diabetes
- Agree to annual family income verification through Canada Revenue Agency
- Agree to provide any enrollment information about their diabetes as required
- Agree to provide family size information annually

If you have a spouse and/or dependants (refer to the definitions below) you must register as a family. If your spouse or dependants do not have a valid Nova Scotia Health Card you must still include their income when registering.

## What is the definition of “Adult”?

For Nova Scotia Diabetes Assistance Program purposes, an adult is an individual 18 years of age and over.

## What is the definition of “Spouse”?

For Nova Scotia Diabetes Assistance Program purposes, a spouse is a person who is either married to or living and cohabitating in a marriage-like relationship with the adult signing section A and may be of the same gender as that person.

## What is considered a “Dependant”?

For Nova Scotia Diabetes Assistance Program purposes, a dependant is:

- a resident who is the legal ward or child of the adult or the spouse of the adult signing section A, and
- is supported by the adult or spouse of the adult signing Section A
- is neither married nor living and cohabiting in a marriage-like relationship, and
- is age 17 or younger, and
- is not currently registered with the Nova Scotia Diabetes Assistance Program as a member of another family

## What about single individuals age 18 and over who have diabetes and are still residing with their families?

People with diabetes aged 18 or above make up their own family unit, even if they don't have a spouse or dependants. This means that they need to register as a family and provide only their own income information, not that of their parents.

If you require help to fill out the application form, please call (902) 429-6565, or if you live outside the metro Halifax area, please call 1 (800) 305-5026.

Mail your completed form to  
Nova Scotia Diabetes Assistance Program  
Nova Scotia Pharmacare Programs  
PO Box 500  
Halifax, NS B3J 2S1





# Nova Scotia Diabetes Assistance Program

## Section C

### Consent To Be Contacted About the Diabetes Assistance Program Evaluation

Dr. Michael Vallis, Psychologist in the Diabetes Management Centre at the Queen Elizabeth II Health Sciences Centre and Associate Professor at Dalhousie University, Halifax, is working with the Nova Scotia Department of Health and the Diabetes Care Program of Nova Scotia to evaluate the effect that the Nova Scotia Diabetes Assistance Program has on diabetes control, self-care, and quality of life.

We are looking for people **age 17 or older** with type 1 or type 2 diabetes who are interested in being interviewed on two separate occasions about their diabetes. Taking part in this study is voluntary and it has no impact on the benefits you will receive from the Nova Scotia Diabetes Assistance Program. Participating in this study might not benefit you, but the evaluation findings may benefit others. You may drop out of the study at any time if you wish. Again, there is no effect on your Nova Scotia Diabetes Assistance Program benefits.

The purpose of the study is to collect information on three things. First, how well-controlled your diabetes is when you begin the Nova Scotia Diabetes Assistance Program and again one year after you have been in the Nova Scotia Diabetes Assistance Program. Second, to assess how well you are able to take care of your diabetes in terms of medication use, testing your blood glucose, healthy eating, and activity. Third, to assess your quality of life while living with diabetes. Self-care and quality of life will be assessed when you begin the Nova Scotia Diabetes Assistance Program and again one year after you have been in the Nova Scotia Diabetes Assistance Program.

If you are interested in being contacted about this study, please fill in the information in the table below (more than one person with diabetes in a family may participate). You may then be contacted by a researcher who will explain the study in more detail and answer any questions you have. You will not be asked to take part in this study until after you have had a chance to ask any questions and until the study has been explained in more detail.

Consent for (please print)		
Last Name	First Name	Middle Initial
I agree to be contacted by the Diabetes Care Program of Nova Scotia for program evaluation purposes.		Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission to the Diabetes Care Program of Nova Scotia to contact my family doctor to obtain my glycosylated hemoglobin (A1C) results.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature	Telephone (902)	

Consent for (please print)		
Last Name	First Name	Middle Initial
I agree to be contacted by the Diabetes Care Program of Nova Scotia for program evaluation purposes.		Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission to the Diabetes Care Program of Nova Scotia to contact my family doctor to obtain my glycosylated hemoglobin (A1C) results.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature	Telephone (902)	

Consent for (please print)		
Last Name	First Name	Middle Initial
I agree to be contacted by the Diabetes Care Program of Nova Scotia for program evaluation purposes.		Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission to the Diabetes Care Program of Nova Scotia to contact my family doctor to obtain my glycosylated hemoglobin (A1C) results.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature	Telephone (902)	