

Confirmation: Initial Revised

Date <i>yyyy-mm-dd</i>

This is to confirm that the WorkSafeBC officer has been contacted following a referral for Home Care and has authorized the following service(s). Please fax completed form to **604 276-3195** or toll-free **1 888 922-3299**. For further information, please contact Health Care Services at 604 232-7787 or toll-free 1 888 967-5377, ext. 7787.

Worker information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Worker's home address (<i>where service is to be provided</i>)			
Phone number ()	Birth date <i>yyyy-mm-dd</i>		

Service information

Estimated length of service 0 to 6 weeks 6 weeks to 6 months More than 6 months

Service	Hours/day	Days/week	Weekly total (hrs)	Estimated cost
Registered Nurse (RN)				
Licensed Practical Nurse (LPN)				
Community Health Worker (CHW)				
Housecleaning/ Homemaking				
Comments/special instructions (<i>e.g. stat service, specific travel authorization</i>)				Total \$/wk
Authorized service start date <i>yyyy-mm-dd</i>		Authorized service end date <i>yyyy-mm-dd</i>		

Agency information

Agency/company name	
Mailing address	
Phone number ()	Fax number ()
Name of person completing form (<i>please print</i>)	

WorkSafeBC information

Board officer's name (<i>please print</i>)	Board officer's phone number ()
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Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

Date: RECEIVED DATE