



The personal information on this form is collected for the purpose of providing At Home Program benefits in accordance with the Supply Act under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use or disclosure of this information should be directed to the Medical Benefits Community Liaison/Quality Assurance Officer, toll free at 1-888-613-3232, PO Box 9763 Stn Prov Govt, Victoria BC V8W 9S5.

Parent/Guardian Information

Form with fields: Last Name, First Name, Middle Initial(s), Phone Number, Address, City/Town, Postal Code

Child/Youth Information

Form with fields: Last Name, First Name, Middle Name(s), Date of Birth (yyyy-mmm-dd), Specific Diagnosis (i.e. Type of Impairment, Location and Degree of Involvement)

Medical Supplies

Table with 5 columns: Item Name, Description and Size, Amount, Frequency (Daily/Monthly), Add/Delete (+/-)

Incontinence Supplies

Form with fields: Child's Weight in Pounds, Child's Waist Size in Inches, Child is Incontinent during the: (Day/Night)

Table with 5 columns: Item Name, Description and Size, Amount, Frequency (Daily/Monthly), Add/Delete (+/-)



Justification

Please provide a clear justification for the medical supplies, indicating that the medical supplies are directly related to the child's specific diagnosis. (Attach an additional page if required)

Delivery Information

If you are requesting a Feed Pump or Suction Unit, please use this section to provide clear delivery instructions.

Receiver Contact Name
Address City/Town Postal Code
Email Address Fax Number Phone Number

Medical Professional Information

Full Name Position Title
Address Fax Number Phone Number
Email Address City/Town Postal Code

I certify the information provided is correct, and I have assessed the medical needs of the applicant, and accept responsibility for recommending the product(s) requested.

Signature of Medical Professional Date (yyyy-mmm-dd)

Mail or Fax completed form to:

Mail: Medical Benefits Branch - At Home Program
Ministry of Children and Family Development
Po Box 9763 Stn Prov Govt
Victoria BC V8W 9S5

Fax Number: 250-356-2159
Toll Free Phone: 1-888-613-3232