

**SPECIAL SUPPORT PROGRAM
ANNUAL APPLICATION**

- ◆ Completing Side B means that you must apply for the program each year.
- ◆ Provide a copy of your Notice of Assessment OR pages 1 to 4 of your Income Tax Return showing Line 150 (for both Applicant and Spouse).
- ◆ If you do not file income tax, please include a written explanation and provide all documentation from all sources of income. (some examples: cheque stubs, T4 slips)
- ◆ Please ensure you have provided all information. Incomplete applications will result in delays in processing.
- ◆ Coverage is effective the date complete information is received, subject to approval.

SURNAME / FIRST NAME APPLICANT		SURNAME / FIRST NAME SPOUSE			
CURRENT ADDRESS					
CITY		POSTAL CODE		PHONE NUMBER (10 digit)	
APPLICANT INFORMATION			SPOUSE INFORMATION		
DATE OF BIRTH (DD / MM / YYYY)			DATE OF BIRTH (DD / MM / YYYY)		
HEALTH SERVICES NUMBER (HSN)			HEALTH SERVICES NUMBER (HSN)		
SOCIAL INSURANCE NUMBER (SIN)			SOCIAL INSURANCE NUMBER (SIN)		

DECLARATION AND CONSENT

Is the Power of Attorney (POA) signing on behalf of the applicant? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, then copies of the POA documents MUST be attached. NOTE: If a Trustee, Guardian or POA is signing for the Applicant, a copy of the legal document must be attached to this consent form. Due to the variety of POA documents, some may not be considered acceptable for CRA, such as POA specific to or limited to a bank or financial institution.	
"I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Ministry of Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval."	
_____ DATE _____ SIGNATURE OF APPLICANT, or if applicable, GUARDIAN / TRUSTEE / POWER OF ATTORNEY. A witness is necessary if Applicant signs with an "X" or a mark.	_____ DATE _____ SIGNATURE OF SPOUSE or if applicable, GUARDIAN / TRUSTEE / POWER OF ATTORNEY. A witness is necessary if Spouse signs with an "X" or a mark.
_____ PRINT NAME IF GUARDIAN / TRUSTEE / POWER OF ATTORNEY/ WITNESS	_____ PRINT NAME IF GUARDIAN / TRUSTEE / POWER OF ATTORNEY/ WITNESS

ADDITIONAL INFORMATION: Attach a written explanation or provide information that you feel may help for the review of this request. For example, income changes, new medication or changes in medication, capital gains (attach a copy of schedule 3). Ensure you include supporting documentation.