NOVA SCOTIA

Department of Health and Wellness

Self-Managed Care Application Form

Continuing Care 1-800-225-7225 toll free across Nova Scotia 8:30 a.m. to 4:30 p.m., 7 days a week

Applicant's Name:	Health Card Number:
Mailing Address:	Contact Number(s):

Care Coordinator's Name:	District Number:
Mailing Address:	Contact Number(s):

I _____ have completed the Client Orientation for the
Applicant's Name:

Self-Managed Care Program on _____
Date

I have reviewed the *Self-Managed Care Guide: For Continuing Care Clients Receiving Self-Managed Care Services* and I understand my responsibilities as a Client who receives the Self-Managed Care Service Option.

I would like to proceed with my Self-Managed Care Application.

_____ _____
Applicant's Signature Date

I confirm the above applicant completed the requirements of the Client Orientation for the Self-Managed Care Program.

_____ _____
Continuing Care Coordinator Signature Date