

Please read section 4 on the reverse side of this form before completing.

PLEASE PRINT

1 Provide parent / guardian information (person who receives the Nova Scotia Child Benefit)

Last name: _____

First name: _____ Middle initial: _____

Address: _____

_____ Postal code: _____

Phone (xxx-xxx-xxxx): _____ Date of birth (dd/mm/yyyy): _____

Social Insurance number: _____ Gender: Male Female

2 Provide child information

Only include children under 18 for whom you receive the Nova Scotia Child Benefit.

Last Name	First Name	Middle Initial	Gender Male / Female	Date of Birth (dd/mm/yyyy)	NS Health Card Number

3 Sign the consent

I consent to the release, by Canada Revenue Agency (CRA) to the Department of Community Services, of information from my income tax returns and other required taxpayer information regarding my eligibility for the Nova Scotia Child Benefit.

I understand that the information the CRA will release will be relevant to, and will be used solely for determining and verifying eligibility for, and administering and enforcing the Low Income Pharmacare for Children Program under the Health Services & Insurance Act.

This consent is valid for the taxation year prior to the year of signature and each following taxation year for which benefits are requested. I understand that if I wish to withdraw this consent, I may do so at any time by writing to the address on the back of this form, and that this request will result in loss of coverage for my child(ren) under this program.

I understand that any information provided to or collected by the Department of Community Services will be maintained in an electronic file. The Department of Community Services is committed to protecting your right to privacy. Collection, use and disclosure of personal information is authorized by the Nova Scotia Freedom of Information and Protection of Privacy Act.

Signature: _____ Date: _____

4 Read important information

Low Income Pharmacare for Children is available for families who receive the Nova Scotia Child Benefit. This program does not apply to children who already receive prescription drug coverage from a private or group insurance health plan or through a federally run program. If your children receive prescription drug coverage under another Department of Community Services program, we encourage you to apply for this program, which may allow for continuous coverage when coverage under the other program ends.

To apply for Low Income Pharmacare for Children please complete and sign this form. If you require help to fill out the application form or would like more information, please call the toll free number listed in section five.

What is the definition of the parent/guardian?

For the Low Income Pharmacare program, the parent/guardian is the person who receives the Nova Scotia Child Benefit on behalf of the child.

What is the Nova Scotia Child Benefit?

The Nova Scotia Child Benefit is the provincial government's contribution to the National Child Benefit initiative. The Nova Scotia Child Benefit is provided to all low-income families to help with the cost of raising children under the age of 18.

To qualify for the Nova Scotia Child Benefit, you must file your income tax return each year and ensure initial application has been made for the federal Canada Child Tax Benefit. The Nova Scotia Child Benefit is combined with the Canada Child Tax Benefit into a single, non-taxable monthly payment.

For more information on the Nova Scotia Child Benefit you can phone Canada Revenue Agency at 1-800-387-1193.

5 Return completed form to

Department of Community Services
Low Income Pharmacare for Children
5675 Spring Garden Road
PO Box 696
Halifax, Nova Scotia B3J 2T7
Fax: 902-428-5818

Questions? Call 1-866-424-1269

Office Use Only

Case number: _____

Initials: _____