



## **Instructions for Completing Form**

The following **MUST** be attached to the application form. If submitting electronically, scan and attach.

**Copies of receipts-** For related medical expenses, aides to daily living, mobility aides

**Verification of specific Medical Appointment dates.** A letter from the Medical Practitioner or an appointment card signed by the medical receptionist.

**Letter from your medical practitioner verifying chronic disease**

**Copies of your and your spouse's most recent Income Tax Return to include names and lines 236 and 435**

**Any further information you feel will be helpful to the SWCDS in reviewing your application**

**Applying in Advance-** If applying in advance estimate the cost of travel/accommodation. Receipts must be provided before further applications are considered.

**Related Medical Expenses-** Accommodation: If a hostel is available in the community such as the Ronald McDonald House or Cancer Patient Lodge, accommodation reimbursement will be provided at the same rate as the hostel. Every major hospital has nearby accommodation lists with medical rates.

**Medical Equipment Funding-**This funding is to assist with items **NOT** available from any other source (Telemiracle, etc.)

**Any further information you feel will be helpful to the SWCDS in reviewing your application** available through any other resources (Sask Abilities, Social Services, etc.)

Application Form – Appendix 4-3A