Application for Emergency Prescription(s)/Drugs

The personal information you provide is being collected to determine your eligibility for different social-based supports and benefits ordered by the Government of Alberta under Alberta Supports. If you choose to apply, the personal information you provide will then be used and disclosed in the application process, for ongoing eligibility verification, and for delivery of those programs, benefits or services offered by the Government of Alberta under Alberta Supports, if eligibility is confirmed. The personal information provided to Alberta Supports is collected, used and disclosed under the authority of sections 33-40 of the *Freedom of Information and Protection of Privacy Act* and various statutes establishing the programs included in Alberta Supports. To see the list of the programs, including the legislation authorizing each program, please click humanservices.alberta.ca/authorizing-legislation.html or request a printed copy. If you have any questions about the collection of your personal information, please contact the Alberta Supports Contact Center toll-free at 1-877-644-9992.

To be completed by the Applicant

Applicant Information

Last Name | First Name | Initial

Birth date *(yyyy-mm-dd)* | Social Insurance Number *(SIN)*

Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Cohabiting Partner ☐ Single

Immigration Status

Arrival Date in Canada *(yyyy-mm-dd)*

Arrival Date in Alberta *(yyyy-mm-dd)*

Did you immigrate to Canada or are you a foreign national? ☐ Yes ☐ No

If yes is your immigration status:
- Refugee Claimant;
- Temporary Resident Permit Holder who is approved for entry to Alberta by the Alberta Government or identified by Citizenship and Immigration Canada as a victim of human trafficking;
- Refugees and Protected Persons;
- Economic Class; or
- Family Class (Sponsored)

☐ Yes ☐ No

Spouse/Partner Information

Last Name | First Name | Initial

Birth date *(yyyy-mm-dd)* | Social Insurance Number *(SIN)*

Gender: ☐ Male ☐ Female

Person Requiring Prescription(s)/Drugs

Last Name | First Name | Initial

Birth date *(yyyy-mm-dd)*

Gender: ☐ Male ☐ Female

Registered Indian: ☐ Yes ➢ If 'Yes', Registration Number ☐ No

Immigration Status: ☐ Sponsored Immigrant ☐ Refugee Claimant

Cash Resources

Your cash on hand/money in bank $

Your spouse/partner's cash on hand/money in bank account $

Dispensing Pharmacy Information

Name

Address

Postal Code | Phone Number | Fax Number

Applicant Declaration and Consent

1. I declare that the information I am providing is true and complete. I understand giving false or incomplete information may result in repayment of benefits and/or charges under the *Income and Employment Supports Act* or *Criminal Code.*
2. I understand I have the right to appeal a decision within 30 days of being told of the decision.
3. I consent to Community and Social Services sharing my personal information with a pharmacist to verify my eligibility for emergency prescription drug benefits.

I hereby understand that my personal information may be disclosed to an authorized employee, agent or contractor of Alberta Community and Social Services or Human Resources and Social Development Canada (HRSDC) to assist in determining my eligibility for programs and services; to monitor, assess and evaluate the effectiveness of services provided and to evaluate the results of provincial programs.

Applicant Signature	Date *(yyyy-mm-dd)*
X	

Agency Worker (print) assisting in the completion of application	Phone Number
X	

☐ Declaration and consent has been read to and agreed to by the applicant ☐ Signer read declaration and consent

For Government Use Only

File Number	Date File Closed *(yyyy-mm-dd)*	Service Centre/Unit/Caseload
☐ New ☐ Reopen		

Applicant PID	Spouse PID

Description for Prescription/Action Taken:

Name of CSS Staff (print)	Service Centre Phone Number
X	

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