



Today's Date

SR#: Click here to enter  
Case #: Click here to enter  
MIS Case #: Click here to enter

Client Name  
Address

Dear Client Name:

To make sure you receive all the assistance you are eligible for, we need the following medical information.

- Diet Supplement:** Please take the attached fact sheet to your doctor or a registered dietician and get a note that includes your diagnosis, confirmation of your need for a special diet, and how long you will need it for.  
[attach diet supplement fact sheet]
- Persons with Persistent Multiple Barriers (PPMB):** Please have your doctor complete the attached form (HR2892).
- Work Restrictions:** Please have your doctor complete the attached form (HR3069).
- Medical Supplies:** Please get a medical note from your medical practitioner or nurse practitioner that includes your diagnosis, a list of what you need each month (specify amount), and how long you will need it for.

Please return this information by Date. You can mail it to us or drop it off at our office at local office address. You can also fax it to us at local office fax number.

If you have any questions, please call the Ministry of Social Development and Poverty Reduction Choose an item

Sincerely,

Enter Name  
Ministry Choose an item

HR3237 (17/12/29)  
Security Classification: MEDIUM

The Ministry of Social Development and Poverty Reduction operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.