



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:

The Ministry of Social Development and Poverty Reduction has received your request for medical supplies/equipment/transportation to meet a life-threatening health need.

**In order to process this request, an assessment must be completed.**

**The following documents are required:**

- Financial:
  - 90-day bank statements (from all accounts)
  - statements describing any other assets
- Medical information from a medical practitioner or nurse practitioner indicating:
  - the direct and imminent threat to the client's life
  - which supplement (within medical supplies, medical equipment, and/or medical transportation) is/are required to meet the client's need(s)
  - how this supplement would prevent the direct and imminent threat to their life

**The Ministry of Social Development and Poverty Reduction will only consider covering the cost of medical supplies, equipment, and/or medical transportation where there are no other available resources to pay for the requested item(s) or service(s).**

Please contact your ministry office for a financial assessment. Failure to provide complete and accurate information may cause a delay in the assessment of your request.

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.

Ministry of Social  
Development and  
Poverty Reduction

Office Name

Mailing Address  
Enter address

Telephone: (###) ###-####  
Facsimile: (###) ###-####

If you have any further questions, please call 1-866-866-0800 or your local office and advise that you are enquiring about the Life-Threatening Health Needs supplement.

Sincerely,

Enter Name

Ministry Choose an item

HR3322 (17/12/29)  
Security Classification: MEDIUM SENSITIVITY

SAMPLE

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**Ministry of Social  
Development and  
Poverty Reduction**

**Office Name**

**Mailing Address**  
Enter address

**Telephone: (###) ###-####**  
**Facsimile: (###) ###-####**