

SR Number: \_\_\_\_\_

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. Disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this form should be directed to your Employment and Assistance Office.

A diet supplement may be provided to clients to meet the costs associated with a therapeutic diet. The special diet must be required as a result of one of the following specific medical conditions or special dietary needs: Restricted Sodium Diet, Diabetes, Kidney Dialysis, Gluten-Free Diet, Dysphagia, Cystic Fibrosis, Ketogenic Diet, Low Phenylalanine Diet (PKU) or High Protein Diet.

**Instructions for Clients:** Please take this form to your doctor, nurse practitioner or a registered dietitian to complete

**IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE REPRESENTATION**

Last Name	First Name
SIN Number	Case Number
Phone Number	Are Confidential Messages Allowed on the Contact Phone Number? <input type="radio"/> Yes <input type="radio"/> No

I hereby give my permission for any medical practitioner, nurse practitioner or registered dietitian, to give any medical information relevant to this application to the Ministry of Social Development and Poverty Reduction

Client Signature	Date Signed
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**Medical practitioner, nurse practitioner or registered dietitian to complete and sign the following sections:**

Medical Diagnosis

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Type of diet required

- Restricted Sodium Diet
- Diabetic Diet (only for persons who have diabetes)
- Kidney Dialysis
  - Has the patient been found eligible for kidney dialysis services provided by the Ministry of Health?
    - Yes       No
- High Protein Diet (indicate the reason for the supplement below)
 

<input type="checkbox"/> AIDS	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Cancer (during radiation, chemotherapy, surgical therapy or ongoing medical treatment)	<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> Chronic Bacterial Infection	<input type="checkbox"/> Hyperthyroidism
<input type="checkbox"/> Chronic Inflammatory Bowel Disease (this does not include IBS)	<input type="checkbox"/> Osteoporosis (this does not include osteopenia or osteoarthritis)
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> HIV	<input type="checkbox"/> Ulcerative Colitis
- Gluten free diet
- Dysphagia
- Cystic Fibrosis
- Ketogenic diet
- Low Phenylalanine (PKU) diet

Duration of Need in Months (24 Months Max)

Physician/Nurse Practitioner/Dietitian Office Stamp

Physician/Nurse Practitioner/Dietitian Signature

Date