



Saskatchewan Health

Drug Plan & Extended Benefits

3475 Albert Street
Regina SK S4S 6X6

Phone 306-787-5023
or Toll-Free 1-800-667-4884
Fax 306-787-8679

LONG TERM CARE
RESIDENT NOMINATION AND CONSENT FORM

I, _____

residing in _____ (facility)

hereby nominate _____ to act as my

supporter for the purposes of assisting me in my dealings with the operator of this facility or

any other facility in which I may reside and Saskatchewan Health. I hereby consent to the

release of personal information about myself in the possession of the special-care home

operator or Saskatchewan Health to my supporter, which relates to the calculating of my

resident charge under The Special-care Homes Rates Regulations. I understand that this

designation will be effective until such time as it is revoked or amended by me in writing.

Signed this _____ day of _____, 20.____

Witness

Signature