

Funding Information

There is a per diem cost for the BCMHSUS Heartwood and Ashnola programs of \$40 per day for 90 days for clients aged 19+ which is a total of \$3600. There are several ways to receive funding:

- If on Income assistance an application can be made to Ministry of Social Development (form attached). Please ensure that client's rent is covered while in treatment (maximum allowable is \$375 per month)
- If a First Nations woman with status, she can contact First Nations Health Authority at 604 693 6500 to discuss options.
- Self-pay. The client must provide a signed letter indicating that the client is prepared to pay the full amount. They are also responsible for paying for all medications while in the program. Program(s) will provide the client with detailed invoices documenting prescription costs.
- Extended benefits. Program(s) requires a letter from the client's provider that accompanies this application.
- Clients may apply to their health authority through their Case Manager/Counsellor for accommodation fee subsidy for partial or full payment

Treatment program will be paid (please check one box below):

- Client/Family Paid – Please have the client submit a letter from the payee that is dated with the payee signature, confirming they will pay for treatment and provide the following information:

Billed to name: _____

Billed to address: _____

Billed to phone: _____

Please note the Provincial Health Services Authority will bill directly for per diem costs each month.

- MSDI - Please complete the form on the next page, please submit to MSDI for approval and confirmation
- Accommodation Fee – Please attach the relevant Health Authority Accommodation Fee Subsidy Approval form.
- Employer Paid – Please have the Benefits Administrator from the client's employer fax confirmation to 604 875 2039.
- First Nations Health Authority - Please have a First Nations Health Authority Representative fax confirmation to 604 875 2039.
- Canada Pension Plan (CPP)

MINISTRY OF SOCIAL DEVELOPMENT - FUNDING VERIFICATION FORM: BCMHSUS PROGRAMS

TO: MSD	Office:	Fax:
	Attn:	Tel:
FROM:	Name:	Position:
	Tel:	Fax:
CLIENT:	Name:	SIN#:

The above named client has been referred for admission to a qualifying residential addictions program, **Ashnola**. Prior to admission, the facility requires confirmation that the client's per diem costs (less and non-exempt income) will be paid by the MSD (Ministry of Social Development) while in receipt of, and eligible for, income assistance.

Client Authorization

I _____, authorize the Ministry of Social Development to confirm my eligibility for funding, and to release any related information to the above name staff.

Client Signature: _____ **Date:** _____

MINISTRY OF SOCIAL DEVELOPMENT – COMPLETE & FAX ABOVE

Client has an open and active file	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client has NOT applied for MSD within the last 30 days	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client funding eligibility	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client per diem will be paid by the MSD as per current eligibility less a non-exempt income from other.	<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE
Sources:	Per Diem Rate: \$40
<i>If applicable:</i> Less any non-exempt income (monthly amount divided by 30 days) Non-exempt income from: _____	\$ \$
<i>If applicable:</i> Nutritional Subsidy, \$ _____ per month	

Completed by:

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

MSD OFFICE STAMP