Premier’s Council on the Status of Disabled Persons
140 – 250 King Street
PO Box 6000
Fredericton NB E3B 9M9

Telephone: 1 (800) 442-4412
Fax: (506) 444-3001
Email: pcsdp@gnb.ca
Website: www.gnb.ca/council
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FEDERAL ASSISTANCE

CANADA REVENUE AGENCY
Website: www.cra-arc.gc.ca/tx/ndvds/sgmnts/dsblts/menu-eng.html
Telephone: (800) 959-8281

Line 330 - Medical expenses for self, spouse or common-law partner, and your dependent children born in 1997 or later
You can claim on line 330 the total eligible medical expenses you or your spouse or common-law partner paid for:

- yourself;
- your spouse or common-law partner; and
- your or your spouse's or common-law partner's children born in 1997 or later.

Medical expenses for other dependents must be claimed on line 331.


Line 215 – Disability supports deduction
Individuals who have an impairment in physical or mental functions and have paid for certain medical expenses can claim the disability supports deduction under certain conditions.

If you have an impairment in physical or mental functions, you can claim a disability supports deduction if you paid expenses that no one has claimed as medical expenses, and you paid them so that you could:

- be employed or carry on a business (either alone or as an active partner);
- do research or similar work for which you received a grant; or
- attend a designated educational institution or a secondary school where you were enrolled in an educational program.

Travel Expenses
Website:

If you had to travel at least 40 kilometres (one way) from your home to obtain medical services, you may be able to claim the public transportation expenses you paid (for example, taxis, bus, or train) as medical expenses. Where public transportation is not readily available, you may be able to claim vehicle expenses.

If you had to travel at least 80 kilometres (one way) from your home to obtain medical services, you may be able to claim accommodation, meal, and parking expenses in addition to your transportation expenses as medical expenses.

To claim transportation and travel expenses, the following conditions must be met:
- substantially equivalent medical services were not available near your home;
- you took a reasonably direct travelling route; and
- it is reasonable, under the circumstances, for you to have travelled to that place for those medical services.

If a medical practitioner certifies in writing that you were incapable of travelling alone to obtain medical services, you can also claim the transportation and travel expenses of an attendant who accompanied you.

To determine if the treatment you received outside of Canada is an eligible medical expense, see Medical services provided outside of Canada.

If you have travel expenses related to medical treatment and you also qualify for the northern residents deduction (line 255 of your income tax and benefit return), you may be able to choose how to claim your expenses. For more information, see Form T2222, Northern Residents Deduction.

For all expenses, you can only claim the part of the expense that you have not been and will not be reimbursed for. However, you can claim all of the
expense if the reimbursement is included in your income (such as a benefit shown on a slip T4, Statement of Remuneration Paid) and you did not deduct the reimbursement anywhere else on your income tax and benefit return.

Meal and vehicle expenses
You can choose to use the detailed method or the simplified method for calculating meal and vehicle expenses. If you use the detailed method, you have to keep all receipts and records for your 12-month period.

For more information and to find out about the rates used to calculate these travel expenses, see Meal and vehicle rates used to calculate travel expenses for 2014.

Accommodations
You must keep receipts for all accommodation expenses and you must be able to show that the amount paid for accommodation is necessary because of the distance travelled and your medical condition. Claim the amount for accommodation as shown on your receipts.

Medical services provided outside of Canada
If you travel outside Canada to get medical services, you can claim the amounts you paid to a medical practitioner and a public or licensed private hospital. A "medical practitioner" is an individual (such as a doctor or a nurse) who is authorized to practice according to the laws of the jurisdiction that the services are provided in. A "licensed private hospital" is a hospital licensed by the jurisdiction that it operates in.

Specially Equipped Motor Vehicles

You can claim a specially-equipped motor vehicle rebate if you paid GST/HST on the purchase of a qualifying motor vehicle*, or you paid GST/HST on a modification service performed on your motor vehicle. To apply for the rebate, complete Form GST518, GST/HST Specially Equipped Motor Vehicle Rebate Application.

* A qualifying motor vehicle means a motor vehicle that is equipped with a device designed exclusively to assist in placing a wheelchair in the vehicle
without having to collapse the wheelchair, or with an auxiliary driving control to facilitate the operation of the vehicle by an individual with a disability.

Qualifying motor vehicles do not include ambulances, but do include vehicles such as para-transit buses and vans that are specially equipped.

**VETERANS AFFAIRS CANADA**  
Website: www.veterans.gc.ca/eng/services

Toll-free (866) 522-2122 Monday to Friday, 8:30 to 4:30, local time.  
Email: information@vac-acc.gc.ca

Area Offices  
Campbellton Office
501 - 157 Water Street  
Saint John Office
Customs Building
189 Prince William St, 5th floor

Integrated Personnel Support Centres (IPSC)  
Oromocto
Canadian Forces Base Gagetown
5 Drummond Drive  
Moncton
299 Park Street
Building 47, Room 104

Modules-Main Offices
Building A338

Depending on your individual needs and goals, your rehabilitation plan may fund one or more of the following types of services:

- **Medical Rehabilitation.** Health care experts work with you to stabilize and restore your health to the fullest extent possible.

- **Psychosocial Rehabilitation.** Health or rehabilitation professionals help you develop skills to support independence and adjust to living with your health problem or disability. This can include life skills training, pain management strategies, and more.

- **Vocational Rehabilitation.** Vocational professionals will work with you to help transfer your skills and education to build a rewarding civilian career. Vocational rehabilitation or vocational assistance may include:
  - help to identify a suitable job;
  - career finding services (such as résumé writing and interview skills);
Medical Funding Assistance and Rehabilitation Equipment Programs

- financial support for training and related costs (such as tuition and books).

You will build your vocational rehabilitation plan with the direct assistance of our service provider Canadian Veterans Vocational Rehabilitation Services. If you are receiving benefits from the Service Income Security Insurance Plan (SISIP), you and your case manager may also work with a SISIP vocational rehabilitation counsellor.

If you need assistance, contact Veterans Affairs Canada.
PROVINCIAL ASSISTANCE

SOCIAL DEVELOPMENT

Regional offices:

Moncton
Richibucto
Sackville
Shediac

Saint John
St. Stephen
Sussex
Hampton
St. George

Fredericton
Woodstock
Perth-Andover

Edmundston
Grand Falls

Campbellton
Kedgwick

Bathurst

Miramichi
Naguac

Caraquet
Tracadie
Lamèque
Shippagan

(866) 426-5191

(866) 441-4340

(866) 444-8838

(866) 441-4249

(866) 441-4245

(866) 441-4341

(866) 441-4246

(866) 441-4149
Health Services
There is no cost to eligible clients for entitled services.

These programs are available to:
- Clients of this department and their dependents
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations

Additional benefit-specific eligibility criteria may apply.

Convalescent/Rehabilitation Program
This program assists clients of this department with the provision and maintenance of specific convalescent and rehabilitation items and services which are not covered by other agencies or private health insurance plans.

Hearing Aid Program
This program assists clients of this department with coverage for the purchase and maintenance of hearing aids services which are not covered by other agencies or private health insurance plans.

Hearing Aids are payable once every 5 years. Repairs are eligible as required once the manufacturer’s warranty expires. Ear molds are paid once a year for adults and twice a year for children

Orthopedic Program
This program assists clients of this department with the coverage of orthopedic items which are not covered by other agencies or private health insurance plans.

Most items are eligible once every 2 years for adults and once a year for children. Modifications and repairs are paid as required but quantities and frequencies are monitored.

Prosthetic Program
This program assists clients of this department with coverage for specific prosthetic services that are not covered by other agencies or private health insurance plans.

Prosthetic limbs are payable once every 5 years. Artificial larynxes and artificial eyes are eligible every 3 years. Breast prostheses and bras are
eligible once every 2 years. Modifications and repairs are considered as required.

**Wheelchair/Seating Program**
This program assists clients of this department with coverage for specific wheelchair and seating related benefits which are not covered by other agencies or private health insurance plans.

Equipment may be provided from the Recycling Program, or provided new, when recycled equipment is not available.

Wheelchairs are considered once every 5 years. Seating and accessories are eligible every 2 years. Repairs and modifications can be considered as required.

**Vision Program**
This program assists clients of this department who are over the age of 19 with coverage for specific vision benefits which are not covered by other agencies or private health insurance plans. Vision services are negotiated with the New Brunswick Association of Optometrists and the New Brunswick Guild of Dispensing Opticians.

Adults (19 and Over) are eligible once every 2 years.

There is a 30 percent participation fee on dispensing services, frames and some diagnostic services. Once a treatment plan has been determined, the optical professional will advise of the amount payable. The participation fee is paid directly to the optical professional and may be required before services are provided.

The department cannot reimburse a client for any vision services paid for by the client.

**Allergy Serum Program**
This program assists clients of this department with coverage for allergy serum which is not covered by other agencies or private health insurance plans.

This program covers Allergy serum only.
Dental Program
This program assists clients of this department who are over the age of 19 with coverage for specific dental benefits that are not covered by other agencies or private health insurance plans. Benefits are negotiated with the New Brunswick Dental Society and the New Brunswick Denturists Society.

This program is only available to clients who have no other dental coverage.

Note: Coverage for children 18 years of age and under now falls under the Healthy Smiles, Clear Vision Program administered by Medavie Blue Cross effective September 1, 2012.

Clients are eligible for a maximum of $1000 per year, excluding emergency and prosthetic services.

Clients will be charged a 30 per cent participation fee for dentures and denture repairs. Once a treatment plan has been determined the dental professional will advise of the amount payable. The participation fee is paid directly to the dental professional and may be required before dental services are provided.

With the exception of certain types of fillings, there is no cost to eligible clients for (all) other dental services.

This program cannot reimburse you for any dental services you pay for yourself.

Enhanced Dental Program
Assists eligible clients of this department with additional coverage for specific dental services which are not covered by other agencies or private health insurance plans. These services are negotiated with the New Brunswick Dental Society.

To be eligible, clients of this department must be:
- Between the ages of 20 and 63,
- Participating in Career Development Options programming,
- In need of additional treatment to support employment or educational goals
Clients are eligible for a maximum of $1000 per year, excluding emergency treatment and prosthetic services

Clients are eligible for this program for one year with the option to renew annually for a maximum of three years. Time restrictions for services covered under the regular Dental Program would also apply.

Adults will be charged a 30% participation fee for services covered under this program. Once a treatment plan has been determined, the dental professional can advise of the amount payable. The participation fee will be paid directly to the dental professional and may be required before any denture related services are provided.

_Hyperalimentation Program_
This program assists clients of this department with coverage for feeding supplies and formulas which are not covered by NB Medicare or private health insurance plans.

Eligible services are paid monthly but quantities and frequencies are monitored.

There is no cost to eligible clients for entitled hyperalimentation supplies. However, if you obtain services that you are not eligible for, you may be required to reimburse the department for the amount paid on your behalf.

_Out of Province Medical Program_
This program assists clients with coverage for the balance of the cost of eligible medical or hospital services that were received outside of New Brunswick that were not completely covered by Medicare or a private health insurance plan.

Requests will be assessed on an individual basis when they occur.

There is no cost to eligible clients for approved out of province services.

_Oxygen & Breathing Aids Program_
This program assists clients of this department with coverage of respiratory equipment and supplies which are not covered by other agencies or private health insurance.

The period of eligibility for purchased equipment varies.
Eligible supplies and rentals may be (services are) paid monthly but quantities and frequencies are monitored. There is no cost to eligible clients for entitled oxygen and breathing aid services and equipment.

Ostomy / Incontinence Program
This program assists clients of this department with coverage for ostomy, catheterization and incontinence supplies which are not covered by other agencies or private health insurance plans.

Eligible services are paid monthly but quantities and frequencies are monitored. There is no cost to eligible clients for entitled ostomy, catheterization or incontinence supplies.

Health Card
SD health cards are required by many financial institutions as identification. Health card PDP coverage is administered by the NB Prescription Drug Program (PDP). Health card ambulance coverage is administered by Ambulance Services, Department of Health.

All programs are subject to benefit guidelines and limitations and have specific eligibility criteria.

Coverage - Exceptions
- All active clients are eligible for the health card if they do not have coverage under another plan. In the following exceptions, a health card may only be required for identification purposes (i.e. with no coverage), or upon clarification with the respective plan, partial coverage may be issued:
  - client and/or dependents may have coverage from their spouse/parent as part of the terms of separation or divorce,
  - status Indians (Natives), or
  - post-secondary students with compulsory health insurance coverage.
- Coverage of the client's dependents should be clarified, as dependents of a Native or a student may be covered by their respective health plans for some costs.

Coverage - Partial versus Full
Applicants/dependents aged 19 years or older are eligible for only PDP and Ambulance coverage until they have been in receipt of assistance for three (3) months. Exceptions to this are clients/dependents who are:
• in provincial institutions,
• certified Blind, Deaf or Disabled,
• pregnant,
• discharged from a psychiatric facility,
• former wards of the province with expired guardianship,
• former clients (who had full coverage) canceled less than 30 days,
• former clients (who had full coverage) canceled within the last 6 months for reasons of employment, or
• suffering from the following illnesses:
  o cancer,
  o lung disease,
  o diabetes,
  o heart condition, or
  o HIV positive/AIDS.

The system will determine health card coverage and dates, based on information entered on the case when initially set up at Registration. The system will adjust coverage accordingly for adults after 3 months to full coverage. The system will also automatically extend the Health Card every 6 months if case is still active.

Health Card under Section 4(4)
Requests for a health card from those who are not eligible for assistance must be assessed under Section 4(4). Health cards issued under this Section may be for any period up to 12 months. Health cards issued under this section will be approved for a period of 12 months, unless circumstances require a shorter duration. Although the entire Household must be assessed for eligibility, the card should be issued to provide coverage only to the specific individual(s) requiring the card.

Applicants who have the Long Term Needs, Designated Needs or Blind, Deaf or Disabled certification and who are not living with a legal or common-law spouse or child would be considered as a separate unit when applying for Health Card Only benefits.

All clients who have been diagnosed with diabetes and are insulin dependent will have coverage for their insulin and their diabetic supplies. Insulin pump and supplies for adults are not covered. There may be coverage for children under the age 19 through the department of Health’s New Brunswick Pediatric Insulin Pump Program (PIPP).
All clients who have been diagnosed with diabetes who are not insulin dependent but are treated by diet alone or taking oral medications may have coverage for a limited number of testing strips, and supplies such as lancets, alcohol and swabs. A medical form completed by a physician, nurse practitioner and/or certified diabetic educator will determine the quantity of test strips that are needed.

Seniors 65 years of age and over who qualify for coverage under the New Brunswick Prescription Drug Program would be eligible for their insulin under this program.

Seniors 65 years of age and over may purchase extended health benefits from the Medavie Blue Cross Seniors' Health Program. Diabetic supplies is one of the benefits covered under this program. Should a senior not apply for this coverage within 60 days following either their 65th birthday, the cancellation of other coverage or eligibility for NB Medicare as a new resident they will face a one-year waiting period for certain benefits which includes diabetic supplies.

Applicants, including seniors who have coverage under other medical plans may be put at a financial disadvantage, depending on their participation fees and/or benefit restrictions under their plan. Depending on the amount of such disadvantage, consideration may be given to assisting these applicants with the additional costs incurred, or in issuing an SD health card. Families requesting dental or optical services for children 0-18 years of age should first be referred to the Health Smiles, Clear Vision plan administered by Medavie Blue Cross. If they have been found ineligible for this plan they may then be assessed under Section 4(4) for dental or optical coverage.

**Other Plans**
Clients who have coverage under other medical plans may be put at a financial disadvantage, depending on participation fees required under their plan. Depending on the amount of such disadvantage, consideration may be given to assisting these clients with the additional costs incurred, or in issuing an SD health card.

**Prescriptions not covered by PDP**
*Special Authorization/Over the Counter Items*
Clients must request that their doctor apply to PDP for approval of the drugs. PDP will send written documentation to the SD district office - bills
may be paid based on need or monthly cost may be added as an ongoing Special Benefit, as over the counter drugs cannot be covered by the card.

*Shared Dependent*
When a dependent is shared on two separate cases NB Case will produce only one Health Card. The information on the Health Card will reflect the most recent (or second) case entered in the system.

**Career Development Opportunities (CDO)**

*Extended Health Card*
If the loss of the health card is a significant barrier to clients wishing to move from assistance to training and/or employment; a health card may be issued to assist them during this transitional period. For clients exiting social assistance for employment, the health card should be extended automatically where long term/permanent work has been obtained and no other coverage is available. The maximum period of the health card coverage in such instances is 12 months renewable to a maximum of 36 months. The extended health card is to be reviewed annually.

*Enhanced Dental Benefits*
This extended coverage is for a range of dental services, and is issued to support CDO clients who are in active programming towards their goal of self-sufficiency. It is indicated by an "E" in the Dental section of the health card. The client needs only to present the card to the dentist. The dentist bills SD, Health Services directly for services provided.

**Benefits**
Client must pay a participation fee of 30% to the dentist or denturist. Maximum of $1,000, not including emergency services and dentures already covered by regular dental coverage.

Period not to exceed 12 months.

Case Manager determines eligibility on individual basis.

Client must be in active CDO programming.

Case Manager must demonstrate in case plan that additional dental work is needed to support goal of self-sufficiency to access training or employment.

Client must be able to cover participation fee within own resources.
Client must be aged 20 to 63 years of age inclusive.

Only services performed during the eligibility period on the card will be paid.

4(2)(b) clients are eligible for the same level of health card coverage as basic assistance clients.

**Medical Transportation**

*Private Vehicle*

This special benefit may be available to clients who require transportation for medical reasons and who travel by private vehicle, whether their own or another's. May be paid:

- in an emergency situation.
- if frequent medical attention is required creating financial hardship.
- if medical service is not available within 25 km.

If service is available within 25 km, only to be paid outside area if:

- the client is referred outside region with documentation from physician indicating why the client cannot obtain service in region or
- the client has had surgery outside region and is returning for checkup.

The most economical method of transportation must be paid if medical condition of client will permit. Regardless of the number of clients in a vehicle, payment is only made for one.

Payment is limited to 25 cents per km for all vehicles.

**Required Documents:**

- For ongoing benefits - a report from physician stating diagnosis, transportation required, number of trips, and length of time needed.
- If going outside the area for services available within area, documentation as to why client cannot obtain service in region.
- Proof that the appointment was kept.

*Public Transportation*

This special benefit may be available to clients who require transportation for medical reasons and who use public transportation.
NOTE: This special benefit may also be selected to pay the Medical Transportation - Taxi benefit within a municipality according to the criteria etc. for that benefit. This is necessary as the regular taxi rate may not be based on a per km. amount.

May be paid:
- in emergency situations.
- if frequent medical attention is required, creating financial hardship.
- medical service is not available within 25 km. If service is available within 25 km, only to be paid outside area if:
  - client is referred outside region with documentation from the physician as to why client cannot obtain service in region or
  - client has had surgery outside region and is returning for checkup.

The most economical method of transportation must be paid if medical condition of client will permit.

Guidelines to these payments:
- Bus/train: cover cost of fare.
- Air transportation: use Hope Air (www.hopeair.org) or Air Canada's Medical fare (if available in your region); full fare paid only if no other options are available.

Required Documents:
- Medical report completed by physician, stating diagnosis, transportation required, number of trips, and length of time needed
- If going outside the area for services available within area, documentation as to why client cannot obtain service in region
- Proof that the appointment was kept
- Confirmation of cost - i.e. estimate, invoice or receipt

**Taxi**
This special benefit may be available to clients who require transportation for medical reasons and who use taxi. May be paid:
- in emergency situations.
- if frequent medical attention is required, creating financial hardship.
- if medical service is not available within 25 km.
If service is available within 25 km, only to be paid outside area if:
- the client is referred outside region with documentation from the physician indicating why the client cannot obtain service in region.
- the client had surgery outside region and is returning for checkup.

The most economical method of transportation must be paid if medical condition of the client will permit. Regardless of the number of clients in a vehicle, payment is only made for one.

Payment is to a maximum of 43 cents per km (HST included) outside municipality. If within municipality where municipal taxi rates must be paid, choose Public Transportation.

Required Documents:
- For ongoing - Medical Report, completed by the physician, stating diagnosis, transportation required, number of trips, and length of time needed.
- If going outside the area for services available within area, documentation as to why the client cannot obtain service in region.
- Proof that the appointment was kept.

Food and Shelter
This special benefit may be available to all clients who require food and shelter when making medical trips outside the region or province. The standard rate is $ 7 per meal up to a maximum of $21 per day per person, unless meals are provided by hospital. Where daily rates established by service providers (i.e., IWK) are higher, the service providers rate would be covered. If the client is staying in a housekeeping unit, the standard rate will be $8 per day per person for groceries instead of a meal allowance. Provision can be made for meals, at the same rate, for a person required to accompany the client and also for lodging (usually at a hostel) for the person accompanying the client.

Required Documents:
- Written confirmation from the physician, stating diagnosis, transportation required, length of time needed
- For accompaniment - a letter from the physician stating client cannot travel alone for medical reasons
Verbal confirmation from the supplier of accommodations including estimate of cost, followed up by invoice for payment

Proof that the appointment was kept

**Treatment Program Transportation**

*Private vehicle*

This special benefit may be available to clients who require daily transportation to a pharmacy or clinic in order to receive a prescribed medication within a treatment program (i.e., Methadone Program) and who travel by private vehicle, whether their own or another's. When the vehicle being used is not the client's, the special benefit is still paid to the client as opposed to the owner of the vehicle.

Treatment Program Transportation Guidelines include:

- Daily transportation benefits will be offered to clients for a maximum total of 18 months.
- A maximum of $200 per month may be issued for this benefit.
- The most economical means of available transportation must be used.
- This benefit may only be provided if the dispensing pharmacy or clinic is greater than 2.4 kilometres from the client's residence.
- If monthly bus passes are being issued for the daily transportation, no extra coverage is to be issued.
- Daily transportation benefits will be calculated based on the distance to the dispensing pharmacy that is closest to the client's place of residence.

Guidelines to these payments:

- Payment is limited to 20 cents per km for all vehicles.
- Regardless of the number of clients in a vehicle, payment is only made for one.

Required documents:

- Proof of daily attendance from the pharmacy or clinic every month.

*Public transportation*

This special benefit may be available to clients who require daily transportation to a pharmacy or clinic in order to receive a prescribed medication within a treatment program (i.e., Methadone Program) and who travel by public transportation.
medication within a treatment program (i.e., Methadone Program) and who use public transportation.

NOTE: This special benefit may also be selected to pay the Treatment Program Transportation - Taxi benefit within a municipality according to the criteria for that benefit. This is necessary as the regular taxi rate may not be based on a per km amount.

Treatment Program Transportation Guidelines include:
- Daily transportation benefits will be offered to clients for a maximum of 18 months.
- A maximum of $200 per month may be issued for this benefit.
- The most economical means of available transportation must be used.
- This benefit may only be provided if the dispensing pharmacy or clinic is greater than 2.4 kilometres from the client's residence.
- If monthly bus passes are being issued for the daily transportation, no extra coverage is to be issued.
- Daily transportation benefits will be calculated based on the distance to the dispensing pharmacy that is closest to the client's place of residence.

Guidelines to these payments:
- Bus: cover cost of fare.

Required documents:
- Proof of daily attendance from the pharmacy or clinic every month.

**Taxi**
This special benefit may be available to clients who require daily transportation to a pharmacy or clinic in order to receive a prescribed medication within a treatment program (i.e., Methadone Program) and who use public transportation.

Treatment Program Transportation Guidelines include:
- Daily transportation benefits will be offered to clients for a maximum of 18 months.
- A maximum of $200 per month may be issued for this benefit.
- The most economical means of available transportation must be used.
This benefit may only be provided if the dispensing pharmacy or clinic is greater than 2.4 kilometres from the client's residence.

If monthly bus passes are being issued for the daily transportation, no extra coverage is to be issued.

Daily transportation benefits will be calculated based on the distance to the dispensing pharmacy that is closest to the client's place of residence.

Guidelines to these payments:
- Payment is to a maximum of 33 cents per km outside a municipality. If within a municipality where municipal taxi rates must be paid, choose Public Transportation.
- Regardless of the number of clients in a vehicle, payment is only made for one.

Required documents:
- Proof of daily attendance from the pharmacy or clinic every month.

**NB INTERNAL SERVICES AGENCY**

**New Brunswick Multiple Sclerosis Assistance Program**

To assist New Brunswick residents diagnosed with Multiple Sclerosis (MS), the government offers a one-time maximum grant of $2,500 to qualifying applicants, to help them access services not available in New Brunswick. The program will “match” the funds raised by the community and/or by a third party to a maximum of $2,500 per individual.

To qualify for the one time maximum grant of $2,500, applicants must:
- Be a New Brunswick resident diagnosed with MS who has received services outside of New Brunswick on or after April 1, 2011, which are not covered by another provincial program.
- Provide a letter, from an organization or third party indicating the amount of funds raised on behalf of the individual diagnosed with MS.
- Provide documentation or a letter from the service provider indicating that the individual seeking financial assistance under the Program has been diagnosed with MS; has received the service and the date the service was provided.

To access the application form, go to www2.gnb.ca/content/dam/gnb/Departments/fin/pdf/Promos/MSApplication
Medical Funding Assistance and Rehabilitation Equipment Programs

Form-e.pdf. You can also contact the NB Internal Services Agency at NBISAPayables@gnb.ca or call 1-888-487-5050 (select option #3).

To access the direct deposit form, go to www.gnb.ca/0087/eft/GNB-Direct.pdf.

Should you require further information on this program, please contact the NB Internal Services Agency at 1-888-487-5050 (select option #3).

DEPARTMENT OF HEALTH

NB Drug Plan
The New Brunswick Drug Plan is a prescription drug plan that provides drug coverage for New Brunswickers without drug insurance.

New Brunswickers with a valid Medicare card can enroll in the plan. The plan covers drugs listed on the New Brunswick Drug Plan Formulary.

Any New Brunswicker who has questions about the New Brunswick Drug Plan may call the information line at 1-855-540-7325 or email info@nbdrugs-medicamentsnb.ca.
COMMUNITY GROUPS

CANADIAN CANCER SOCIETY NEW BRUNSWICK
Website: www.nb.cancer.ca

PO Box 2089
Saint John, NB E2L 3T5

Telephone: (506) 634-6272
Toll-free: (800) 455-9090
Fax: (506) 634-3808
Information Services line: (888) 939-3333
E-mail: ccsnb@nb.cancer.ca

The Canadian Cancer Society - New Brunswick may assist cancer patients with ground transportation costs for cancer treatments (chemotherapy and radiation) both in and out of province.

Residents of New Brunswick who have been diagnosed with cancer who are in financial need for ground transportation are encouraged to apply. To request an application, please call (800) 455-9090.

The Canadian Cancer Society New Brunswick also provides temporary breast forms, wigs and turbans at no cost to cancer patients. These items are available through our District Offices.

CANADIAN DEAFBLIND ASSOCIATION – NEW BRUNSWICK
Website: www.cdba-nb.ca

408 – 212 Queen Street
Fredericton, NB E3B 1A8

Telephone: (506) 452-1544
Fax: (506) 451-8309
E-mail: office@cdba-nb.ca

This organization has a program to help deafblind individuals obtain new/recycled communication devices, hearing aids, vision aids and computers.
Seniors’ Rehabilitative Specialized Equipment Program
Several types of equipment, from wheelchair cushions to specialized wheelchairs, are loaned to persons over 65 years of age through their government-funded Seniors’ Rehabilitative Specialized Equipment Program by contacting 1 800 561-9151. A written referral from a health professional is required for this service and should be directed to the Canadian Red Cross, at the above address.

Referrals for specialized equipment for individuals 65 years of age and over should be directed to the attention of the Specialized Rehabilitative Equipment Coordinator at the regional office in Saint John.

Standard equipment is also loaned to persons under 65 years of age. Contact (506) 674-6146.

Not all programs of the community-based senior services are offered in all areas. If a client has any questions regarding services offered in their area, they should contact the nearest district office:

Southern District Offices
Saint John District Office
70 Lansdowne Avenue
PO Box 39
Saint John, NB E2L 3X3

Telephone: (506) 674-6200
Fax: (506) 674-6129
Medical Funding Assistance and Rehabilitation Equipment Programs

Sussex District Office
58 A Willow Court
Sussex, NB E4E 2L2
Telephone: (506) 433-5886
Fax: (506) 433-3588

Northern District Offices
Bathurst District Office
101 - 216 Main Street
Bathurst, NB E2A 1A8
Telephone: (506) 548-2824
Fax: (506) 548-0831

Campbellton District Office
C-123 Water Street (Lower level)
Atholville, NB E3N 1B2
Telephone: (506) 759-8521
Fax: (506) 753-2487

Tracadie District Office
613-3 Rivière-à-la-Truite Road
PO Box 3478, Station Main
Tracadie-Sheila, NB E1X 1G5
Telephone: (506) 395-2010
Fax: (506) 395-7223

Edmundston District Office
102 – 34A du Pouvoir Street
Edmundston, NB E3V 2X8
Telephone: (506) 736-0050
Fax: (506) 736-0055

Grand Falls District Office
136A Church Street
Grand Falls, NB E3Z 2N9
Telephone: (506) 473-5897
Fax: (506) 473-6974

Eastern District Offices
Moncton District Office
246 Lutz Street
Moncton, NB E1C 5G3
Telephone: (506) 863-2650
Fax: (506) 863-2662

Richibucto District Office
85 Acadie Street
Richibucto, NB E4W 3V2
Telephone: (506) 523-4479
Fax: (506) 523-4086

Sackville District Office
8 Main Street
Sackville, NB E4L 4A3
Telephone: (506) 364-8813
Fax: (506) 364-0183
Central District Offices
Fredericton District Office
318 Maple Street
Fredericton, NB E3A 3R4

Telephone: (506) 458-8445
Fax: (506) 454-7522

Woodstock District Office
115 King Street
Woodstock, NB E7M 2Y4

Telephone: (506) 328-8881
Fax: (506) 328-3180

EASTER SEALS NEW BRUNSWICK (CRCD)
Website: www.easterseals.nb.ca

65 Brunswick Street
Fredericton, NB E3B 1G5

Telephone: (506) 458-8739
Fax: (506) 457-2863
E-mail: info@easterseals.nb.ca

ESNB has programs to provide financial assistance and/or to recycle a wide variety of rehabilitation equipment to persons with physical disabilities.

Items may include mobility aids, personal care assistive devices for feeding and dressing, bathroom aids, special mattresses and pads, portable ramps, communication devices, environmental controls and computers, orthotics/prosthetic/orthopedic equipment.

MULTIPLE SCLEROSIS SOCIETY OF CANADA - ATLANTIC DIVISION
Web Site: www.mssociety.ca

1 - 109 Ilsley Avenue
Dartmouth, NS B3B 1S8

Telephone: (902) 468-8230
Toll-free: (800) 268-7582
Fax: (902) 468-5328
E-mail: info.atlantic@mssociety.ca

Equipment Provision Program
Website: http://mssociety.ca/atlantic/CSFunding.htm#Equipment
The Equipment Provision Program assists individuals in purchasing specific equipment.

Funded equipment includes:
- Mobility and assistive devices
- Minor home modifications
- Bathroom equipment (accessibility and safety devices)
- Equipment repair
- Air conditioners

Please contact the Coordinator of Client Services if you have questions regarding this funding program.

**Special Assistance Program**
The Special Assistance Program has been designed to meet essential quality of life needs faced by persons with Multiple Sclerosis. Funding is provided for incontinence products and medical alarms.

**Emergency and Long Distance Travel Program**
The Emergency and Long Distance Travel Program assists with costs associated with attending unexpected medically necessary appointments which requires long distance travel, or emergency transportation. Please contact the Client Services Coordinator to discuss if your travel is eligible under our program.

**MUSCULAR DYSTROPHY CANADA**

Website: www.muscle.ca

203 - 56 Avonlea Court
Fredericton, NB   E3C 1N8

Muscular Dystrophy Canada provides financial assistance to purchase medically prescribed equipment, repairs and a limited amount of out of province travel costs for registered clients. To become a registered client, you must have a neuromuscular disorder that falls under their umbrella. If a request is made for a device that the Association does not cover, or only
Medical Funding Assistance and Rehabilitation Equipment Programs

partially covers, Muscular Dystrophy Canada staff may be able to suggest other sources of funding.

**NB LUNG ASSOCIATION**  
Website: www.nb.lung.ca

65 Brunswick Street  
Fredericton, NB E3B 1G5

Telephone: (506) 455-8961  
Fax: (506) 462-0939  
E-mail: nblung@nbnet.nb.ca

This organization has a program to assist through the recycling of some respiratory equipment.

**SAINT JOHN DEAF AND HARD OF HEARING SERVICES INC. (SJDHHS)**  
Website: www.sjdhhs.com

324 Duke Street West  
Saint John, NB E2M 1V1

Telephone: (506) 633-0599  
TTY: (506) 634-8037  
Fax: (506) 652-3382  
E-mail: sjdhhs@nb.sympatico.ca

This organization provides essential services to Deaf, hard of hearing and late deafened individuals. Their services include a hearing aid recycling program. They can also assist clients with TESS applications for any technical devices necessary. Sales and services of assistive devices are also available for persons who are Deaf or hard of hearing.
SOUTH-EAST DEAF & HARD OF HEARING SERVICES INC. (SEDHHS)
Website: www.south-eastdeaf.nb.ca

1690 West Main Street
Moncton, NB   E1E 1G9
Telephone: (506) 859-6101
TTY: (506) 384-8260
Fax: (506) 856-5060
E-mail: terpserv@nb.aibn.com

This agency is dedicated to providing programs and services for Deaf, Deafened, and hard of hearing adults in South-eastern New Brunswick. The agency also recycles hearing aids and communication aids. New Brunswickers are able to purchase special needs products through the agency as well.

STAN CASSIDY CENTRE FOR REHABILITATION
Website: www.stancassidy.ca

800 Priestman Street
Fredericton, NB   E3B 0C7
Telephone: (506) 452-5225
Fax: (506) 452-5190

This is the provincial tertiary neurological rehabilitation centre. The Centre provides interdisciplinary rehabilitation services to clients of all ages in New Brunswick. Inpatient and outpatient teams assess and treat the most complex neurological patients. Specialized teams provide adaptive seating, driver rehabilitation, augmentative communication and design and fabricate one-of-a-kind devices to promote independence for our clients. Funding for equipment can come from a variety of sources including private insurance, Social Development, donations or as out of pocket expenses by clients and families.
The War Amps assists Canadian war, civilian and child amputees through financial assistance with artificial limbs, peer counselling, peer support, regional seminars and information on the latest prosthetic developments.

**Child Amputee (CHAMP) Program**
E-mail: champ@waramps.ca

Telephone: (613) 731-3821  Fax: (613) 731-4092
Toll-free: (800) 267-4023  Toll-free: (866) 235-0350

Children under the age of 18 who are missing a limb or limbs at birth, from medical causes or due to an accident are eligible to enroll in CHAMP. The program offers financial assistance for artificial limbs and related expenses; counselling to Champs and their families; regular regional seminars and matches families who have children with similar amputations through Matching Mothers.

**Jumpstart**
Assists Super Champs (multiple amputee children) with computers and computer training as an educational aid to ensure their employment opportunities in the future.

**National Amputee Centre**
Telephone: (877) 622-2472

Educates amputees and family members about all aspects of amputation, including the latest information on artificial limbs and products. Provides a comprehensive library and website section and publishes amputee resources.
Adult Prosthetics Program
Provides financial assistance to registered adult amputees in Canada for the purchase of artificial limbs.

MISCELLANEOUS RESOURCES
Recover part of costs of premiums and payments made for rehabilitation equipment purchased by the individual or family involved through income tax deductions. Contact the Canada Revenue Agency at 1-800-959-8281.

- Blue Cross Senior's Health Program, Moncton, NB; call 1-800-565-0065.
- Local service clubs - check for listings in your local telephone book.
- Church groups
- Employer health benefits plans
- Private insurance plans
- Civil actions in cases of injuries caused by accidents, etc.
- Automobile insurance coverage in cases of automobile accidents

USEFUL LINKS - ASSISTANCE DEVICES AND TECHNOLOGY INFORMATION

Galaxy - www.galaxy.com
Assistive Device Companies: http://www.ic.gc.ca/eic/site/ict-tic.nsf/eng/h_it06119.html
ABLEDATA - www.abledata.com