



APPLICATION FOR HEALTH CARE

BEFORE COMPLETING THIS APPLICATION, PLEASE READ **IMPORTANT INFORMATION**, SECTION 5.

NOTE: This personal information is being collected under the authority of the *Medical Care Act*. Its disclosure is governed by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Department of Health and Social Services at the address listed above.

Section 1. APPLICANT INFORMATION - PLEASE PRINT

Reason for the Application: New to the NWT Returning to the NWT Newborn

Legal Name	Surname	First Name	Middle Name(s)
Birthdate (dd/mm/yyyy)		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Residential/Street Address		Mailing Address (if different from residential/street address)	
City/Town/Village		City/Town/Village	
Country	Postal Code	Country	Postal Code
Home Phone No. ()		Work Phone No. ()	

Section 2. IF APPLICATION IS FOR NEWBORN - PLEASE PRINT - Biological Adoptive

Parent - Surname	Parent - First Name	Parent - Middle Name(s)
Parent - Health Care Number	Birthdate of Parent (dd/mm/yyyy)	

Section 3. RESIDENCE AND CITIZENSHIP/IMMIGRATION INFORMATION

RESIDENT means a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, who makes his or her home in the NWT, and includes a person who is deemed under legislation to be a resident but does not include a tourist, transient, visitor, or temporary or seasonal worker.

- CANADIAN CITIZEN (CC)**
Attach photocopy of Canadian birth certificate or Canadian citizenship card.
- ABORIGINAL STATUS (AS)**
Attach photocopy of Indian status card or letter from Métis/Inuit/Inuvialuit organization. (Inuit and Inuvialuit letter must include Inuit N number)
- LANDED IMMIGRANT (LI)**
Attach photocopy of record of landing.
- OTHER**
Attach photocopy of employment/student authorization, Minister's permit, etc.

Aboriginal Status: Status Indian Métis Inuit Inuvialuit Indigenous Métis

Where did you move from? (street number and name)	City	Province/State	Postal Code
When did you leave the above address? (dd/mm/yyyy)	When did you arrive in the NWT? (dd/mm/yyyy)	When did you take up permanent residence in the NWT? (dd/mm/yyyy)	
How long do you plan on living in the NWT? <input type="checkbox"/> Permanently (over a year) <input type="checkbox"/> Temporarily (under a year)	Were you covered by another government health care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was your health number (include Province/Territory)	
Have you recently left the Canadian Forces, RCMP? (Copy of discharge papers must be attached) <input type="checkbox"/> Yes <input type="checkbox"/> No Date of discharge (dd/mm/yyyy)	Have you recently been released from a federal penitentiary? (Copy of release papers must be attached) <input type="checkbox"/> Yes <input type="checkbox"/> No Date of release (dd/mm/yyyy)		

Section 4. SPOUSE/DEPENDANT INFORMATION - PLEASE PRINT if you have more than five dependants, please list the information on a separate sheet.

SPOUSE means a resident who is either married to or living in a marriage-like relationship with the applicant and may be of the same gender as the applicant. **CHILD** means a resident who is the legal ward or child of the applicant, is supported by the applicant, is neither married nor living in a marriage-like relationship, **and** is either age 18 or younger or age 19-21 and attending school or university full-time. NWT Health Services Administration will confirm with previous jurisdiction that child is still registered as your dependent.

PHOTOCOPIES OF CURRENT CITIZENSHIP/IMMIGRATION DOCUMENTS MUST BE ATTACHED.
USE LEGAL NAMES WHEN COMPLETING THIS FORM.

Surname	Given Name(s) First and Middle	Gender M or F	Date of Birth (dd/mm/yyyy)	Citizenship/Immigration CC, AS, LI, Other	Aboriginal Status 1. Status Indian 2. Métis 3. Inuit 4. Inuvialuit 5. Indigenous Métis

Date of Arrival of Spouse:

Section 5. IMPORTANT INFORMATION

- **IDENTIFICATION:** You must send with your application photocopies of **birth certificate, Canadian citizenship or immigration status** for all persons listed. Eligibility cannot be determined without this document.
- **RESIDENCY:** A person must be a resident of the NWT to qualify for Territorial health care benefits, your current residential address is required. An application received with only a PO Box or General Delivery address will not be processed until your residential address is provided. Please include a copy of one of the following: Rent receipts, lease agreement, letter from private landlord or confirmation from a financial institution that a mortgage for local residential property is being held. Utility receipts such as: oil, power, water, property tax and/or telephone bills. Confirmation from Revenue Canada that you filed a NWT Income Tax Return (your income tax return). A letter from your employer verifying start and end dates of employment.
- **EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a waiting period before health care benefits can begin. Generally, this period consists of the balance of the month of arrival in the NWT, plus two months.
- You must notify your previous province's Health Care Plan of your effective date of coverage with the NWT Health Care Plan and/or request an extension of coverage, if applicable.
- Please keep in mind that should you have any changes to your name, status, address, etc., after you send in your application, you are to contact our office immediately to inform us of these changes or pick up the appropriate forms at any health facility located throughout the NWT.
- **OUT-OF-TERRITORY STUDENTS:** If studying outside the NWT, the absence must be temporary and solely for the purpose of attending school or university. Proof of school registration as a student for the current term is required to be sent with your Temporary Absence Form. (available at the address listed above)

"I (We) hereby certify that I am a permanent resident of the Northwest Territories and I (we) understand that it is an offence to give false or misleading information in the application form and by signing this form I am (we are) authorizing health services administration to verify or confirm the information and documentation contained with this application. Note: Any spouse/dependants 19 years of age and over must also sign this application form."

Signature _____

Date (dd/mm/yyyy) _____

Signature _____

Date (dd/mm/yyyy) _____

Signature _____

Date (dd/mm/yyyy) _____