

This report is an important document, but is not the only eligibility factor. The information assists in determining how the client's physical or mental condition affects the client's ability to work or to verify the need for a special diet.

This section to be completed by Worker:

Date issued: 11/06/13  
Year Month Day

Client's Surname: Tremblay First Name: Timothy  
Address: \_\_\_\_\_ City, Town: \_\_\_\_\_

Birthdate 1/1/  
Year Month Day

Worker's Name and Phone Number: Lee-Ann Jelinski

Worker's comments/questions \_\_\_\_\_

The client indicated above requires medical information for social assistance purposes as indicated:

- To identify a short term illness or a disability lasting longer than 12 months which affects training or employment capacity.
- To verify the need for a special diet. (questions 8, 9 or 10 on reverse)

Return by 11/06/13, to:  
Year Month Day

**MINISTRY OF SOCIAL SERVICES**  
36 Athabasca Street West  
MOOSE JAW SK S6H 6V2

Thank you for taking the time to complete this form. It is very helpful in assessing the client's employability or need for a special diet.

Any additional examinations are the financial responsibility of the client unless requested and authorized by Social Services.

**Authorization**

I hereby authorize any health care professional who has observed or attended me, to give full information regarding my condition including history, consultation reports, and diagnosis, to Social Services for the purpose of determining my eligibility for social assistance benefits.

17.6.11 AUG 05 2011  
(Date)

(Signature of client/trustee)

Diagnosis and history - Height: \_\_\_\_\_ Weight: \_\_\_\_\_

How long has patient been under your care? \_\_\_\_\_

1. Does the patient have a short term illness or condition (under 12 months)? Yes  No   
Diagnosis \_\_\_\_\_

OR

2. Does the patient have a prolonged physical or mental condition (over 12 months)? Yes  No   
Diagnosis Chronic back pain

If yes to either above question, please explain below.

3. Does the condition limit employment/training capacity? Yes  No

Treatment: I am informed by the patient that he cannot lift

Prognosis: more than 5lb, His previous reports suggest this. Yet he has never had a functional enquiry/assessment done, nor has he had a tertiary assessment or

4. Present medication: been seen at a chronic pain clinic.  
If any of the above medications affect the patient's activities, please explain:  
No medication.



5. If the patient is not able to work at this time, when can he/she be expected to be ready for work? (approximate number of days, weeks, or months) \_\_\_\_\_ Can the patient return to former occupation? Yes  No

If Yes, are there any restrictions? (please describe) \_\_\_\_\_  
\_\_\_\_\_

If No, please indicate reason \_\_\_\_\_  
\_\_\_\_\_

6. Is patient capable of any other work? Yes  No

If Yes, what type of work? Sedentary work.

If No, why is the patient not capable of work? \_\_\_\_\_

7. Does patient have an addiction problem? Yes  No

Do you believe the patient would benefit from addiction treatment? Yes  No

If Yes, please indicate where you will be referring him/her \_\_\_\_\_

Special Diet - To be completed by Physician or Nurse Practitioner only.

Not applicable.

8. If patient is pregnant, expected birth date: \_\_\_\_\_

9. Does the patient's child require infant formula? Yes  No

If Yes, name of formula: \_\_\_\_\_ Number of months required: \_\_\_\_\_

10. The following list includes commonly prescribed special diets where expenses exceed normal food costs.

The need for a diet is reviewed every 12 months.

Reason special diet is required: N/A

If a diet is required, please check one:

High Protein for acute conditions where the treatment is intensive and for a specific time period.

Number of months required: \_\_\_\_\_

Caloric Level - (Please circle reason) diabetes, weight reduction, modified fats

Daily calories:  1900 - 2499  2500 - 2999  3000 + Length of time required N/A

Food Supplements (Boost, Ensure, etc.) - for specific condition and time period.

Name of supplement: \_\_\_\_\_

Number of cans/day: \_\_\_\_\_ Length of time required: \_\_\_\_\_

Dialysis

HIV/AIDS:  Special diet  Bottled water

Other (describe) Orthopedic bed recommended.

A. B. Thorpe

(Print - Health professional's name)

am a MD

(professional discipline)

licensed to practice in Saskatchewan.

**DR. R. BRANDON THORPE**

890A Lillocet St. W.

Moose Jaw, SK S6H 8B4

Tel. (306) 691-0030

Fax (306) 694-5666

This report contains my clinical assessment and considered opinion at this time.

Date completed: 17.6.11.

Signature: [Signature]



July 8, 2011

Timothy James Tremblay  
#2 – 163 Stadacona Street West  
MOOSE JAW SK S6H 1Z3

Dear Mr. Tremblay:

Thank you for your June 16, 2011 email and your June 22, 2011 letter regarding your application and assessment for social assistance benefits. Honourable June Draude, Minister of Social Services, requested that I reply on her behalf.

I have reviewed your correspondence and the information you provided to the Income Assistance Worker in Moose Jaw.

Upon your arrival in Saskatchewan on June 6, 2011, you attended the Moose Jaw Service Centre to make application for income assistance. You indicated to the Income Assistance Worker that you had received \$909 for June benefits in British Columbia. This information was verified by our office in a telephone conversation with your worker in British Columbia. The benefits received were sufficient to cover your needs for the month of June.

You stated to the Income Assistance Worker that the June benefits provided to you were used to pay for a plane ticket for yourself from British Columbia to Regina, taxi fare from Regina to Moose Jaw and freight charges to have your personal belongings shipped to Moose Jaw. Though you chose to use the benefits in this way, the Regulations and policies that guide our decisions require these funds to be considered as income at the time of application. For further information, you will find an electronic copy of the Saskatchewan Assistance Policy Manual on our website at [www.socialservices.gov.sk.ca/SAP-policy-manual.pdf](http://www.socialservices.gov.sk.ca/SAP-policy-manual.pdf).

After careful consideration of the information you provided and the benefits you received, you were not eligible for Saskatchewan social assistance benefits for the month of June 2011. It is my understanding however, that you have been deemed eligible for social assistance beginning July 1, 2011, and that your special needs requests, including a request for an orthopedic bed prescribed by your doctor will be addressed during this month of July 2011. You will soon receive a letter that outlines your eligibility.

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Timothy James Tremblay

July 8, 2011

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In your correspondence, you requested a copy of Dr. Thorpe's file under *The Freedom of Information and Privacy Act*. I am unclear as to what file you are requesting and would suggest that you make contact with Dr. Thorpe to discuss this matter directly.

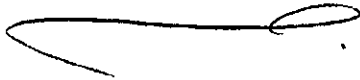
You also requested to have your mother's name removed from your file to ensure that she would not be allowed to provide information on your behalf. I can assure you that no information will be released to or requested from your mother unless you provide written consent to do so or you allow her to act as your trustee. I will also ensure that your request is documented on your file.

Regarding your request for a new case worker, it is not standard practice for the Ministry to transfer individuals from one case worker to the other unless there are extenuating circumstances. At this time, Lee-Ann Jelinski will continue to be your case worker.

If you have any further questions or concerns, I invite you to contact Pat Armstrong-Wilson, Income Assistance Supervisor, at (306) 694-3647.

Thank you again for writing.

Sincerely,



Janet Dillabaugh

Manager, Service Delivery

Income Assistance, Swift Current & Area

178-8668

cc: Honourable June Draude, Minister of Social Services  
Patricia Armstrong-Wilson, Supervisor, Income Assistance  
Lee-Ann Jelinski, Income Assistance Worker, Income Assistance Moose Jaw