



## Information to help you fill out the form

### How do we define “Family Applicant”?

A family applicant must be an adult (refer to definition below) and will be the person to whom all correspondence relating to the program will be sent.

### How do we define “Adult”?

An adult is a person 18 years of age and over.

### How do we define “Family”?

A family is:

- a single adult
- an adult and spouse (refer to definition below)
- an adult and all dependant children (refer to definition below)
- an adult, spouse, and all dependant children

**Note:** Include all family members on the registration form, even if some family members have drug coverage through other programs. All family members are included in the copayment and deductible calculations.

### How do we define “Spouse”?

A spouse is a person who is married to you or with whom you are living in a marriage-like relationship. A spouse may be of the same gender.

### How do we define “Dependant Child”?

A dependant child is:

- a child or a legal ward of you or your spouse
- supported by you or your spouse
- younger than 18 years of age
- not married and not living in a marriage-like relationship

A dependant child can only be registered with one family at any given time.

### Who is eligible?

You, your spouse and dependants are eligible for this program if you meet **all** of the following criteria:

- you are a permanent resident of Nova Scotia with a valid Nova Scotia Health Card
- you agree to family income verification through Canada Revenue Agency each year
- you agree to provide family size information each year

**Note:** Any portion of a prescription cost, for any family member that is eligible for coverage under another drug program, will not be considered for coverage under the Nova Scotia Family Pharmacare Program.

### What if I am single, 18 years of age or over and still living with my family?

If you are 18 years of age or over, you must complete your own registration form. If you live with your parents and do not have a spouse or dependants, you are a family of one for our purposes. Do not include your parents' names or their incomes on your registration form.

If you have any questions or require help to fill out the application form, please call (902) 496-5667, or 1 (877) 330-0323 (if you live outside the metro Halifax area), or visit our website: [www.nspharmacare.ca](http://www.nspharmacare.ca)

**Mail your completed form to:**  
**Nova Scotia Family Pharmacare Program**  
**Nova Scotia Pharmacare Programs**  
**PO Box 500**  
**Halifax, Nova Scotia**  
**B3J 2S1**

**or fax to: (902) 468-9402**