## Mandatory Special Necessities (MSN) Benefit Request

Physician / Health Care Professional please fax completed forms to **519.482.1632** or mail to address below.

Name of individual re	quiring items/services:								$\neg$
Member ID:					Tea	am #:			
dressings are also covere	ــــــــ provide funding for transporta ed. Verification of the medical nosibility for any fee attached to p	ecessity is red	quired. While	we appreciate					
<b>Medical Transpor</b>	rtation								
This section may be comple	ted by Ontario licensed physicians,	Registered Nu	urses in the Ext	ended Class and	d psychologists (fo	r addiction rela	ated trav	el only).	
Physician/Facility Name			Location			ts Required From th (mm/yy)		Required U (mm/yy	
Type of transporta	ition required: 🔲 Taxi	Private \	/ehicle		1				
Diabetic Supplies	3								
This section may be comple	ted by Ontario licensed physicians	or Registered I	Nurses in the E	xtended Class (\	where a physician	has assessed th	ne need)		
Glucometer	Required?  Yes	] No							
Lancets	Number required per day	:   1   4   Other please specify number:							
Insulin Syringe	Number required per day	☐ 1 ☐ 4 ☐ Other		please specit	lease specify number:				
Needle Tips	Number required per day	: 🔲 1	_ 4 _	Other	please specify number:				
Surgical Supplies									
provide for the costs of surg	eted by Ontario licensed physicians gical supplies and dressings not oth ensed Ontario physician, and requir	erwise provide	ed for. For OW	purposes, surgio	cal supplies and di	essings are cor	nsidered		s will
ltem		Number	Number Required		Required feekly/etc)	Required From (mm/yy)		Required Until (mm/yy)	
			/ per						
			/ per						
			/ per						
Form completed	·								
Name of Physician or	Health Professional:								
			Phone :		D	ate:			
Physician or H	Health Professional's Signatu	ire							

**County of Huron Social Services - Ontario Works**