RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

Name :

DOB :

Medicare # :

REQUEST FOR SPECIALIZED SUPPLEMENT PROGRAM (SSP)

Clinical Nutrition

☐ New client ☐ Renewal

Parent/Guardian Information

Parent/Guardian name: _____

Primary phone number: _____ Secondary phone number:_____

Address: _____ Email address: _____

Nutritional Product Information

Nutritional product(s): Quantity required/month:

_____ _____

_____ _____

_____ _____

Type of feeding: ☐ Tube ☐ Oral Number of months: _____ (max 6 months for oral feed)

Dietitian's Notes

Child's daily food intake estimated at (Kcal): _____

Child's daily energy requirements (Kcal): _____

Product(s) required to meet at least 80% of energy and nutritional needs: ☐ Yes ☐ No

Explain the need for product(s):

_____

_____

_____

_____

_____

_____

Dietitian name (please print): _____

Dietitian signature: _____ Phone number: _____

Email address: _____ Date: _____ (yyyy-mm-dd)

Pediatrician/Specialist Information*

*Note: Forms can be completed by another medical specialist (e.g. gastroenterologist, oncologist, etc.)

Medical condition/diagnosis indicating the need for tube feeding and/or supplemental nutrition product(s) required:

_____

_____

_____

Pediatrician/Specialist name (please print): _____ Phone number: _____

Pediatrician/Specialist signature: _____ Date: _____
yyyy-mm-dd

Administration Use Only

Date received: _____(yyyy-mm-dd) SSP Coordinator approval: _____

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

Name :

DOB :

Medicare # :

REQUEST FOR SPECIALIZED SUPPLEMENTS PROGRAM (SSP)

Clinical Nutrition

Program Guidelines

Vitalité's Specialized Supplements Program (SSP) (former Public Health Tube and Supplemental Feeding Program) provides costly and difficult-to-access specialized nutritional products to New Brunswick children and youth under the age of 19 years old with complex medical conditions, who require these products to meet *most* (80%)* of their nutrition needs to sustain life, prevent serious disability, or prevent death.

The SSP is available for four categories of clients: Tube feed, Oral feed, Metabolic Disease, and Infant**

For more information, including the list of eligible products, please consult the *Program Guidelines for Clinical Dietitians and Pediatricians* available here: https://www.vitalitenb.ca/en/services-and-locations/service-directory/new-brunswick-specialized-supplements-program.

*80% of their nutrition needs means to clearly demonstrate that the child requires this product as their sole or primary source of nutrition.

**For infants needing an amino acid-based infant formula, please use the SSP *Amino Acid-Based Infant Formula Request* form *(RA-416E).*

Complete and fax or email this form to the Specialized Supplements Program Office. The original version of this form must be placed in the patient's medical record.

Eligibility Criteria

This form must be completed by a clinical registered dietitian and a pediatrician or specialist (e.g. gastroenterologist, oncologist) to demonstrate that the client meets all the eligibility requirements below:

	Tube Feed	Oral Feed	Metabolic Disease
Complex medical condition	✓	✓	✓
Required to meet most (80%) of their nutrition needs	✓	✓	
Approval period	1 year	6 months	1 year

Contact and Office Information

Specialized Supplements Program (SSP)
Vitalité Health Network
Dr. Georges-L.-Dumont University Hospital Centre
330 Université Avenue
Moncton NB E1C2Z3
Phone number: 506-862-7596
Fax number: 506-869-2436
Email: ProgrammeSupplementProgram@vitalitenb.ca