



Special Diet Allowance

Insert for new conditions eligible for a Special Diet Allowance (SDA)

Starting December 18, 2012 we have added two new conditions to the list of eligible conditions. They are:

- Prader-Willi Syndrome
- Unintended weight loss due to Renal Failure (Glomerular Filtration Rate <30)

For applicants with Prader-Willi Syndrome:

1. The health care professional must complete section 2 of the application form, fill out the box below, and sign below:

| | | |
|--|--|---|
| <input type="checkbox"/> Prader-Willi Syndrome | <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/> indefinite | _____ Health care professional's initials |
|--|--|---|

Note: Where a person has more than one of the following conditions, the person will only receive the amount of the highest cost diet: Diabetes; Gestational Diabetes; Hyperlipidemia or Hypercholesterolemia; Hypertension; Extreme Obesity; Prader-Willi Syndrome.

I confirm that the applicant requires a special diet for the above medical condition and that the information I have provided is true in my professional opinion.

[Signature of approved health care professional]

[Date]

2. The applicant must complete section 1 and sign section 4 of the application form and return it, along with this completed application insert.

For applicants with unintended weight loss due to Renal Failure (Glomerular Filtration Rate <30):

1. The health care professional must complete section 2 of the application form, fill out the box below, and sign below:

| | | |
|---|--|---|
| Unintended Weight Loss due to Renal Failure (GFR <30): <input type="checkbox"/> > 5% and ≤ 10% weight loss <input type="checkbox"/> > 10% weight loss | <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/> indefinite | <hr/> Health care professional's initials |
|---|--|---|

Note: Where an SDA application indicates Renal Failure (Glomerular Filtration Rate <30) with weight loss and another Renal Failure condition, the applicant would only be eligible for the higher cost diet. Also note that an applicant is only eligible for one weight loss diet.

I confirm that the applicant requires a special diet for the above medical condition and that the information I have provided is true in my professional opinion.

[Signature of approved health care professional]

[Date]

2. The applicant must complete section 1 and sign section 4 of the application form and return it, along with this completed application insert.

If you have any questions:

If you have any questions about the form, please contact the person listed at the bottom of page 3.