

Métis Nation-Saskatchewan (MN-S)

Nicotine Replacement Therapy Reimbursement Program Intake Form



 ${\bf Email\ to: TobaccoNRT@mns.work}$

Fax to: 306-249-4934

Mail to: #310 - 20th Street East, Saskatoon SK S7K 0A7

Please note, abuse of the program and/or staff harassment may result in refusal from the program.

Section 1			
First Name:	Middle Initial:	Last Na	me:
Birth Date:	Citizenship Number:		
Address:			Postal Code:
Phone:			
Emergency Contact Information			
Name:	Relation:		Phone:
Section 2			
For what type(s) of NRT medicine ar	e you seeking reimburs	sement?	
Type(s) of NRT medicine for reimbur	sement, Please check	all that a _l	oply:
Transdermal Nicotine Patch			
Nicotine Gum			
Nicotine Lozenges			
Nicotine Inhaler			
Champix (or generic equivalent A	po-Verenicline)		
Zyban SR (or generic equivalent	Apo-Bupropion)		
Are you using counselling/therapy to Up to a maximum of 10 counselling sessions	o help you quit comme	rcial toba	acco?
If yes, you can get reimbursed for yo	ur appointments. Y	ES I	NO



Section 3

We'd love to hear more about your quitting journey.

Some options available to you are:

- Call a helpline
- Talk Tobacco @ 1-833-998-TALK (8255) or online https://smokershelpline.ca/talktobacco/home.
 A free a confidential program offering culturally appropriate support and information about quitting smoking, vaping, and commercial tobacco use for Métis, First Nations, Inuit, and urban Indigenous communities.
- Smoker's Helpline @ 1-877-513-5333 or online www.smokershelpline.ca
- Counselling
- Nicotine replacement therapy
- Peer support

Since using this program, have you reduced your commercial tobacco use (smoking, vaping etc.)?

YES

NO

Section 4

Reimbursement options.

Attach EFT or void cheque for reimbursement

In your words, please describe your plan for quitting/reducing your tobacco use:

