

# Project Lifesaver Association of Nova Scotia

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Bringing Loved Ones Home

## Department of Community Services Approval Form

Client: \_\_\_\_\_

Caregiver: \_\_\_\_\_

Caregiver Phone Number: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Caseworker Phone Number: \_\_\_\_\_

Caseworker Email Address: \_\_\_\_\_

DCS Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Department of Community Services approves funding for the Project Lifesaver enrollment fee and monthly fees for the client stated above. Enrollment and Monthly funding will be invoiced directly to Department of Community Services upon enrollment and in six-month increments via email to the address above.

Caseworker Signature:

Date:

\_\_\_\_\_

Please Fax to 902 678-8788 or scan and email to [finance@projectlifesaver.info](mailto:finance@projectlifesaver.info),  
[ops@projectlifesaver.info](mailto:ops@projectlifesaver.info)

## Project Lifesaver - Department of Community Services Approval Form

Introduced ..... July 27, 2012  
Approved..... December 13, 2012  
Amended ..... February 26, 2013  
Approved..... February 28, 2013  
Amended ..... July 18, 2013  
Amended ..... February 28, 2014  
Amended ..... May 17, 2014  
Amended ..... Oct 08, 2019  
Amended ..... April 06, 2021