

Project Lifesaver Association of Nova Scotia



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

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