

Chapter 5 | Core Benefit



Core Benefits include:

- Core Essential,
- Core Shelter, and
- Variations to Core Benefits.

5.1 Core Essential

Core Essential benefits are intended for basic household needs. The amount of Core Essential benefits is determined by household category and family composition.

Core Essential benefits are provided to all eligible households regardless of other Core Benefit requirements.

If the applicant or client is not eligible for a full month of Core Essential benefits, the Issuing Authority may prorate Core Essential benefits based on the number of days remaining in the benefit period.

Core Essential benefits may be backdated to the date the client first applied for Income Assistance benefits. In order to backdate Core Essential benefits to the date of Application, the applicant must be able to demonstrate that he or she was eligible at the time of Application. Backdated Core Essential benefits are only issued in situations where the Issuing Authority was unable to meet with the client at the time of Application.

Core Essential benefits are intended for:

- Food,
- Clothing,
- Diapers,
- Household needs (such as furniture, appliances, and supplies),
- Installation and use of telephone,
- Laundry,
- Basic transportation (including fuel, vehicle registration, and insurance), and
- Residential moves within Alberta.

The Income Assistance Program does not provide additional benefits for items covered by Core Essential benefits unless otherwise stated.

5.1.1 Core Essential for Expected to Work (ETW) Households

The rate of Core Essential benefits Expected to Work (ETW) households receive is determined by household category and family composition.

Expected to Work (ETW) Core Essential Rate Chart

Number of Children	Ages of Children		Adults in Household	
	0-11 Years Old	12-19 Years Old	One Adult	Two Adults
0	0	0	\$304	\$520
1	1	0	\$387	\$565
	0	1	\$420	\$598
2	2	0	\$431	\$622
	1	1	\$464	\$655
	0	2	\$497	\$688
3	3	0	\$494	\$679
	2	1	\$527	\$712
	1	2	\$560	\$745
	0	3	\$593	\$778
4	4	0	\$550	\$735
	3	1	\$583	\$768
	2	2	\$616	\$801
	1	3	\$649	\$834
	0	4	\$682	\$867
5	5	0	\$607	\$792
	4	1	\$640	\$825
	3	2	\$673	\$858
	2	3	\$706	\$891
	1	4	\$739	\$924
	0	5	\$772	\$957
6	6	0	\$667	\$852
	5	1	\$700	\$885
	4	2	\$733	\$918
	3	3	\$766	\$951
	2	4	\$799	\$984
	1	5	\$832	\$1017
	0	6	\$865	\$1050

For each additional child in the household (age 0-11) beyond 6 children, the rate is \$56 per child. However, for each additional child over the age of 12, the rate is \$33 per child.

5.1.2 Core Essential for Barriers to Full Employment (BFE) Households

The rate of Core Essential benefits Barriers to Full Employment (BFE) households receive is determined by household category and family composition.

Barriers to Full Employment (BFE) Core Essential Rate Chart

Number of Children	Ages of Children		Adults in Household	
	0-11 Years Old	12-19 Years Old	One Adult	Two Adults
0	0	0	\$408	\$677
1	1	0	\$504	\$722
	0	1	\$537	\$755
2	2	0	\$564	\$790
	1	1	\$597	\$823
	0	2	\$630	\$856
3	3	0	\$637	\$858
	2	1	\$670	\$891
	1	2	\$703	\$924
	0	3	\$736	\$957
4	4	0	\$766	\$926
	3	1	\$739	\$959
	2	2	\$772	\$992
	1	3	\$805	\$1025
	0	4	\$838	\$1058
5	5	0	\$775	\$994
	4	1	\$808	\$1027
	3	2	\$841	\$1060
	2	3	\$874	\$1093
	1	4	\$907	\$1126
	0	5	\$940	\$1159
6	6	0	\$846	\$1065
	5	1	\$879	\$1098
	4	2	\$912	\$1131
	3	3	\$945	\$1164
	2	4	\$978	\$1197
	1	5	\$1011	\$1230
	0	6	\$1044	\$1263

For each additional child in the household (age 0-11) beyond 6 children, the rate is \$56 per child. However, for each additional child over the age of 12, the rate is \$33 per child.

5.1.3 Core Essential for Learner Households

The rate of Core Essential benefits Learner households receive is determined by household category and family composition.

Learner Core Essential Rate Chart

Number of Children	Adults in Household	
	One Adult	Two Adults
0	\$524	\$646
1	\$901	\$1197
2	\$961	\$1265
3	\$1034	\$1333
4	\$1103	\$1401
5	\$1172	\$1469
6	\$1243	\$1540

Additional Children:

- Each additional child: \$56.00.

Full Learner Core Essential benefits are issued if the client enters into a Learner's program between the 1st and the 15th of the month.

Prorated Learner Core Essential benefits are issued if the client enters into a Learner's program after the 16th. The amount is prorated based on the days remaining in the benefit period.

Learner Core Essential benefits are provided for the entire last of month of training regardless of the end date.

5.1.4 Core Essential for One Time Issue Clients

When an Applicant is not in need of or eligible for ongoing Income Assistance benefits, the Issuing Authority may issue One Time Issue benefits. Eligible One Time Issue clients receive Core Essential benefits at the same rate as Expected to Work (ETW) households.

Core Essential benefits for One Time Issue clients are intended to be a single, onetime only benefit. The maximum Core Essential benefit for One Time Issue clients is one month Core Essential at the Expected to Work (ETW) household rate. Additional Core Essential benefits may be issued at the discretion of the First Nations Income Assistance Program Director. The rationale for exceeding the one month Core Essential benefit must be clearly documented on file.

When full Core Essential benefits are not appropriate or required, the Issuing Authority may issue the "Food Only" portion of the Core Essential benefit.

5.2 Variations to Core Essential

In certain situations, clients or applicants may not be eligible to receive full Core Essentials benefits, or may require other variations to the Core Essential benefit to meet their individual needs. This section outlines when a variation to Core Essential may be required.

5.2.1 Core Essential Rate Adjustment

When a client or applicant is not eligible for or in need of the Core Essential benefit for a full month, the Issuing Authority may prorate the Core Essential benefit based on the number of days remaining in the benefit period.

Core Essential benefits may be backdated to the date the client first requested Income Assistance benefits if it can be substantiated that the client was in need at that date. Backdated Core Essential benefits cannot exceed one month Core Essential benefits. Backdated Core Essential benefits are only issued in situations where the Issuing Authority was unable to meet with the client immediately.

5.2.2 Food Only Rates

Where the Issuing Authority determines that the client or household requires the Food Only portion of the Core Essential benefit the following rates apply:

- \$143 for the adult in a single adult household,
- \$137 for each adult in a two adult household, and
- \$83 for each dependent child.

If the client is not eligible for or in need of the Food Only portion of the Core Essential benefit for the full month, the Food Only portion of the Core Essential benefit may be prorated based on the number of days remaining in the benefit period.

5.2.3 Core Essential for 18 and 19 Year Old Dependents

18 and 19 year old dependent children attending regular high school as defined by the School Act (K-12) have the option to remain a dependent on their parent's Income Assistance file. They may remain as a dependent on their parent's Income Assistance file until they graduate or turn 20, whichever comes first.

This option is available to 18 and 19 year old dependents who:

- Attend regular school as defined by the School Act (K-12) or plan to attend after a scheduled school break, and
- Attend school full time or part time as long as they are progressing towards completion of the high school program.

18 and 19 year old dependents are included as a 12-19 year old dependent in Expected to Work (ETW) and Barriers to Full Employment (BFE) households, or as a child in a Learner household.

5.2.4 Core Essential for Foster Children, Adopted Children, and COPH

Core Essential benefits only include the household's dependent children.

Core Essential benefits are not issued for children who are not part of the household or for children who receive benefits from another source. Refer to Section 3.3.13

5.2.5 Core Essential for Joint or Shared Custody Arrangements

If the client has a Parenting Agreement or Parenting Order for shared or joint custody of a child, the child is included in the household unit to determine the Core Essential benefit rate.

Core Essential benefits for joint or shared custody arrangements are prorated based on the actual number of days the child resides in the client's home.

5.2.6 Comforts Allowance

The Comforts Allowance is intended to assist clients and applicants who receive most of their Core Essential benefits from another program or agency.

Clients receiving full Core Essential benefits from the First Nations Income Assistance Program are not issued the Comforts Allowance.

Clients temporary admitted to acute care or active treatments hospitals, and clients residing in a shelter due to escaping family violence may be eligible for the Comforts Allowance.

Clients permanently admitted to an acute care or active treatment hospitals are not eligible for Income Assistance benefits. However, these clients are eligible for the Comforts Allowance.

The Comforts Allowance is available to adult members of eligible households. Rate: \$56 per month to each eligible client.

Acute Care or Active Treatment Hospitals

Clients admitted on a temporary basis to an active treatment or acute care hospital may be eligible for a Comforts Allowance except for the month admitted and the month released.

The admitted client remains a regular member of the household for the month admitted and the month released. The Comforts Allowance is not issued for the month admitted and the month released.

Other than the month admitted and the month released, the admitted client is not included as a member of the household. The household's Core Essential benefit does not include the admitted client except for the month admitted and the month released.

Shelters

Clients residing in a recognized emergency shelter for persons escaping abuse are not eligible to receive full Core Essential benefits because most of their basic needs are met by the facility.

Clients residing in a recognized emergency shelter for persons escaping abuse may be eligible for the Comforts Allowance.

5.2.7 Core Essential for Clients in Residential Alcohol and Drug Treatment Centres

Clients attending residential alcohol and drug treatment centres may require a personal allowance. Eligibility for a personal allowance is determined by the Issuing Authority. The personal allowance is the client's Core Essential benefit minus the admitted client's "Food Only" portion of the Core Essential benefit.

Residential alcohol and drug treatment centres provide food to residents in the treatment program. Therefore, the "Food Only" portion is not required by clients residing in this type of facility.

The household's Core Essential benefit includes the admitted family member minus the admitted family member's "Food Only" portion of the Core Essential benefit.

An overpayment is not calculated if the client enters a program part way through a benefit period. After the first month, the household's Core Essential benefit is reduced by the amount of the admitted client's "Food Only" portion of the Core Essential benefit.

A letter addressed to the client from the residential treatment facility stating the type of treatment, start day of the program, and projected length of stay should be placed on the client's file.

Example:

Core Essential for a family of 4, 2 adults 2 children under 10	\$578
Minus the food allowance for one adult	\$143
Core Essential to be issued	\$435

(To purchase items covered by core essential except food)

Note: Clients in Alcohol and Drug Treatment Centres. The per diem for clients in alcohol treatment are the responsibility of NNADAP and / or Alberta Health Services.

5.3 Core Shelter

Core Shelter benefits are intended to cover rent, mortgage, utilities, heating fuel, insurance, condominium fees, minor home maintenance fees, under fees, and damage deposits for clients living independently as homeowners, renters, or primary occupants.

The Income Assistance Program does not provide additional benefits for items covered by the Core Shelter benefit unless otherwise.

Core Shelter benefits are provided based on the household's actual needs. The Core Shelter benefit maximum is determined by household composition and living arrangements.

Core Shelter benefits are issued to eligible households only. The household must be eligible for the Core Essential benefit to receive the Core Shelter benefit.

The Core Shelter benefit maximum cannot be exceeded by the Issuing Authority or by an Appeal Panel.

The Income Assistance Program may issue the Core Shelter benefit to eligible households who are ordinarily responsible for their household's core shelter costs. Income Assistance clients are not eligible for Core Shelter benefits if the First Nation would be paying for their core shelter costs if they were not receiving Income Assistance benefits.

The Income Assistance Program does not issue Core Shelter benefits if the First Nation pays the core shelter costs for all households who do not receive Income Assistance benefits.

The Income Assistance Program does not issue the Core Shelter benefit to clients belonging to specific groups if the First Nation pays the core shelter costs for members of that specific group who do not receive Income Assistance benefits.

5.3.1 Maximum Core Shelter Benefit Chart

Core Shelter benefits are provided based on the household's actual needs up to the monthly maximum determined by household composition and living arrangement.

If shelter costs fluctuate, the Issuing Authority may issue Core Shelter benefits greater than the monthly maximum. In this situation, the household's Core Shelter benefits must remain within the twelve month rolling maximum. The twelve month rolling maximum is based on Core Shelter benefits issued to the household over the previous twelve months. The Core Shelter benefit twelve month rolling average cannot exceed the household's Core Shelter benefit monthly maximum multiplied by 12.

Maximum Core Shelter Chart

Number of Children	Number of Adults	
	One Adult	Two Adults
0	\$323	\$436
1	\$546	\$575
2	\$566	\$595
3	\$586	\$605
4	\$606	\$625
5	\$626	\$645
6	\$646	\$665

Additional Children (after 6 children):

- Each additional child: \$20.00.

5.3.2 Core Shelter for Utilities

The Core Shelter benefit is intended to cover fuel and utility costs. This does not include the cost of telephone services.

Households eligible for the Core Shelter benefit must demonstrate need and substantiate cost by submitting copies of their bills to the Issuing Authority. The Issuing Authority does not issue Core Shelter benefits until they receive a copy of the household's utility bill.

The Issuing Authority is responsible for keeping copies of utility bills. Utility bills must be kept in the client's Income Assistance file.

5.3.3 Core Shelter for Rent

Core shelter benefits are intended to cover shelter costs associated with private housing and CMHC Section 95 homes. This includes mortgage payments, and rent and room and board arrangements.

Core Shelter for Rent, in combination with other household Core Shelter benefits cannot exceed the Core Shelter maximum. Core Shelter for Rent may be issued if:

- The client meets the eligibility criteria for Income Assistance benefits, and
- The client is ordinarily responsible for paying rent. Core Shelter for Rent is not issued if the First Nation would be paying the client's rent if they were not receiving Income Assistance benefits.

Core Shelter for rent is not issued if the First Nation does not have a universal rental regime in place. Core Shelter for rent is not issued if the First Nation does not charge rent to individuals who are not clients of the Income Assistance Program.

Substantiation

Core Shelter for Rent may only be issued after the client has demonstrated their need for this benefit. To determine if the client is ordinarily responsible for his or her rent:

- Home is owned by the First Nation. The First Nation's Global Housing Policy or Universal Housing Policy, and the client's occupancy agreement.
- Home is privately owned. The Issuing Authority must first determine if the homeowner has the authority to collect rent on the home. If the homeowner has the authority to collect rent on the home, the Issuing Authority must keep the documents on file which demonstrate the homeowner's authority to collect rent. The Issuing

Authority must also include the client's occupancy agreement on the client's file.

5.3.4 Core Shelter Variation for Living with Family (LWF)

The Living with Family (LWF) benefit is a Core Shelter benefit. The Living with Family (LWF) benefit is issued to eligible clients who are not responsible for their shelter costs and are living with a relative who is not a client of the Income Assistance Program.

Clients must be living with a relative who is not a client of the Income Assistance Program to receive the Living with Family (LWF) benefit. The relative must be related to the client or related to the client's partner. Eligible family members:

- Parent,
- Step-parent,
- Adoptive parent,
- Grandparent,
- Adult child, or
- Adult grandchild.

The Living with Family (LWF) benefit is only issued if the relative is responsible for and incurring shelter costs. If the First Nation pays for 100% of the relative's shelter and utility costs, the client is not eligible for the Living with Family (LWF) benefit. If the First Nation pays for only a portion of the relative's shelter and utility costs, the client is still eligible for the Living with Family (LWF) benefit.

If a member of the client's household is on the relative's lease, is a joint owner with the relative, or has a self-contained suite in the home of the relative, the client is not eligible for the Living with Family (LWF) benefit. However, the client may be eligible for other Core Shelter benefits up to the monthly maximum amount.

Rate: \$100 per month to each eligible household.

5.3.5 Core Shelter Variation for Joint or Shared Custody Arrangements

The inclusion of the child for the purposes of determining the household's Core Shelter monthly maximum is determined by the Parenting Agreement, Order, or similar arrangement.

To determine or substantiate the joint or shared custody arrangement, the Issuing Authority may request a copy of the Parenting Agreement, or Parenting Order.

i) One Parent is a Client of the Income Assistance Program

When a child resides approximately equally with both parents, the child is included as a member of the Income Assistance file for the purposes of determining the household's Core Shelter monthly maximum.

If the child resides a majority of the time with the parent who is not a client of the Income Assistance program, the household's Core Shelter monthly maximum should be prorated. The Core Shelter monthly maximum is prorated based on the number of days the child spends at the home of the Income Assistance client.

ii) Both Parents are Clients of the Income Assistance Program

When both parents are clients of the Income Assistance Program and spend approximately equal time with the child, the child may be included in both clients' households for the purposes of determining the households' Core Shelter monthly maximums. Alternatively, the child may be included in just one of the parent's households.

When the child resides a majority of the time with one parent, the child is only included in the custodial parent's household for the purposes of determining the households' Core Shelter monthly maximum.

5.3.6 Core Shelter for Minor Home Maintenance

The Core Shelter benefit is intended to cover Minor Home Maintenance costs.

To be eligible for this benefit, the client must be the owner of their home or the primary occupant as listed on their occupancy agreement. The client must ordinarily be responsible for Minor Home Maintenance. If the client or member of their household belongs to a group whom the First Nation ordinarily pays for Minor Home Maintenance, the client is not eligible for Core Shelter benefits for Minor Home Maintenance.

Core Shelter for Minor Home Maintenance along with other Core Shelter benefits the household receives must not exceed the Core Shelter benefit monthly maximum. If shelter costs fluctuate, the Issuing Authority may issue Core Shelter benefits greater than the monthly maximum. In this situation, the household's Core Shelter benefits must remain within the twelve month rolling maximum. The twelve month rolling maximum is based on Core Shelter benefits issued to the household over the previous twelve months. The Core Shelter benefit twelve month rolling average cannot exceed the household's Core Shelter benefit monthly maximum multiplied by 12.

Core Shelter for Minor Home Maintenance is intended for:

- Painting,
- Minor plumbing and electrical repairs,
- Window repairs and replacement,
- Furnace servicing,
- Repairs to pumps for water and sewer systems,
- Roof repairs,
- Door hardware replacement, and
- Interior wall repairs and related services.

The Core Shelter benefit for Minor Home Maintenance benefit may be issued to eligible households who:

- Are not residing in CMHC homes as defined by section 95 of the National Housing Act,
- Are ordinarily responsible for the costs associated with minor home maintenance, and
- Are the primary occupants of the home. This may be determined by homeownership, or determined by the First Nation Chief and Council or delegated housing authority.

Core Shelter for Minor Home Maintenance benefits may be backdated up to 12 months. Backdated Core Shelter benefits for Minor Home Maintenance benefits cannot predate the client's application for Income Assistance benefits. This benefit is never issued as an advance.

Rate: \$19 per household unit to the maximum Core Shelter as per the Maximum Core Shelter Chart.

5.3.7 Not Eligible for Core Shelter Benefits

Core Shelter benefits are issued to eligible households only. The household must be eligible for the Core Essential benefit to receive the Core Shelter benefit.

The Income Assistance Program does not provide Core Shelter benefits to clients or households if another program, government agency, government department, or individual is responsible.

The following groups are ineligible for Core Shelter benefits through the Income Assistance Program:

- Residents of nursing homes (unless otherwise stated),
- Residents of auxiliary hospitals (unless otherwise stated), and
- Residents of long-term care facilities (unless otherwise stated).

Residents of nursing homes, auxiliary hospitals, or long-term care facilities may be required by Alberta Health to pay an accommodation charge toward their room and board. The Income Assistance Program does not provide Core Shelter benefits to clients or households if another program, government agency, government department, or individual is responsible. In most circumstances, another program is responsible for the room and board fees to Alberta Health.

5.3.8 Core Shelter Rate Adjustment

The Issuing Authority may prorate the Core Shelter benefit monthly maximum if the client or applicant is not eligible for Core Shelter benefits for the entire month. The Core Shelter benefit maximum is prorated based on the number of days remaining in the benefit period.

i) Client Moves to Own Residence

When a client moves into his or her own residence, the Core Shelter benefit monthly maximum is prorated based on the days remaining in the benefit period.

The Living with Family (LWF) benefit is included in the household's Core Shelter benefit monthly maximum if the client has received this benefit prior to moving into his or her own residence.

Clients who move into their own residence and have not received any Core Shelter benefits for that benefit period are eligible for the Core Shelter benefit monthly maximum prorated based on the number of days remaining in the benefit period.

ii) Child Removed from Parental Home

When a child is taken into the care of Children's Services and will be outside the parental home for more than three months, the Core Shelter monthly maximum is reduced the month following the child's removal and for all subsequent months until the child returns to the home.

When the child is returned to the home, the Core Shelter benefit monthly maximum may be increased to reflect the presence of the additional child up to three months prior to the child's return.

iii) Decrease in Household Size

If the Issuing Authority knows in advance that a household member is leaving, that individual is removed from the household and the Core Shelter monthly maximum is reduced. In the month the family member leaves the household, the Core Shelter benefit monthly maximum is calculated as the difference between that individual's inclusion and exclusion in the household. In subsequent months, the Core Shelter benefit monthly maximum is reduced to reflect the change in household composition.

When a family member leaves due to unforeseeable circumstances (such as death or incarceration), the Core Shelter benefit monthly maximum is reduced the month following the decrease in household size.

iv) Increase in Household Size

The Core Shelter benefit monthly maximum is increased to reflect the addition of a child, spouse, or partner.

The Core Shelter benefit monthly maximum can be increased up to three months before the birth or adoptions of a child, the return of a child who has been in the care of Children's Services, or the return of a child who has been living elsewhere.

Clients are able to substantiate the addition of a child with:

- A note from their doctor or nurse practitioner confirming the due date of the child,
- The Alberta Health Care Card, the baby's hospital bracelet, or birth certificate,
- Adoption paper,
- Documentation from Child and Youth Services, or
- Any other suitable indication of a child's expected arrival or return.

The Core Shelter benefit monthly maximum is increased to reflect the addition of a spouse or partner. In this situation, the Core Shelter benefit monthly maximum is prorated based on the number of days remaining in the benefit period.

5.3.9 Shared Accommodation

The accommodation is considered shared, when due to limited housing, clients must reside with other families who may or may not be on Income Assistance.

Shelter costs can be split between occupants sharing accommodations. In cases where the recipient shares accommodations with an individual who is not eligible for Income Assistance or who cannot be included for the purposes of benefit calculations, shelter benefit amounts should be prorated based on actual costs to the Income Assistance client specifically. Shelter benefits are not to be paid for an ineligible person living in the same home as an Income Assistance client at any time.

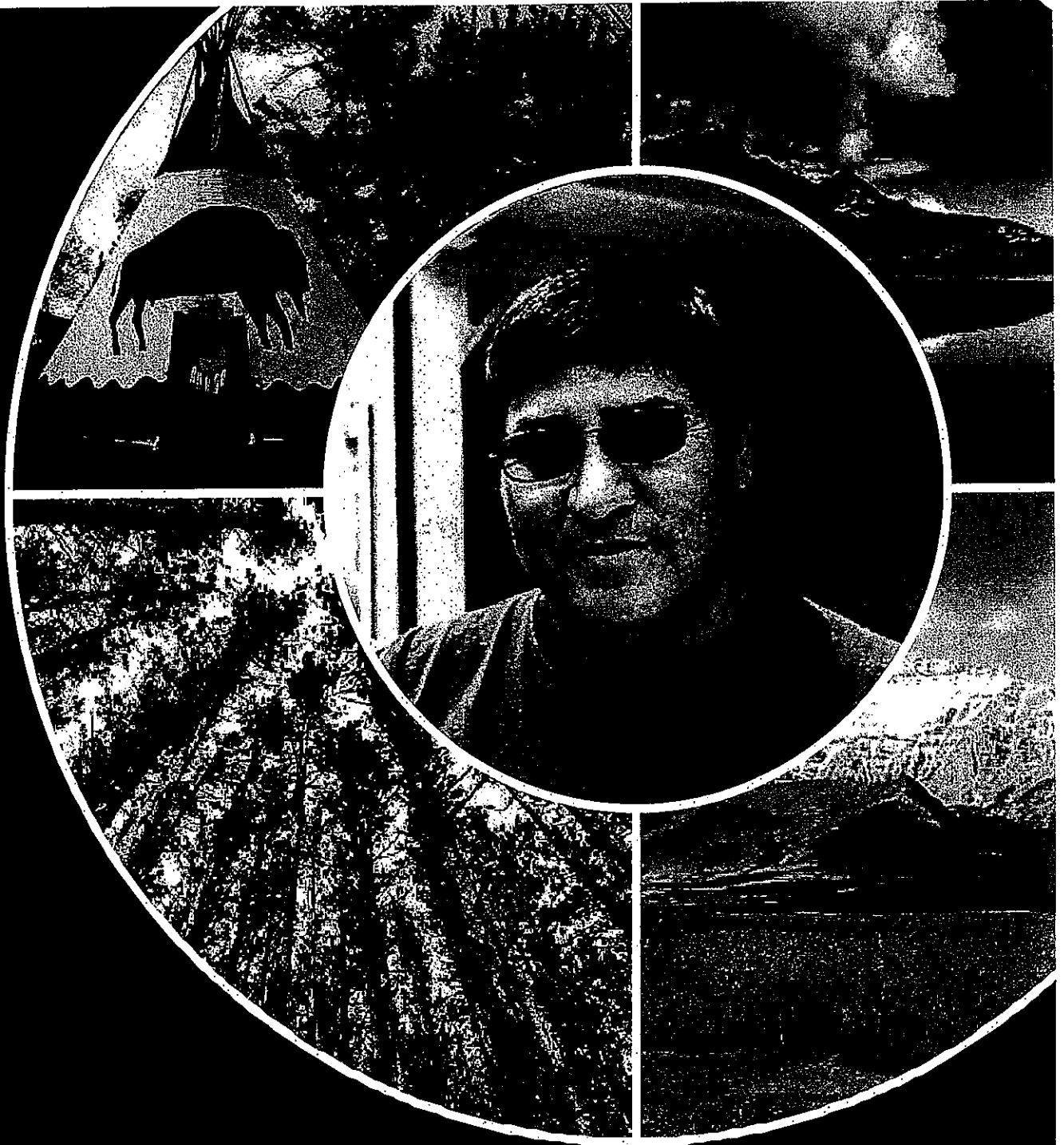
Actual shelter costs may be provided to a maximum of the full Core Shelter as outlined in the Maximum Core Shelter Chart for each household unit (case file), and where the household unit is incurring shelter related costs.

Substantiation:

- Household composition must be listed on file, and distribution of costs noted.
- A copy of the bill on file (does not require client name, but proof they live at that address must be on file; i.e. residency form from the housing department).

5.3.10 Core Shelter for One Time Issue Clients

One Time Issue clients may be issued Core Shelter for the actual amount of their shelter cost for one month only, not to exceed the ETW rate in the Core Shelter Chart.



Chapter 6 | Supplements to Core 3.0e

Supplementary benefits include:

- Supplements to Core Benefits – Continuous Need, and
- Supplements to Core Benefits – Non-Continuous Need.

6.1 Supplements to Core Benefits-Continuous Need

Continuous Supplements to Core Benefits are issued based on the needs and circumstances of the client and household. This section outlines the Continuous Supplements to Core Benefits available through the Income Assistance Program.

All required substantiation must be received by the Issuing Authority before Continuous Supplements to Core Benefits are issued. Benefits are not provided to reimburse a person for an expense that was not authorized in advance by the Issuing Authority unless:

- The expense was incurred during an emergency situation, or
- The expense is identified in a review or audit and failure to provide the benefit has caused undue hardship to the client or household.

Retroactive continuous need supplements to Core Benefits may be backdated as far back as the need has been established, not to exceed 6 months. Retroactive continuous need supplements to Core Benefits must cover consecutive months up to a maximum of 6 months.

6.1.1 Personal Needs Supplement (PNS)

The Personal Needs Supplement (PNS) is issued to households with a client assigned to the Barriers to Full Employment (BFE) category.

The Personal Needs Supplement is issued to Barriers to Full Employment (BFE) and Expected to Work (ETW) households for each adult assigned to the Barriers to Full Employment (BFE) client category. The Personal Needs Supplement is only issued to eligible Learner households in limited circumstances.

The Personal Needs Supplement (PNS) is not intended for:

- Clients residing in a nursing home, auxiliary hospital, or acute care or active treatment hospital, or
- Clients who are receiving a Comforts Allowance.

Substantiation

The Issuing Authority must have all substantiating documents prior to the client's assignment the Barriers to Full Employment (BFE) client category and before issuing the Personal Needs Supplement (PNS).

Rate: \$78 per month for each adult assigned to the Barriers to Full Employment (BFE) category in an Expected to Work (ETW) or Barriers to Full Employment (BFE) household.

Learner Households

Learner households have a limited eligibility for the Personal Needs Supplement (PNS).

The Learner household may be eligible if:

- There are no children in the household,
- The Learner was assigned to the Barriers to Full Employment (BFE) client category prior to being reassigned to the Learner client category, and
- The spouse or partner is assigned to the Barriers to Full Employment (BFE) client category.

This chart describes the only scenario where a Learner household is eligible for the Personal Needs Supplement (PNS)

Personal Needs Supplement (PNS) for Learner Households

Adult 1	Adult 2	Children	Personal Needs Supplement
Assigned to the Barriers to Full Employment (BFE) category before becoming a Learner.	Assigned to the Barriers to Full Employment (BFE) category. or Assigned to the Barriers to Full Employment (BFE) category before becoming a Learner.	No Children.	Adult 1: \$78 Adult 2: \$78 Total: \$156

6.1.2 Earnings Replacement Benefit (ERB)

The Earnings Replacement Benefit (ERB) is intended for Expected to Work C (ETW-C) households who are temporarily unable to work due to short term health concerns, or family care responsibilities.

The Earnings Replacement Benefit (ERB) is issued to Expected to Work C (ETW-C) households only.

Expected to Work C (ETW-C) households with an adult assigned to the Barriers to Full Employment client category may be eligible to receive both the Personal Needs Supplement (PNS) and the Earnings Replacement Benefit (ERB).

Substantiation

The Issuing Authority must have all substantiating documents prior to the household's assignment to the Expected to Work C (ETW-C) household category and before issuing the Earnings Replacement Benefit (ERB).

Rate: \$86 per month to Expected to Work C (ETW-C) households.

6.1.3 Additional Shelter

Additional shelter costs above the Core Shelter monthly maximum may be issued on a continuous basis to meet the requirements of clients with unique shelter needs.

The Continuous Supplement to Core Benefits for Additional Shelter is available to households as a last resort. It is only issued after all other resources have been explored and exhausted.

The household must be receiving the Core Shelter benefit in order to be eligible for the Additional Shelter benefit.

The household must be exceeding the Core Shelter monthly maximum in order to be eligible for the Additional Shelter benefit.

The Issuing Authority must provide at least one month notice to clients who have been receiving the Additional Shelter benefit before discontinuing the benefit.

Additional Shelter benefits must be approved by the First Nation Income Assistance Program Director.

Substantiation

The Director determines what is required to substantiate the client's need for the Additional Shelter benefit. The Director decides what substantiation is required based on the client's unique shelter needs.

Substantiating documents might include:

- Utility bills,
- Verification of CMHC Housing Section 95 homes,
- Written opinion from a physician or psychiatrist describing the client's medical condition, when the condition will improve enough to move, and that a move would put the client's health in danger.

The Director must receive the requested substantiation prior to issuing Additional Shelter benefits.

i) Large Families

Families of six or more who are unable to find suitable accommodation within the Core Shelter monthly maximum may be eligible for the Additional Shelter benefit for up to twelve months.

ii) Adapted Accommodation

Clients residing in a home specially adapted to meet the needs a disabled member of the household may be eligible for the Additional Shelter benefit for up to twelve months.

iii) Moving will Endanger Health

If a move would endanger the health of the client or dependent, the Additional Shelter benefit may be issued. In this situation, a written opinion from a physician or a psychologist stating that the physical or mental health of the client or dependent would be endangered by a move.

If moving will endanger the health of the client or dependent, the Additional Shelter benefit may be issued for up to three months. The Director can review the benefit and approve it for an additional three months. The maximum time the Additional Shelter is issued in this situation is six months.

Rate: Up to \$300 per month based on actual costs.

6.1.4 Special Diet

The Continuous Supplementary Benefit for Special Diets is intended for clients and households requiring special diets for specific health reasons.

Rates for the Continuous Supplementary Benefit for Special Diets are calculated by determining the difference between the Core Essential Food Only rate and the approximate cost of the client's special diet.

The rates described in the Special Diet Rate Chart cannot be increased by the Issuing Authority or by an Appeal Panel.

i) Special Diet Rate Chart

Special Diet	Description	Monthly Rate per Adult or Child
Low Sodium	• Do not issue with heart healthy diet	\$20
Low Cholesterol	• Both diets have similar nutritional requirements	\$20
Low Fat	• Do not issue for both	
	• Do not issue with the heart healthy diet	
	• Do not issue with renal failure/insufficiency diet	
High Fiber		\$20
High Calcium		\$20
High Protein	• Do not issue with renal failure/insufficiency diet	\$20
Lactose Free	• Do not issue with milk free diet	\$20
Milk Free	• This diet also contains the nutritional elements covered in the lactose free diet	\$50
	• Do not issue with lactose free diet	
Low Potassium	• Do not issue for both	\$20
High Potassium	• Do not issue low potassium diet with renal failure/insufficiency diet	
Pregnancy	• All women who are pregnant or become pregnant must be issued this special diet for pregnancy	\$25
	• The special diet rate for pregnancy is doubled if the woman is pregnant with twins	
Breastfeeding	• Funds must be issued for breastfeeding and/or infant formula	\$30
	• The special diet rate for breastfeeding is doubled if breastfeeding twins	
	• If the baby is breastfed and on infant formula, both diets should be considered	
	• Issued for as long as the child is breastfeeding	
	• Not issued beyond the child's 1st birthday	
Infant Formula	<ul style="list-style-type: none"> • Non-prescription formula only • Funds must be issued for infant formula and/or breastfeeding • If the child is breastfed and on infant formula, both diets should be considered • The Issuing Authority reviews file periodically to assess continued need • The difference between the cost of the infant formula and the child's "Food Only" rate (\$83) up to a maximum of \$200 is issued • To determine benefit amount: $(\text{Actual Cost of Formula}) - (\\$83) = (\text{Special Diet for Infant Formula}) \text{ max } \\200 • Director Approval is required to exceed the \$200 maximum • An estimate of the monthly cost from an appropriate health care practitioner is required • Prescription formula costs go through FNIHB 	Up to \$200 based on the actual cost of the infant formula
High Calorie (over 2,500 calories)	<ul style="list-style-type: none"> • If Boost, Ensure or Similar high calorie supplements are prescribed, do not issue the Special Diet benefit for the high calorie diet because this may be covered through health benefits • Do not issue with renal failure/insufficiency diet 	\$36
HIV/AIDS	• Both diets have similar nutritional requirements	\$36
Hepatitis C	• Do not issue for both	
Diabetic	<ul style="list-style-type: none"> • Both diets have similar nutritional requirements • Do not issue for both 	\$40
Heart Healthy	<ul style="list-style-type: none"> • These diets also contain the nutritional elements covered in low cholesterol, low fat and low sodium diets. Do not duplicate benefits • Do not issue with renal failure/insufficiency diet 	
Celiac/Gluten Free		\$80

Special Diet	Description	Monthly Rate per Adult or Child
Renal Failure/Insufficiency	<ul style="list-style-type: none"> Contains the nutritional elements covered in high-calorie, high-protein, low-sodium, low-potassium, low-fat, diabetic, and heart healthy. Do not duplicate benefits. This diet includes diets for kidney failure, and end stage kidney disease. 	\$110/\$120

If the client requires more than one special diet, the rate for both diets is issued unless the chart states otherwise.

Substantiation

The Issuing Authority must receive substantiating documents before issuing the Special Diet benefit. The type of substantiation required is based on the type of special diet requested by the client.

If there is existing documentation on file, such as a Medical Release and Report, which demonstrates the client or dependent has a medical condition which is likely to require a special diet as described in the Special Diet Rate Chart, then further substantiation from a health practitioner is not required to verify the client's need for the Special Diet benefit.

If it is obvious that a health condition is permanent, such as diabetes, then confirmation of the length of time the special diet is needed is not required.

The following special diets require specific forms of substantiation:

- Pregnancy. Confirmation from a health care professional or verbal or written statement from the client.
- Breast Feeding. Verbal or written statement from the client that she is breastfeeding and for how long she intends to breastfeed.
- Infant Formula. Letter from a health care professional including an estimate of the costs of the non-prescription infant formula. A breakdown of the costs is also required. (Actual Cost of Infant Formula) - (\$83) = (Special Diet for Infant Formula) maximum \$200.
- Other. All other special diets require confirmation from a registered dietician or other health care professional indication the type of diet required, the medical condition, and an estimated length of time the special diet will be required.

Rates Not Established

Rates for special diets that are not covered in the Special Diet Rate Chart require special approval from DISC Regional Office prior to being issued.

The Issuing Authority makes a request for a new rate by sending the following information to the DISC Regional Social Development Program Officer:

- Type of diet,
- Medical condition,
- Any substantiating documents the client has submitted,
- Proof of costs, and
- Issuing Authority comments.

The Issuing Authority may issue \$20 until the DISC Regional Office approves the request for a diet not covered in the Special Diet Rate Chart.

Special Diets for Nutritional Products or Vitamins

The Special Diet benefit is intended for the purchase of food items. Many nutritional products such as Ensure, vitamins or special non-food products may be available through the First Nation and Inuit Health Branch of Health Canada.

The Income Assistance Program does not provide benefits when another program, government department, government agency, or individuals is responsible to provide the service. This includes benefits for nutritional products or vitamins which may be covered by the First Nation and Inuit Health Branch of Health Canada.

6.1.5 Isolated Community Allowance

The Isolated Community Allowance is intended for clients residing in a permanent community that does not have all-weather road access.

The client and their dependents must be residing in the community in order to receive this benefit. If a person has temporarily moved to another community, that person is not eligible to receive this benefit.

Eligible communities are limited to:

- Fort Chipewyan,
- Garden River,
- Fox Lake,
- Chipewyan Lake, and
- Tallcree First Nation.

Rate: \$40 per month for each member of the household residing in an isolated community.

6.1.6 Travel for Learners

Some Learners may have additional transportation costs that need to be met in order for the Learner to access their training program. The Travel for Learners benefit is intended to assist Learner households with travel costs associated with specific situations.

The Issuing Authority may issue the Continuous Supplementary Benefit for Travel for Learners if:

- The Learner resides in a different community than the training, and public transit between communities does not exist, or
- The benefit is essential to coordinate the transportation of children to child care facilities.

Substantiation

Written statement from the Learner indicating the total daily mileage required. Rate: \$0.12 per kilometer.

6.1.7 High School Incentive (HSI) Benefit

The intent of the High School Incentive (HSI) benefit is to encourage young single parents to remain in the family home where additional supports are available.

The High School Incentive (HSI) benefit supplements the household's Core Essential benefit. It is intended to make up for Income Assistance benefits lost by having all family members included in a single Income Assistance file.

The High School Incentive (HSI) benefit may be issued to households where there is a 16-19 year old single parent attending high school.

A household of any category may be eligible for the High School Incentive (HSI) benefit if:

- The 16-19 year old is attending the regular school system on a fulltime basis,
- The 16-19 year old and their child are dependents on the grandparent's file, and
- The 16-19 year old is the legal guardian of the child.

If the 16-19 year old is not the legal guardian of the child, the household is not eligible for the High School Incentive (HSI) benefit. The household is not eligible for the High School Incentive (HSI) benefit if the single parent is younger than 16 years old.

Rate

The High School Incentive benefit is the difference between the Core Essential benefits that the household would be eligible for if the 16-19 year old and their child were considered dependents on the grandparent's file, and the Core Essential benefits the family would receive if the household was split into separate files.

To determine rate:

1. **Household A.** Determine the Core Essential benefit if the household remained whole. This includes grandparent, single parent youth (16-19), child of single parent youth, and any other dependents of the grandparent.
2. **Household B.** Determine the grandparent's Core Essential benefit if the single parent youth (16-19) and their child were not included in the household.
3. **Household C.** Determine the Learner Core Essential benefit of the single parent youth (16-19) and their child.
4. **Formula.** (Household B + Household C) – (Household A) = High School Incentive (HSI) benefit.

i) High School Incentive Benefit Char

Total Benefit	Single Household	Divided Household	
	Household A • Entire family including grandparent, single parent youth (16-19) and child and grandparent's other dependents	Household B • Grandparent's household	Household C • (16-19) youth and their child
Core Essential			
High School Incentive	$(B + C) - A = \text{High School Incentive}$	xx	xx
Total			

Example 1: Grandparent as Learner

Total Benefit	Single Household	Divided Household	
	Household A • 1 Adult • 1 (16-19) Single Parent • 1 Child of (16-19) Single Parent	Household B • 1 Adult	Household C • 1 (16-19) youth • 1 child (0-11)
Core Essential	\$961	\$524	\$901
High School Incentive	$(\$524 + \$901) - (\$961) = \464	0	0
Total	\$1,425	\$1,425	

Example 2: Grandparent as Expected to Work A

Total Benefit	Single Household	Divided Household	
	Household A • 1 Adult • 1 (16-19) Single Parent • 1 Child of (16-19) Single Parent	Household B • 1 Adult	Household C • 1 (16-19) youth • 1 child (0-11)
Core Essential	\$464	\$304	\$901
High School Incentive	$(\$304 + \$901) - (\$464) = \741	0	0
Total	\$1,205	\$1,205	

Example 3: Grandparent as Barriers to Full Employment A

Total Benefit	Single Household	Divided Household	
	Household A • 1 Adult • 1 (16-19) Single Parent • 1 Child of (16-19) Single Parent	Household B • 1 Adult	Household C • 1 (16-19) youth • 1 child (0-11)
Core Essential	\$597	\$408	\$901
High School Incentive	$(\$408 + \$901) - (\$597) = \712	0	0
Total	\$1,309	\$1,309	

All benefits, including the High School Incentive (HSI) benefit, are issued to the Head of Household.

Scheduled School Breaks

Eligible households continue to receive the High School Incentive (HSI) benefit for the months of July and August if the single parent youth (16-19) plans to attend the regular school system after the break.

No overpayment occurs if the single parent youth (16-19) planned to return to school after the scheduled school break, but later decided not to attend. An overpayment only occurs for the academic months the benefit was issued if the single parent youth (16-19) did not attend school.

6.1.8 Handicap Benefit

The intent of the Handicap Benefit is to offset the costs associated with having a disability.

To be eligible for the Handicap benefit:

- The client must be assigned to the Barriers to Full Employment client category,
- The First Nations Income Assistance Program Director has determined based on the client's documentation, that the client has a "severe handicap" as defined in the AISH Act,
- The client has submitted a completed AISH application, and
- All substantiating documents must be received by the Issuing Authority prior to issuing the Handicap Benefit. A letter from the AISH program which states that the application has been received, there are no outstanding documents, and that a review of the client's application has been initiated.

Clients who are receiving or eligible to receive an Old Age Security benefit are not eligible for the Handicap benefit. The client is no longer eligible to receive the Handicap Benefit if their AISH application is rejected.

Awaiting AISH Approval

Eligible clients may receive the Handicap Benefit while awaiting approval and initiation of AISH benefits.

The Handicap Benefit may be issued for up to six months while the client waits for a decision regarding their AISH application.

If a decision has not been made or there is a short delay in initiating AISH benefits, the Issuing Authority may extend the Handicap Benefit on a month by month basis. The client must submit documentation explaining that a decision has not yet been made or that benefits have not yet been initiated.

The Issuing Authority may choose to follow-up on their client's AISH application before six months.

Approved for AISH but are Financially Better off with the First Nations Income Assistance Program

Clients who have been approved for AISH benefits but are financial better off receiving benefits from the Income Assistance Program are eligible to receive the Handicap Benefit while they are assigned to the Barriers to Full Employment client category. The Handicap Benefit's six month maximum does not apply to clients in this situation.

Clients in this situation must submit their AISH approval letter and be able to demonstrate that they are financially better off receiving benefits from the Income Assistance Program than receiving AISH benefits.

The First Nations Income Assistance Director must consult with the AISH worker to ensure the needs of the AISH eligible client are better met by the Income Assistance Program.

AISH Act Definition of "Severe Handicap"

"..an impairment of mental or physical function or both that, in a director's opinion after considering any relevant medical or psycho- logical reports, causes substantial limitation in the person's ability to earn a livelihood and is likely to continue to affect that person permanently because no remedial therapy is available that would materially improve the person's ability to earn a livelihood."

Rate: \$175 per month to each eligible adult.

6.2 Supplements to Core Benefits-Non-Continuous Nee

Non-continuous supplementary benefits are intended to assist clients with additional costs associated with specific non-recurring basic needs.

Benefits are not issued to reimburse a person for an expense that was not authorized in advance by the Issuing Authority unless:

- The expense was incurred during an emergency situation, or
- The expense is identified in a review or audit and failure to provide the benefit has caused undue hardship to the client or household.

6.2.1 Utilities other than Core Shelter

The Non-Continuous Supplementary Benefit for Utilities other than Core Shelter is intended to assist clients in securing specific utilities. This benefit is intended to assist clients obtain water, power and heat services under the conditions identified in this section.

The Utilities other than Core Shelter benefit does not cover any utility costs associated with telephone services. Ongoing utility costs are issued to eligible clients and households through the Core Shelter benefit.

Substantiation for utility connection, reconnection, or deposit is a utility bill or statement.

Benefits to cover utility arrears may be issued once every three years as a Special Need Emergency Allowance. If the client requires arrears more than once in three years they must agree to repay the amount by signing a Repayment Agreement prior to issuing benefits.

The Utilities other than Core Shelter benefit is not included in Core Shelter monthly maximum.

i) Utility Connection

The Utilities other than Core Shelter benefit may be issued to cover the costs associated with securing water, power, and heat services. Each type of utility connection is tracked and issued separately.

The first connection for each utility is not subject to recovery. Subsequent benefits issued for reconnection are subject to recovery.

Benefits to cover the costs associated with utility connection are issued at actual cost. A bill or statement from the utility provider is required to substantiate the cost of utility connection.

ii) Utility Reconnection (Based on Community and Social Services Policy)

The Utilities other than Core Shelter benefit may be issued for utility reconnection when the utility has been disconnected due to late payment or arrears. Each type of utility is tracked and issued separately.

All reconnections for utilities are subject to recovery. The Issuing Authority must notify the client that the Utilities other than Core Shelter benefit for the utility reconnection must be repaid. The client must agree to repay the benefit and sign a repayment agreement before the benefit is issued. The benefit is not issued if the client refuses to sign the repayment agreement.

Benefits to cover costs associated with utility reconnection are issued at actual cost. A bill or statement from the utility provider is required to substantiate the cost of utility reconnection.

iii) Utility Deposit

The Utilities other than Core Shelter benefit may be issued for utility deposits to secure water, power, and heat services. Each type of utility is tracked and issued separately.

The first deposit for each utility issued is not subject to recovery. Subsequent deposits are subject to recovery. The Issuing Authority must notify the client that subsequent Utilities other than Core Shelter benefits for utility deposits must be repaid. The client must agree to repay subsequent benefits and sign a repayment agreement before subsequent benefits are issued. The benefit is not issued if the client refuses to sign the repayment agreement.

Refunded and forfeited utility deposits are not recovered. Refunded utility deposits are not treated as income.

The Utilities other than Core Shelter benefit for utility deposits is issued at actual cost. A bill or statement from the utility provider is required to substantiate the cost of the utility deposit.

6.3 Funeral Benefit

6.3.1 Eligibility

The Funeral Benefit is intended to cover basic funeral costs for Income Assistance clients and other persons who ordinarily reside on reserve who are without resources. The Issuing Authority may accept responsibility for burial costs and may issue an authorization for funeral expenses.

6.3.2 Responsible Survivor

The income and assets of the responsible survivor (legal spouse/partner, legal parent of a child under 18 years) are considered a potential resource and affect eligibility for the Funeral Benefit. The Funeral Benefit is not issued if the responsible survivor has enough resources to pay for the basic funeral service.

The Funeral Benefit is not issued if the responsible survivor refuses to provide the information required to demonstrate their inability to pay for the basic funeral service.

Responsible survivors may not top-up or enhance the funeral service if the Income Assistance Program has paid for the basic funeral service. Any financial contributions made by the responsible survivor towards the funeral are considered a financial resource and affect eligibility for the Funeral Benefit. Contributions made by the responsible survivor are deducted dollar for dollar from the Funeral Benefit.

If the responsible survivor has non-exempt resources less than the cost of the basic funeral service, then the Income Assistance Program will pay the difference between the basic funeral service rates and the survivor's non-exempt assets and income.

Only the excess liquid assets and income of the responsible survivor after applicable exemptions may be used to offset the basic funeral expenses. The exemptions are as follows:

- Responsible Survivor without Dependents. \$1,500 cash/liquid assets is exempt,
- Responsible Survivor with Dependents. \$2,500 cash/liquid assets is exempt,
- Vehicles. \$5000 equity in vehicles is exempt,
- Responsible Survivor without Dependents. \$1,000 income is exempt, and
- Responsible Survivor with Dependents \$2,500 income is exempt.

The responsible survivor's income and assets are not considered available resources if the responsible survivor is receiving Income Assistance benefits from a First Nations Income Assistance Program, AS, AISH, or Children and Youth Services.

6.3.3 Alternative Resources

Eligibility for the Funeral Benefit is based on the financial resources available to the estate of the deceased. The Income Assistance Program does not issue benefits when another program, government department, agency, or individual is responsible. Some financial resources outside of the Income Assistance Program that may be available to the estate for funeral costs include:

- CPP Death Benefit,
- Cash or bank accounts of the deceased,
- Final OAS/GIS or CPP and other pension cheques,
- Property which may be sold by the estate or borrowed against to cover funeral costs,
- Last Post Fund if the deceased was an Armed Forces veteran,
- Debts owed to the estate,
- Section B insurance benefit if death was caused by an insured motor vehicle, and
- Life insurance policies.

If the combined available resources after applicable liquid asset exemptions are enough to cover the basic funeral costs, the Funeral Benefit is not issued.

6.3.4 Contributions of Friends or Relatives

Friends and relatives who are non-responsible survivors may add to the amount provided by the Issuing Authority by ordering a higher priced funeral.

Friends and relatives who are non-responsible survivors may make financial contributions towards the enhancement of the funeral service. This contribution is not considered a financial resource. It is not used to offset Funeral Benefit, but is instead used for enhanced services.

Non-responsible survivors are not required to cover the cost of the basic funeral service. However, there may be situations where a non-responsible survivor would like to upgrade the funeral services. In this case, the Income Assistance Program issues the Funeral Benefit for the basic funeral service (as defined by the Funeral Services Agreement) and the non-responsible survivor pays for enhancements, upgrades, or other top-ups.

6.3.5 Autopsy Costs

In cases where the Medical Examiner (Coroner) orders an autopsy, all transportation costs are payable by the Alberta Department of the Attorney General.

6.3.6 Recovery from Estates

The first charge against the estate of any person is the cost of the burial of the deceased. Information on all expenses paid from public funds for a burial must therefore be forwarded to the Regional Estates Officer for inclusion as a liability against estate assets.

6.3.7 Rates of Payment for Burial Services

Alberta Human Services (AHS) has an Agreement with the Alberta Funeral Services Association (AFSA) and the Independent Funeral Director's Association of Alberta (IFDAA) for funeral services of indigent persons (at Income Assistance program expense) and children in care (at Child and Family Services expense).

Issuing Authorities must pay for burial services in accordance with the fee schedule established in the agreement between AHS and the AFSA and IFDAA. **The 2016 rates are still in effect until a new agreement between the Government of Alberta and the Alberta Funeral Services Association (AFSA) is established.**

6.3.8 Total Basic Funeral Services

- January 1, 2016 to December 31, 2016: \$2301.92

A copy of the agreement is available from the DISC Social Program Officer.

Note: Members of AFSA and IFDAA are not compelled to provide services under the agreement, but any funeral service business which agrees to provide services is bound by the Agreement's terms and conditions.

The funeral agreement and an up-to-date list of Alberta Funeral Service Association (AFSA) and Independent Funeral Director's Association of Alberta (IFDAA) members, and independents is available from the DISC Social Program Officer.

Other Funeral Service Businesses

Some funeral service businesses do not belong to AFSA or IFDAA. Non-members may provide the services if they signed the Alberta Human Services (AHS) contract indicating they are able to follow all of the Department's terms and conditions.

Note: Issuing Authorities are required to follow terms and rates as outlined in the Agreement between AHS and the AFSA for all funeral services provided under Income Assistance

6.3.8 Basic Services Provided

The funeral services for which Income Assistance pays are identified in the Agreement between the AHS and the AFSA and IFDAA, and includes:

- First Response with the Deceased
- Removal of the Deceased from place of death within the funeral service provider's municipality (staff and vehicle)
- Arrangement of conference with licensed Funeral Director
- Contacting the necessary agencies and completion of required documentation to fulfill directive from the funeral service provider for burial or cremation
- Contacting the appropriate government agency/department and completion of all necessary documents for provision of Services (Benefits)
- Liaising with case worker and family regarding application progress
- Provision of facility to shelter the Deceased until time of disposition
- Basic preparation of body for identification where embalming is not requested
- Ordering and receipt of casket, including inventory tracking
- Vehicle and staff to transport Deceased to place of disposition within the funeral service provider's municipality
- All necessary administrative and overhead costs to maintain facility, staff, vehicles, licensing (AFSRB compliance), insurance, security, continuing education and taxes (federal, provincial, municipal)

In addition to the basic service, the following costs may be allowed:

6.3.9 Embalming (if requested)

- embalming by a licensed embalmer, sanitation, cosmetics, hairstyling, dressing and preparation for viewing when requested or required

Rates: Jan. 1, 2016 – Dec. 31, 2016: \$392.31

6.3.10 Ceremonial Farewell/Wake (if requested)

- Provision of an event that meets the needs of any culture of the Deceased through a gathering for family and the community at a facility (community hall, religious facility or funeral home chapel, at the cemetery/crematorium and/or other location selected by family) within the service provider's municipality
- Event includes a combination of a ceremony at the facility and/or a committal service at the gravesite/crematorium, if required by the family
- Professionally trained and licensed funeral director for coordination of all details deemed necessary to provide the ceremony
- Staffing at ceremony, if required
- Preparation of public notices (for print, radio or web services)
- Vehicle(s) for transportation of any necessary equipment to conduct the ceremony and the urn or casket (when requested) to ceremony and/or graveside following ceremony, within the service provider's municipality
- Staff and equipment deemed necessary by the funeral service provider to provide a ceremony at the cemetery/crematorium (within the service provider's municipality) for either the casket or urn

Rates: Jan. 1, 2016 – Dec. 31, 2016: \$805.77

The Ceremonial Farewell and Embalming Benefits may be requested by the Responsible Survivor or friends of the deceased.

Note: The responsible survivor will need to deal directly with the funeral home in order to access funds for the Ceremonial Farewell / Wake. The Funeral Home will ask the responsible survivor to complete an Income

Assistance Application for Funeral Benefits. The completed form will then be sent to the Issuing Authority for approval. The Issuing Authority would pay the funeral home for the Ceremonial Farewell / Wake as part of the Funeral Invoice. The Issuing Authority will submit the Funeral Invoice, the Income Assistance Application for Funeral Benefits and the Death Certificate to Indigenous Services Canada.

6.3.11 Casket

- Income Assistance will pay listed wholesale price plus applicable shipping and handling for all caskets to be at a price and quality equivalent to the Imperial #2 \$399 / Batesville #10 \$365 or the Imperial Children Sized Caskets.
- When an oversize casket (equivalent quality to the Imperial #2 or Batesville #10) is required, reimbursement will be at the listed wholesale price of \$609 plus applicable shipping and handling
- Casket liner (includes a hermetically sealed liner, if required) will be covered at actual cost plus freight.
- Outer burial container/grave liner (as required by Cemetery) will be covered at actual cost.
- Should the responsible survivor wish to substitute a lesser priced cremation container and add an urn; the sum costs covered by the Minister will not exceed the price point of the Imperial #2 or Batesville #10

6.3.12 Interment Services

- Cemetery plots will be 50% covered as legislated per the Cemeteries Act
- If required, 50% of the cemetery's normal perpetual fee will be covered
- Grave Opening & Closing will be covered at cost plus winter fees if applicable

6.3.13 Cremation Services

- Where a body is cremated, whether adult or child, Income Assistance will pay the crematorium fee up to a maximum of
- \$576.86 (plus yearly CPI adjustment after December 31, 2012—based on Bank of Canada CPI Index every year on December 31) including Form 4, Certificate for Shipment/Cremation/ Dissection.
- This fee covers cremation costs, a container or casket to cremate the body, and a container (not an urn) for the ashes.
- If requested by the family, the cost of burying an urn is covered as fees under Interment Services.

6.3.14 Transportation of a Body within Alberta

Additional essential transportation of the deceased which includes any of the Benefits approved by the Minister's outside the service provider's municipality for any mileage over and above 50 kilometers. The rate to be paid is \$1.13 per km.

Examples of "additional essential transportation":

- A body is transported within Alberta to a distant community for burial.
- A body is transported out of province for burial.
- A rural funeral home has to transport the deceased to a major centre for cremation

For transporting the body to another center for interment (within Canada), the actual amount of the most economical means of transportation subject to prior approval by the Director of the First Nation Income Assistance Program or the Director of Child and Family Services (for children in care).

6.3.15 Transporting a Body outside Alberta within Canada

The funeral service business must have prior approval from the issuing authority [either the Director of the First

Nations Income Assistance Program Director or the Director of Child and Family Services (for children in care)]. The funeral service business must use the most economical means of transportation and most direct route. If the body is to be transported over 50km, the Director of the First Nations Income Assistance Program must sign the application, Budget and Decision (B&D) form, and invoice for funeral expenses, and include comments in the file explaining their approval was given prior to transporting the body.

6.3.16 Levies

- Income Assistance will cover the \$10.00 Alberta Funeral Services Regulatory Board Regulatory Fee

6.3.17 Restrictions

Income Assistance does not pay for the following:

- Honoraria for clergy
- Burial shrouds
- Grave markers
- Transporting family or friends to services
- Burial outside the First Nations Community. This is the responsibility of the receiving province or territory or family and/or friends of the deceased. Basic funeral costs required to prepare a body for transportation and "additional essential transportation" are covered by Income Assistance, if required prior to the body being transported.
- Returning a body to the reserve in Alberta for burial. For indigent persons, basic funeral costs to prepare a body for transportation and transportation to the identified receiving community are paid by the province or territory in which the death occurred or
- by family and/or friends of the deceased. Prior approval must be obtained from the receiving authority before sending the body. Income Assistance will pay remaining burial expenses after the body arrives as outlined in section 6.10.3.
- Topping up, upgrades or enhancements to basic services. Non-responsible survivors may enhance the funeral services. Funeral directors must show the amount paid and specify what was upgraded, and who is responsible for payment in their invoice.
- Funds from the estate must first be applied to the basic funeral costs if Income Assistance is paying any part of the funeral costs.

6.3.18 Procedures for Funeral Benefits

When the Funeral benefit is requested, the following procedures are followed:

- **Deceased as Client.** If the deceased was a client of the Income Assistance Program at the time of death, or was a dependent of an Income Assistance client, they may be eligible for the Funeral Benefit.
- **Deceased was not a Client.** If the deceased was not a client of Income Assistance Program at the time of death, their next of kin must provide the information necessary to determine eligibility for the Funeral Benefit.
- **Deceased as Head of Household.** If the deceased person was the Head of Household, the deceased is to be considered the applicant for the purpose of determining eligibility for the Funeral Benefit. The next of kin signs for the deceased. The Income Assistance file must be closed. The spouse must reapply as the Head of Household.
- **Deceased as Dependent.** If the deceased person was a dependent of an Income Assistance client, the Head of Household is the applicant for the purpose of determining eligibility for Funeral Benefit.
- **Budget and Decision Form and Reporting.** The Budget and Decision (B&D) form, and a detailed invoice from the funeral home with a breakdown of the costs, and a copy of the Statement of Death must be submitted to DISC Alberta Region for reimbursement.

Based on the Grants and Contributions to Provide Income Support to On-Reserve Residents:

In exceptional circumstances, DIAND may provide funds to cover basic funeral and burial expenses of non-Income Assistance recipients, where a means test shows that there are insufficient funds within the family, the estate of the deceased or other sources.

6.3.19 Alberta Funeral Services Association and Funeral Homes

Please view the Alberta Funeral Services Association website (<http://afsa.ca/>) for an updated listing of all Funeral Service Association Members. At their homepage, scroll down to Our Members then click on Funeral Provider Directory for an updated listing of all Funeral Service Association Members.

Note: This website will list all of the AFSA funeral homes who have signed the 2012-2016 Funeral Services Agreement.

Other Funeral Homes that have signed the Funeral Services Agreement:

Airdrie	Airdrie Funeral Home (McInnis & Holloway) Alternative Funeral Services
Calgary	Calgary Crematorium (Heritage Funeral Services) Evan J. Strong Commemorative Services Heritage Funeral Home (Heritage Funeral Services) McInnis & Holloway Funeral Homes Peace of Mind Cremation and Funeral Services Ltd Simply Cremations & Funeral Services
Cardston	Legacy Funeral Homes Ltd
Cochrane	Cochrane Funeral Home (McInnis & Holloway)
Duchess	Thom's Funeral Home and Reception Centre
Edmonton	Fountain Garden Funeral Services Simply Cremations & Funeral Services The Islamic Funeral Society
High River	Lyle Reeves Funerals Inc.
Lacombe	Wilson's Funeral Chapel & Crematorium
Lethbridge	Cornerstone Funeral Home and Reception Area
Medicine Hat	Pattison Funeral Home
Red Deer	Alternative Funeral Services
Rimbey	Wilson's Funeral Chapel & Crematorium
Sherwood Park	Park Place Funeral Home Chapel & Crematorium
Stettler	Brennen Funeral Home (2001) Ltd.
Strathmore	Wheatland Funeral Services
Trochu	Prairie Winds Funeral Home

Members of the Independent Funeral Director's Association of Alberta that have signed the Funeral Services Agreement:

Athabasca	Athabasca Community Funeral Home Ltd.
Drayton Valley	Drayton Valley Funeral Services
Edmonton	Appel Funeral Home/Central Memorial Chapel Fountain Garden Services Ltd.
Rocky Mountain House	Flinn Funeral Services Ltd.
Sylvan Lake	Flinn Funeral Services Ltd.

6.4 Medical Report Fees

Medical documentation completed by a doctor or other appropriate medical professional may be required to substantiate a client or applicant's medical condition.

The Medical Release and Report form may be required in situations where the doctor refuses to provide a note or letter to the client. If the doctor requires a fee for the completion of the Medical Release and Report form, letter, or note, the Issuing Authority may pay the doctor directly upon receipt of the requested documentation up to a maximum of \$20.00.

If an examination is required by the doctor in order to complete the Medical Release and Report form (or similar), the Issuing Authority may issue the listed SOMB price for the examination in addition to the fee for completing the Medical Release and Report form.

i) Alberta Health Schedule of Medical Benefits (SOMB) Price List

Alberta Health Schedule of Medical Benefits (SOMB) Price List								
ANES	\$51.52	Anaesthetist	IDIS	\$87.96	Infectious Diseases	OVAC	\$83.03	Oculo – Visual Assessment Certification
ANPA	\$76.25	Anatomical Pathology	INMD	\$113.25	Internal Medicine	PATH	\$76.25	General Pathology
CARD	\$90.30	Cardiology	MDMI	\$76.25	Medical Micro biochemistry	PDGE	\$113.75	Pediatric Gastroenterology
CLIM	\$113.25	Clinical Immunology	MDGN	\$113.75	Medical Genetics	PDSG	\$113.75	Pediatric General Surgery
CMSP	\$113.25	Community Medicine	MDMI	\$76.25	Medical Microbiology	PED	\$113.75	Pediatrics
CRSG	\$45.56	Cardiac Surgeon	MDON	\$113.25	Medical Oncology	PEDC	\$113.75	Pediatric Cardiology
CTSG	\$45.56	Cardiovascular and Thoracic	NCMD	\$63.58	Nuclear Medicine	PEDN	\$157.95	Pediatric Nephrology
DERM	\$48.69	Dermatology	NEPH	\$157.95	Nephrology	PHMD	\$94.47	Physical Medicine and Rehab
DIRD	\$63.58	Diagnostic Radiology	NEUR	\$93.91	Neurology	PLAS	\$76.20	Plastic Surgery
E/M	\$111.57	Endocrinology/ Metabolism	NPM	\$113.75	Neonatal/Perinatal Medicine	PSYC	\$158.41	Psychiatry
EMSP	\$53.92	Emergency Medicine	NUPA	\$76.25	Neuropathology	RHEU	\$71.62	Rheumatology
FTER	\$53.92	Full Time Emergency Room	NUSG	\$50.99	Neurosurgery	ROSP	\$91.70	Radiation Oncology
GAST	\$89.78	Gastroenterology	OBGY	\$60.61	Obstetrics and Gynecology	RSMD	\$94.18	Respiratory Medicine
GNSG	\$47.49	General Surgery	OCMD	\$113.25	Occupational Medicine Specialty	THOR	\$42.18	Thoracic Surgery
GP	\$88.90	General Practice	OPHT	\$83.03	Ophthalmology	UROL	\$65.13	Urology
HEM	\$113.25	Hematology	ORTH	\$60.67	Orthopedic	VSSG	\$43.36	Vascular Surgery
HEP A	\$76.25	Hematological Pathology	OTOL	\$46.19	Otolaryngology			

The fees outlined above do not represent a complete list. If a client requires a test or consultation not included in this list please visit the Alberta Health website at the links provided.

List of Medical Report Fees - Original Documents

Schedule of Medical Benefits (SOMB) Links:

6.4.1 Medical Release and Report

Protected (when completed) to be handled by authorized personnel only

<p>Protected (when completed) to be handled by authorized personnel only</p> <p align="center">Client Details</p>	
Last Name	First Name
Band Name	Family Number
Birth Date	Department or Band Administrative Authority
Health problem as reported by client:	
<p align="center">Authority to Release Information (to be completed by client)</p>	
<p>I, _____ of _____</p> <p align="center">Name First Nation Community</p> <p>In the Province of Alberta give permission to any Physician who has medical information about me to release it to the First Nation Income Assistance Program in _____ when requested. Information about my First Nation Community health and a medical opinion is provided so that my ability to participate in employment, pre-employment, training, and rehabilitative measures can be determined.</p>	
Client Signature	Date
<p align="center">Message to the Physician</p>	

1. The person named above authorizes the disclosure of medical information to the First Nation Income Assistance Program in _____. It will be used in connection with the administration of Income Assistance Benefits and may be provided to the client.
2. The Physician may be contacted to provide additional medical information.
3. The information in this report will assist in determining the client's availability for employment, pre-employment, or rehabilitation measures.
4. There is a basic fee for the completion of this report. If it is necessary to examine the client especially for this report the Physician may also charge the equivalent to Alberta Medical Association (AMA) negotiated fee for the examination.
- 5. Payment will be made to the Physician upon receipt of the Physician's original invoice and satisfactorily completed report. The invoice and report can be mailed to the address below:**

Issuing Authority Name:	Phone Number:
Date Medical Report Requested:	Fax:
Address:	

Medical Assessment (to be completed by Physician). Additional sheets may be attached if required.			
Primary Health Problem (specify) _____ severe _____ moderate _____ mild		Date of Onset _____	
Secondary Health Problem (specify) _____ severe _____ moderate _____ mild		Date of Onset _____	
Additional Health Problem(s) (specify) _____ severe _____ moderate _____ mild		Date of Onset _____	
With Treatment will the condition(s) _____ worsen _____ remain the same _____ improve _____ unpredictable		Is substance abuse a factor in the patient's health problem? yes _____ no _____	If yes, describe the problem and type of treatment(s). _____
Prognosis			
Duration of Medical Condition _____ permanent _____ temporary (duration) _____ _____ uncertain _____ episodic		How often is this patient required to access medical services per month? (e.g. appointments, physiotherapy, testing, counselling) Number of times per month: _____ Number of months: _____	
What type of treatment is being recommended? _____			
Is the patient following the recommended treatment? yes _____ no _____			
If the patient is in the hospital expected release date is _____			
Abilities			
The Patient is able to undertake:			
Physically demanding work (lifting up to 45.5 kg, carrying up to 23 kg etc.)		_____ full time	_____ part time _____ not at all
Medium work (lifting up to 23 kg, carrying up to 9 kg etc.)		_____ full time	_____ part time _____ not at all
Sedentary / Light work (lifting up to 4.5-9 kg, carrying up to 4.5 kg)		_____ full time	_____ part time _____ not at all
Limitations			
Identify possible limitations to employment, pre-employment, training, and rehabilitation measure caused by the medical condition or treatment:			
Vision severe mild none	Hearing severe mild none	Memory severe mild none	
Comprehension severe mild none	Speech severe mild none	Walking severe mild none	
Standing severe mild none	Bending severe mild none	Using Stairs severe mild none	
Sitting severe mild none	Other (specify) _____	Special Diet (specify) _____	
Summary			
Medically fit for employment now yes _____ no _____	If no, date medically fit for employment _____	Medically able to attend training or rehabilitative program yes _____ no _____	
Certification of Examining Physician			
I, _____ am a Physician specializing in _____ Print Name GP or Specialty			
Have examined the patient and this report contains my findings and considered opinion at this time. I have been the Patients Physician for: _____ six month or less or _____ over six months.			
_____ Physician's Signature		_____ Date	
Address: _____			



Chapter 7 | Special Needs Benefit

This section outlines General Special Needs Benefits. Clients and households are expected to explore and exhaust all other available resources prior to receiving Special Needs Benefits.

Special Needs Benefits are intended to assist individuals and families with the cost of essential items not covered by Core Benefits. Special Needs Benefits may be issued if an item or service is essential to the health or wellbeing of the client or household.

Unless otherwise stated, all Special Needs Benefits are issued at the discretion of the First Nation Income Assistance Program Director.

Unless otherwise stated, Special Needs Benefits are only issued to clients and households eligible for and in receipt of Core Essential Benefits. One Time Issue clients are eligible for limited Special Needs Benefits. Refer to Section 4.2

Special Needs Benefits are not issued to reimburse a client or household for an expense that was not approved in advance, unless the expense was incurred in an emergency situation. Benefits identified in an audit or program review may be issued retroactively at the Director's discretion.

The Issuing Authority must record all Special Needs Benefits in the client's file and on the Budget and Decision (B&D) form.

7.1 General Special Needs Benefit

This section outlines General Special Needs Benefits. Clients and households are expected to explore and exhaust all other available resources prior to receiving Special Needs Benefits.

Unless otherwise stated, all Special Needs Benefits are issued at the discretion of the First Nation Income Assistance Program Director.

Special Needs Benefits may be issued to households assigned to the Expected to Work (ETW), Barriers to Full Employment (BFE), and Learner household category. Unless otherwise stated, One Time Issue clients are not eligible for Special Needs Benefits.

7.1.1 Natal and Adoptive Needs

The Special Needs Benefit for Natal and Adoptive Needs may be issued once per child when one of the following conditions are met:

- The client or dependent is pregnant and is within one month of her expected due date, or
- A child has been adopted or born into the household. The child must be less than one year old for the household to be eligible for the Special Needs Benefit for Natal and Adoptive Needs.

The Natal and Adoptive Needs benefit is intended for:

- Infant clothing,
- Toiletries for the baby,
- Crib and mattress,
- Bedding for the crib,
- High chair,
- Stroller, and
- Infant car seat.

Additional funds are not issued to cover items on this list if the client has received the Natal and Adoptive Needs benefit.

The Natal and Adoptive Needs benefit is only issued to clients with a demonstrated need. The client must explore and exhaust all other resources before receiving the Natal and Adoptive Needs benefit.

The Natal and Adoptive Needs benefit is available to eligible clients and their dependents who are parents, adoptive parents, or single parents.

The Natal and Adoptive Needs benefit must be approved by the First Nation Income Assistance Program Director.

Substantiation

The Issuing Authority or Director's knowledge of the client's situation is acceptable substantiation for the Natal and Adoptive Needs benefit.

If in doubt, the Director may request:

- A letter from a physician or nurse practitioner indicating the baby's due date, or
- An official document containing the child's name and date of birth. Acceptable documents include birth certificates, hospital records, or Personal Health Care Card.

Rate: \$250 once per child.

7.1.2 Special Needs Benefit for Child Care

The Special Needs Benefit for Child Care is not available to Expected to Work B (ETW-B) or Barriers to Full Employment C

(BFE-C) households. Expected to Work B (ETW-B) and Barriers to Full Employment C (BFE-C) households are expected to claim Child Care as an employment expense.

The least costly child care option should be chosen while taking into account the well-being and safety requirements of the child or children.

A reasonable amount may be issued for Child Care in the following circumstances:

- The client has a confirmed job interview,
- The client is engaged in Case Plan Activities (other than employment),
- Child care is required due to physical or psychological reasons as determined by an appropriate medical practitioner,
- The client is a single parent attending an Alberta Human Services (AHS) approved training program as a Learner, or
- The client is attending an Alberta Human Services (AHS) approved training program as a Learner and their partner is participating in active job search, or their partner is also participating in an Alberta Human Services (AHS) approved program as a Learner.

Applicable child care rates include:

- The actual cost of a private babysitter up to the maximum hourly amount,
- The actual cost of daycare, less the amount of any daycare subsidies the household receives,
- \$150 per month per child to grandparents providing child care. Grandparents who have custody of the child, and grandparents who live with the child are not eligible,
- The actual cost of Lunch Programs instead of babysitting for children under 12 years of age, and
- The actual cost for an Out of School Program instead of babysitting for children under 12 years of age.

Child Care benefits are not issued if the child's caregiver shares a residence with the child.

Child Care benefits are not issued to the child's parent or stepparent, even if they are not part of the household and do not live with the child.

Clients are responsible to notify the Issuing Authority of any changes in their child care needs.

Private Babysitting Rates

All child care costs are paid based on the actual cost of the service up to the maximum amount. Unlicensed or unapproved family day homes are provided the private babysitting rates. Supervised school lunch programs may be paid in lieu of babysitting at the private babysitting rates.

Private Babysitting Rates (Maximum):

- Maximum of \$4.00 per hour for the first child,
- \$1.50 per hour for each additional child, and
- Total maximum of \$8.25 per hour.

Exceptions to the private babysitting maximum rates may be made if there are special circumstances. Special circumstances include:

- Client works shift-work, or
- Multi-needs child requiring additional care due to special needs such as autism, behavioural issues, deaf, blind, or other special needs. This may include children over 12 years of age.

Grandparent Rates

The child care rate for grandparents not residing in the child's home is \$150 per month per child. Grandparents who have custody of the child and grandparents who live with the child are not eligible.

Rates for Licensed and Approved Child Care Programs

If appropriate, the client must provide verification that they have applied for a subsidy under the Child Care Subsidy Program before they are eligible for the Special Needs Benefit for Child Care.

The actual cost of child care for licensed and approved child care programs is provided. The Special Needs Benefit for Child Care is issued to cover to parent portion or remaining cost of the child care service if the client is receiving a child care subsidy.

Substantiation

The type of substantiation required is based on the type of child care services used.

If the child's grandparent is providing the child care service, the only substantiation required is the client's verbal or written statement. The Issuing Authority must keep a copy of the client's written statement or make note of the client's verbal statement.

If the child is in daycare, private babysitting, a registered day home, lunch program, or out of school program, a receipt or written statement from the child care provider is required. The receipt must contain:

- The provider's signature, and
- Monthly cost of child care services.

Deposit and Registration Fee

The actual cost of a refundable deposit or registration fee for daycare or licensed day home may be provided. Deposit and registration fees are issued up to a maximum of one month's child care fees.

A written statement from the daycare or licensed day home stating the amount of the deposit or registration fee is required before a deposit or registration fee is issued.

Refunded Deposits

The Director or Issuing Authority recovers the value of the deposit in the event the client forfeits the refundable deposit. Refunded deposits are treated as income and are deducted dollar for dollar from next month's Core Benefits.

7.1.3 Non-Insured Health Benefits (NIHB)

The Special Needs Benefit for Non-Insured Health Benefits is not intended to duplicate benefits from the First Nations and Inuit Health Branch of Health Canada.

Clients must meet the following criteria to be eligible for the Special Needs Benefit for Non-Insured Health Benefits:

- The client must not be eligible for Non-Insured Health Benefits from the First Nations and Inuit Health Branch of Health Canada,
- The client must not be a registered First Nations person, and
- The client must reside on reserve in Alberta.

The types and limits of service must follow the standards and benefits established by the Non-Insured Health Benefits Program by the First Nations and Inuit Health Branch of Health Canada.

The Issuing Authority should review Health Canada's website or contact their local health unit to determine what products and services are covered by the First Nations and Inuit Health Branch Non-Insured Health Benefits.

Special Needs Benefits for Non-Insured Health Benefits (NIHB) must be approved by the First Nations Income Assistant Program Director.

NIHB May Include:

- Prescription drugs
- Medical supplies and equipment
- Eyeglass and optometric services
- Medical transportation
- Dental care
- Health insurance premiums and co-insurance fees

NIHB Standards and Benefits Online:

www.healthcanada.gc.ca.

"Quick Link" can be found on the right hand side of Health Canada's "Non-Insured Health Benefits for First Nations and Inuit" page.

- NIHB program updates: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/newsletter-bulletin-eng.php
- Drug benefit list - PDF: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php

NIHB Regional Office

Questions regarding NIHB policy and services should be directed to the local health unit before contacting the NIHB regional office.

Address of NIHB Regional Office:
 Non-Insured Health Benefits
 First Nations and Inuit Health Health
 Canada
 700 Jasper Avenue, Suite 730
 Edmonton, Alberta
 T5J 4C5

Other Sources of NIHB Information from Health Canada: Email: Info@hc-sc.gc.ca
 Telephone: 613-957-2991
 Toll free: 1-866-225-0709
 Fax: 613-941-5366
 Teletypewriter: 1-800-267-1245 (Health Canada)

7.1.4 Non-Emergency Travel

In special circumstances the Special Needs Benefit for Non-Emergency Travel is issued to cover the costs of return travel, accommodation, food, and child care when a client has to travel.

The Non-Emergency Travel benefit is available in the following situations only:

- Any client accessing Child Support Services,
- Clients assigned to the Barriers to Full Employment (BFE) client category to attend a day program, and
- Any client making a mandatory court appearance in Alberta.

The Non-Emergency Travel benefit is only issued if public transit does not exist, or the client cannot reasonably be expected to access existing public transportation due to personal circumstances.

The Non-Emergency Travel benefit is issued to the person who is required to travel. In all situations, the most reasonable and economical means must be used.

Transportation Rates

Transportation rates for Non-Emergency Travel:

- Actual cost of public transportation,
- Private vehicle: \$0.12 per kilometre, or
- Actual cost of taxi.

Accommodation Rates

Accommodation rates for the Special Needs Benefit for Non-Emergency Travel:

- Actual cost of a reasonable hotel, motel, or other accommodation as approved by the First Nations Income Assistance Program Director.

The Non-Emergency Travel benefit for accommodation is only issued if it is absolutely necessary for the client to spend the night away from home.

Food Rates

Food rates for Non-Emergency Travel:

- Adult. Maximum \$10 per day, and
- Child. Maximum \$5 per day.

The Special Needs Benefit for Non-Emergency Travel for food is only issued if the client will be away from home for more than 24 hours.

Child Care

The Special Needs Benefit for Non-Emergency Travel for child care may be issued if required.

Substantiation

Clients must substantiate their need for Non-Emergency Travel. The type of substantiation required depends on the client's situation.

- Court Appearance. The client's verbal or written statement, Issuing Authority knowledge of the situation, or a copy of the court document.
- Child Support Services. The client's verbal or written statement, confirmation from Child Support Services, or a copy of a court document.
- Clients Assigned to the Barriers to Full Employment (BFE) Accessing Day Programs. Case Plan and documentation from the program indicating client enrolment, attendance requirements, and the length of program.
- Child Care. Written statement indicating the cost of services or a receipt from the child care provider.

The Special Needs Benefit for Non-Emergency Travel must be approved by the First Nations Income Assistance Program Director.

7.1.5 First Nations Special Approval

The First Nations Special Approval Special Needs Benefit allows the First Nation to provide benefits for items not fully addressed.

The First Nations Special Approval Special Needs Benefit must be recommended by the First Nations Income Assistance Program Director.

Acceptable First Nations Special Approval Special Needs Benefit will assist the client in achieving their maximum independence. First Nations Special Approval Special Needs Benefits must be within the limits of the Funding Arrangement.

First Nations Special Approval is always required when:

- The essential item or service is not fully addressed in policy, or
- A Special Needs Benefit exceeds \$1,200.

To issue the First Nations Special Approval benefit, the following criteria must be met:

- The need is not fully addressed in policy,

- The item or service is considered essential to the client's health, well-being, or move towards independence,
- All alternative resources have been explored and exhausted,

- The client has no other resources to meet the need, and
- The least cost alternative is used.

The authority to approve the Director's recommendation for the First Nations Special Approval benefit belongs to the First Nations within the limits of their Funding Arrangement for Special Needs. Chief and Council are responsible to ensure that an appropriate approval structure is established. An appropriate approval structure follows written guidelines and applies the rules equally to all clients. The First Nations may delegate this authority in a manner consistent with their administrative structure. Delegated authorities might include a social services committee, or the First Nations Income Assistance Program Director.

Emergency Situations

The First Nations Income Assistance Director may purchase goods and services up to the limit set by the First Nations in an emergency situation prior to receiving First Nations approval.

The First Nations Special Approval benefit is issued prior to First Nations approval only in emergency situations where failure to issue the benefit would cause undue hardship to the client.

If such urgent action is required, the First Nations Income Assistance Program Director must ensure that the client meets the eligibility requirements for the First Nations Special Approval benefit. The Director must receive all required substantiating documents prior to issuing the First Nations Special Approval benefit.

The First Nations Income Assistance Director must submit all documentation to the First Nations at the earliest opportunity. Rate: There are no limits to the First Nations Special Approval benefit. However, the least costly alternative must be used.

Substantiation

The type and nature of the substantiation required is dependent on the reason the benefit is requested. The Director may ask for any substantiation from a reliable source in order to demonstrate:

- The specific need and reason, and
- The expected duration of the need.

Procedure

When the First Nations Income Assistance Program Director supports a client request for the First Nations Special Approval benefit, the Director makes a request for approval by sending the following information to the approval authority designated by the Chief and Council:

- Client name,
- Benefit requested and an explanation as to how the request meets the conditions of the First Nations Special Approval Special Needs Benefit,
- Reason for the request including the other options the client has pursued, and
- The amount of the requested benefit.

7.1.6 Employment, Training, and Transition Supports

The Special Needs Benefit for Employment, Training, and Transition Supports may be issued to eligible clients in the Expected to Work (ETW), Barriers to Full Employment (BFE), and Learners client categories.

The First Nations Income Assistance Program Director must provide this benefit to eligible clients in a timely manner and with minimum substantiation to allow clients to take advantage of employment and training opportunities as they present themselves.

The Employment, Training, and Transitional Supports benefit is intended to assist clients with the costs associated with:

- Seeking, accepting, and maintaining employment,
- Participating in an employment preparation program, and
- Participating in a training or academic upgrading program.

Expenses

The Employment, Training, and Transition benefit is intended for (but not limited to):

- Work or school clothing,
- Program applications, registration, and deposits,
- Testing fees before the start of classes,
- Tools (as required),
- Grooming,
- Meals,
- Transportation,
- Vehicle registration, repairs, maintenance and insurance, and
- Any other goods or services which enhance employability.

Items covered by Core Benefits must not be duplicated by the Employment, Training, and Transition Supports benefit.

Eligibility

The Employment, Training, and Transitional Supports benefit may be issued to clients who are:

- Actively seeking employment according to their Case Plan,
- Working or starting confirmed employment,
- Participating in or starting an employment preparation program, or
- Participating in or starting a training or academic upgrading program in accordance with their Case Plan.

Rate: \$500 per adult per calendar year (January 1 to December 31).

Substantiation

The type of substantiation required is dependent on the client's situation and need. The First Nations Income Assistance Program Director decides what substantiation is required.

Substantiation might include:

- Written estimates, and receipts for specific costs,
- Job confirmation letter from employer,
- Documented contact between the Issuing Authority and the client's employer,
- Written confirmation from employment preparation program, or
- Issuing Authority knowledge of the situation and expenses.

The First Nations Income Assistance Program Director must not contact the employer if the client does not want their new employer to know they have received Income Assistance benefits. In this situation, the Director must make a note on the client's file and Budget and Decision (B&D) form.

Note: On a case by case basis, the First Nations Income Assistance Program Director may provide Employment Training and Transition Supports to residents of the First Nation if the following substantiation is provided:

- Job confirmation letter from employer, and
- Issuing Authority knowledge of the situation and expenses.

In these circumstances, there is no need to open up a new file unless the person is eligible for Income Assistance. Instead, the First Nations Income Assistance Program Director can provide these supports and attach the job confirmation letter to the Budget and Decision Form as substantiation.

7.2 Emergency Special Needs

The intent of Emergency Special Needs Benefits is to provide emergency financial assistance to clients who do not have the resources to meet an emergency need.

Emergency Special Needs Benefits may be provided for food, accommodation, replacement clothes, child care, transportation, unpaid utility bills, repairs to home, repairs to major appliances, or other goods and services needed to meet an emergency need.

Unless otherwise stated, all Emergency Special Needs Benefits must be approved by the First Nations Income Assistance Program Director.

All Emergency Special Needs Benefits must be recorded in the client's file and on the Budget and Decision (B&D) form.

Emergency Special Needs Benefits may be issued to households assigned to the Expected to Work (ETW), Barriers to Full Employment (BFE), and Learner household category. One Time Issue clients are eligible for Emergency Special Needs Benefits.

Conditions of Emergency Special Needs Benefits

Emergency Special Needs Benefits may be provided when the following conditions are met:

- The situation occurred due to unforeseeable circumstances beyond the client's control,
- The client is in a situation that presents a serious health or safety risk, and
- The client cannot wait until the next benefit period, cannot access other available resources, and cannot make alternative arrangements.

In all cases, each Emergency Special Needs benefit may only be issued once per emergency situation.

7.2.1 Emergency Replacement Clothing

Emergency Special Needs Benefits for replacement clothing may be issued if required and if the Conditions of Emergency Special Needs Benefits are met.

Rate: \$214 per adult and \$160 per child.

Families with a COPH (Child Out of Parental Home) may be eligible to receive emergency replacement clothing on behalf of the child provided the child's situation meets the Conditions of Emergency Special Needs Benefits.

Emergency Special Needs Benefits for emergency replacement clothing must be approved by the First Nations Income Assistance Program Director.

Substantiation

First Nations Income Assistance Program Director knowledge of the situation or the client's verbal or written statement are considered acceptable substantiation. If in doubt, the Director may request additional substantiation.

7.2.2 Emergency Food

Emergency Special Needs Benefits for food may be issued if required and if the Conditions of Emergency Special Needs Benefits are met. Rate: The rate issued for Emergency Special Needs Benefits for food is dependent on the client's situation.

- **Outside of the community.** When the client is required to travel outside of their community for more than 24 hours due to the emergency situation:
 - » \$10 per day per adult, and
 - » \$5 per day per child.
- **Within community.** When the client is able to remain in their community during the emergency situation:
 - » \$22 per month per adult, and
 - » \$14 per month per child.
- **Exceptions.** If the above amounts are insufficient, the "Food Only" portion of the Core Essential benefit may also be issued and prorated as required.

Emergency Special Needs Benefits for emergency food must be approved by the First Nations Income Assistance Program Director.

7.2.3 Emergency Child Care

Emergency Special Needs Benefits for emergency child care may be issued if required and if the Conditions of Emergency Special Needs Benefits are met.

Emergency child care must be approved by the First Nations Income Assistance Program Director.

Rate: The actual cost of child care may be issued in emergency situations. Amounts issued must be in accordance with the rates described in 7.1.2 Child Care.

7.2.4 Emergency Transportation

Emergency Special Needs Benefits may be issued for emergency transportation to the nearest place of safety. The Conditions of Emergency Special Needs Benefits must be met.

Emergency Special Needs Benefits for emergency transportation must be approved by the First Nations Income Assistance Program Director.

Rate: The most reasonable and economical means of transportation must be used.

- The actual cost of public transportation, or
- \$0.12 per kilometre for private vehicles if the client cannot reasonably be expected to access public transportation.

7.2.5 Emergency Repairs to Essential Appliances

Emergency Special Needs Benefits may be issued for emergency repairs of essential appliances. The Conditions of Emergency Special Needs Benefits must be met. This benefit is not issued if another department, program, agency, or person is responsible for emergency repairs of essential appliances.

Emergency Special Needs Benefits are not issued for repairs of non-essential appliances.

Benefits for emergency repairs of essential appliances must be approved by the First Nations Income Assistance Program Director.

Rate: Actual cost of repair or replacement. The Emergency Special Need Benefit for repairs to essential appliances is subject to repayment. The client must sign a repayment agreement before receiving this Emergency Special Needs Benefit.

Substantiation

A written estimate for the repair and up to three quotes for new or used replacements. The least costly alternative must be used.

7.2.6 Unpaid Utility Bills and Utility Arrears

Emergency Special Needs Benefits for unpaid utility bills or utility arrears may be issued if the bill must be paid in order to access services or prevent disconnection. The Conditions of Emergency Special Needs Benefits must be met.

The client's first Emergency Special Needs Benefit for unpaid utility bills or utility arrears is not subject to recovery. All subsequent Emergency Special Needs Benefits for unpaid utility bills or utility arrears are recovered. The client must sign a repayment agreement before receiving subsequent Emergency Special Needs Benefits for unpaid utility bills or utility arrears.

Each utility type is tracked and issued separately.

The Emergency Special Needs Benefit for unpaid utility bills or utility arrears does not include unpaid telephone bills or arrears. The Emergency Special Needs Benefit for unpaid utility bills or utility arrears is not included in the Core Shelter benefit monthly maximum.

The Emergency Special Needs Benefit for unpaid utility bills or utility arrears must be approved by the First Nations Income Assistance Program Director.

Rate: Actual cost of the unpaid utility bill.

Substantiation

A utility bill or statement.

7.2.7 Emergency Accommodation

The Emergency Special Needs Benefit for emergency accommodation may be issued in emergency situations where the client must leave their home. The Conditions of Emergency Special Needs Benefits must be met.

The Emergency Special Needs Benefit for emergency accommodation may be issued for up to one month or until alternative accommodations are found, whichever comes first. If required, the Emergency Special Needs Benefit for emergency accommodation can be extended beyond one month.

Individuals escaping family violence are eligible for the Emergency Special Needs Benefit for emergency accommodation if accessing a shelter is not immediately possible.

Emergency Special Needs Benefits for emergency accommodation must be approved by the First Nations Income Assistance Program Director.

Rate: The actual cost of a reasonable hotel, motel, or other accommodation approved by the First Nations Income Assistance Program Director.

7.2.8 Other Emergency Needs

Emergency Special Needs Benefits for other emergency needs may be subject to repayment. Repayment is decided by the Chief and Council or designated authority. The client must sign a repayment agreement before receiving Emergency Special Needs Benefits for other emergency needs. If the Chief and Council or designated authority rejects the application for the Emergency Special Needs Benefit for other emergency needs, the client must repay the benefit. If the Chief and Council or designated authority accepts the application for the Emergency Special Needs Benefit for other emergency needs, the client does not have to repay the benefit.

All Conditions of Emergency Special Needs Benefits and Conditions for First Nations Special Approval must be met.

Emergency Special Needs Benefits for other emergency needs must be recommended by the First Nations Income Assistance Program Director.

Rate: Actual cost of goods and services up to \$1,000. The Emergency Special Needs Benefit for other emergency needs is only issued once per emergency circumstance.

Substantiation

The type of substantiation required is dependent on the client's unique situation. The First Nations Income Assistance Director may request any documentation necessary to determine if an item is essential or the cost of the item.

7.2.9 Emergency Rental Arrears

Emergency Special Needs Benefits for rental arrears may be issued if homelessness would result from failure to pay the rental arrears. The Conditions of Emergency Special Needs Benefits must be met.

The Emergency Special Needs Benefit for emergency rental arrears is not included in the Core Shelter benefit monthly maximum.

Emergency Special Needs Benefits for emergency rental arrears must be approved by the First Nations Income Assistance Program Director.

Rates: Actual cost of outstanding rental arrears up to:

- \$1,000 for families with a child, and
- \$350 for singles and couples without children.

The client must be the primary resident of the home to be eligible for the Emergency Special Needs Benefit for emergency rental arrears.

The first Emergency Special Needs Benefit for emergency rental arrears is not subject to recovery. All subsequent Emergency Special Needs Benefits for emergency rental arrears must be repaid. The client must sign a repayment agreement prior to receiving subsequent Emergency Special Needs Benefits for emergency rental arrears.

Substantiation

Lease or Rental Agreement and a letter from the landlord which states the amount owing and that eviction will result from failure to pay the amount owing.

Note: Emergency Rental Arrears is only available to those clients living in a Section 95 home (CMHC) with a tenancy agreement on file, or in a band owned non-CMHC home where there is a universal rental regime in place and a tenancy agreement on file.

7.2.1

To provide benefits for persons leaving an abusive situation

The issuing authority may issue the actual cost of a damage deposit, up to the maximum Core Shelter if:

A household is establishing a new residence in order to escape an abusive situation, regardless of the abused household member's relationship to the abuser, and requires a damage deposit to obtain rental accommodation.

Note:

The client does not have to have just left the abuser to receive the benefit. For example, a client may have spent 30 days at a shelter and then three months with family or friends before securing their own accommodation. A damage deposit may be issued as a one-time issue for those who clearly do not qualify for ongoing Income Support benefits. When determining a One-Time Issue, consideration must first be given to eligibility for ongoing benefits.

Substantiation

Evidence of abuse may include:

- Verbal statement of client or worker's knowledge of client's situation and if in doubt,
- Evidence from a reliable source (e.g. physician, nurse practitioner, police or women's shelter)

The amount of the damage deposit may be substantiated by one of the following documents:

- Lease agreement
- Letter from landlord, caretaker, owner, management company

Forfeited Damage Deposit

Damage deposits may be recovered regardless of the amount of subsequent damage deposits, if any. Reasons for recovering a forfeited damage deposit may include, but are not limited to the following:

- The damage deposit was not used for the purpose intended.
- The client decided not to move into accommodation.
- The damage deposit was obtained fraudulently.

7.3 Relocating Allowance

Special Needs Benefits for relocating may be issued to assist clients moving within Canada. This section outlines the only situations where a Relocation Allowance is issued.

Relocating Allowances must be approved by the First Nations Income Assistance Program Director in advance. Relocating Allowances are not issued to reimburse a client for an expense that was not approved in advance.

All Special Needs Benefits must be recorded in the client's file and on the Budget and Decision (B&D) form.

The client must provide a reasonable written estimate from moving service providers prior to receiving the Relocating Allowance.

7.3.1 Community Living Start Up Allowance

The intent of the Community Living Start Up Allowance is to provide assistance to clients in establishing a place of residence on reserve.

The Community Living Start Up Allowance is issued in the following situation:

- The client has been residing in an institution as a result of a disability or mental illness and is permanently leaving that institution to establish a residence in the community, and
- The client is assigned to the Barriers to Full Employment (BFE) client category.

Persons being released from correctional facilities are not eligible for the Community Living Start Up Allowance unless they meet the above criteria.

An "institution" refers to a place that provides intensive care to severely disabled persons such as the Michener Center and Alberta Hospitals Edmonton and Ponoka.

The Community Living Start Up Allowance is a once in a lifetime benefit.

There is no minimum period of institutionalization required to establish eligibility for the Community Living Start Up Allowance.

The Community Living Start Up Allowance is a last resort benefit. The Community Living Start Up Allowance is issued only after all other resources have been explored and exhausted.

The Community Living Start Up Allowances is intended for moving expenses, damage and utility deposits, basic furniture, appliances, and other essential household items.

The Community Living Start Up Allowance must be approved by the First Nations Income Assistance Program Director. Rate: Actual cost up to \$1000 once in a lifetime.

Substantiation

Need for the Community Living Start Up Allowance can be substantiated by:

- The client's verbal or written statement,
- Director's knowledge of the situation, or
- Documentation from the institution.

7.3.2 Relocating to Confirmed Employment

A Relocation Allowance may be issued when a client is accepting confirmed employment within Canada. The First Nations Income Assistance Director must consider the confirmed employment to be a viable option for the client's future financial independence.

The Relocating Allowance for confirmed employment must be approved by the First Nations Income Assistance Program Director in advance. Relocating Allowances are not issued to reimburse clients for an expense that was not approved in advance.

Relocating Rates

The Relocation Allowance for confirmed employment is limited to the actual cost of moving:

- Reasonable hotel, motel or other accommodations,
- Gas, insurance, rental truck or trailer deposits, and bus fare,
- Professional moving company (if self-move is unreasonable or impossible), and
- Packing (if the client is unable to pack due to medical condition).

The above costs are only covered when they are essential to the move. Those clients who are able to move themselves are expected to do so. Clients must use the most reasonable and economical means.

Substantiation

The type of substantiation required is dependent on the moving services required.

- A written job confirmation from the employer, or the Issuing Authority may contact the employer directly and record the discussion and employer in the client's file,
- More than one written estimate from moving service providers,
- Receipts and estimates are required for all moving services the household requires.

7.3.3 Relocating Out of Alberta for Social or Financial Support

A Relocation Allowance may be issued to clients moving out of Alberta in order to receive financial or social support.

Clients 18-25 years of age with parents or guardians who may be able to assist with moving costs are required to contact their parents or guardians to determine if they are willing and able to pay for the client's move. Contact must be made prior to issuing a Relocation Allowance to clients moving out of province for social or financial support.

The Relocation Allowance is not provided to clients moving outside of Canada.

The Relocating Allowance must be approved by the First Nations Income Assistance Program Director in advance. Relocating Allowances are not issued to reimburse clients for an expense that was not approved in advance.

Relocating Rates

The Relocation Allowance for clients moving for social and financial supports is limited to the actual cost of moving:

- Reasonable hotel, motel or other accommodations,
- Gas, insurance, rental truck or trailer deposits, and bus fare,
- Professional moving company (if self-move is unreasonable or impossible), and
- Packing (if the client is unable to pack due to medical condition).

Substantiation

The type of substantiation required is determined by the First Nations Income Assistance Program Director:

- Client's verbal or written statement,
- Issuing Authority knowledge of the situation, or
- If in doubt, evidence from a professional source such as a physician or shelter.

7.4.3 Child Care for Escaping Abuse

The Escaping Abuse Benefit for child care may be issued to clients escaping abuse. The Escaping Abuse Benefit for child care is issued to eligible clients who are residing in a shelter due to escaping family violence.

The client must require child care in order to access required services to be eligible for the Escaping Abuse Benefit for child care.

Details regarding the client's situation should be recorded in their file. Details regarding Escaping Abuse Benefit for child care should not be included on the Budget and Decision (B&D) form. Only the policy reference number should be included on the Budget and Decision (B&D) form.

Rate: Actual cost of child care. Amounts issued must be in accordance with the rates described in "7.1.2 Child Care."

7.4.4 Moving to Escape Abuse

When it is essential, a Moving to Escape Abuse benefit may be issued for a client to move away from their abuser by leaving the community. This benefit is only provided for moves within Canada.

The Moving to Escape Abuse benefit must be approved by the First Nations Income Assistance Program Director in advance. Relocating Allowances are not issued to reimburse clients for an expense that was not approved in advance.

Details regarding the client's situation should be recorded in their file. Details regarding the Moving to Escape Abuse Benefit should not be included on the Budget and Decision (B&D) form. Only the policy reference number should be included on the Budget and Decision (B&D) form.

Relocating Rates

The Moving to Escape Abuse benefit is limited to the actual cost of moving:

- Reasonable hotel, motel or other accommodations,
- Gas, insurance, rental truck or trailer deposits, and bus fare,
- Professional moving company (if self-move is unreasonable or impossible), and
- Packing (if the client is unable to pack due to medical condition).

The above costs are only covered when they are essential to the move. Those who are able to move themselves are expected to do so. Clients must use the most reasonable and economical means.

Substantiation

The type of substantiation required is dependent on the moving services required.

- Issuing Authority or Director knowledge of the situation or letter from appropriate authority,
- More than one written estimate from moving service providers,
- Receipts and estimates are required for all moving services the household requires.

Clients who return to the community within 12 months of receiving the Relocation Allowance for relocating for social or financial supports are required to repay this benefit. The Director must explain this to the client prior to issuing this benefit. The client must sign a repayment agreement before receiving the Relocation Allowance for relocating out of province for social or financial support.

Substantiation

The type of substantiation required is dependent on the client's situation and the moving services the client requires.

- More than one written estimate from moving service providers,
- Receipts and estimates are required for all moving services the household requires,
- Returning to province of origin. The client's verbal or written statement is sufficient. The Director may request additional substantiation if required,
- Moving to another province. Documentation such as a letter from a relative or friend that states the relative or friend is willing to provide social or financial support to the client. The Director may contact the relative or friend to confirm the information. If a phone call is used in lieu of paper or electronic documentation, the Director must record the discussion in the client's file.

7.4 Escaping Abuse Benefit

Special Needs Benefits for Escaping Abuse are intended to assist clients escape abusive situations. Escaping Abuse benefits is available to (but not limited to):

- Clients escaping violence at the hands of their spouse or partner,
- Older clients escaping violence at the hands of family members or caretakers,
- Clients experiencing abuse at the hands of someone other than a spouse or partner, and
- Any client attempting to escape abuse.

The intent of the Escaping Abuse benefit is to provide ongoing support to clients escaping abuse and family violence.

Special Needs Benefits for Escaping Abuse must be approved by the First Nations Income Assistance Program Director in advance. Escaping Abuse Benefits are not issued to reimburse clients for an expense that was not approved in advance.

Details regarding the client's situation should be recorded in their file. Details regarding Special Needs Benefits for Escaping Abuse should not be included on the Budget and Decision (B&D) form. Only the policy reference number should be included on the Budget and Decision (B&D) form.

7.4.1 Household Start Up

The Escaping Abuse Benefit for Household Start Up is intended to cover the costs associated with establishing a residence within the community. The Household Start Up benefit is issued to clients who need to establish a new place of residence in order to escape abuse.

The client does not have to have recently left their abuser to receive the Household Start Up benefit. The client must have left their former home to escape abuse to be eligible for Household Start Up benefit.

The Household Start Up benefit must be approved by the First Nations Income Assistance Program Director in advance. Escaping Abuse Benefits are not issued to reimburse clients for an expense that was not approved in advance.

The Director should have a discussion with clients who request this benefit more than once. The Director should refer the client to community resources to help break the cycle of abuse.

Details regarding the client's situation should be recorded in their file. Details regarding the Household Start Up benefit should not be included on the Budget and Decision (B&D) form. Only the policy reference number should be included on the Budget and Decision (B&D) form.

The Escaping Abuse Benefit for Household Start Up may be issued to One Time Issue clients if the applicant does not qualify for ongoing benefits.

The Household Start Up benefit is issued only after the client has left the abusive situation. Clients who leave their home on reserve to move immediately off reserve are not eligible for the Household Start Up. Clients who leave their home off reserve to move immediately on reserve may be eligible for the Escaping Abuse Benefit for Household Start Up.

Rate: Up to \$1,000.

Substantiation

The type of substantiation required is determined by the First Nations Income Assistance Program Director:

- Client's verbal or written statement,
- Issuing Authority knowledge of the situation, or
- If in doubt, evidence from a professional source such as a physician or shelter.

7.4.2 Telephone and Transportation Benefit

The Escaping Abuse Benefit for Telephone and Transportation is provided to clients who have left or are attempting to leave an abusive situation. The Telephone and Transportation Benefit is intended assist the client access services which they need to remain independent of their abuser.

The client does not have to have moved away from their abuser to be eligible for the Telephone and Transportation Benefit.

The Telephone and Transportation Benefit allows clients who have experienced abuse or are experiencing abuse to access the services they need to secure their safety and independence. This includes a telephone to call for emergency services, and transportation to arrange and attend counseling appointments or legal services.

The Escaping Abuse Benefit for Telephone and Transportation must be approved by the First Nations Income Assistance Program Director in advance. Escaping Abuse Benefits are not issued to reimburse clients for an expense that was not approved in advance.

The Telephone and Transportation Benefit may be issued for up to six months. The First Nations Income Assistance Program Director may grant extensions if required.

The Telephone and Transportation Benefit is issued directly to the individual escaping abuse, even if they are not the Head of Household.

Details regarding the client's situation should be recorded in their file. Details regarding the Telephone and Transportation Benefit should not be included on the Budget and Decision form. Only the policy reference number should be included on the Budget and Decision form.

Rate: \$90 per month

Chapter 8 | Procedures

Chapter 8 outlines the procedures used by First Nations Income Assistance Programs. The intent of this chapter is to ensure procedures are applied consistently and fairly to all Income Assistance clients and applicants.



8.1 Appeals

The purpose of the appeal process is to ensure decisions made by the Issuing Authority are fair and equitable in respect to eligibility, benefit amounts, debts and recoveries, and are supported by policy.

Clients are considered to be informed of their right to appeal when they sign the Budget and Decision (B&D) form. In addition, the Issuing Authority should advise clients of their right to appeal whenever benefits are reduced, denied or cancelled.

The Issuing Authority may provide the food only portion of the Core Essential benefit and the Core Shelter benefit during the appeal process if absolutely necessary. In most usual circumstances, contested benefits are not issued during the appeal process.

8.1.1 Initiating the Appeal Process

Income Assistance clients and applicants have the right to contest Issuing Authority decisions regarding their Income Support benefits. It is the client's responsibility to initiate the appeal process.

The Issuing Authority is responsible for informing the client or applicant of their right to appeal and guiding them through the process.

Income Assistance clients and applicants may appeal an Issuing Authority decision when:

- Benefits have been reduced,
- Benefits have been denied,
- Benefits have been cancelled,
- There is an issue regarding the method of payment, or
- Other scenarios where the Income Assistance client or applicant feels procedures are not being applied fairly or within the parameters of DISC Alberta Region Social Development Income Assistance policy.

The Income Assistance client or applicant is responsible to initiate the appeal process. To do so, the client or applicant must complete and sign a Notice of Appeal. The appellant must describe the Issuing Authority decision and explain why they contest it. The Notice of Appeal must be submitted to the Issuing Authority within 30 days of the date the contested decision was made.

The Issuing Authority must acknowledge receipt of the Notice of Appeal by providing a written response to the appellant.

8.1.2 Administrative Review

An administrative review consists of an internal review of the contested decision. The review is conducted by the Issuing Authority's supervisor or the First Nations Income Assistance Director.

Upon receipt of a Notice of Appeal, the Issuing Authority, supervisor, or Director must conduct an administrative review of the contested decision. The review must take place within five business days of receiving the Notice of Appeal. If the situation can be re-solved through an administrative review, the matter is concluded. The client or applicant can request an administrative review prior to submitting a Notice of Appeal.

If the contested decision cannot be resolved during an administrative review, the matter is taken to an appointed appeal panel and a hearing is held.

The Issuing Authority is responsible to provide the appellant and DISC Alberta Region with written notification describing the results of the administrative review. The results must be provided to appellant and DISC Alberta Region within seven business days of the administrative review. The Administrative Review and Appeal Form must be used.

8.1.3 Appeal Panel

If the disputed decision cannot be resolved through an administrative review the matter is taken to an appointed appeal panel.

Role of the Appeal Panel

The role of the appeal panel is to:

- Consult with individuals and organizations outside of the Income Assistance Program (if appropriate),
- Make recommendations in respect to Core Benefits, Supplementary Benefits, and Special Needs Benefits,
- Identify policies and procedures requiring review or revision. Make recommendations regarding these policies and procedures, and
- Provide a written report to the Issuing Authority and a copy of the report to the Regional Director General of DISC Alberta Region within three business days of the hearing.

Composition of Appeal Panel

The appeal panel consists of:

- Minimum of three panel members. Minimum of three appointed panel members including the Chairperson. The Regional Director General of DISC Alberta Region appoints individuals to the panel.
- Panel selection - Regional representation. Generally, panel members are selected to give equitable representation to each Alberta region.
- Panel selection - Local representation. If they wish, the First Nation can recommend to the Regional Director General of Alberta Region the appointment of certain individuals to the appeal panel to provide local representation.
- Political and administrative independence. Members of the appeal panel must be independent of political and administrative influence in perception and reality,
- Chairperson. One Chairperson to represent the appeal panel,
- Trained panel members. All members of the appeal panel must have completed a training program arranged by DISC Alberta Region. The training program must be completed prior to serving on an appeal panel.

Location of Appeal Hearing

The appeal hearing is held at the office of the Issuing Authority. If this is not possible, the appellant and/or their representative are provided travel assistance in accordance with Treasury Board Travel Regulations.

For Treasury Board Travel Regulations visit: www.tbs-sct.gc.ca.

Scheduling and other DISC Responsibilities

Upon receipt of the results of the Issuing Authority's administrative review, DISC Alberta Region is responsible for scheduling the appeal panel hearing.

DISC Alberta Region schedules the appeal panel hearing by:

- Contacting the regional appeal panel members to determine a suitable date and time for the hearing,
- Notifying the panel members of the date, time, and place of the appeal panel hearing,

- Notifying the appellant, the Issuing Authority, and the Issuing Authority's representative of the date, time, and place of the appeal panel hearing,
- Preparing central documentation,
- Sending communication formally notifying the appellant of the results of the appeal panel and an explanation of the result,
- The Regional Director General of Alberta Region will complete the final formal review and sign the written communication to the appellant, and
- Processing travel claims.

An DISC Social Development Officer must inform the appellant in writing of:

- The date, time and place of the appeal panel hearing,
- The appellant's right to present supporting information and witnesses at the hearing, and
- The appellant's right to designate a representative. If a representative is designated, a statement from the appellant regarding their representative must be placed on file by the DISC Social Development Officer.

8.1.4 Appeal Results

The implementation of the appeal panel's findings is dependent on if the findings are in accordance with DISC Alberta Region Social Development Income Support policy.

Findings are in Accordance with Policy

If the appeal panel's findings and recommendations are in accordance with DISC Income Assistance policy, they will be implemented.

Findings are not in Accordance with Policy

If the findings and recommendations of the appeal panel are in conflict with DISC Alberta Region Income Assistance policy, a meeting between an DISC Alberta Region designate and the appeal panel may be scheduled to identify and resolve the conflict.

The Regional Director General of DISC Alberta Region will advise the appeal panel of the action taken in respect to its recommendations for changes to the Income Assistance Program. This includes actions taken or planned to be taken to implement the panel's recommendations.

Appeal Panel Report

At the conclusion of the hearing, the chairperson of the panel will complete a report containing:

- The date, time, and place of the hearing,
- The names of the chairperson and members of the appeal panel,
- The names of all those attending the hearing,
- The decision being appealed,
- The findings of the appeal panel, and
- Signatures of all panel members.

The appeal panel report is submitted to the Regional Director General of DISC Alberta Region for a final review. The decision of the Regional Director General of DISC Alberta Region is final. The Regional Director General of DISC Alberta Region will sign the written communication to the appellant.

8.1.5 Appeal Hearing

Appeal panel hearings proceed as follows:

1. The chairperson will:
 - Make introductions,
 - Explain the rules of the appeal hearing,
 - Clarify the decision being appealed,
 - Ask if anyone objects to the members of the appeal panel or their right to rule on the contested decision,
 - Ask if all parties received the information submitted and if they are ready to proceed, and
 - Ask if there is any new information or documentation to be presented.
2. The Issuing Authority's Supervisor or Director will:
 - Ensure that the Issuing Authority has a representative present at the appeal hearing,
 - Explain the Issuing Authority's decision to refuse, reduce, or cancel the contested benefit,
 - Not withhold any information,
 - Ensure that all relevant information concerning the appellant's situation is presented, and
 - Present the First Nations Income Assistance Program's position on the decision.

After the Issuing Authority's Supervisor or Director presents the information on behalf of the First Nations Income Assistance Program, the client and the appeal panel have an opportunity to ask questions.

3. The appellant or their representative:
 - Are given the opportunity to provide information relevant to the appeal. Information can be presented verbally or in writing, and
 - Should not withhold any relevant information.
4. The appeal panel:
 - Will examine the information provided by the Issuing Authority's Supervisor or Director and the appellant, and
 - Will have an opportunity to ask questions of any person attending the hearing, or at the discretion of the appellant, the panel may consult or seek information from any individual who can assist in the appeal.
5. The chairperson will:
 - Ask if either the appellant or the Issuing Authority's representative have any additional information to present.
6. Final Statement by the Issuing Authority's Supervisor or Director.
 - This statement must come before the appellant's final statement.
7. Final statement by the appellant or their representative.
 - The final statement of the hearing always belongs to the appellant.
8. The chairperson will complete a report containing:
 - The date, time, and place of the hearing,

- The names of the chairperson and members of the appeal panel,
- The names of all those attending the hearing,
- The decision being appealed,
- The findings of the appeal panel, and
- Signatures of all panel members.

The report is submitted to the Regional Director General of DISC Alberta Region for a final review. The decision of the Regional Director General of DISC Alberta Region is final. The Regional Director General of DISC Alberta Region will sign the written communication to the appellant.

Appellant Absence

The appeal hearing may not proceed in the absence of an appellant who does not respond to the notice.

If the appellant fails to appear at an established panel hearing at the agreed upon time, it is the responsibility of the appellant to resubmit the appeal within ten business days receiving written notice that they were absent from the initial appeal hearing.

The rescheduled appeal hearing will be the appellant's final opportunity to appeal the matter. Appeal panel hearings may only be rescheduled once due to appellant absence.

Incomplete Appeal

Where the appeal panel is unable to complete the hearing of an appeal, the case may be adjourned for up to 30 days.

8.1.6 Summary of Appeal Process

This section provides a brief summary of the appeal process and the order of events. The bullet points below do not provide in depth descriptions of the procedures, instead they provide a sequence of events.

Steps of the appeal process:

- **Initiating the appeal.** To begin the appeal process the Income Assistance client or applicant must complete and sign a Notice of Appeal. The appellant must explain which Issuing Authority decision they are contesting. The Notice of Appeal must be filed within 30 days of the contested decision.
- **Issuing Authority acknowledgement.** When the Issuing Authority receives a completed Notice of Appeal from an Income Assistance client or applicant, they must respond to the appellant with a written acknowledgement of the receipt of the notice.
- **Benefits during appeal.** The Issuing Authority may provide the food only portion of the Core Essential benefit and the Core Shelter benefit during the appeal process if absolutely necessary. In most usual circumstances, contested benefits are not issued during the appeal process.
- **Administrative Review.** The First Nations Income Assistance Program Supervisor or Director internally reviews the contested decision. The Supervisor or Director may reverse or uphold the decision. If upheld, the Supervisor or Director must try to provide clarification to the appellant regarding the policy used to make the decision. If the appellant and the Supervisor or Director cannot come to an understanding the appeal is brought to the appeal panel.
- **Results of administrative review.** The Issuing Authority is responsible to provide the appellant and DISC Alberta Region with written notification describing the results of the administrative review within seven business days. The Administrative Review and Appeal Form must be used.
- **Scheduling.** DISC Alberta Region is responsible for contacting everyone involved in the appeal process to determine a suitable date, time and location for the appeal hearing. DISC Alberta Region is responsible for notifying the appellant, panel, and others involved in the hearing of the date, time and location of the appeal hearing.
- **Members of appeal panel.** Panel members are appointed by the Regional Director General of DISC Alberta Region and are selected to give equitable representation to each region of Alberta. Alternatively, the First Nation can

recommend to the Regional Director General of DISC Alberta Region, the appointment of certain individuals to the appeal panel to provide local representation.

- **Appeal hearing.** Appellant or their representative must be present to proceed. The appeal hearing process must be followed.
- **Panel findings.** The findings of the appeal panel are submitted to the Regional Director General of DISC Alberta Region.
- **Regional Director General of DISC Alberta Region Review.** The appeal process includes a final and formal review by the Regional Director General. The Regional Director General signs the written communication to the appellant.
- **Implementation.** The implementation of the appeal panel's findings is dependent on if the findings are in accordance with DISC Alberta Region Income Assistance policy.

8.2 Denying or Terminating Benefit

There are a number of reasons why the Issuing Authority may deny, terminate or reduce Income Assistance benefits. This section outlines when this action is required, and how the Issuing Authority should inform the client or applicant. There are other situations not described in this section where the Issuing Authority may deny, terminate or reduce benefits.

8.2.1 File Closure due to General Ineligibility

Income Assistance benefits may be denied, terminated, or reduced when the client or applicant fails to meet the eligibility criteria for Income Assistance benefits.

Denial, termination or reduction of benefits may result from excess income, excess assets, residency, changes in family composition, or any other scenario which affects eligibility for Income Assistance benefits.

8.2.2 File Closure due to Non-Compliance

Income Assistance benefits may be denied, terminated, or reduced due to non-compliance even if the client is otherwise eligible for Income Assistance benefits. This may happen if the client fails to meet the expectations of the Income Assistance Program or fails to complete Case Plan activities.

8.2.3 Notifying the Client or Applicant of Denied, Terminated, or Reduced Benefits

Whenever benefits are denied, terminated, or reduced the Issuing Authority must notify the client of their right to appeal, how the appeal process works, and the time limit for initiating an appeal.

Case Notes must reflect that the client was informed of their right to appeal. The Issuing Authority can inform the client of this right verbally or in writing.

8.3 Just Cause for Leaving a Job or Training

This section describes common and acceptable reasons for leaving employment or training. This section does not provide a complete list. There may be other circumstances where the client is justified in leaving employment or training.

8.3.1 Unsafe Work Conditions

Unsafe working conditions are considered just cause for leaving employment or training.

A job or training program may be considered a danger to the client's health or safety when:

- The employer requires excessive overtime,
- The job or training affects or threatens to affect the client's health. The client must give a credible and convincing explanation. If in doubt, the Issuing Authority may request medical documentation,
- The job affects or threatens to affect a pregnant client or her unborn child and the employer refuses to grant leave, or
- The employer provides unsanitary living accommodation, insufficient food or contaminated food in camp style living arrangements.

This list is not a complete list of unsafe working conditions. Other scenarios involving unsafe working conditions may provide just cause for leaving employment or training.

8.3.2 Family Responsibility

In some circumstances, family responsibility may be considered just cause for leaving employment or training. Family responsibilities which may result in the client's need to leave employment or training include:

- Hours of employment,
- Requirement to relocate in order to care for a dependent family member, or
- The client is caring for a sick dependent and the employer refuses to grant leave.

This list is not a complete list of family responsibility situations. Other scenarios involving family responsibilities may provide just cause for leaving employment or training.

8.3.3 Workplace Harassment

Workplace harassment is considered just cause for leaving employment or training. Workplace harassment includes:

- Abuse from co-workers and the employer refuses to intervene,
- The Employer takes excessive and disproportionate disciplinary action against the client, or
- The client is suffering discrimination within the meaning of the Human Rights, Citizenship and Multiculturalism Act.

This list is not a complete list of workplace harassment situations. Other scenarios involving workplace harassment may provide just cause for leaving employment or training.

8.3.4 Moral or Legal Objections

Moral or legal objections to a job or task are considered just cause for leaving employment or training. Moral and legal objects include:

- The employer's practices are illegal,
- The client is required to participate in illegal activities as part of their employment,
- The job requirements violate the client's values or ethics, or
- The job requirements clash with the client's religious beliefs.

This list is not a complete list of moral or legal objections. Other scenarios involving moral or legal objections may provide just cause for leaving employment or training.

8.3.5 Violation of Labour Standards

Working conditions which violate Labour Standards are considered just cause for leaving employment or training. Labour Standards violations include:

- Wages or salary below minimum wage, or
- The employer refuses to or fails to pay the salary, wages, overtime, or commissions owed to the client.

This list is not a complete list of violations to Labour Standards. Other scenarios involving violations of Labour Standards may provide just cause for leaving employment or training.

8.3.6 Better Job Offer

A confirmed offer of better employment is considered just cause for leaving current employment or training. In this circumstance:

- The offer must be confirmed in writing,
- The job must begin in the immediate future, and
- The new job must be better than the client's current position.

8.3.7 Other Just Causes for Leaving a Job or Training

Other just causes for leaving a job or training exist. The Issuing Authority is expected to use their discretion to determine if the client has just cause for leaving employment or training. Subsections 8.3.1 to 8.3.6 are examples of common and acceptable just causes for leaving employment or training, but do not represent a complete list.

8.4 Overpayment, Debt, and Recovery

The Issuing Authority must strive to minimize the occurrence of client debt to the Income Assistance Program by ensuring clients receive only the benefits for which they are eligible to receive.

An overpayment or debt occurs when:

- The Income Assistance client received a benefit which they were not eligible to receive,
- The Income Assistance client received a benefit amount in excess of the amount they were eligible to receive, or
- A client did not use an Income Assistance benefit for its intended purpose.

Overpayments and debts may occur in other situations not included in this list.

8.4.1 Issuing Authority Responsibility for Overpayments, Debts, and Recoveries

The Issuing Authority is responsible to:

- Minimize the occurrence of overpayments by ensuring Income Assistance clients receive only the benefits for which they are eligible to receive,
- Recover benefits subject to repayment agreements,
- Recover benefits to which the client was not eligible to receive,
- Ensure the amount repaid does not exceed the amount of the debt,

- Act professionally, efficiently, and fairly throughout the recovery process,
- Treat clients equitably,
- Ensure recoveries and debt repayments do not cause undue hardship to the client,
- Advise clients of their right to appeal,
- Explain the appeal process to the client,
- Provide the client with clear information about the reason for their debt and how the debt will be repaid, and
- Provide the client with clear and complete information so they understand their debt status at all times.

The Issuing Authority must attempt to negotiate a voluntary repayment plan with the client. If the client refuses to enter into a voluntary repayment plan, the recovery may proceed without the client's agreement. In this circumstance, the Issuing Authority must advise the client of their right to appeal and explain how the appeal process works.

8.4.2 Default Recovery Rates

Recoveries are collected at the default rates. Repayment amounts can be varied to accommodate client circumstances.

Default Recovery Rate Chart

Default Recovery Rates	
1 adult household - without non-exempt employment earnings	\$20.00
1 adult household - with non-exempt employment earnings	\$35.00
2 adult household - without non-exempt employment earnings	\$40.00
2 adult household - with non-exempt employment earnings	\$65.00

The default recovery rate cannot exceed 10% of the household's Core Benefits.

8.4.3 Increasing Recovery Rate

Default recovery rates may be increased.

The Issuing Authority may increase the recovery rate in the following situations:

- The client has misrepresented their circumstances on more than one occasion,
- The client has previously been found guilty of fraudulently obtaining Income Assistance benefits, or
- The Issuing Authority and the client have negotiated a higher recovery rate.

The increased recovery rate cannot exceed 10% of the household's Core Benefits.

The Issuing Authority must record the reason for the increased recovery rate in the client's file.

8.4.4 Decreasing Recovery Rate

Default recovery rates may be decreased.

The Issuing Authority may decrease the recovery rate in the following situations:

- The recovery deduction is creating undue hardship for the client or household, or
- At intake when benefits are being prorated.

The minimum recovery rate is \$1.00 per month.

8.4.5 Underpayments

The Issuing Authority is responsible to ensure clients receive the Income Assistance benefits to which they are eligible to receive. If an error occurs resulting in a client receiving less than what they were eligible to receive, it is referred to as an underpayment.

Underpayments for Core Shelter benefits can be issued retroactively for the period in which the underpayment occurred up to a maximum of 12 months.

Underpayments for all other benefits can be issued retroactively for the period in which the underpayment occurred up to a maximum of 6 months.

Retroactive payments cannot predate the date the client initially applied for Income Assistance benefits. An underpayment occurs when:

- A client was not issued a benefit they were eligible to receive, or
- A client was issued less than the amount they were eligible to receive.

Underpayments must be credited back to the client. It may be impossible for the Issuing Authority to credit underpayments to the client if the underpayment occurred in a previous fiscal year (April 1 to March 31).

If an underpayment is determined to exist on a closed file that has been closed for less than 30 days, the Issuing Authority must review the file to determine if adding the benefit to the client's budget would have made the client eligible for ongoing Income Assistance benefits.

If the client's file is closed, the underpayment may be placed against any outstanding debts to the Income Assistance Program which the client has incurred. If after adjusting all outstanding debts there is still a balance owed to the client, the balance must be issued to the client.

Client Does Not Have a Repayment Plan Currently in Place

When retroactively issuing benefits and no overpayment or debt exists for that month, the Issuing Authority can issue the full retroactive amount to the client.

Client Has a Repayment Plan Currently in Place

The underpayment credit is used to reduce the client's debt to the Income Assistance Program if the client has an existing repayment plan in place. If the underpayment credit exceeds the outstanding balance of their repayment plan, the client is issued the remaining balance of their underpayment.

If an overpayment or debt exists for the same month, the underpayment may be used to reduce the overpayment or debt to zero.

8.4.6 Repayment Agreements

A repayment agreement is a signed agreement in which the client agrees to repay an Income Assistance benefit to the First Nations Income Assistance Program. A client may be required to sign a repayment agreement as a condition of eligibility for a benefit or a client may choose to sign a repayment agreement to voluntarily repay a benefit.

By signing a repayment agreement, the client indicates they agree to repay the amount specified. Clients must be informed of their right to appeal before they agree to sign a repayment agreement. If the repayment amount is unknown at the time the agreement is signed, the client can still appeal the rate of repayment or the amount of the repayment once it is determined.

If the client refuses to sign a mandatory repayment agreement, the Issuing Authority does not issue the benefit or benefits. If the client refuses to sign a repayment after an overpayment has occurred, the Issuing Authority may proceed with the recovery without the client's agreement. The client must be informed of their right to appeal.

Provided all other eligibility requirements are met, clients in need of Income Assistance benefits while awaiting funds from another source (Employment Insurance, private insurance, Worker's Compensation WCB settlements/payments, CPP, or any other retro-active payments) must agree to repay any duplicate Income Assistance benefits once retroactive payment from the other source is received. In this situation, the client must sign a repayment agreement prior to receiving any Income Assistance benefits.

8.4.7 Overpayment, Debt, and Recovery Recording and Tracking Procedure

The Issuing Authority is responsible for recording and tracking overpayments, underpayments, client debt, and recoveries. All information involving overpayments, underpayments, client debt, and recoveries must be recorded in the client file.

The following recovery information must be identified on the client's file:

- The reason for the recovery,
- The date the overpayment occurred,
- The Budget and Decision (B&D) form number where the overpayment originally occurred,
- Date the recovery began,
- The estimated date the recovery will be complete,
- Total amount recovered each benefit period, and
- The total amount of the recovery before repayment.

All recoveries and overpayments must be tracked and recovered separately. Only one overpayment or repayment agreement is recovered at a time.

i) Recovery Procedure Chart

The Issuing Authority is responsible for tracking client debts and repayments. This chart is provided as a checklist. It includes all relevant information regarding debts and repayments are recorded on the client's file. This chart or similar should be included in the client's file when a debt occurs.

All recoveries and overpayments must be tracked and recovered separately. Only one overpayment is recovered at a time. When the first recovery is completed, the second can begin.

Chapter 4: Procedures

“Month 1” must be the date recoveries begin.

Recovery Procedure Chart	Client Name		
	Original B&D #		
	Date of Overpayment		
	Reason for Recovery		
	Total Amount		
	Expected Duration		
	Reason for Variance		
Repayment Dates	Paid Monthly	Amount Outstanding	Repaid to Date
Month 1 B&D:			

Month 2 B&D:			
Month 3 B&D:			
Month 4 B&D:			
Month 5 B&D:			

Example

Recovery Procedure Chart	Client Name	John Smith	
	Original B&D #	123456789	
	Date of Overpayment	01/01/12	
	Reason for Recovery	Misused childcare deposit	
	Total Amount	\$400	
	Expected Duration	12 months	
	Reason for Variance	No variance	
Repayment Dates	Paid Monthly	Amount Outstanding	Repaid to Date
Month 1: 01/02/13 B&D # 123456-1	\$20	\$380	\$20/\$400
Month 2: 01/03/13 B&D # 123456-2	\$20	\$360	\$40/\$400
Month 3: 01/04/13 B&D # 123456-3	\$20	\$340	\$60/\$400
Month 4: 01/05/13 B&D # 123456-4	\$20	\$340	\$80/\$400
Month 5: 01/06/13 B&D # 123456-5	\$20	\$320	\$100/\$400

8.5 Investigation

The intent of this section is to ensure matters of suspected or alleged crimes of deceit perpetrated against the First Nations Income Assistance Program are investigated.

8.5.1 Investigation Overview

The applicable legislative authorities for the purposes of the Income Assistance Program include:

- Criminal Code of Canada,
- Income and Employment Supports Act,
- Canadian Charter of Rights and Freedoms,
- Freedom of Information and Protection of Privacy Act,
- The Privacy Act,
- Alberta Peace Officer Act,
- Canada Evidence Act, and
- Adult Interdependent Relationship Act.

The Issuing Authority must protect the confidentiality of the client and the identity of any person who reports suspected or alleged crimes of deceit.

Definition

In general, fraud and related crimes of deceit are proven when a person is found guilty of an offense under the Criminal Code of Canada because they have defrauded or attempted to defraud the public of property, money or other valuable security through deceit, falsehood or other fraudulent means. A person can be found guilty of an offence only if all the elements of the offence have been established beyond a reasonable doubt.

A person may be found guilty of fraud and related crimes of deceit under the Criminal Code of Canada when they have been proven to have:

- Given false information about income, assets, or needs,
- Withheld information about income, asset, or needs,
- Used an alias to obtain duplicate Income Assistance benefits, or to conceal income or assets,
- Given false information to obtain Income Assistance benefits to which he or she was not eligible to receive, or
- Stolen an item or misappropriated benefits.

8.5.2 Issuing Authority Responsibilities for Investigation

The Issuing Authority is responsible for maintaining each applicant and client's file. In the event that charges are laid, the Issuing Authority may be required to testify that all required steps were taken to determine client or applicant eligibility for Income Assistance benefits.

The Issuing Authority is responsible for identifying and deterring potential misuse of Income Assistance benefits. Misuse of Income Assistance benefits may not be criminal in nature. The incidence of unintentional misuse of Income Assistance benefits can be reduced by educating the client or applicant about the requirement to disclose their circumstances and by following proper procedures.

In the event of suspected or alleged crimes of deceit, the Issuing Authority is responsible to maintain all original documents. This includes any document that has been signed or that may be required for the investigation.

In the event that the Issuing Authority receives a complaint or referral from an outside source that a client or applicant may be participating in a crime of deceit, the Issuing Authority must contact the client. The Issuing Authority must give the client an opportunity to clarify the information. An account of the conversation must be recorded in the client's file.

If the intention is to pursue for fraud or related crimes of deceit, the Issuing Authority must not initiate the recovery process.

8.5.3 Investigation or Conviction and Benefits

If the intention is to pursue for fraud or related crimes of deceit, the Issuing Authority must not initiate the recovery process.

Clients and applicants may be eligible for Income Assistance benefits even if there has been a past suspicion, allegation, or conviction of fraud or other crime of deceit. Each application, benefit period, or request for benefits is viewed as a new circumstance. Eligibility is based on present circumstances not past behaviour.

The Issuing Authority is responsible for identifying and deterring potential misuse of Income Assistance benefits. Misuse of Income Assistance benefits may not be criminal in nature. The incidence of unintentional misuse of Income Assistance benefits can be reduced by educating the client or applicant about the requirement to disclose their circumstances and by following proper procedures.

8.5.4 Investigation Procedures

The Issuing Authority must follow the investigation procedures when pursuing or considering to pursue a person for suspected or alleged crimes of deceit.

Definition

The Issuing Authority may initiate an investigation if there is reason to believe a person has attempted to:

- Give false material information about personal and family information, income, assets, needs or living circumstances,
- Withhold material information about personal and family information, income, assets, needs or living circumstances,
- Use false identification, or to conceal income or assets to obtain Income Assistance benefits, or
- Illegally obtain Income Assistance benefits.

Criteria

In order to pursue a person for suspected or alleged crimes of deceit, the following criteria must be met:

- The suspected or alleged crime of deceit must involve the Income Assistance Program,
- The suspicion or allegation must involve program abuse, and
- The First Nations Income Assistance Program must be the victim.

Police Notification

A detailed report of the circumstances relating to the suspected or alleged crime of deceit is forwarded to the Royal Canadian Mounted Police (RCMP). After consideration of the facts, the RCMP will determine if a criminal investigation is warranted.

A detailed report of the circumstances may be forwarded to a First Nations police service with appropriate jurisdiction.

DISC Notification

The DISC Regional Office should be provided with a copy of the report, advised of the RCMP decision regarding investigation, and regular updates during any investigation.

Crown Attorney

Information may be laid before a Crown Attorney by the Director of the First Nations Income Assistance Program or Chief and Council alleging the offense. After proper investigation and use of judicial discretion, the Crown Attorney may or may not lay a formal charge against the recipient.

Chapter 9 | Opportunities for Training and Employment

A primary objective of the Income Assistance Program is to increase individual and community self-reliance and autonomy. Clients are encouraged to participate in training opportunities which will result in increased access to employment prospects and earning potential.



To facilitate access and connection to the labour market First Nations, DISC, Alberta Human Services (AHS), and Employment and Social Development Canada invest in First Nations residents who require training to access sustainable employment. Eligible clients lack the financial resources to obtain the training required to meet employment eligibility requirements.

9.1 Opportunities for Training

Clients and applicants who are attending post-secondary training, pre-university upgrading, or pre-technical upgrading are not eligible for Income Assistance benefits.

To be eligible for training opportunities the client or applicant must:

- Require the type of training being offered in order to access sustainable employment,
- Be labour market destined. Upon completion of his or her training plan, the client is expected seek employment as an Expected To Work client,
- Be ready, willing, and able to attend training. The client's personal situation must be stable enough to be able to succeed in training and in achieving subsequent employment,
- Demonstrate they have made an informed decision by setting realistic employment goals developed with the Issuing Authority. The client's employment goals must be recorded on the client's Case Plan, and
- Maintain acceptable attendance and academic progress throughout the training program.

Clients who fail to meet the above eligibility criteria are not eligible for training opportunities.

Clients participating in eligible training programs must be placed in the Learner, Expected to Work-D (ETW-D), or most appropriate Barriers to Full Employment (BFE) client subcategory.

9.1.1 Alberta Advanced Education and Labour Programs for Learners

Alberta Advanced Education and Labour may provide approved training opportunities to clients of the First Nations Income Assistance Program.

Clients accepted into an Alberta Advanced Education or Labour approved training program may receive some funding from these Ministries.

In approved training programs, Alberta Advanced Education or Labour may provide:

- Tuition,
- Mandatory and prescribed fees, and
- books and supplies.

First Nations Income Assistance Programs must not duplicate the benefits provided by Alberta Advanced Education or Labour.

Clients attending Alberta Advanced Education or Labour approved training programs longer than nine weeks are assigned to the Learner client category.

Substantiation

The Issuing Authority must record the client's training program under the "comments" section of the Budget and Decision (B&D) form. Comments should indicate that the program is approved by Alberta Advanced Education or Labour.

The Issuing Authority is responsible to contact Alberta Advanced Education or Labour regarding client's participating in the approved training program. The Issuing Authority is responsible for ensuring that their clients are recorded in MOBIUS. The purpose of contacting Alberta Advanced Education or Labour is to prevent duplication of services.

The Issuing Authority is responsible to inform clients that it can take several weeks to finalize a Learner application. Therefore, the clients should submit their application for Learner's Income Assistance benefits six to eight weeks prior to the training start date.

Funding Decision Letter

Clients participating in Alberta Advanced Education or Labour approved training programs are required to submit a Funding Decision Letter prior to receiving Learner's Income Assistance benefits. This Letter must indicate that the client is only being funded for tuition, mandatory and prescribed fees, and books and supplies because they reside on reserve. The Letter must indicate the program's start date.

9.1.2 Aboriginal Skills and Employment Training Strategy (ASETS) Programs

Aboriginal Skills and Employment Training Strategy Agreement (ASETS) holders may approve training and provide living allowances for Income Assistance clients who are registered First Nations persons and reside on reserve. ASETS only provides benefits to clients who are assessed as requiring training or upgrading in order to access sustainable employment. ASETS approved training programs may or may not be part of an Alberta Advanced Education or Labour approved training program.

Clients attending Alberta Advanced Education or Labour approved training programs longer than nine weeks are assigned to the Learner client category.

Income Assistance clients who are attending ASETS programs not approved by Alberta Advanced Education or Labour must be placed into the Expected to Work-D (ETW-D) or the most appropriate Barriers to Full Employment (BFE) client subcategory.

Substantiation

The Issuing Authority must record the client's training program under the "comments" section of the Budget and Decision (B&D) form. Comments should indicate whether the program is approved by Alberta Advanced Education or Labour, and if the program is provided through ASETS.

The Transfer to Employment and Training form must be completed and submitted with the corresponding Budget and Decision (B&D) forms prior to the start of the project. The Budget and Decision (B&D) forms must accompany the Band Accounting Summary (BAS) for individuals being invoiced as Transfers to Employment or Training each month.

9.1.3 Other Training Opportunities

The Issuing Authority may refer clients to training programs being offered outside of ASETS and Alberta Advanced Education or Labour training programs.

First Nations may partner with or contract groups or organizations to provide training or employment preparation programs. Income Assistance clients are able to participate in these programs regardless of the length of the program.

Other training programs must not fall within the scope of the Employment and Social Development Canada's ASETS agreement.

The ASETS holder is responsible for facilitating access and connection to the labour market within their mandate.

Clients attending training programs outside of ASETS and Alberta Advanced Education or Labour approved training programs are assigned to the Expected to Work-D (EWT-D) or most appropriate Barriers to Full Employment (BFE) subcategory.

Substantiation

The Issuing Authority must record the client's training program under the "comments" section of the Budget and Decision (B&D) form. Comments should indicate that the program is not approved by Alberta Advanced Education or Labour, and is not within the ASETS holder mandate.

The Transfer to Employment and Training form must be completed and submitted with the corresponding Budget and Decision (B&D) forms prior to the start of the project. The Budget and Decision (B&D) forms must accompany the Band Accounting Summary (BAS) for individuals being invoiced as Transfers to Employment or Training each month.

9.2 Transfers for Training

9.2.1 Policy

Income Assistance funds which would be paid to an individual or family may be transferred to ASETS holders to support the provision of living allowances for individuals in ASETS approved training.

Income Assistance funds which would be paid out in respect to an individual or family who requires non ASETS approved training may be transferred to the approved training program to support the provision of living allowances for individuals in training.

9.2.2 Benefits Available for Transfer

Income Assistance benefits may be transferred to ASETS agreement holders or other appropriate programs if the client was receiving or eligible to receive Income Assistance benefits prior to the start of the ASETS training project.

Benefits are transferred at the appropriate Expected to Work (ETW), Barriers to Full Employment (BFE), or Learner household rate. Clients participating in Employment Projects are assigned to the Expected to Work B (ETW-B) client subcategory.

The household must be eligible for the Income Assistance benefits being transferred. Income Assistance benefits available for transfer:

- Core Essential,
- Core Shelter,
- Supplements to Core Benefits - Continuous Need, and
- Supplements to Core Benefits - Non-Continuous Need.

Special Needs Benefits are not available for transfer.

9.2.3 Documentation

Income Assistance benefits may be transferred to ASETS agreement holders to support the provision of living allowances for individuals in ASETS approved training.

Comments should indicate if the training is AHS approved, ASETS approved, or other training.

Substantiation

The Issuing Authority must record the client's employment project under the "comments" section of the Budget and Decision (B&D) form. The Budget and Decision (B&D) form must be completed on a continuing or monthly basis and must be signed by the client.

The Transfer to Employment and Training form must be completed and submitted with the corresponding Budget and Decision (B&D) forms prior to the start of the project. The Budget and Decision (B&D) forms must accompany the Band Accounting Summary (BAS) for individuals being invoiced as Transfers to Employment or Training each month.

The Issuing Authority provides the Budget and Decision forms, completed on a continuing or a monthly basis, to establish eligibility and entitlement and record of the disbursement of monies from the Income Assistance program. This form must be signed by the recipient.

9.3 Transfers for Employment Projects

A primary objective of the Income Assistance program is to increase individual and community self-reliance and autonomy. Employment transfer projects are intended to provide employment opportunities to clients who would otherwise remain unemployed.

Clients participating in employment projects have the opportunity to acquire the skills necessary to access sustainable employment.

Income Assistance benefits may be transferred to approved employment or on the job training projects. The transferred Income Assistance benefits are intended to support the provision of salaries for clients participating in employment projects.

To be eligible to participate in transfers to employment projects, the client or applicant must:

- Be labour market destined. Upon completion of the project the client must seek employment as an Expected to Work (ETW) client,
- Be ready, willing, and able to participate in the employment project. The client's personal situation must be stable to be successful in the project and in the achievement of subsequent employment,
- Demonstrate they have made an informed decision by setting realistic employment goals developed with the Issuing Authority. The client's employment goals must be recorded on the client's Case Plan, and

- Maintain employment throughout the employment project.

Clients who fail to meet the above eligibility criteria are not eligible to participate in the employment projects described in this section.

All Income Support Transfers must occur under the authority of Chief and Council.

Clients participating in eligible employment projects are assigned to the Expected to Work B (ETW-B) client subcategory.

9.3.1 Eligible Employment Projects

Income Assistance benefits may be transferred to an approved employment project. Employment transfers are limited to 12 months. The transfer can be temporarily extended until the client qualifies for Employment Insurance (E.I.) benefits.

Projects are limited to 12 months or less to prevent long term dependency on government-subsidized employment, motivate terminated participants to seek employment on the open job market, and ensure projects are equally available to all Income Support clients eligible to participate.

It is expected that all wages paid to an individual under this program will exceed their regular Income Assistance benefits. In the event that the client earns less than their monthly Core Benefits, the Issuing Authority may issue the difference between the client's earnings and their Core Benefit amount. The Issuing Authority may only do this in exceptional circumstances.

All Income Support Transfers must occur under the authority of Chief and Council.

Substantiation

The Issuing Authority must record the client's employment project under the "comments" section of the Budget and Decision (B&D) form. The Budget and Decision (B&D) form must be completed on a continuing or monthly basis and must be signed by the client.

The Transfer to Employment and Training form must be completed and submitted with the corresponding Budget and Decision (B&D) forms prior to the start of the project. The Budget and Decision (B&D) forms must accompany the Band Accounting Summary (BAS) for individuals being invoiced as Transfers to Employment or Training each month.

9.3.2 Benefits Available for Transfer

Income Assistance benefits may be transferred to eligible employment projects if the client was receiving or eligible to receive Income Assistance benefits prior to the start of the employment project.

Benefits are transferred at the appropriate Expected to Work (ETW), Barriers to Full Employment (BFE), or Learner household rate. Clients participating in Employment Projects are assigned to the Expected to Work B (ETW-B) client subcategory.

The household must be eligible for the Income Assistance benefits being transferred. Income Assistance benefits available for transfer:

- Core Essential,
- Core Shelter,
- Supplements to Core Benefits - Continuous Need, and
- Supplements to Core Benefits - Non-Continuous Need.

Special Needs Benefits are not available for transfer.



Chapter 10 / Child Out of Parental Home (COPH) Program

The Child Out of Parental (COPH) Program is administered either by the First Nations Income Assistance Program or through Child and Family Services. This decision is made by the First Nations.

The Child Out of Parental (COPH) Program is administered either by the First Nations Income Assistance Program or through Child and Family Services. This decision is made by the First Nations.

A child can be added to or included in an Income Assistance client's household. Alternatively, the client may wish to receive benefits on behalf of the child through the Child Out of Parental Home (COPH) Program. The Issuing Authority must inform the client of the differences between benefits received through the Income Assistance Program and benefits received through the COPH Program.

The "COPH Applicant" refers to the adult applying for COPH benefits on a child's behalf.

10.1 COPH Program Overview

The Income Assistance Program does not assess the suitability of caregivers. If the Issuing Authority has concerns regarding the appropriateness of a guardian or placement, the Issuing Authority must contact Child and Family Services.

The COPH Program is not intended to be a form of long-term support for children. However, COPH Benefits may be issued for the duration the COPH Applicant is eligible to receive COPH Benefits on the child's behalf.

COPH Benefits are not a substitute for the provisions of the Child, Youth and Family Enhancement Act and must not be issued as such.

10.1.1 COPH Eligibility

The COPH Applicant is expected to access all available resources to assist in the support of the child. This includes pursuing the child's parents for child maintenance supports through Child Support Services.

The COPH Applicant should be receiving the Canada Child Benefit for the child (ren) or made arrangements with the parents to have the Canada Child Benefit transferred to the COPH Applicant. A copy of the Canada Child Benefit must be on the COPH Applicant's file.

Children under 16 years of age are expected to attend school on a full time basis.

COPH Benefits are available to Income Assistance clients and individuals who are not Income Assistance clients if they meet the eligibility criteria for COPH Benefits.

i) COPH Eligibility Criteria

The following criteria must be met in order for the COPH Applicant to be eligible to receive COPH Benefits on the child's behalf:

- The placement is in the best interest of the child,
- The birth or adoptive parents must be pursued for financial support for the child where appropriate. The child remains eligible for COPH Benefits while waiting for a child maintenance order to be processed,
- If the child is 15 years old or younger, they must be attending school on a full time basis,
- If the child is 16-17 years old, they must be attending school on a full-time basis, participating in a training program, working or seeking employment,
- The child's total non-exempt income is less than \$1000 per month,
- The child's income and assets fit within the limits set by the COPH Program,
- The home of the COPH Applicant is a suitable environment where the child will receive affection, supervision, and good physical care,
- The child resides with the COPH Applicant seven days a week. This requirement may be waived if there is a confirmed transitional plan in place for the child to return to the parental home,

- Continued and determined efforts will be made to resolve problems and reunite the child with their birth or adoptive parents, and
- The Copenhagener Applicant must obtain the birth or adoptive parents' written consent in the form of the Parental Consent letter. If this is not possible, the Copenhagener Applicant must formally apply for legal or private guardianship.

If the Issuing Authority has concerns about the placement, the matter should be referred to Child and Family Services for assessment.

Copenhagener Applicants must provide an Intervention Record Check which is targeted for individuals working with children and youth.

Copenhagener Applicants and members of the household unit must also provide a Criminal Records Check.

The Intervention Record Check and Criminal Records Check requirement is waived if the Copenhagener Applicant has a legal Guardianship Order for the child(ren).

ii) Copenhagener Continued Eligibility

Continued eligibility for Copenhagener Benefits is based on annual evaluations of the care provided and the future plans for the child. Annual reviews of the placement must be conducted to ensure that plans are carried out and modified as circumstances change.

iii) Ineligible for Copenhagener Benefits

The Copenhagener Applicant is not eligible to receive Copenhagener Benefits on the child's behalf if the child's natural or adoptive parent resides with the Copenhagener Applicant. An exception may be made if the parent of the child is a youth (16-17 years old).

The spouse or partner of a youth (16-17 years old) is not eligible to receive Copenhagener Benefits on their partner's behalf.

The Copenhagener Applicant is not eligible to receive benefits on the child's behalf if one or both of the child's birth or adoptive parents are willing to care for or provide full financial support for the child.

iv) Copenhagener Identification

The identity of the child is substantiated by providing a document which contains their full name and date of birth. Acceptable forms of child identification include (but are not limited to):

- Birth certificate,
- Personal Health Certificate, or
- School Records.

The Copenhagener Applicant has the same identification requirements as Income Assistance clients and applicants. The Copenhagener Applicant and the Copenhagener Applicant's spouse are required to substantiate their identity by providing one document or a combination of documents which contain their:

- Name,
- Picture,
- Signature, and
- Date of birth.

- Continued and determined efforts will be made to resolve problems and reunite the child with their birth or adoptive parents, and
- The COPH Applicant must obtain the birth or adoptive parents' written consent in the form of the Parental Consent letter. If this is not possible, the COPH Applicant must formally apply for legal or private guardianship.

If the Issuing Authority has concerns about the placement, the matter should be referred to Child and Family Services for assessment.

COPH Applicants must provide an Intervention Record Check which is targeted for individuals working with children and youth.

COPH Applicants and members of the household unit must also provide a Criminal Records Check.

The Intervention Record Check and Criminal Records Check requirement is waived if the COPH Applicant has a legal Guardianship Order for the child(ren).

ii) COPH Continued Eligibility

Continued eligibility for COPH Benefits is based on annual evaluations of the care provided and the future plans for the child. Annual reviews of the placement must be conducted to ensure that plans are carried out and modified as circumstances change.

iii) Ineligible for COPH Benefits

The COPH Applicant is not eligible to receive COPH Benefits on the child's behalf if the child's natural or adoptive parent resides with the COPH Applicant. An exception may be made if the parent of the child is a youth (16-17 years old).

The spouse or partner of a youth (16-17 years old) is not eligible to receive COPH Benefits on their partner's behalf.

The COPH Applicant is not eligible to receive benefits on the child's behalf if one or both of the child's birth or adoptive parents are willing to care for or provide full financial support for the child.

iv) COPH Identification

The identity of the child is substantiated by providing a document which contains their full name and date of birth. Acceptable forms of child identification include (but are not limited to):

- Birth certificate,
- Personal Health Certificate, or
- School Records.

The COPH Applicant has the same identification requirements as Income Assistance clients and applicants. The COPH Applicant and the COPH Applicant's spouse are required to substantiate their identity by providing one document or a combination of documents which contain their:

- Name,
- Picture,
- Signature, and
- Date of birth.

v) Child and Family Services

The Copenhagener Applicant is not eligible to receive Copenhagener Benefits on behalf of the child if the child is in the custody of Child and Family Services.

10.1.2 Copenhagener Parental Consent Letter

Before a child is added to an Income Assistance file or participates in the Copenhagener Program, the birth or adoptive parents of the child must provide written consent in the form of a letter.

The Parental Consent Letter must be updated annually or as circumstances change. The Parental Consent Letter must contain:

- Date the letter was written,
- Signature from parent or parents,
- The parent's full name,
- The parent's telephone number and address,
- Reason the child is not living with their parent,
- Anticipated duration of the placement,
- Parent's ability and willingness to provide financial supports for the child,
- Consent from the parent authorizing the Copenhagener Applicant to care for the child,
- Permission from the birth or adoptive parents to act for the parents in authorizing services essential to the health and well-being of the child, and
- List all resources available for the child.

Parental Consent Letters are required from:

- **Two Parents - Living Together.** One letter signed by both parents is required.
- **Two Parents - Separated.** Two letters are required. Parents must submit separate letters.
- **Single Parent - Sole Custody.** One letter signed by the parent with sole custody.

Parental Consent Letters are not required if:

- **Legal or Private Guardianship.** A letter is not required if the Copenhagener Applicant is the legal or private guardian of the child.
- **Parents are Deceased.** A letter is not required if both parents are deceased and the Issuing Authority is satisfied that the placement is stable.
- **Unable to Contact Parents.** A letter is not required from a parent if their whereabouts are unknown.

If the Copenhagener Applicant is unable to obtain the parental consent letter or letters, they must formally apply for legal or private guardianship. Written consent from the parents in the form of the Parental Consent Letter or legal or private guardianship is necessary to ensure that the Copenhagener Applicant is able to authorize services essential to the health and well-being of the child.

10.1.3 Copenhagener Income

The Copenhagener Applicant is applying to receive Copenhagener Benefits on behalf of the child in their care. Since the benefit is received on behalf of the child, the Copenhagener Applicant's income is not a contributing factor in determining eligibility for Copenhagener Benefits. The Copenhagener Applicant's income is exempt.

The child's income, or income received by the Copenhagener Applicant on the child's behalf is a contributing factor in determining eligibility for Copenhagener benefits. The child's income or income received by the Copenhagener Applicant on behalf of the child is not exempt.

i) Income Earned by the Child

Earned income exemptions for COPH children:

- COPH Child Not Attending School. The first \$350 of employment income earned by a dependent child not attending schools is exempt. 25% of income after \$350 is exempt.
- COPH Child Attending School. Employment income earned by a dependent child attending school is 100% exempt.

ii) Trust Accounts

Income from a trust account set up in the child's name is not exempt if the child or COPH Applicant has access to the account, even if they choose not to access the income. The purpose of the trust account along with any conditions must be confirmed by the Issuing Authority prior to making any decisions regarding eligibility for COPH Benefits.

iii) Income Received on the Child's Behalf

Income received by the COPH Applicant on the child's behalf is deducted dollar for dollar from the COPH Basic Allowance. This includes (but is not limited to):

- Trust Fund and Interest. If accessible, income from trust funds set up in the child's name and any interest earned from that trust account is deducted dollar for dollar from the COPH Basic Allowance. If the money is not accessible by the child or the COPH Applicant, it is exempt.
- Child Maintenance. Support and maintenance payments from the child's parents to the COPH Applicant for the benefit of the child are deducted dollar for dollar from the COPH Basic Allowance.
- Other Income Received on the Child's Behalf. Payments under the following programs are deducted dollar for dollar from the COPH Basic Allowance if received by the child or the COPH Applicant on the child's behalf:
 - » The Canada Student Loans Act,
 - » The Canada Financial Assistance Act,
 - » The Student Financial Assistance Act, or
 - » Any other grant or bursary received by the child or received by the COPH Applicant on the child's behalf for education or training purposes.

10.1.4 COPH Assets

The cash and liquid assets of the child and the COPH Applicant are not considered when determining eligibility for COPH Benefits. Assets belonging to the child and COPH Applicant are exempt.

10.1.5 COPH Procedures

Each child participating in the COPH Program must have his or her own COPH file. If a COPH Applicant is receiving benefits on behalf of more than one child, each child must have his or her own COPH file. Eligibility for COPH Benefits is determined by assessing each child's individual circumstances.

i) COPH Application Form

COPH Application Forms are required prior to issuing COPH Benefits. COPH Application Forms must be updated annually or as circumstances change.

COPH application forms must be on file for each child. If a COPH Applicant is receiving or applying to receive benefits on behalf of more than one child, each child must have his or her own COPH Application Form.

ii) CPH Case Plans

CPH Case Plans outlining the future plans for the child must be completed annually or as circumstances change.

iii) CPH File Structure

Each CPH file must contain:

- A CPH Application Form,
- Child identification documents,
- CPH Applicant identification documents,
- Parental Consent Letter or Letters, or legal or private guardianship order,
- A description of the child's circumstances at the time of the initial application,
- A report of each visit the Issuing Authority makes to the CPH Applicant's home,
- CPH Case Plans,
- A description of the birth or adoptive parents' circumstances and whereabouts. If the location of one or both of the parents is unknown, the Issuing Authority must record all relevant information concerning the parents' identity and last known address,
- A description of the involvement of the birth or adoptive parents in planning for the future of the child,
- A description of the birth or adoptive parents' financial contributions towards the maintenance of the child and applicable documentation, and
- A copy of the CPH Applicant's CCB Notice from the Canada Revenue Agency. Alternatively, an application for CCB may be included if the CPH Applicant is not yet receiving CCB for the child in their care.

The CPH file should be reviewed and updated annually. All annual review and assessment reports must be included in the CPH file.

iv) Issuing Authority Responsibilities for CPH

The Issuing Authority must not assume any legal guardianship responsibilities. The Issuing Authority must not be involved in decisions which may have legal implications affecting the care or guardianship of the child in the CPH Applicant's care.

The Issuing Authority is responsible to:

- Refer child protection and intervention concerns to Child and Family Services,
- Review all documents and information provided to determine eligibility for CPH Benefits,
- Obtain and review any relevant documentation needed to determine eligibility for Supplementary CPH Benefits,
- Maintain a CPH file with all the information required by the CPH Program,
- Maintain and document all communication with the CPH Applicant,
- Make appropriate referrals to assist the CPH Applicant in accessing other resources as needed,
- Issue benefits and manage the collection of overpayments and recoveries, and
- Include CPH files as part of the Income Assistance review process.

v) CPH Applicant Responsibilities

The CPH Applicant is responsible to:

- Notify the Issuing Authority of changes in circumstances which may affect eligibility for CPH Benefits,
- Present a Canada Child Benefit Notice each July, demonstrate that they have applied for the CCB, or apply for the CCB,
- Provide all necessary documents and information required to determine eligibility for CPH Benefits, and
- Access all financial resources available to assist in the support of the child.

Change in circumstances includes:

- A change of address or phone number,
- The child leaves the COPH Applicant's home,
- The child starts or leaves school,
- The child starts or ends employment,
- A change in the COPH Applicant's ability to care for the child,
- The child's birth or adoptive parent moves into the COPH Applicant's home, or
- Any other change which may affect eligibility for COPH Benefits.

vi) COPH File Closure

If the child does not meet the eligibility criteria for COPH Benefits, the file must be closed. Scenarios when a file must be closed immediately:

- The child no longer resides with the COPH Applicant,
- The child no longer resides with the COPH Applicant 7 days per week. An exception is made if there is a confirmed transitional plan in place for the child to return to the parental home,
- The Issuing Authority is unable to contact the COPH Applicant,
- The child's birth or adoptive parents move into the COPH Applicant's home,
- The child turns 18 and
- Any situation where the COPH Applicant or the child no longer meet the eligibility criteria of the COPH Program.

10.2 COPH Basic Allowance

10.2.1 COPH Basic Allowance Chart

Monthly COPH Basic Allowance Chart	
COPH Basic Allowance for Children 0-11 years of age	\$105
COPH Basic Allowance for Children 12-17 years of age	\$148

The COPH Basic Allowance is issued to the COPH Applicant to spend on the child's behalf.

10.2.2 Calculating the COPH Basic Allowance

All non-exempt income is deducted dollar for dollar from the COPH Basic Allowance.

If the COPH Basic Allowance is greater than \$1.00 after all non-exempt income has been deducted, the COPH Applicant is eligible to receive the COPH Basic Allowance on the child's behalf. The COPH Applicant may also be eligible to receive Supplementary COPH Benefits on the child's behalf.

If the COPH Basic Allowance is less than \$1.00 after all non-exempt income has been deducted, the COPH Applicant is not eligible to receive the COPH Basic Allowance on the child's behalf. The COPH Applicant is not eligible to receive Supplementary COPH Benefits on the child's behalf.

Formula to determine eligibility for the COPH Basic Allowance:

$$(\text{COPH Basic Allowance}) - (\text{Non-Exempt Income}) = (\text{Remaining COPH Basic Allowance})$$

i) Calculating CPH Basic Allowance Chart

Formula to Determine Eligibility for the CPH Basic Allowance and Supplementary Benefit			
CPH Basic Allowance (A)	A = \$	(A) - (B) = C (CPH Basic Allowance) - (Non-Exempt Income) = CPH Basic Allowance (C)	Eligible = If "C" is greater than \$1.00 the CPH Applicant is eligible for the amount of "C" and CPH Supplementary Benefits
Non-Exempt Income (B)	B = \$		Ineligible = If "C" is less than \$1.00 the CPH Applicant and child are not eligible to receive CPH Benefits

Example 1 – Eligible

Formula to Determine Eligibility for the CPH Basic Allowance and Supplementary Benefit			
CPH Basic Allowance (A)	A = \$148	(\$148) - (\$125) = \$23 (A) - (B) = C	Eligible = "C" is greater than \$1.00. The CPH Applicant is eligible to receive \$23 on the child's behalf. The CPH Applicant and child may also be eligible for CPH Supplementary Benefits.
Non-Exempt Income (B)	B = \$125 Child support received by CPH Applicant for the child's benefit		

Example 2 – Ineligible

Formula to Determine Eligibility for the CPH Basic Allowance and Supplementary Benefit			
CPH Basic Allowance (A)	A = \$148	(\$148) - (\$150) = - \$2 (A) - (B) = C	Eligible = "C" is less than \$1.00. the CPH Applicant and child are not eligible to receive the CPH Basic Allowance or CPH Supplementary Benefits.
Non-Exempt Income (B)	B = \$150 Child support received by CPH Applicant for the child's benefit		

10.3 CPH Supplementary Benefits - CPH Applicant is an Income Assistance Client

The CPH Applicant may be eligible to receive CPH Supplementary Benefits on the child's behalf if they are eligible for the CPH Basic Allowance. This includes CPH Applicants who are Income Assistance clients.

The CPH Applicant must be eligible to receive the CPH Basic Allowance on the child's behalf in order to receive CPH Supplementary Benefits.

10.3.1 CPH Child Care Benefit - CPH Applicant is an Income Assistance Client

Income Assistance clients caring for a child who is participating in the CPH Program may be eligible for Income Assistance Child Care Benefits. The Issuing Authority must refer to the appropriate child care benefit to determine if the CPH Applicant is eligible to claim child care as an employment expense or to receive the Special Needs Benefit for child care.

- The CPH Applicant must be eligible to receive the CPH Basic Allowance on the child's behalf in order to receive the CPH Supplementary Benefit for child care.

10.3.2 COPH Special Needs Benefits - COPH Applicant is an Income Assistance Client

Income Assistance clients caring for a child who is participating in the COPH program may be eligible to receive Special Needs Benefits on behalf of the child.

Like all Special Need Benefits, COPH Special Need Benefits are issued at the discretion of the Director of the First Nations Income Assistance Program.

The COPH Applicant must be eligible to receive the COPH Basic Allowance on the child's behalf in order to receive COPH Special Needs Benefits.

10.3.3 COPH Annual Supplementary Enhancement Benefit - COPH Applicant is an Income Assistance Client

The COPH Annual Supplementary Enhancement Benefit is available to COPH Applicants receiving COPH Benefits on a child's behalf. This benefit is available to COPH Applicants who are Income Assistance clients and to COPH Applicants who are not Income Assistance clients.

The COPH Applicant must be eligible to receive the COPH Basic Allowance on the child's behalf in order to receive the COPH Annual Supplementary Enhancement Benefit.

The COPH Annual Supplementary Enhancement Benefit is not intended to be used for food or shelter. This benefit is intended to supplement the cost of expenditures which immediately benefit the child. Some items the COPH Annual Supplementary Enhancement Benefit is intended to help offset include:

- Recreation costs,
- School expenses not covered by the school, or
- Obtaining a Maintenance Order to receive child support payments.

Every child participating in the COPH Program is eligible for the COPH Annual Supplementary Enhancement Benefit. The COPH Applicant must demonstrate to the Issuing Authority's satisfaction that this benefit will be used to immediately benefit the child.

The Issuing Authority may deny the COPH Annual Supplementary Enhancement Benefit to COPH Applicants who do not demonstrate this benefit will be spent appropriately.

Rate per child:

- \$200,
- Once per fiscal year (April 1 to March 31), and
- Benefit can be issued all at once or in smaller installments up to \$200.

Substantiation

The COPH Applicant must submit a written or verbal request to the Issuing Authority. This request must include:

- Signature of COPH Applicant,
- Date,
- The amount required,
- Details of how the money will be spent, and
- An explanation as to how the money will directly benefit the child.

The Issuing Authority must keep a copy of this letter or a record of a verbal statement in the child's

COPH file. At their discretion, the Issuing Authority may request receipts.

10.4 COPH Supplementary Benefits - COPH Applicant is Not an Income Assistance Client

The COPH Applicant may be eligible to receive COPH Supplementary benefits on behalf of the child if he or she is eligible for the COPH Basic Allowance. This includes COPH Applicants who are not clients of the Income Assistance Program.

The COPH Applicant must be eligible to receive the COPH Basic Allowance on the child's behalf in order to receive COPH Supplementary Benefits.

10.4.1 COPH Child Care Benefit - COPH Applicant is Not an Income Assistance Client

COPH Applicants receiving or eligible to receive COPH Benefits on a child's behalf may be eligible to receive the COPH Supplementary Benefit for child care benefits. COPH Child Care Benefits are only issued to cover the reasonable cost of necessary child care.

To be eligible for the COPH Child Care Benefit, the COPH Applicant must have a demonstrated need for child care. Acceptable reasons for child care:

- The COPH Applicant is seeking employment,
- The COPH Applicant is employed,
- The COPH Applicant requires child care for a medical reason, or
- The COPH Applicant is attending school or training.

It is expected that the COPH Applicant will make child care arrangements with family, friends, and neighbours on a mutual exchange basis whenever possible. If this is not possible, the COPH Applicant may be eligible for the COPH Child Care Benefit.

Applicable child care rates include:

- The actual cost of a private babysitter up to a maximum hourly amount,
- The actual cost of daycare, less the amount of any daycare subsidies the household receives,
- \$150 per month per child to grandparents providing child care. Grandparents who have custody of the child, and grandparents who live with the child are not eligible,
- The actual cost of Lunch Programs instead of babysitting for children under 12 years of age, and
- The actual cost for an Out of School Program instead of babysitting for children less than 12 years of age.

Taking into account the safety and well-being of the child, the least costly child care option must be used.

The COPH Child Care Benefit is not issued if the private child care provider shares a residence with the child or is the child's parent or stepparent, even if they do not live with the child.

COPH Applicants are responsible to notify the Issuing Authority of any changes in their child care needs. **Private**

Babysitting Rates (Based on Special Needs Child Care Rates for Private Babysitting 7.1.2)

All child care costs are paid based on the actual cost of the service up to the maximum hourly amount.

Unlicensed or unapproved family day homes are provided the private babysitting rates.

Supervised school lunch programs may be paid in lieu of babysitting at the private babysitting rates.

Private Babysitting Rates (Maximum):

- Maximum of \$4.00 per hour for the first child,
- \$1.50 per hour for each additional child, and
- Total maximum of \$8.25 per hour.

Exceptions to the private babysitting maximum rates may be made if there are special circumstances. Special circumstances include:

- COPH Applicant works shift-work, or
- Multi-needs child requiring additional care due to special needs such as autism, behavioural issues, deaf, blind, or other special needs. This may include children over 12 years of age.

10.4.2 COPH Special Needs Benefits - COPH Applicant is Not an Income Assistance Client

A COPH Applicant who is not an Income Assistance client may be eligible to receive Special Needs Benefits on behalf of the child.

If the COPH Applicant is not an Income Assistance client, COPH Special Needs Benefits are limited to Non-Insured Health Benefits for the child.

The child must meet the eligibility criteria for the Special Needs Benefit for Non-Insured Health Benefits.

COPH Special Needs Benefits for Non-Insured Health Benefits are issued at the discretion of the Director of the First Nations Income Assistance Program.

10.4.3 COPH Annual Supplementary Enhancement Benefit - COPH Applicant is Not an Income Assistance Client

The COPH Annual Supplementary Enhancement Benefit is available to COPH Applicants receiving the COPH Basic Allowance on a child's behalf. This benefit is available to COPH Applicants who are Income Assistance clients and to COPH Applicants who are not Income Assistance clients.

The COPH Annual Supplementary Enhancement Benefit is not intended to be used for food or shelter. This benefit is intended to supplement the cost of expenditures which immediately benefit the child.

Some items the COPH Annual Supplementary Enhancement Benefit is intended to help offset include:

- Recreation costs,
- School expenses not covered by the school, or
- Obtaining a Maintenance Order to receive child support payments.

Every child participating in the COPH Program is eligible for the COPH Annual Supplementary Enhancement Benefit. The COPH Applicant must demonstrate to the Issuing Authority's satisfaction that this benefit will be used to immediately benefit the child.

The Issuing Authority may deny the COPH Annual Supplementary Enhancement Benefit to COPH Applicants who do not demonstrate this benefit will be spent appropriately.

Rate per child:

- \$200,
- Once per fiscal year (April 1 to March 31), and
- Benefit can be issued all at once or in smaller installments up to \$200.



Substantiation

The CPH Applicant must submit a written or verbal request to the Issuing Authority. This request must include:

- Signature of CPH Applicant,
- Date,
- The amount required, and
- Details of how the money will be spent, and
- An explanation as to how the money will directly benefit the child.

The Issuing Authority must keep a copy of this letter or a record of a verbal statement in the child's

CPH file. At their discretion, the Issuing Authority may request receipts.

Child Out of Parental Home (COPH)

END CARE / CHILD OUT OF PARENTAL HOME (COPH) VERIFICATION

I _____ verify
that: (Issuing Authority/Case Worker)

Child/ren

D.O.B.

Previous Caregiver
(Name and S.I.N.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

is/are currently in the care of:

_____, _____ of _____,
(Caregiver) (S.I.N.) (Address)

_____, Alberta as of _____, 2____.
(Town) (Date)

The above Child/ren will be in the care

of _____ for _____.
(Caregiver) (Length of Time)

Issuing Authority/Case Worker (signature)

Caregiver (signature)

Date: _____, 2____ Date: _____, 2____

4.5.1 EMPLOYMENT READINESS ASSESSMENT

Client Name	Head of Household (if different)
Band Name and Treaty Number	Date

Preamble

Individuals applying for Income Support are initially expected to be employable to some degree. Some individuals may benefit by additional supports to maximize employment opportunities. This form will assist the Issuing Authority and the client to mutually identify the best means to achieve employability.

This form can also assist the Issuing Authority to assess those clients who are unable to work as a result of multiple barriers as per section 4.3.2 of the Regional Income Support Policy Manual.

High Medical Needs (medical documentation required)

This individual has high medical needs (physical/mental) and therefore is assessed as BFE A Medical or Disability (see Policy 4.3.1)

The individual has exceptional family responsibilities (family member with medical disability lasting longer than one year) such that the individual is not expected to work (see Policy 4.3.2)

A current medical is on file (within the last year).

A complete Client Employment Readiness Assessment is not necessary due to documented medical condition/family responsibilities such that the individual is not expected to work.

NEED AREA		Employability Impacts (Strengths to Barriers to Work)			
Other Medical (medical documentation required)					
Physical health problem duration Limitation may restrict type of job or training	No physical health concerns	<input type="checkbox"/>	Duration - Less than 6 months and will impact employability	<input type="checkbox"/>	Duration - 6-12 months and will impact employability
Mental health problem duration Psychological well-being	No mental health concerns	<input type="checkbox"/>	Duration - Less than 6 months and will impact employability	<input type="checkbox"/>	Duration - 6-12 months and will impact employability
Family Responsibilities Health / disability of spouse or dependents	Not applicable	<input type="checkbox"/>	Duration - Less than 6 months and will impact employability	<input type="checkbox"/>	Duration - 6-12 months and will impact employability
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

NOTES: What if client has obvious non-medically document mental health issues?

Prior Intervention
History and Outcome

Age			
18-40 years <input type="checkbox"/>	41-54 years <input type="checkbox"/>	55 years <input type="checkbox"/>	60 years or over <input type="checkbox"/>
High unemployment community? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Education			
Grade Level Completed	Post Grade 12 <input type="checkbox"/>	Grade 9-12 <input type="checkbox"/>	Grade 8 or less, or special needs <input type="checkbox"/>
Communication Skills	Fluent English language and writing skills <input type="checkbox"/>	Spoken English language satisfactory, functionally literate - poor written skills <input type="checkbox"/>	Unable to read or write English <input type="checkbox"/>
Prior Intervention History and Outcome	NOTES:		
Employment/Volunteer Experience			
Work Experience Labor force attachment, marketability, reliability	Stable employment history, full-time or permanent part-time employment <input type="checkbox"/>	Sporadic employment, history of layoffs, quitting <input type="checkbox"/>	Never worked, or less than one year work experience, or unemployed for one or more years <input type="checkbox"/>
Work References Reputation in the work force	Positive work references available <input type="checkbox"/>	References not available or questionable <input type="checkbox"/>	References not favorable <input type="checkbox"/>
Skill Level Combination of formal skill training and/or on the job training	Skilled <input type="checkbox"/>	Semi-skilled or Skills not recently used <input type="checkbox"/>	Unskilled <input type="checkbox"/>
Prior Intervention History and Outcome	NOTES:		

4.5.1 EMPLOYMENT READINESS ASSESSMENT

NEED AREA		Employability Impacts (Strengths to Barriers to Work)										
Life Skills												
Time Management	Regularly arrives on time for appointments	<input type="checkbox"/>	Occasionally arrives late or misses appointments	<input type="checkbox"/>	Rarely arrives on time for or frequently misses appointments	<input type="checkbox"/>						
Budgeting	Client manages resources well, and attempts to meet household bills with available resources	<input type="checkbox"/>	Client reports difficulty with basic budgeting, or requests supplemental assistance on a regular basis.	<input type="checkbox"/>								
Motivation/Self Image/Values	Positive attitudes or values towards independence	<input type="checkbox"/>	Self-concept or attitudes may limit ability to get employment.	<input type="checkbox"/>								
Prior Intervention History and Outcome	NOTES:											
Other Social Factors												
Other social factors which may impact employability include: transportation, accommodation, exceptional family circumstances, substance abuse, and criminal record. Please specify and indicate the impact on employability.												
Comments/Prior Intervention History and Outcome	NOTES:											

Assessment of Client Employability

Client Category - Please Check One

ETW - A
Available for Work or
Training (Policy No. 4.2.1)

☐

ETW - B
Working underemployed
(Policy No. 4.2.2)

☐

ETW-C
Not available for work due to
Health or family Responsibilities

☐

ETW - D
In training
(Policy No. 4.2.3)

☐

BFE - A
Medical or Disability
(Policy No. 4.3.1)

☐

BFE - B
Multiple Barrier
(Policy No. 4.3.2)

☐

BFE - C
Working/underemployed

☐

Learner
(Policy No. 4.4.)

☐
Notes on Client Employability Assessment

Where the client is assessed as Not Expected to Work,
it is the opinion of the Issuing Authority that intervention
will not reduce the assessed barriers to employment.

Issuing Authority Signature Date

Case Plan

Client Name		
Please specify the intervention identified to address each Need Area. Include dates by which each intervention will be completed or reviewed for progress.		
Need Area		Progress Review Date
Medical	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Education	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Life Skills	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Employment	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Other Social Factors	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Declaration: I have participated in the completion of this Case Plan with the Issuing Authority. I agree to follow the plan and recognize that my failure to do so without just cause may impact my benefit level or ongoing eligibility. I agree to inform the Issuing Authority if there are any changes in my circumstances which may impact my ability to follow this Case Plan.		
Client Signature		Date
Issuing Authority Signature		Date

#

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18 and 19 year old dependents	
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- Medical Release and Report
- Employment Readiness Assessment
- Denial of Spouse/Partner



Indigenous Services
Canada

Services aux
Autochtones Canada

Child Out of Parental Home (COPH)

END CARE / CHILD OUT OF PARENTAL HOME (COPH) VERIFICATION

_____ verify that:

(Issuing Authority/Case Worker)

Child/ren

D.O.B. YYYY/MM/DD

Previous Caregiver (Name and S.I.N.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

is/are currently in the care of:

_____ of _____
(Caregiver) (S.I.N.) (Address)

_____, Alberta as of _____, 2_____.
(Town) (Date)

The above Child/ren will be in the care

of _____ for _____
(Caregiver) (Length of Time)

Issuing Authority/Case Worker (signature)

Caregiver (signature)

Date: _____, 2____ Date: _____, 2_____



EMPLOYMENT READINESS ASSESSMENT

Client Name	Head of Household (if different)
Band Name and Treaty Number	Date

Preamble

Individuals applying for Income Support are initially expected to be employable to some degree. Some individuals may benefit by additional supports to maximize employment opportunities. This form will assist the Issuing Authority and the client to mutually identify the best means to achieve employability.

This form can also assist the Issuing Authority to assess those clients who are unable to work as a result of multiple barriers as per section 4.3.2 of the Regional Income Support Policy Manual.

High Medical Needs (medical documentation required)

This individual has high medical needs (physical/mental) and therefore is assessed as NETW A Medical or Disability (see Policy 4.3.1)

The individual has exceptional family responsibilities (family member with medical disability lasting longer than one year) such that the individual is not expected to work (see Policy 4.3.2)

A current medical is on file (within the last year).

A complete Client Employment Readiness Assessment is not necessary due to documented medical condition/family responsibilities such that the individual is not expected to work.

NEED AREA

Employability Impacts (Strengths to Barriers to Work)

Other Medical (medical documentation required)

Physical health problem duration Limitation may restrict type of job or training	No physical health concerns	Duration - Less than 6 months and will impact employability	Duration - 6-12 months and will impact employability
Mental health problem duration Psychological well-being	No mental health concerns	Duration - Less than 6 months and will impact employability	Duration - 6-12 months and will impact employability
Family Responsibilities Health / disability of spouse or dependents	Not applicable	Duration - Less than 6 months and will impact employability	Duration - 6-12 months and will impact employability

NOTES: What if client has obvious non-medically document mental health issues?

Prior Intervention

History and Outcome

Age			
18-40 years	41-54 years	55 years	60 years or over
		High unemployment community? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education			
Grade Level Completed	Post Grade 12	Grade 9-12	Grade 8 or less, or special needs
Communication Skills	Fluent English language and writing skills	Spoken English language satisfactory, functionally literate - poor written skills	Unable to read or write English
Prior Intervention History and Outcome	NOTES:		

Employment/Volunteer Experience			
Work Experience Labor force attachment, marketability, reliability	Stable employment history, full-time or permanent part-time employment	Sporadic employment, history of layoffs, quitting	Never worked, or less than one year work experience, or unemployed for one or more years
Work References Reputation in the work force	Positive work references available	References not available or questionable	References not favorable
Skill Level Combination of formal skill training and/or on the job training	Skilled	Semi-skilled or Skills not recently used	Unskilled
Prior Intervention History and Outcome	NOTES:		

4.5.1 EMPLOYMENT READINESS ASSESSMENT

NEED AREA		Employability Impacts (Strengths to Barriers to Work)						
Life Skills								
Time Management	Regularly arrives on time for appointments <input type="checkbox"/>	Occasionally arrives late or misses appointments	Rarely arrives on time for or frequently misses appointments <input type="checkbox"/>					
Budgeting	Client manages resources well, and attempts to meet household bills with available resources <input type="checkbox"/>	Client reports difficulty with basic budgeting, or requests supplemental assistance on a regular basis. <input type="checkbox"/>						
Motivation/Self Image/Values	Positive attitudes or values towards independence <input type="checkbox"/>	Self-concept or attitudes may limit ability to get employment. <input type="checkbox"/>						
Prior Intervention History and Outcome	NOTES:							
Other Social Factors								
Other social factors which may impact employability include: transportation, accommodation, exceptional family circumstances, substance abuse, and criminal record. Please specify and indicate the impact on employability.								
Comments/Prior Intervention History and Outcome	NOTES:							

Case Plan

Client Name		
Please specify the intervention identified to address each Need Area. Include dates by which each intervention will be completed or reviewed for progress.		
Need Area		Progress Review Date
Medical	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Education	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Life Skills	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Employment	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Other Social Factors	Client Responsibility	
Not applicable <input type="checkbox"/>	Issuing Authority Responsibility	
Declaration: I have participated in the completion of this Case Plan with the Issuing Authority. I agree to follow the plan and recognize that my failure to do so without just cause may impact my benefit level or ongoing eligibility. I agree to inform the Issuing Authority if there are any changes in my circumstances which may impact my ability to follow this Case Plan.		
Client Signature		Date
Issuing Authority Signature		Date