

Introduction

Alberta Works helps people who can work, find and keep jobs, and helps individuals and families meet their basic needs. Depending on your situation, you may receive Employment and Training Services, Income Support, Health Benefits and/or Child Support Services.

Income Support helps people who have no other way to pay for the basics like food, clothing and shelter. Applicants are expected to access other sources of support (including income, assets, family help) before receiving Income Support. People who can work are expected to look for a job. If you need help to find a job, Income Support may refer you to employment services or programs.

Applying for Income Support

Filling out this application is the first step in applying for Income Support. When you return it, you will be given a time to meet with a worker. Please ensure you have provided complete and true information about your family and financial situation on your application. This application is a legal document. Make sure you read and understand the Declaration on page 6.

The worker will review the information you provide on your application to determine if you are eligible for Income Support.

If you cannot speak English, bring someone with you who speaks English. This person is required to bring identification.

Eligibility for Income Support Benefits

If you qualify, the income support benefits you receive will depend on the size of your family, the age of your children, your ability to work, and any special needs.

The core shelter benefit is for rent, mortgage, utilities, heating fuel, damage deposit, lot rental for a mobile home, municipal taxes for purchased housing, fire insurance, maintenance costs, or condominium fees.

The core essential benefit is for food, clothing, household supplies, personal needs, transportation and telephone.

You or a family member may be eligible for assistance with other specified costs (e.g. special medical diets, child care), whether you require this assistance every month or one-time only.

You may receive coverage for prescription drugs, optical, dental, ambulance services, and diabetic supplies. You may also be enrolled premium-free in the Alberta Health Care Insurance Plan.

Your Information is Protected

The information you provide to Income Support or that is collected by the Income Support program is protected. This means there are strict rules about what information is collected about you (your spouse/partner or dependants), how this information is used, and who can access specific information. If you have questions about your information, please ask your worker.

Your Rights and Responsibilities

If you are eligible for Income Support, your worker will explain your rights and responsibilities.

If you have questions, click on www.humanservices.alberta.ca, call 1-866-644-5135 toll free (or 780-644-5135 in Edmonton), or ask the staff at the Service Centre where you are applying.

PLEASE KEEP THIS SHEET

Definition of Terms

Persons in Relationships

Dependant:	Someone who is living with you, who you financially support, and who is under 18, or under 20 and attending Grades K-12.
Partner:	A person in a relationship of interdependence (see description below).
Spouse:	A person in a legal marriage.

Types of Relationships and Marital Status

Refers to a person's current marital status and reflects the person's most recent relationship.

Relationship of Interdependence:	A relationship outside of marriage where two people reside together, share one another's lives, are emotionally committed to one another and function as an economic and domestic unit (common-law). This may include relationships where two people live together and are partner to an Adult Interdependent Partner Agreement or have a child or adopted child together. It also includes two people who have a relationship described above and have a financial interdependency, other than child support, but do not reside together (e.g. spouse/partner working out of town).
Single:	A person who has never married or who is not in a relationship of interdependence.
Married:	Two persons in a lawful union.
Partner:	A person in a relationship of interdependence.
Separated from spouse/partner:	A person who no longer lives with their spouse/partner or has left a relationship of interdependence but has (a) dependent child(ren) from that relationship.
Divorced:	A person who is divorced from their spouse.
Widow/widower:	A person whose spouse is deceased, or partner is deceased providing the person had entered into an Adult Interdependent Partner Agreement with the partner or had resided with the partner for at least three years.

Other Terms

Household Unit:	A person and that person's spouse or partner and any dependent children.
Relative:	A parent, step-parent, adoptive parent, grandparent, adult child, adult grandchild, of you or your spouse/partner.
Financial Administrator:	A person who is appointed by you or the Director of Income Support to manage your Income Support funds if you are not able to manage your money.

Documents - You will be required to bring in the following information. Further documents may be required.

- Completed **Income Support Application and Schedules if required**
- Completed **Direct Deposit Registration**
- **Identification (ID):** For you, your spouse/partner, or financial administrator: a document(s) with name, picture, signature and birth date. For dependants: a document with full name and birth date
- **Proof of employment income** and/or **other income** if applicable
- **Proof of assets:** Documents to show the value of assets
- **A medical form/letter from a doctor** if unable to work or limited in working due to health reasons
- Documents to show other need if applicable (e.g. if special diet, note from doctor identifying type of diet)
- **Your immigration papers** if you immigrated to Canada in the past 10 years

The information you provide will be used to determine and verify your eligibility for Income Support. Collection, use and disclosure of this information is done under the authority of the *Income and Employment Supports Act* and is managed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this, please contact your worker.

For Office Use Only	
Service Centre/Unit/Caseload	Applicant's PID
File Number	Spouse/Partner's PID

Please PRINT clearly in ink

Section 1 Applicant Information

Last Name					First Name									
Middle Name														
Last Name on Birth Certificate (if different)					Other Preferred First Name (alias)									
Birth date (yyymmdd)			Social Insurance Number (SIN)			Alberta Personal Health Number								
Area Code	Home Phone Number		Area Code	Other Phone Number (if applicable)										
Mailing Address (or, of Financial Administrator if applicable)					Residence Address (if different from mailing address)									
City/Town					Prov.		City/Town					Prov.		
Postal Code					Postal Code									
Gender		Grade Level												
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Highest grade level completed at school?												
Marital Status (check one)														
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Partner	<input type="checkbox"/> Separated from Spouse	<input type="checkbox"/> Separated from Partner	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed								
Employment Insurance (E.I.) Status														
Are you currently receiving E.I.? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently applied for E.I.? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Immigration Status														
Did you immigrate to Canada, or are you a foreign national? <input type="checkbox"/> Yes <input type="checkbox"/> No														
If yes, what is your status? <input type="checkbox"/> *Refugee Class <input type="checkbox"/> *Family Class <input type="checkbox"/> Economic Class If Other, specify: _____														
<input type="checkbox"/> Refugee Claimant	<input type="checkbox"/> Temporary Resident Permit Holder (Minister's Permit Holder)													
*If sponsored as Refugee or Family Class, complete Schedule B					Arrival Date in Canada (yyymmdd)		Arrival Date in Alberta (yyymmdd)							
First Nations Status														
Do you have an Indian Registration Number?		Band	Family	Position	If yes, are you living on Reserve?		Do you receive funds from your band?							
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No							

Section 2 Spouse/Partner Information (If currently part of your household unit)

Last Name First Name

Middle Name

Last Name on Birth Certificate (if different) Other Preferred First Name (alias)

Birth date (yyyymmdd) Social Insurance Number (SIN) Alberta Personal Health Number

Area Code Home Phone Number Area Code Other Phone Number (if applicable)

Gender Male Female **Grade Level** Highest grade level completed at school?

Employment Insurance (E.I.) Status
 Are you currently receiving E.I.? Yes No Have you recently applied for E.I.? Yes No

Immigration Status
 Did you immigrate to Canada or are you a foreign national? Yes No
 If yes, what is your status? *Refugee Class *Family Class Economic Class If Other, specify:

Refugee Claimant Temporary Resident Permit Holder (Minister's Permit Holder)

If sponsored as Refugee or Family Class, complete **Schedule B*

Arrival Date in Canada(yyyymmdd) Arrival Date in Alberta(yyyymmdd)

First Nations Status
 Do you have an Indian Registration Number? Yes No Band Family Position

If yes, are you living on Reserve? Yes No Do you receive funds from your band? Yes No

Section 3 Dependent Children Information (Refers to someone who is living with you, who you financially support and who is under 18 or under 20 attending Grades K-12) For dependants 18-19, complete Schedule C in addition to section below.

Child 1
 Last Name First Name

Middle Name Birth date (yyyymmdd) Alberta Personal Health Number

Gender Male Female Relationship to Applicant:

Is this child attending Grades K-12? Yes No
 Is this child working? Yes No
 Are **both** you and your spouse/partner the biological or adoptive parents of this child? Yes No If No, complete **Schedule A**

Does this child have an Indian Registration Number? Yes No

Child 2
 Last Name First Name

Middle Name Birth date (yyyymmdd) Alberta Personal Health Number

Gender Male Female Relationship to Applicant:

Is this child attending Grades K-12? Yes No
 Is this child working? Yes No
 Are **both** you and your spouse/partner the biological or adoptive parents of this child? Yes No If No, complete **Schedule A**

Does this child have an Indian Registration Number? Yes No

Section 3 Dependant Information (continued)

Child 3

Last Name First Name

Middle Name Birth date (yyyymmdd) Alberta Personal Health Number

Gender Male Female Relationship to Applicant:

Is this child attending Grades K-12? Yes No
 Is this child working? Yes No
 Are **both** you and your spouse/partner the biological or adoptive parents of this child? Yes No If No, complete **Schedule A**

Does this child have an Indian Registration Number? Yes No

Child 4

Last Name First Name

Middle Name Birth date (yyyymmdd) Alberta Personal Health Number

Gender Male Female Relationship to Applicant:

Is this child attending Grades K-12? Yes No
 Is this child working? Yes No
 Are **both** you and your spouse/partner the biological or adoptive parents of this child? Yes No If No, complete **Schedule A**

Does this child have an Indian Registration Number? Yes No

If more than 4 children live in your household, attach an additional sheet.

Section 4 Type of Accommodation You Live In

Private Housing (mortgage, rent, room and board) Including amount paid monthly for utilities \$

Public/Social Housing. Do you pay your own power/electricity? Yes No

Living with Relatives (indicate relationship with adult relative) Parent/Step-parent Grandparent Adult child/Adult grandchild

Approved Home/Group Home

Nursing Home/Long Term Care Facility/Auxiliary Hospital

No Shelter Costs/No Fixed Address

Is anyone else living with you other than the spouse/partner and dependants you have listed? Yes No

If yes, explain:

Section 5 Additional Costs

Do you have additional costs for:

	Yes	No	Total Monthly Amount	Who provides the care? If family member, give relationship:
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	If yes, \$ <input type="text"/>	<input type="text"/>
				Do they live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Health needs (e.g. special diets, medical/surgical supplies)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Describe: <input type="text"/>	
Other needs (e.g. transportation to a job, employment program)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Describe: <input type="text"/>	

Please ensure you attach receipts or documents to your application to support your additional costs.

Section 6 Employment Information

	Applicant	Spouse/Partner
1. Are you working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of work: (e.g. clerical, construction)	<input type="text"/>	<input type="text"/>
Average number of hours per week:	<input type="text"/> hours	<input type="text"/> hours
2. Are you able to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	<input type="text"/>	<input type="text"/>
	(yyyymmdd)	(yyyymmdd)
3. If you are not working, when did you last work?	<input type="text"/>	<input type="text"/>
4. Reason for leaving last job:	<input type="text"/>	<input type="text"/>

Section 7 Monthly Income

	Applicant	If yes, net amount:	Spouse/Partner	If yes, net amount:
1. Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
2. Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
3. Pensions (e.g. Canada Pension Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
4. Employment Insurance (EI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
5. Band Payments/Per Capita Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
6. Child Support/Adult Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
7. Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
8. Training Allowance/Student Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
9. Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
10. Income from Boarders	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
11. Federal Child Tax Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
12. Other government funds (e.g. foster parent, post adoption benefits)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
13. Honorarium, Tips, Commissions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
14. Other (e.g. Winnings) Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
15. Child(ren) not in school, who are working, please indicate monthly net employment income.				\$ <input type="text"/>

Section 8 Assets

	Applicant	If yes, amount:		Spouse/Partner	If yes, amount:	
Did you or your spouse/partner receive an Income Tax refund this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Do you or your spouse/partner have any assets?

	Applicant	Value	Description/Comments
1. Bank Accounts/Cash on Hand Negotiable Cheques	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
2. Stocks/Bonds/Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
3. RRSPs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
4. Vehicle(s) - value of car minus amount owed	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
5. Vehicle(s) - adapted for a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
6. Property or land - other than the home you live in	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
7. Cash surrender value of life insurance policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
8. Other assets, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
9. Did you sell or give away any assets in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

This Declaration below will be reviewed with you when you meet with a worker.

Section 9 Declaration and Acknowledgement

- The information on this application describes the financial and household situation for:
 - me **or** the person for whom I am the Financial Administrator
 - my spouse/partner
 - my dependants.
 - When I am receiving Income Support benefits, I will report **as soon as possible** to my worker:
 - all money that I or anyone in my household receive from any source
 - any change in my household situation
 - any change in things my spouse/partner or I own.
 - I understand that:
 - Alberta Community and Social Services (CSS) has the right to apply for child/adult support for me and/or my dependent children and that the Government of Alberta may retain any of the support owing to the government.
 - I must notify and/or receive consent from Child Support Services, CSS when taking my own support action.
 - when required I must help the Government of Alberta to pursue support for me and my dependent children.
 - I understand CSS has the right to recover benefits I receive to which I am not entitled. This includes those issued due to administrative error.
 - I understand I have the right to appeal a decision within 30 days of being told of the decision.
 - I understand that CSS and/or CSS contracted services may get information about my financial, work, educational, medical and/or household situation to:
 - determine my eligibility for Income Support, or
 - conduct a review or investigation relating to eligibility or continuing eligibility for these program benefits.
 I ask any person, agency, institution or other source to give the required information to CSS and/or CSS contracted services.
 - I understand that relevant personal information may be shared with other Government of Alberta programs and services, including contracted services, and with community partners.
 - I understand CSS may conduct reviews or investigations relating to financial eligibility for this program. I acknowledge that I must provide information or documents as required by CSS to verify any statement made on this application or information given to my worker.
 - I understand that I must comply with program expectations to continue to be eligible for benefits.
 - If I am a Financial Administrator or other legal representative, I understand what this Declaration means as it applies to the applicant.
 - I understand that I must sign the Canada Revenue Agency consent below to be eligible for benefits.
 - I understand that giving false or incomplete information or not advising of changes in my situation may result in any or all of the following: termination or suspension of benefits, repayment of benefits received, and/or laying of a charge under the *Income and Employment Supports Act* or the *Criminal Code of Canada*. **I understand that regardless of who in my family is the designated reporter for the Automated Reporting for Clients system, it is my responsibility to ensure any changes in my situation have been reported to the department.**
- Check **Schedules** included with this application:
- A. Child Support Services B. Sponsor Information
- C. Declaration of 18 & 19 Year Old Dependant D. Alberta Adult Health Benefit

Client

I declare that the information on this application and required schedules is true and complete.

Applicant Name <i>(Please Print)</i> X	Applicant Signature X	Date (yyyymmdd) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Spouse/Partner Name <i>(Please Print)</i> X	Spouse/Partner Signature X	Date (yyyymmdd) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Interpreter or Financial Administrator Name <i>(Please Print)</i> X	Interpreter or Financial Administrator Signature X	Date (yyyymmdd) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Worker

Signer(s) read Declaration Declaration read to Signer(s)

Worker Name <i>(Please Print)</i> X	Worker Signature X	Date (yyyymmdd) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
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Canada Revenue Agency Authorization

I consent to the release, by Canada Revenue Agency to an official of Alberta Community and Social Services, of information from my income tax returns and other taxpayer information about me whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining, verifying and/or auditing my/our eligibility and for the general administration and enforcement of programs under the *Income and Employment Supports Act*. This consent is valid for the taxation year prior to the year of signature, the current taxation year and for each subsequent taxation year for which assistance is requested.

Applicant Name <i>(Please Print)</i> X	Applicant Signature X	Date (yyyymmdd) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Spouse/Partner Name <i>(Please Print)</i> X	Spouse/Partner Signature X	Date (yyyymmdd) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _