

Protected B (when completed)

Introduction

The Assured Income for the Severely Handicapped (AISH) program provides financial and health benefits to eligible Albertans with severe and permanent disabilities. Depending on your situation, these benefits may include:

- A living allowance
- Personal benefits
- Health benefits
- Child benefits

The personal information you provide is being collected to determine your eligibility for different social-based supports and benefits offered by the Government of Alberta under Alberta Supports.

If you choose to apply, the personal information you provide will be entered into an automated system to validate self-reported information.

The personal information provided to Alberta Supports is collected under the authority of sections 4(a) and 4(c) of the *Protection of Privacy Act* and section 5 of the *Assured Income for the Severely Handicapped Act*.

If you have questions about the collection of personal information, please contact the Alberta Supports Contact Centre toll-free at 1-877-644-9992, from 7:30 a.m. to 8:00 p.m. every Monday to Friday, except statutory holidays.

Applying for AISH

Use [Your Guide to Completing the AISH Application](#) to help you fill in the AISH application. Documents required to accompany the application will be noted in each section. Get help if you need it, by:

- having someone help you complete the application,
- calling the Alberta Supports Contact Centre at 1-877-644-9992, or
- contacting or visiting an [AISH office](#) listed at the back of the guide or go to alberta.ca/contact-aish to find an Alberta Supports Centre in your area, to schedule an appointment.

If you need more space for any sections, you may attach additional pages. You may also attach any other relevant letters, documentation, or materials to support your application.

The AISH Application has two parts:

Follow these steps:

1. Complete Applicant Information, and use the Application Checklist in Your guide to completing the AISH application to gather copies of the documents you must provide.
2. Take Medical Report to your doctor to complete. You may have to pay a fee to the doctor to complete the report. If you need help paying the fee, contact the [Alberta Supports Contact Centre](#) for options. The doctor can send the Medical Report, with supporting documents directly to AISH and give you a copy, or the doctor can send the report and documents to you, to include with your application.
3. Submit the AISH Application and supporting documents by:
 - submitting them online at <https://aish-apply.alberta.ca>; or
 - faxing them to 587-469-3006 (Edmonton Area) or 1-877-969-3006; or
 - mailing them to PO Box 17000 Station Main, Edmonton, AB, T5J 4B3.

After your application and medical reports are submitted to AISH:

You will be contacted by phone or mail:

- if more information is needed; and/or
- once a decision is made about your eligibility.

Your Situation

If any of the following apply to your situation, you may **not** need to complete the entire application.

Skip [Section 5 Employment and Section 6 Education and Training History](#), and provide medical documentation instead of completing the [Medical Report](#), if:

- You are receiving end-of-life palliative care, and/or have been diagnosed with a terminal illness.
- You have been assessed as needing long-term care or designated supportive living.

Skip [Section 7 Income Information and Section 8 Asset Information](#), if:

- You are receiving Income Support benefits from the Government of Alberta.

Submit the application and do not complete [Medical Report](#), unless contacted by an AISH worker, if:

- You have applied for, or are applying for, the Persons with Developmental Disabilities (PDD) program.

Contact an AISH office to find out how to apply, if:

- You left the AISH program **less than** two years ago and your medical condition has not changed.

Complete the application, if:

- None of the above apply.

Section 1 - Information About You

Provide a copy of identification document(s) that shows your full legal name, date of birth, recent picture, and signature, proof you live in Alberta, and Record of Landing (if applicable). Do not submit original documents, as they will not be returned to you.

Last name First name Middle name

Last name on birth certificate (if different) Other preferred first name

Date of birth: Day Month Year Gender Male Female Gender diverse Prefer not to say Social Insurance Number (SIN)

Alberta Health Number Home phone Other phone (if applicable)

Email address

Marital Status (check one) (if married or in a partner relationship please fill out Partner Information section) Single Married Partner Separated from spouse or partner Divorced Widowed Are you a resident of Alberta? Yes No

What is your citizenship/immigration status? Canadian citizen Permanent resident Sponsored immigrant (include copy of Record of Landing) Start date dd-mm-yyyy End date dd-mm-yyyy *If Yes, indicate sponsorship start date and end date.*
 Other, specify:

Check the box that describes your living situation Rent Own Live with relatives Shelter No fixed address
 Long-term care facility Institution Public/social housing
 Group home Other

Unit # Address where you live

City/town Province Postal code

Mailing address (if different from above)

City/town Province Postal code

Section 2 - Spouse/Partner Information

Do you have a spouse/partner? Yes No *If no, go to Section 3.*

Provide a copy of identification document(s) for your spouse/partner that shows full legal name, date of birth, recent picture, and signature.

Last name First name Middle name

Last name on birth certificate (if different) Other preferred first name

Date of birth: Day Month Year Gender Male Female Gender diverse Prefer not to say Social Insurance Number (SIN)

Is your spouse/partner currently receiving AISH?

Yes No

Section 3 - Dependent Child(ren) Information

Do you have a dependent child(ren)? Yes No *If no, go to Section 4.*

Provide a copy of identification document(s) for any dependent child(ren) that includes the child's full legal name and date of birth.

Last name	First name	Middle name
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Date of birth:	Day	Month	Year	If 18/19 years of age, is child attending high school?	Does this child live with you?
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Last name	First name	Middle name
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Date of birth:	Day	Month	Year	If 18/19 years, is child attending high school?	Does this child live with you?
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Last name	First name	Middle name
-----------	------------	-------------

Date of birth:	Day	Month	Year	If 18/19 years, is child attending high school?	Does this child live with you?
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If you need to note an additional child(ren), attach additional page(s).

Section 4 - Trustee/Power of Attorney Information

Do you have a Trustee or someone currently acting under a Power of Attorney? Yes No, If no, go to Section 5.

Provide a copy of a letter or document for a person or organization that shows their legal authority to act as your trustee or under a power of attorney (attorney).

Trustee/attorney first name	Trustee/attorney last name	Trustee/attorney phone number
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Mailing address	City/town	Province	Postal code
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If you need to add more employment history, attach additional page(s).

Section 5 - Employment History

Have you ever been employed? Yes No *If no, proceed to Section 6.*

Employer name *(indicate if self-employed)*

Start date mm-yyyy	Do you currently work for this employer?	If No, employment end date mm-yyyy
	<input type="radio"/> Yes <input type="radio"/> No	

Full-time Part-time Seasonal/occasional Volunteer/unpaid Self-employed Other _____

What was your job/role when you worked with this employer?

Reason for leaving this job *(if applicable)*

- Contract ended
- Laid off (company closing or downsizing)
- Legal reasons
- Medical condition
- New job
- Pursue education or training
- Retire
- Seasonal/temporary/casual
- Transportation to and from work
- Workplace performance/relationship issues
- Work schedule/location
- Other, explain _____

If you need to add employment history, attach additional page(s).

Employer name *(indicate if self-employed)*

Start date mm-yyyy

Do you currently work for this employer?

Yes No

If No, employment end date mm-yyyy

Full-time Part-time Seasonal/occasional Volunteer/unpaid Self-employed Other _____

What was your job/role when you worked with this employer?

Reason for leaving this job *(if applicable)*

Contract ended Laid off (company closing or downsizing) Legal reasons Medical condition New job
 Pursue education or training Retire Seasonal/temporary/casual Transportation to and from work
 Workplace performance/relationship issues Work schedule/location Other, explain _____

If you need to add employment history, attach additional page(s).

Employer name *(indicate if self-employed)*

Start date mm-yyyy

Do you currently work for this employer?

Yes No

If No, employment end date mm-yyyy

Full-time Part-time Seasonal/occasional Volunteer/unpaid Self-employed Other _____

What was your job/role when you worked with this employer?

Reason for leaving this job *(if applicable)*

Contract ended Laid off (company closing or downsizing) Legal reasons Medical condition New job
 Pursue education or training Retire Seasonal/temporary/casual Transportation to and from work
 Workplace performance/relationship issues Work schedule/location Other, explain _____

If you need to add employment history, attach additional page(s).

Employer name *(indicate if self-employed)*

Start date mm-yyyy

Do you currently work for this employer?

Yes No

If No, employment end date mm-yyyy

Full-time Part-time Seasonal/occasional Volunteer/unpaid Self-employed Other _____

What was your job/role when you worked with this employer?

Reason for leaving this job *(if applicable)*

Contract ended Laid off (company closing or downsizing) Legal reasons Medical condition New job
 Pursue education or training Retire Seasonal/temporary/casual Transportation to and from work
 Workplace performance/relationship issues Work schedule/location Other, explain _____

If you need to add employment history, attach additional page(s).

Section 6 - Education/Training History

What is the highest education level you have completed?

- No formal education Grade 1-6 Grade 7-9 Grade 10-12 GED High school certification of achievement
 High school diploma Some college/university Some trades/technical College/university

School/college/university name

Program of study

Degree/diploma obtained (includes all levels of degrees)

Last year attended yyyy

Training completed

Year yyyy

- Training or upgrading (indicate training completed and year)

- Technical/trades/journeyman

School/provider

Course

Level completed

Certificate or diploma obtained

Year yyyy

Non credential (includes college preparatory and English as a second language)

Last year attended yyyy

What steps have you taken to find work or training suitable for your medical condition(s)?

Are you currently attending an education or training program?

Yes No

If yes, school/provider

Location

Program of study

Date started mm-yyyy

Expected completion date mm-yyyy

Are you planning to take further training or upgrading in the near future? Yes No

If yes, complete the following.

School/provider

Program of study

Date started mm-yyyy

Expected completion date mm-yyyy

What are your goals upon completing training?

Section 7 - Income Information

Indicate yes if you and/or your spouse/partner have received any of the following income. If you answer yes, provide the average monthly amount and **include supporting documentation**. Fill in all types you are currently receiving which apply to you and your spouse. For more information about how income is treated, please refer to [Your Guide to AISH](#). Refer to [Your Guide to Completing the AISH Application](#) for more information and examples of documents you will need.

Income type

	Applicant		Spouse/partner	
	If yes, average monthly amount		If yes, average monthly amount	
Employment (provide 3 most recent months of pay stubs)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Self-employment	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Employment Insurance (EI)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Canada Disability Benefit (CDB)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Canada Pension Plan (CPP)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Old Age Security (OAS)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Disability/wage loss insurance	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Pension from previous employment	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Income from trust account(s)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Income from investments	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Income from a rental property	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Life insurance income	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Guaranteed income supplement	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Spousal support/alimony	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Workers' Compensation Benefits	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____

1. Do you or your spouse/partner have other sources of income? Yes No

If yes, specify the type of income, amount and provide documentation.

2. Have you or your spouse/partner received a special payment in the past 12 months? Yes No

If yes, specify the type of payment, amount, date it was received, and provide documentation. (See the list of special payments in Section 7 of the [Your Guide to Completing the AISH Application](#).)

3. Have you or your spouse applied for the Disability Tax Credit (DTC) and/or CDB? Yes No

If no, please note you must be eligible for the DTC to be eligible for CDB. The AISH program requires applicants to access all sources of income for which they are eligible, and CDB is a benefit you may be entitled to.

Section 8 - Asset Information

Fill in only the fields that apply to you and your spouse/partner. Provide only the approximate value in each relevant field and **provide documentation**. For more information about how assets are treated, please refer to [Your Guide to AISH](#). Refer to [Your Guide to Completing the AISH Application](#) for more information and examples of documents you will need.

	Applicant	If yes, approximate value	Spouse/partner	If yes, approximate value
Bank account(s) include all bank account types _____	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Cash and uncashed cheques	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Guaranteed Investment Certificates (GICs), term deposits	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Annuities	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Locked-In Retirement Account (LIRA)*	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Registered Disability Savings Plan (RDSP)*	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Registered Education Savings Plan (RESP)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Tax-Free Savings Account (TFSA)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Stocks and/or bonds	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Trust funds	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Life insurance (cash surrender value)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Vehicle(s)** How many do you have? _____	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Vehicle adapted for a disability**	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Recreational vehicle(s) (e.g. motorhome, boat, snowmobile, etc.)	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Other vehicle	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Home/principal residence*	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Recreational property	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Rental property	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Farm <i>Provide the following documents: most recent property tax assessment, mortgage documents, balance sheet, business asset insurance, list of all farm vehicles, farm insurance, machinery and equipment (include current value, year, make and model).</i>	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Do you live on a home quarter section?*	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Do you own land other than the home quarter section?	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____
Business <i>Provide the following documents: most recent property tax assessment, mortgage documents, business income, tax notice of assessment, business income tax return, accounting statement/balance sheet, business asset insurance.</i>	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> Yes	\$ _____

* These assets are exempt and do not affect your eligibility for AISH benefits. However, you must report them along with other assets listed above to help AISH understand your financial situation and determine eligibility.

** These assets may be exempt depending on your situation.

Section 9 - Declaration

1. I declare the information I am giving about me, my spouse/partner (if applicable) and my dependent child(ren) (if applicable) is true and complete, and I understand that intentionally withholding information or giving false or incomplete information is an offence which could result in criminal charges.
2. If I am a guardian, co-decision-maker, agent, Trustee or attorney (under a power of attorney), I understand what this declaration means as it applies to the applicant.

Applicant name (print)	Date* dd-mm-yyyy	Signature
Guardian/co-decision-maker/agent name (print)	Date* dd-mm-yyyy	Signature
Trustee/attorney name (print)	Date* dd-mm-yyyy	Signature

***Date consent is effective.**

Section 10 - Consents

AISH Consent

I give my permission to person, agency, organization, institution or other source to give the AISH program and/or AISH contracted services any information about my household situation, education and training, employment, and finances AISH requests to determine my eligibility for AISH. I understand I may withdraw my consent, in writing, at any time.

Please note that while consent can be withdrawn, in writing, at any time, doing so may impact your eligibility for AISH benefits.

Applicant name (print)	Date* dd-mm-yyyy	Signature
Guardian/co-decision-maker/agent name (print)	Date* dd-mm-yyyy	Signature
Trustee/attorney name (print)	Date* dd-mm-yyyy	Signature

***Date consent is effective.**

If you would like to name a person or organization the AISH program can contact or who can contact the AISH program about your application, please provide the following information:

Name of person/organization (print)	Phone number
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Canada Revenue Agency Consent

I authorize Canada Revenue Agency to release information required from my tax file to the Alberta Ministry of Assisted Living and Social Services. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility, or the eligibility of my co-habiting partner, for benefits under the *Assured Income for the Severely Handicapped Act* (c. A-45.1, 2006), and the general administration and enforcement of the benefit programs. This authorization is valid for the taxation year prior to the year of signature of this consent, the current taxation year, and each subsequent consecutive taxation year for which assistance is requested. I understand that if I wish to withdraw this consent, I may do so in writing to the Alberta Ministry of Assisted Living and Social Services.

Applicant name (print)	Date* dd-mm-yyyy	Signature
Trustee/attorney name (print)	Date* dd-mm-yyyy	Signature
Spouse/partner name (print) (if applicable)	Date* dd-mm-yyyy	Signature

***Date consent is effective.**

Canada Pension Plan - Disability (CPP-D) Consent

1. I understand the AISH program requires applicants to use all available income, and that CPP-D is a benefit I may be entitled to.
2. If I am eligible for AISH benefits, I agree to have a CPP-D representative decide if I am eligible for CPP-D benefits. If the CPP-D representative decides I am not eligible for CPP-D based on my earnings and contributions, they will share that information with AISH and I will not need to apply for CPP-D.
3. To decide my eligibility for CPP-D, I give my permission to AISH to share the following information with CPP-D:
 - a. AISH Medical Report filled out by my doctor, and any other reports or documents that will help the programs decide my medical eligibility; and
 - b. my completed AISH Application form.
4. To decide my eligibility for, and the amount of my AISH benefits, I give my permission to CPP-D to share the following information with AISH:
 - a. CPP-D will tell AISH whether or not I need to apply for CPP-D; and
 - b. CPP-D's decision about my CPP-D benefit and the amount of the benefit I will receive.
5. I understand I may withdraw my consent, in writing, at any time, and that this consent is in place for three years from the date* I (or my guardian/co-decision-maker/agent/Trustee/attorney) sign it. Please note: Withdrawing consent may impact your eligibility for AISH benefits.

Applicant name (print)	Date* dd-mm-yyyy	Signature
Guardian/Co-decision-maker/agent name (print)	Date* dd-mm-yyyy	Signature
Trustee/Attorney name (print)	Date* dd-mm-yyyy	Signature

***Date consent is effective.**