

Alberta Aids to Daily Living
 10th Floor, Milner Building
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 Edmonton, Alberta T5J 0Z2

Phone: 780-427-0731
 Toll free, first dial: 310-0000, then 780-427-0731
 Fax: 780-422-0968
<http://www.health.alberta.ca/services/aids-to-daily-living.html>

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of determining eligibility for cost-share exemption for Alberta Aids to Daily Living equipment, supplies and services. If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, 10th Floor, Milner Building, 10040-104 Street NW, Edmonton, Alberta T5J 0Z2 Telephone: 780-427-0731 Fax: 780-422-0968.

Before completing this application, please see page 2 of this form for important information.

Section A - Applicant's personal information (Please print)

Title (e.g. Mr., Mrs., Miss, Ms., Dr.)	Last Name	Personal Health Number		
First Name		Middle Name		
Mailing Address				
City	Province	Postal Code	Date of Birth (yyyy-mm-dd) - -	

Section B - Calculation on combined taxable income

Temporary waiver of the cost-share portion is based on your average **gross** monthly income before deductions for the three calendar months before the date this application is signed. For example, if you sign the application in July, your gross income for April, May and June are required. To qualify for temporary cost-share exemption, your 3-month average gross monthly income cannot exceed \$1747 for a single person, \$2770 for a family with no children or \$3270 for a family with children.

Source of income reported	Give the three months before the date this application is signed (See above example)	Applicant's Gross Income	Spouse's/ Partner's Gross Income	Family Gross Income
If your gross income is zero (0), please explain how you meet your monthly expenses.	1.			
	2.			
	3.			
Name of employer (if not employed, state name of last employer)				
Date (yyyy-mm-dd) left employment (if applicable)	Totals a			

Section C - Certification

If this section is not signed, dated and verification of income is not included, your application will not be processed and will be returned to you. **Please read, check (P) each box, sign and attach the supporting document(s).**

- I certify that information given by me in this application is true and correct.
- I have attached verification of three months' income (e.g. pay stubs)

This application must be returned to Alberta Aids to Daily Living within 21 days of the date signed.

Applicant's Home Phone	Applicant's Work Phone	Date (yyyy-mm-dd)	Applicant's Signature X
Spouse's/Partner's Home Phone	Spouse's/Partner's Work Phone	Date (yyyy-mm-dd)	Spouse's/Partner's Signature X

Temporary cost-share exemption is for those who do not qualify for cost-share exemption but due to more recent financial difficulty are unable to pay their cost-share portion. To apply, you must provide verification your gross income for each of the three months before the date you sign this application. You must include income for your spouse/partner, if applicable.

Please refer to the list below for examples of gross income to report including relevant documentation:

- Income from employment
- Employment Insurance benefits
- Worker's compensation benefits
- Veteran's benefits
- Grants
- Benefits under any policy, insurance or annuity contract
- Payments received from unions during labour disputes
- Disability benefits
- Maintenance payments received
- Training allowance
- Pension benefits
- RRSP withdrawals
- Severance payouts
- Income from a business or self-employment *
- Farm or rental income *
- Investment income *
- Commission income *

* Note: Expenses incurred earning these types of income may be deducted if details are provided.

Please note:

- Do not include child tax benefits, student loans or GST credits as gross income.

All other sources of income must be included.

Adult Interdependent Partners

Couples who are not married may apply as adult interdependent partners. An adult interdependent partner is a person who lives with another person in a relationship of interdependence:

- for a continuous period of not less than 3 years, or
- of some permanence, if there is a child of the relationship by birth or adoption, or
- if the registrant and partner have entered into an adult interdependent partner agreement per the *Adult Interdependent Relationships Act*.

Adult interdependent partners will hereafter be referred to as "partner".