

**Alberta Aids to Daily Living
10th Floor, Milner Building
10040 - 104 Street
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.

This form is to be used for Cost-Share Exemption for Alberta Aids to Daily Living (AADL) equipment, supplies and services only.

Do NOT complete this form if you have completed it in the past two years and your family status has not changed.

OR

Your taxable income (line 260 of your most recent income tax return) is above \$20,970 for a single person, above \$33,240 for a family with no children, or above \$39,250 for a family with children.

Please Note: Your Cost-Share Exemption Application will take 7 to 14 days to process. Please contact your vendor to confirm your status.

Before completing this application, please see pages 3 and 4 for important information.

Section A - Client'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 - Consent			
<p>I authorize the Canada Revenue Agency to release information required from my tax file to Alberta Ministry of Health. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility or that of my co-habiting partner or a child or adult dependent for whom I am the parent, legal guardian, Trustee or Attorney, for Cost-Share Exemption under the <i>Alberta Aids to Daily Living and Extended Health Benefits Regulation (235/85)</i>, and the general administration and enforcement of the benefit program. This authorization is valid for the two taxation years prior to the year of signature of this consent, the current taxation year and for each subsequent consecutive taxation year for which assistance is requested. I understand that if I wish to withdraw this consent and eligibility for cost share exemption, I may do so by writing to the Alberta Ministry of Health.</p>			

Section C - Declaration

To be completed by the client and their spouse/partner if over the age of 18.

If this Section is not completed in its entirety, your application will not be processed and will be returned to you. Please read, check (P) each box and sign.

- I have read the statement in Section B and consent to this authorization.
- I certify that information given by me in this application is true and correct.

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Adult Interdependent Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			
Applicant (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature: X
Spouse/Partner (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature: X

Please fill out and sign this section if you are the Parent/Guardian of the client named in Section A, if that client is under the age of 18 or if the client is a dependent adult listed on your Alberta Health Care Insurance Plan coverage.

Parent/Guardian (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature: X
Parent/Guardian (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature: X

Please fill out and sign this section if you are the Trustee/Power of Attorney of the client named in Section A.

I am (we are) responsible for this applicant as a:

- Public Trustee Private Trustee Guardian(s) Power of Attorney

Parent/Guardian (print full legal name)		Home phone
Work phone	Date (yyyy-mm-dd)	Signature: X

Attach supporting Trustee, Guardianship or Power of Attorney documents.

Have you:

- Included your Personal Health Number (PHN)?
- Included your Social Insurance Number (SIN)?
- Included your spouse's information, if necessary?
- Signed your form?
- Attached supporting Trustee, Guardianship or Power of Attorney documents?

For Office Use Only

AHCIP _____

Family Composition _____

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OR

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Please Note: Your Cost-Share Exemption Application will take 7 to 14 days to process. Please contact your vendor to confirm your status.

Before completing this application, please see pages 3 and 4 for important information.

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

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

Section B - Consent

I authorize the Canada Revenue Agency to release information required from my tax file to Alberta Ministry of Health. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility or that of my co-habiting partner or a child or adult dependent for whom I am the parent, legal guardian, Trustee or Attorney, for Cost-Share Exemption under the Alberta Aids to Daily Living and Extended Health Benefits Regulation (235-05), and the general administration and enforcement of the benefit program. This authorization is valid for the two taxation years prior to the year of signature of this consent, the current taxation year and for each subsequent consecutive taxation year for which assistance is requested. I understand that if I wish to withdraw this consent and eligibility for cost share exemption, I may do so by writing to the Alberta Ministry of Health.

AADL1859 (2013/07)

Section A - Client information for the individual receiving product/service from AADL.

To be completed by the client and their spouse/partner if over the age of 18.

Section C - Declaration

If this Section is not completed in its entirety, your application will not be processed and will be returned to you. Please read, check (✓) each box and sign.

- I have read the statement in Section B and consent to this authorization.
- I certify that information given by me in this application is true and correct.

Marital Status: Single Married Adult Interdependent Partner Divorced Widow/Widower

Applicant (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature X
Spouse/Partner (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature X

Please fill out and sign this section if you are the Parent/Guardian of the client named in Section A, if that client is under the age of 18 or if the client is a dependent adult listed on your Alberta Health Care Insurance Plan coverage.

Parent/Guardian (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature X
Parent/Guardian (print full legal name)		Date of Birth (yyyy-mm-dd)	Social Insurance Number
Home phone	Work phone	Date (yyyy-mm-dd)	Signature X

Please fill out and sign this section if you are the Trustee/Power of Attorney of the client named in Section A. I am (we are) responsible for this applicant as a:

Public Trustee Private Trustee Guardian(s) Power of Attorney

Parent/Guardian (print full legal name)		Home phone
Work phone	Date (yyyy-mm-dd)	Signature X

Attach supporting Trustee, Guardianship or Power of Attorney documents.

Have you:

- Included your Personal Health Number (PHN)?
- Signed your form?
- Included your Social Insurance Number (SIN)?
- Attached supporting Trustee, Guardianship or Power of Attorney documents?
- Included your spouse's information, if necessary?

For Office Use Only

ANCIP _____ Family Composition _____

AADL1859 (2013/07)

To be completed by parent/guardian of the client if:

- the client is under the age of 18, or
- the client is a dependent adult listed on your Alberta Health Care Insurance Plan coverage.

To be completed by the Trustee/Power of Attorney if the client is over the age of 18.

COST-SHARE EXEMPTION INFORMATION

The AADL program assists eligible Albertans with a long-term disability, chronic illness or terminal illness, in maintaining independence in their community through the provision of basic medical equipment and supplies to meet their clinically assessed needs.

AADL clients above the qualifying income thresholds are subject to a cost-share component of 25% of the approved benefit amount to a maximum of \$500 per individual/family per benefit year (July 1 to June 30).

You **may qualify** for cost-share exemption if your Taxable Income (line 260 of your most recent income tax return) is:

- \$20,970 or less for single coverage
- \$33,240 or less for a family with no children, or
- \$39,250 or less for a family with children.

If your Alberta Health Care Insurance Plan lists a spouse/partner, their taxable income must also be included in assessing your cost-share exemption application. Ensure that they have completed and signed Section C.

If you do not qualify for cost-share exemption, but due to more recent financial difficulty are unable to pay your cost-share portion, please complete a Temporary Cost-Share Exemption Application. Contact our office or visit our website at: <http://www.health.alberta.ca/services/aids-to-daily-living.html> to obtain an application.

If you have extraordinary expenses related to the disability for which AADL benefits are being sought and have been denied cost-share exemption or temporary cost-share exemption, please fill out the Cost-Share Exemption Notice of Appeal Form.

You **are eligible** for cost-share exemption and **do not have to complete this application** if you receive income assistance from:

- Income Support (IS)
- Assured Income for the Severely Handicapped (AISH), or
- Alberta Adult Health Benefit (AAHB).

You **are NOT eligible** to apply for cost share exemption if you are:

- a new or returning resident from outside Canada, who has not yet lived in Alberta for 12 consecutive months,
- exempt from paying income tax for religious, charitable or communal reasons, or
- a student from outside Canada who is temporarily in Canada.

Trustee, Guardianship or Power of Attorney

Please ensure that you attach copies of all relevant documents granting your rights of trusteeship, guardianship or power of attorney.

Definitions

Spouse

A spouse is a person to whom you are legally married.

Adult Interdependent Partner

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 three years; or
- of some permanence if, as a result of the relationship, the partners have a child by birth or adoptions; or
- the partners have entered into an adult interdependent partner agreement as provided in the *Adult Interdependent Relationships Act*.