

This form is to be used 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 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.

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 (year/month/day)		

Section B - Consent

I authorize the Canada Revenue Agency to release information required from my tax file to Alberta Ministry of Seniors and Community Supports. 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 (235/85)*, 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 Seniors and Community Supports.

Section C - Declaration

If this Section is not signed and dated 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.

Applicant (print full legal name)		Home phone ()	Date of Birth (year/month/day)
Signature X	Date	Work phone ()	Social Insurance Number
Spouse/Partner (print full legal name)		Home phone ()	Date of Birth (year/month/day)
Signature X	Date	Work phone ()	Social Insurance Number

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)		Home phone ()	Date of Birth (year/month/day) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Signature X	Date	Work phone ()	Social Insurance Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Parent/Guardian Spouse/Partner (print full legal name)		Home phone ()	Date of Birth (year/month/day) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Signature X	Date	Work phone ()	Social Insurance Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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

Person Responsible for Client (print name)		Home phone ()
Signature X	Date	Work phone ()

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, if necessary?

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

For Office Use Only

AHCIP _____ **Family Composition** _____

Alberta Aids to Daily Living (AADL) collects, uses and discloses personal information in accordance with sections 33(c), 34(1)(a)(i) and (k)(i) and (ii), 39(1)(a) and (b) and 40(1) of Alberta's Freedom of Information and Protection of Privacy Act. I understand that my personal information, including information about my health, is required to verify my eligibility for AADL program benefit(s), to arrange for benefit(s) to be provided to me and to enable AADL to bill for the benefit(s). I understand that if I have any concern regarding this collection of personal information, I should contact the Information & Training Coordinator, AADL, Seniors & Community Supports, at (780) 422-6871 or 10th Floor, Milner Building, 10040 - 104 Street, Edmonton, Alberta, T5J 0Z2.

Section A - To be completed with the information of the client (individual receiving product/service from AADL)

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

- the client is under the age of 18
- the client is a dependent adult listed on your Alberta Health Care Insurance plan coverage

Government of Alberta ■ **Application for Cost-Share Exemption**

To mail correspondence, or for service in person:
 Alberta Aids to Daily Living
 10th Floor, Milner Building
 10040 - 104th Street
 Edmonton, Alberta T5J 0Z2

To telephone:
 780 427 0731 Edmonton
 Toll free in Alberta at 310 0000
 then dial 780 427 0731
 Fax: 780 422 0968 Edmonton
 To visit our Web site:
 www.seniors.gov.ab.ca/aadl

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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 (year/month/day)

Section B - Consent

I authorize the Canada Revenue Agency to release information required from my tax file to Alberta Ministry of Seniors and Community Supports. 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 (235/85)*, 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 Seniors and Community Supports.

Section C - Declaration

If this Section is not signed and dated 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.

Applicant (print full legal name)	Home phone	Date of Birth (year/month/day)
Signature	Work phone	Social Insurance Number
Spouse/Partner (print full legal name)	Home phone	Date of Birth (year/month/day)
Signature	Work phone	Social Insurance Number

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

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)	Home phone	Date of Birth (year/month/day)
Signature	Work phone	Social Insurance Number
Parent/Guardian Spouse/Partner (print full legal name)	Home phone	Date of Birth (year/month/day)
Signature	Work phone	Social Insurance Number

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

Person Responsible for Client (print name)	Home phone
Signature	Work phone

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, if necessary?

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

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AHCIP _____ Family Composition _____

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

COST-SHARE EXEMPTION INFORMATION

Under the Alberta Aids to Daily Living (AADL) program, every Albertan who is disabled or chronically ill may be eligible to receive certain basic medical supplies/equipment. Cost-share exemption is designed to help those who are having problems paying the client portion of the cost of supplies/equipment.

Your taxable income (Line 260 from your most recent income tax return) will determine if you qualify for cost-share exemption during the benefit year (July 1 to June 30 of each year).

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

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

If your Alberta Health and Wellness account includes a spouse/partner, their taxable income (line 260 from your spouse's/partner's most recent income tax return) must also be included by filling out Section C.

If you do not qualify for cost-share exemption, but because of 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 www.seniors.gov.ab.ca/aadl to obtain an application.

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

- Income Support from Employment and Immigration
- Assured Income for the Severely Handicapped (AISH)
- Adult Health Benefits (AHB)

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

- a Treaty Indian – Health Canada, First Nations and Inuit Health Branch, Medical Services Branch is responsible for the cost of medical equipment and supplies on behalf of all Registered Indian and Inuit people
- 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
- 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.

Common-law partner

A common-law partner applies to a person who is **not your spouse** (see above), with whom you are living in a conjugal relationship, and to whom at least one of the following situations applies. He or she:

- has been living with you in a conjugal relationship for at least 12 continuous months;
- is the parent of your child by birth or adoption; or
- has custody and control of your child (or had custody and control immediately before the child turned 19 years of age) and your child is wholly dependent on that person for support.