

Saskatchewan Supplement Programs

Mandatory or Change Report Form

Saskatchewan Supplement Programs
 PO Box 2405
 Regina, SK S4P 2Z9
 Email: sesreport@gov.sk.ca

Complete all information on both sides of this form. The applicant must sign and date the form in order for it to be accepted as your Mandatory Report. This report must be received in our office between the 1st and 18th of the month. Please send in your report as early as possible to avoid delay to your payment. If you have ongoing income you may complete your income reports by email at sesreport@gov.sk.ca.

Please Note: Changes to your address or family unit must be updated with eHealth by calling 1-800-667-7551 or visiting their website at <https://www.ehealthsask.ca/residents/health-cards>. You will need to call the Client Service Centre (CSC) 3 to 4 business days after this is completed. Please call the CSC if you have any questions or concerns regarding your SRHS or SES payments.

Account Number ▶		
Reason for Report:	<input type="checkbox"/> Mandatory Report (Quarterly Report)	<input type="checkbox"/> Reporting Changes (Only report income, Address or Family changes)

Client Information	Primary Client	Spouse (if applicable)
Name		
Address		
Password		n/a
Phone Number		
Email Address		
Name of Employer		

Income Assistance				
Are you receiving?	<input type="checkbox"/> SAP	<input type="checkbox"/> SAID	<input type="checkbox"/> TEA	<input type="checkbox"/> SIS
Amount				

Sources of Income

Income Source	Primary Client Monthly Gross Income	Spouse Monthly Gross Income
Employment	\$	\$
Child/spousal support	\$	\$
Old Age Security (OAS) and Guaranteed Income Supplement (GIS)	\$	\$
Personal retirement pension funds	\$	\$
Other government benefits (CPP, SGI wage replacement)	\$	\$
Other income (state type of income)	\$	\$
Farming/Self-employment	\$	\$

Residents of Your Home

Who resides in the home? Please provide names, Personal Health Number, and date of birth for all individuals.

Name	Relation to Primary Client	Health Number	Date of Birth (MMM/DD/YYYY)

How much is your monthly rent? \$ _____

Do you pay for heat? YES NO

Health and Safety	YES	NO
Do all of the outside doors to your residence close properly and have locks that work?	<input type="checkbox"/>	<input type="checkbox"/>
If you have a balcony over two feet off the ground, does it have a railing?	<input type="checkbox"/>	<input type="checkbox"/>
Are the floorboards in the steps and staircases in the home in good shape with no rotten or missing boards?	<input type="checkbox"/>	<input type="checkbox"/>
Does your roof or any of your windows always leak when it rains?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any exposed electrical wires?	<input type="checkbox"/>	<input type="checkbox"/>
Do both your bathroom and kitchen have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
Does your bathroom have a working bathtub, shower, or sink?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have a working toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have a working source of heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have working smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a constant problem with rodents in your home?	<input type="checkbox"/>	<input type="checkbox"/>
Does your residence have a foundation that is caving in?	<input type="checkbox"/>	<input type="checkbox"/>
Does every bedroom have a window that opens?	<input type="checkbox"/>	<input type="checkbox"/>
If you have previously reported that you have disability supports in place in or around the home. Are these supports still in place?	<input type="checkbox"/>	<input type="checkbox"/>
If you have previously provided reference person. Has this contact information changed? If yes, please use the Comments section below to provide the new contact information.	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Additional Information

Declaration

I, _____ of _____, Saskatchewan, do solemnly declare that all of the information is true and complete. I make this solemn declaration sincerely believing it to be true, and knowing that it is of the same force and effect as if made under oath. I understand that I may be liable to criminal prosecution for withholding information or providing false or misleading information.

Client's Signature _____

Date: _____