

# Saskatchewan Assured Income for Disability Policy Manual





<b>Chapter Section</b>	<b>Update</b>																
3.2 <i>Individuals and Family Units Who Are Not Eligible</i>	<i>Delete: Applicants/beneficiaries in receipt of OAS</i>																
6.0 <i>Minister Order Income Exemption List</i>	<p><i>Addition: MO #33/2018: Agricultural Benefit Settlement Agreement Exemption.</i></p> <p><i>Addition: MO #37/2018: Autism Spectrum Disorder Individualized Funding Exemption</i></p>																
6.9.1 <i>Wages</i>	<i>Amend: Annualized earned income exemptions</i>																
8.1 <i>Temporary Benefits</i>	<i>Addition: SIS-equivalent rates</i>																
9.14.1 <i>Level-of-Care and Group Home Benefits</i>	<p><i>Amend: Rates have been updated effective May 1, 2019</i></p> <table border="1" data-bbox="618 705 1507 1012"> <thead> <tr> <th data-bbox="618 705 1084 739"><b>Daily Living Support Assessment</b></th> <th data-bbox="1091 705 1507 739"><b>Effective May 1, 2019</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="618 747 1084 781">Level 2.0</td> <td data-bbox="1091 747 1507 781">\$1,302/mo.</td> </tr> <tr> <td data-bbox="618 789 1084 823">Level 2.5</td> <td data-bbox="1091 789 1507 823">\$1,548/mo.</td> </tr> <tr> <td data-bbox="618 831 1084 865">Level 3.0</td> <td data-bbox="1091 831 1507 865">\$1,735/mo.</td> </tr> <tr> <td data-bbox="618 873 1084 907">Level 3.5</td> <td data-bbox="1091 873 1507 907">\$1,989/mo.</td> </tr> <tr> <td data-bbox="618 915 1084 949">Level 4.0</td> <td data-bbox="1091 915 1507 949">\$2,240/mo.</td> </tr> <tr> <td data-bbox="618 957 1084 991">Level 4.5</td> <td data-bbox="1091 957 1507 991">\$2,495/mo.</td> </tr> <tr> <td data-bbox="618 999 1084 1033">Level 5.0</td> <td data-bbox="1091 999 1507 1033">\$2,745/mo.</td> </tr> </tbody> </table> <p><i>Amend: Outlines SIS-equivalent temporary benefits for each living situation</i></p>	<b>Daily Living Support Assessment</b>	<b>Effective May 1, 2019</b>	Level 2.0	\$1,302/mo.	Level 2.5	\$1,548/mo.	Level 3.0	\$1,735/mo.	Level 3.5	\$1,989/mo.	Level 4.0	\$2,240/mo.	Level 4.5	\$2,495/mo.	Level 5.0	\$2,745/mo.
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10.2.2 <i>Special Food Items</i>	<i>Addition: No review period for tube feeding</i>																
10.8.1 <i>Funeral Arrangements</i>	<i>Clarify: Form 1244 is not completed for current clients.</i>																
10.8.2 <i>Application (for those not in receipt of benefits)</i>	<p><i>Clarify: Form 1244 is not completed for current clients.</i></p> <p><i>Clarify: Form 1244 is only to be completed by a funeral director as a last resort.</i></p>																
10.8.3 <i>Eligibility for Funeral Benefits</i>	<i>Addition: Beginning January 1, 2019, all CPP contributors who are eligible to receive the death benefit will receive a flat rated benefit of \$2,500.</i>																
10.8.4 <i>Rate Schedule for Funeral Expenses</i>	<p><i>Clarify: Transportation Costs: The initial 20km is included in the benefit calculation if the distance travelled exceeds 20km.</i></p> <p><i>Clarify: All invoices/receipts must be submitted to the Ministry.</i></p> <p><i>Clarify: All actual cemetery plot related costs may be provided by the Ministry.</i></p>																
10.8.5 <i>Transportation of the Deceased Person</i>	<p><i>Delete: The family is a resource for transportation costs.</i></p> <p><i>Clarify: If the deceased was an active client and out of the province at the time of death and the body/remains are to be interred in Saskatchewan, transportation to Saskatchewan may be provided.</i></p>																

	<p><i>Addition: If a funeral home does not have cremation facilities, transportation costs to the nearest available crematorium may be provided. If the nearest available crematorium is located in a different province, transportation costs may be granted. Two round trips to the nearest available crematorium from the funeral home may be provided if required.</i></p>
<p><i>10.8.6 Payment Process (funerals)</i></p>	<p><i>Clarification: Cemetery related costs are made to the funeral director</i></p> <p><i>Addition: Presence of a will, executor's name (if applicable), amount of funeral costs paid by the Ministry added to reflect information requested from form letter 3009.</i></p>
<p><i>15.11 Recovery of Overpayments</i></p>	<p><i>Amend: Overpayment recovery rates for employed clients is based on their net SAID payment</i></p>
<p><i>15.12 Underpayments</i></p>	<p><i>Clarify: Time period underpayments can be calculated</i></p>

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Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 3	CH 1 Vision Statement and Intent

## VISION STATEMENT

Saskatchewan citizens with significant and enduring disabilities have access to long-term income support based on the impact of a person’s disability, offering the dignity of greater choice of services and increasing a person’s participation in community.

### Intent

#### Act

***The Saskatchewan Assistance Act*** is the legislative authority which provides for the granting of benefits to persons in need. The Act authorizes the SAID program as a needs-tested program.

*The Saskatchewan Assured Income for Disability Regulations, 2012* provide the legislative authority for SAID, the amount of benefits, the conditions under which benefits are cancelled or reduced and the conditions in which appeals can be made.

**The SAID Policy Manual** describes Ministry policy for delivery of the program under the authority of *The Saskatchewan Assured Income for Disability Regulations, 2012*.

In this policy manual, the term benefit is used to describe financial payments to a beneficiary under the authority of the SAID Regulations and policies.

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Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulation Section 4	CH 2 Application

**Intent**

Those wishing to apply for SAID benefits and/or health benefits must do so in writing on a prescribed form. An application form must be provided upon request. Necessary assistance and information to complete the application form are provided.

**Policy**

**2.1 Applicant in a Family Unit**

Where a couple lives as a family, and both have a significant and enduring disability, the couple should select which person will be the applicant. Wherever possible, the head of the household should be the person with a significant and enduring disability. Family unit is defined in Regulation 2(l).

**Guidelines for Determining Family Units and Spousal Relationships**

When a couple does not declare a spousal relationship after a period of 3 months cohabitation while receiving benefits, the following guidelines are used to determine whether the couple is living as a family. The following factors suggest a couple is living as a family. Information on these factors is to be provided by the applicant:

Living Arrangements

- Do they maintain separate living accommodation? Are separate addresses used for bank, driver’s licenses, or vehicle registrations?
- In whose name and address are the utilities metered?
- Do they use the same phone number?

Living Accommodations

- If rented, who is listed on the rental agreement?
- If owned, who is the registered owner?
- Does the physical location allow for the described living arrangement?

Financial Matters (economic interdependence)

- Who pays for the monthly rent or mortgage, utilities, groceries and household supplies?
- Are there joint bank or credit accounts?
- Are there joint loans or do they guarantee for one another?
- Are any assets jointly owned?
- Who are the beneficiaries on insurance policies?
- Who claims the children as dependants (e.g., income tax return, registered savings plans)?
- Do they claim the person with whom they are living as a spouse on their income tax return?

#### Family Matters

- Is there a common surname? What surname do the children use?
- Who are the birth parents of the children registered with Vital Statistics?
- Is the other adult with whom the eligible beneficiary is living required to pay spousal support or support for any of the children through a court order?

## 2.2 Employability Status and Disability for Spouses

Following are guidelines for assessing the employability of an eligible beneficiary's spouse who does not have a disability or the disability impact is not significant or enduring to the extent that the spouse meets SAID eligibility criteria.

**Fully Employable** Spouses who are capable of working 36 hours per week or more, including people who are employed, self-employed (e.g., hairdresser), or unemployed.

- Spouses capable of working 36 hours a week who are enrolled and participating in an upgrading or training program that is intended to enhance their ability to become employed.

### **Partially Employable or Unemployable**

Spouses are considered partially employable when they are only capable of working on a part-time or casual basis or are unemployable when they are unable to work due to behavioral, educational or family reasons. No Medical Report is required. The partially employable or unemployable category includes:

- Spouses with a poor work history and/or behavioral, educational or family problems. The reason is documented and the supervisor's approval is required.
- Spouse age 55 and over, unless they have employment income, are seeking full-time employment or consider themselves fully employable.

- Mothers with newborn children for up to 90 days after the birth of the child. Employability is reviewed after 90 days.
- Spouses who are foster parents, alternate caregivers or persons of sufficient interest where family reasons prevent the caregiver from working full-time because of the need to care for the children placed in their care.
- When medical care is being provided to a member of the family unit out of the province, verbal confirmation from a health professional is sufficient.
- Familial reasons prevent the spouse from working full-time because of the need to care for a family unit member. Written confirmation from a health care professional indicating the condition of the family member requiring care is sufficient.

A medical report (form 1092 or 1093) is required when a spouse is considered partially employable or unemployable for health reasons. This requirement includes pregnant women who are unable to participate in training or employment (e.g., high risk pregnancy).

A person may be considered partially employable or unemployable for up to 60 days, pending receipt of a medical report.

### **Non-SAID Disability**

Spouses with a disability which limits the ability for employment or training for more than 12 months, but the disability impact is not significant or enduring to the extent the spouse meets SAID eligibility criteria.

The Assured Income Specialist uses the information provided by the beneficiary and health practitioners to determine whether the spouse has a disability. Medical reports are a tool to help the Assured Income Specialist complete the assessment. Information from other sources (e.g., psychologist's report) may also be considered.

The medical report (form 1092 or 1093) relating to the ability to function is obtained within 60 days. If the medical report is unclear or inconsistent with other available information, further clarification from the health practitioner may be required.

A spouse may be considered to have a disability for up to 60 days, pending receipt of a medical report. After 60 days, benefits are adjusted to the date the medical report or other relevant information is received. If no information is provided, an overpayment is not calculated for the first 60-day period.

No medical report (form 1092 or 1093) is required when the presence of a disability is documented in one of the following ways:

- by a health or education professional (e.g., an assessment completed by a psychologist documents the disability);
- disability is permanent and a medical report is on file from a previous application.

## **2.3 Application Criteria for Special Groups**

### **2.3.1 Those who received assistance for basic needs from another province or an Indian Band for the month of application**

Minimal benefits may be provided (see Chapter 8). Full benefits may be provided the following month. Travel funds may be provided for the applicant to return to his or her former residence.

### **2.3.2 Children with non-parental caregivers**

Children under 18 are not eligible for benefits. Children from families may be included as dependants if the family is eligible for benefits.

#### **Non-parental caregivers**

Those children whose parents place them with a caregiver who has an active child protection file with the Ministry of Social Services are referred to Child and Family Programs for an assessment of the placement. The children are added to the file based on the results of the assessment. If there is a record of previous protection concerns the Assured Income Specialist contacts Child and Family Programs to determine whether an assessment of the caregiver should be completed.

Caregivers are referred to Canada Revenue Agency (CRA) for determination of eligibility for the federal child benefits.

If the arrangement for the child(ren) is long-term, the caregiver is required to pursue support action under *The Family Maintenance Act*. Support action may be waived. See Chapter 6.2.

### **2.3.3 Assisted Adoption Program**

When adopted through the Ministry of Social Services' Assisted Adoption program, the child(ren) is added as a dependant to the parent(s) file. The adoption worker is consulted prior to providing special needs to prevent duplication of benefits.

## 2.3.4 Non-Canadians/Sponsored Immigrants

### Sponsored Immigrants

Citizenship and Immigration Canada (CIC) is contacted to determine immigration and sponsorship status. If receiving assistance under any of the CIC programs, there is no eligibility for benefits. Canadian citizenship or permanent resident status does not nullify the terms of a sponsorship undertaking.

Eligibility is considered:

- Upon expiration of a CIC sponsored program when the non-Canadian has been on the program for one year or after the person has been placed in continuing full-time employment (e.g., four weeks of full-time employment if the prospects are on-going and of a permanent nature);
- Upon a private (family) sponsorship default.

Where a sponsored person and/or his or her family members listed on the sponsorship undertaking apply for and are granted SAID benefits during the validity period of the undertaking, a default of the sponsorship undertaking occurs. The sponsorship undertaking continues to exist between three to 10 years after the sponsored person has received permanent resident status (e.g., when sponsoring a mother and father, the length of undertaking is 10 years after the parent receives their permanent resident status. When a sponsor is unable or unwilling to assist the applicant, benefits may be granted providing all other eligibility requirements are met.

The applicant is required to provide all information possible concerning the sponsor's circumstances and also report the circumstances to CIC. Such cases are referred to CIC who will verify the immigration status. Any benefits granted are considered a debt to the province by the sponsor and no subsequent applications from a sponsor who has defaulted will be approved by Canada until the province confirms that the debt has been extinguished or repaid to the satisfaction of the province. These cases are referred to Income Assistance *Programs*, Program and Service Design.

Non-Canadians – see Chapter 3.2.

## Refugees

**Resettled Refugees** – Resettlement is the term used by CIC to describe the legal process of bringing a refugee to Canada to live as a permanent resident. Resettled refugees may be categorized as “Government-assisted” or “Privately-sponsored” depending on the way in which they have been referred for resettlement and the party responsible for the provision of resettlement assistance. These refugees receive financial assistance from CIC (Adjustment Assistance) or a contracted agency for the first year in Canada or until they are placed in full-time employment (30 days or more). If they require assistance after one year or lose their job, or the private sponsor defaults, they may apply for SAID benefits.

**Refugee Claimants** – These claimants arrive in Canada and apply for refugee status. They are allowed to remain in Canada until their refugee application is heard by CIC. This process may take 6 to 9 months. Refugees may receive a work visa pending their hearing. CIC does not provide any financial assistance. The person is eligible for benefits if he or she meets normal eligibility criteria.

**Rejected Refugee Claimants** – People whose claims have been rejected by the Immigration Refugee Board and whose right to judicial review or appeal of that judicial review has been exhausted.

### 2.4 Application (Form 1001a and 1001a-Part B)

New applicants, who are not current Saskatchewan Assistance Program (SAP) or *Saskatchewan Income Support (SIS)* recipients, are responsible for completing a written Application for Benefits (form 1001a):

- providing documentation required to determine financial eligibility;
- signing a declaration and consent (see Chapter 2.5); and

Applicants who are living independently (on SAP/SIS or not on SAP/SIS) are also responsible for completing Part B of the Application for Benefits (form 1001a) and for the following (see Chapters 3.1 and 4.1.2 for exceptions):

- submitting a Ministry approved medical report and reference person form, or other documentation to verify the enduring nature of the disability; and
- completing the SAID Disability Assessment to verify the significant nature of the disability; or



- submitting documentation confirming the applicant is eligible for Canada Pension Plan Disability (CPPD) benefits.

Applicants who are living in residential care (on SAP/SIS or not on SAP/SIS) are responsible for submitting a completed level-of-care assessment that is authorized by the Minister (see Chapter 4.1.3).

The Assured Income Specialist is responsible for determining what additional information may be necessary to establish eligibility and to keep a record of the information relevant to the application.

If the SAID Disability *Impact* Assessment is not completed within four months from the date of application a new Part B application is required. In exceptional circumstances, when a delay in completing the disability assessment is due to circumstances beyond the applicant's control, the four-month period may be extended with approval from the supervisor. The supervisor notifies the Ministry Eligibility Review Team (MERT) of the time extension.

#### **2.4.1 Rapid Reinstatement**

SAID applicants who were determined to have a significant and enduring disability during a previous SAID involvement and were deemed eligible for the program may be eligible for Rapid Reinstatement if they:

- Meet financial eligibility;
- Have had no significant changes to their medical circumstances; and
- Have sufficient documentation on file. This includes one of the following:
  - A Disability Impact Assessment (DIA) and a Medical Report Form (1092) that confirms the enduring (permanent) nature of the disability; or
  - An assessed level of care of 2 or higher on Daily Living Support Assessment (DLSA), Medical Report Form (1093) or Minimum Data Set (MDS) used for special care homes and resides in a:
    - CLSD approved private service home licensed under *The Residential Services Act*;
    - Mental Health Services approved home, as defined in *The Mental Health Services Act*;
    - Special Care home (nursing home) defined under *The Housing and Special Care Homes Act*;

- Personal care home licensed under *The Personal Care Home Act*;
- a hospital or Health Centre approved pursuant to *The Regional Health Services Act* (if not requiring acute care);
- family home (receiving personal care from a relative as defined in *The Personal Care Homes Act*); or
- Medical Report (1092) and MERT approval for Waiver of SAID Disability Assessment; or
- Documentation verifying receipt of Canada Pension Plan Disability (CPPD) benefits; or
- Resides in a CLSD or Mental Health Services group home licensed under *The Residential Services Act*.

If the applicant does not meet the eligibility criteria outlined above, they are not eligible for Rapid Reinstatement and are required to complete a new Medical Report Form (1092) and/or DIA to determine eligibility. If the Medical Report Form does not clearly indicate the disability is enduring (permanent) in nature, a new Medical Report Form must be completed or supervisor approval must be documented in order for the applicant to be deemed eligible for Rapid Reinstatement.

## **2.5 Confirmation of Application and Consent**

The date of application is deemed to have been made on the date of application shown on the top portion of form 1001a (for date of eligibility see Chapter 3.1). The applicant and the applicant's spouse, if any, confirm the application and sign the consent form. If an application form is not signed within 30 days, a new application form is required. The Service Manager may approve an applicant or spouse signing an application beyond the 30-day requirement when exceptional circumstances prevent the applicant from signing within the required time. To ensure consent for verification purposes, the spouse signs the Spouse Reporting Requirements and Consent Form within 60 days if not present at the initial interview.

All who apply using form 1001a must be seen in person within 60 days. Even if they are not capable of completing the application, they must be seen by a Ministry employee. In exceptional circumstances, with the Service Manager's approval, this requirement may be waived:

- where this would cause the applicant severe anxiety or distress;
- when there is a physical threat to Ministry staff; or
- other situations as approved by the Manager

This requirement does not include applicants whose finances are managed by the Public Guardian and Trustee.

If the applicant is incapable of completing or signing the form, the trustee (or other individual acting on behalf of the applicant) may complete the declaration and sign on the line provided. The declaration is completed regardless of who signs the application. The name of the individual signing the declaration (applicant or person completing on behalf of applicant) must appear on the line identified for this purpose.

If the applicant is unable to sign the consent (even with a mark) one of the following may sign on his or her behalf: Power of Attorney, court appointed Property Guardian or an official of the Public Guardian and Trustee office. The trustee or other person applying on the applicant's behalf should not sign the consent unless they are one of the above.

## **2.6 Re-Application**

Individuals may reapply for SAID at any time regardless of the date of previous denial or cancellation of benefits (including appeal decisions). In the case of re-application from an applicant who appealed, a denial would stand if the applicant's circumstances remain unchanged. If the circumstances which precipitated the decision have changed the applicant's eligibility is reassessed.

## **2.7 Application from Active SAP or SIS Recipients**

- SAP or SIS recipients who are living independently apply for SAID benefits using form 1001b (Part B). They are assessed through the SAID disability assessment process to determine eligibility for the program. Financial eligibility does not have to be re-verified.
- SAP or SIS recipients who are assessed as requiring level 2 care or higher or live in a group home apply for SAID benefits using the Confirmation of Enrollment (COE) form 1261. Financial eligibility does not have to be re-verified.
- Applicants who are receiving Canada Pension Plan Disability (CPPD) benefits do not require assessment using the SAID disability assessment. (For existing SAP or SIS recipients, a COE is signed indicating the person's desire to transition to SAID.)

## **2.8 Requisition for Goods and Services (1131)**

Form 1131 may be used to provide minimal benefits (see Chapter 8) pending the determination of eligibility for benefits. It may also be used to establish the date of eligibility, provided the application (form 1001a) is completed within 30 days.

## **2.9 Temporary Health Coverage (THC 1117)**

Form 1117 may be used where an emergency health need exists and immediate treatment is required (e.g., drugs or dental). Form 1117 is not used to authorize an ambulance.

## **2.10 Supplementary Health Application –Non-registered Indian on Reserve (1115)**

Form 1115 is used by non-registered Indians on reserve who receive benefits from a band and who are not eligible for Non-Insured Health Benefits for First Nations and Inuit. To complete an assessment for health services, see Chapter 20.1.2. Children eligible for Family Health benefits may be eligible for northern medical tax. See Chapter 10.5.4.

## **2.11 Requirement to Provide SIN and HSN**

As a condition of eligibility, applicants and eligible spouses must provide:

- their Social Insurance Number (SIN); and
- their Health Services Number (HSN) (including other eligible family members) for the purpose of determining eligibility to receive supplementary health benefits.

Hard copy is not required.

When the SIN or the HSN is not available for both the applicant and spouse at application, the applicant and spouse are asked to present one of the following documents for identification:

- driver's license (current)
- band registry card
- passport/immigration documents
- birth or baptismal certificate
- any photo identification

These identification documents are photocopied and returned to the applicant. Where the photocopying is not possible, the Assured Income Specialist lists the documents examined and notes the information in a chronological recording.

### **2.11.1 No SIN**

Refugee claimants who are unable to obtain a SIN within the 60 days are exempt from the requirement to obtain a SIN, provided supporting documentation from Citizenship and Immigration Canada is obtained. The time period can be extended with supervisor's approval.

### **2.11.2 No HSN**

Applicants who do not have a HSN (e.g. from out-of-province) may be nominated for supplementary health coverage (except Registered Indians who receive health services through Health Canada). The Ministry of Health will provide a HSN which meets the requirements for a HSN for the SAID program.

Beneficiaries who are not eligible for supplementary health coverage are required to provide a health number within 60 days.

Supervisor's approval is required when a refugee is unable to obtain a HSN within 60 days.

### **2.11.3 No Identification**

If no identification is available at application, a physical description is noted in a chronological recording and benefits may be provided for up to 30 days. Benefits may be provided for an additional 30 days if one of the documents noted in Section 2.11 is provided.

### **2.11.4 Name Change**

A change in beneficiary's name is reported on the Change of Circumstances (form 1243). Beneficiaries are responsible for notifying the Ministry of Health.

## SAID Program Verification/Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and Policy*

<b>Policy Reference</b>	<b>Verification Beneficiary's Verbal Statement should be noted in a chronological recording</b>	<b>Documentation</b>
<b>2.1 Determining family unit – adults</b>	Beneficiary verbal statement about: <ul style="list-style-type: none"> <li>• address of other party</li> <li>• physical description of accommodation for beneficiary</li> <li>• name of other parent of child(ren)</li> </ul>	Beneficiary provides: <ul style="list-style-type: none"> <li>• rental agreement, certificate of title</li> <li>• utility bills</li> <li>• bank statements</li> <li>• loan information</li> <li>• documents concerning ownership of other assets</li> <li>• income tax return regarding children declared as dependants</li> </ul>
<b>2.2 Unemployable familial reasons</b>	Verbal confirmation from CFS for foster child	<ul style="list-style-type: none"> <li>• Form 1092 or 1093 for health reasons, high risk pregnancy</li> <li>• written confirmation from health care professional for member of the family unit requiring care</li> </ul>
<b>2.2 Disability</b>		<i>Form 1092 or 1093 within 60 days (other than for noted exceptions)</i>
<b>2.3.1 Received assistance from another province</b>	Verbal or written verification from band or province regarding date and amount of last assistance	
<b>2.3.2 Adding dependants to family of non-parental caregiver</b>		<ul style="list-style-type: none"> <li>• Caregiver provides verification of any income received by dependants (e.g., CPP Orphan's benefits).</li> <li>• CFP assessment if caregiver has active protection file.</li> <li>• Contact with CFP worker to confirm whether an assessment of caregiver should be completed if caregiver has closed protection</li> </ul>

		<ul style="list-style-type: none"> <li>file.</li> <li>Letter from parent, Legal Aid, or private lawyer re: support.</li> </ul>
<b>2.3.3 Assisted Adoption</b>	Contact with adoptions worker to verify special needs granted by Assisted Adoption Program	
<b>2.3.4 Immigrants and refugee claimants</b>		<ul style="list-style-type: none"> <li>Form 1001a</li> <li>Form letter #1005</li> <li>CIC document for inability to obtain SIN</li> </ul>
<b>2.4.1 Rapid Reinstatement</b>	Verbal confirmation from special care home administrator, including level of care required, if Minimum Data Set (MDS) is unavailable.	<p>A Disability Impact Assessment (DIA) and a Medical Report Form (1092) that confirms the enduring (permanent) nature of the disability; <b>OR</b></p> <p>Has an assessed level of care of 2 or higher on Daily Living Support Assessment (DLSA), Medical Report Form (1093) or Minimum Data Set (MDS) used for special care homes; <b>OR</b></p> <p>Medical Report (1092) and MERT approval for Waiver of SAID Disability Assessment; or</p> <p>Medical Report Form (1092 or 1093) and documentation verifying receipt of Canada Pension Plan Disability (CPPD) benefits; <b>OR</b></p> <p>Resides in a CLSD or Mental Health Services group home licensed under <i>The Residential Services Act</i>.</p>
<b>2.5 Spouse's consent if not at initial interview</b>		<i>Form 1003</i> within 60 days
<b>2.5 Consent is signed by Property Guardian or Power of Attorney</b>		Court order – Property Guardian and Power of Attorney
<b>2.11 Identification</b>	<ul style="list-style-type: none"> <li>SIN provided by applicant</li> <li>HSN provided by applicant or by Health electronically when beneficiary is nominated for supplementary health benefits</li> </ul>	<ul style="list-style-type: none"> <li>No ID at all available – physical description of beneficiary recorded on electronic file.</li> <li>Either no SIN or no HSN – copy of current driver's license, photo ID, band registry card, passport or immigration documents, birth/baptismal certificate within 30 days.</li> <li>Assured Income Specialist notes documents examined in a chronological recording where copying is not possible.</li> <li>No further ID required if on file from previous applications and individual is personally known by a Ministry employee.</li> </ul>
<b>Delegation of Authority</b>		

The supervisor, Manager or MERT consultant writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team

<b>Approval Items</b>	<b>Reference</b>	<b>Approval Required</b>
Not employable – poor work history or social problems	2.2	S
Extending four month period for completing SAID Disability Assessment	2.4	MERT
Applicant must be seen in person within 60 days – Waived in exceptional circumstances	2.5	M
Eligibility date – extend application signing beyond 30 days in exceptional circumstances	2.5	M
No SIN or HSN after 60 days	2.11.1 and 2.11.2	S



Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 5,6,7,8	CH 3 Eligibility

## Intent

Eligibility for the SAID program is to be determined by:

- verification of financial eligibility and
- verification of the anticipated duration of underlying health conditions, as well as an assessment of financial, residency, and age requirements; and
- an assessment of the impact of a disability

## Policy

### 3.1 Eligibility Date

The date of application is deemed to have been made on the date of application shown on the top portion of form 1001a.

The date of eligibility for benefits can be as early as the date the applicant notified the Ministry of his or her intent to apply for benefits, as long as the application is signed and received by the Ministry within 15 days. In the calculation of the 15 calendar days, the first day is excluded and the last day is included. If the 15th day falls on a holiday or weekend, the 15-day period is extended to the next business day for the Ministry. In exceptional circumstances, the supervisor may approve an extension, up to 30 days, for applicants who are unable to meet the 15-day signing requirement.

Applicants may complete the application prior to the appointment date. For temporary benefits pending eligibility, see Chapter 8.1. If the application has not been received by the Ministry within 15 days (up to 30 days in exceptional circumstances) from the contact date shown on the form, the eligibility date is the date the application is received in the office. The day of application is not included in the calculation of days.

### 3.1.1 Individuals and Family Units Who Are Eligible

An individual or family unit is eligible if at least one member of the family unit meets all of the following criteria:

- a) is a Saskatchewan resident;
- b) is 18 years or older;
- c) is a Canadian citizen or a non-Canadian authorized to be in Canada (Chapter 2.3.4);
- d) has a budget shortfall (see Chapter 5.1);
- e) produces evidence of lack of self-support (includes application for Old Age Security, Canada Pension Plan benefit, Employment Insurance, etc.); and
- f) has a significant and enduring disability as approved by the Ministry Eligibility Review Team, or
- g) meets the criteria in (a) to (e) and one of the following:
  - 1) provides documentation verifying receipt of Canada Pension Plan Disability (CPPD) benefits (see below);
  - 2) has a Medical Report Form (1092) and has an Approval for Waiver of SAID Disability Assessment recommended by the Service Manager and approved by the Ministry Eligibility Review Team;
  - 3) resides in a Community Living Service Delivery (CLSD) or Mental Health Services group home licensed under *The Residential Services Act*;
  - 4) has an assessed level-of-care of 2 or higher on a Daily Living Support Assessment (DLSA), Medical Report Form (1093) or Minimum Data Set (MDS) used for special care homes (see *Chapter 4.1.3*) and resides in a:
    - CLSD approved private service home licensed under *The Residential Services Act*
    - Mental Health Services approved home, as defined in *The Mental Health Services Act*
    - special care home (nursing home) defined under *The Housing and Special Care Homes Act*
    - personal care home licensed under *The Personal Care Homes Act*
    - a hospital or Health Centre approved pursuant to *The Regional Health Services Act* (if not requiring acute care)
    - family home (receiving personal care from a relative as defined in *The Personal Care Homes Act*).

Those found not eligible for SAID who later receive CPPD benefits are required to complete a new SAID application to establish the SAID eligibility date.

## **Those who reside on reserve in a licensed facility**

Cases in which a SAID applicant is residing in a residential care facility licensed by the Province are referred to Income Assistance *Programs*, Program and Service Design for review prior to benefits being approved.

### **3.1.2 Dependent Adults at Time of Application**

When an existing SAP client applies for SAID with a dependent adult attending high school included in the family unit, the dependent adult is left on the SAP file and SAP benefits continue during the time period required for the disability impact assessment to be completed for the parent(s). The dependent adult is deleted from the client's file effective the date the applicant is eligible for SAID (date of application for SAID) as determined by Ministry Eligibility Review Team (MERT). The dependent adult is advised to apply for benefits in his/her own right.

If an applicant does not require an assessment to determine eligibility (i.e. receiving CPPD) the dependent adult is deleted from the file effective the date of the SAID application. The dependent adult is advised to apply for benefits in his/her own right.

In no case is an overpayment assessed due to a change in family size.

For new SAID applicants (not currently receiving SAP benefits), no dependent adults are included in the family unit.

### **3.2 Individuals and Family Units Who Are Not Eligible**

- a SAP or SIS recipient who does not meet the criteria in *Chapter 3.1*
- the applicant does not meet one of the Canadian citizenship requirements mentioned in Regulation 5(a-f).
- family members who do not meet one of the Canadian citizenship requirements. (See Chapter 6 regarding the determination of a budget shortfall if a member of a family unit is not eligible due to not meeting citizenship requirements).
- the person is sentenced to a term of imprisonment of more than 30 days in a provincial correctional facility, a youth custody facility, or is an inmate of a federal facility.

- Persons involuntarily committed by the court to the Saskatchewan Hospital, North Battleford under the Criminal Code. For those admitted for assessment only see Chapter 13.2. Those residing at Saskatchewan Hospital voluntarily may be eligible.
- Registered Indians and their Registered dependants who normally reside on a Saskatchewan reserve are not eligible when the primary reason for residing off the reserve is:
  - receiving medical treatment;
  - incarceration including residence in community training residences and half-way houses until the sentence is discharged;
  - long-term institutionalization in special care homes, group homes, approved homes, personal care home and temporary residence in safe shelters, addiction rehabilitation centres, detox centres or similar facilities;
  - attending full-time education with the following conditions:

#### High School

Students who apply for benefits to attend an off-reserve education program when resources are available on the reserve as confirmed with Band officials are not eligible. They are advised to contact their Band to explore available educational opportunities for on-reserve residents.

#### Training Programs

Students who apply for benefits to enrol in an upgrading or training program when resources are available on the reserve as confirmed with the Band/ISC are refused benefits and advised to return to the Band to make alternate arrangements. The Provincial Training Allowance (PTA) through the Ministry of Advanced Education may be a resource.

Effective April 1, 2017, individuals participating in LINC (Language Instruction for Newcomers to Canada) will no longer be eligible for the PTA. These individuals should be directed to apply for income assistance benefits. Individuals enrolled in LINC prior to April 1, 2017 will be supported on PTA until June 30, 2017, unless they discontinue the LINC program earlier.

### **3.3 Full-time Post-Secondary Students**

Full-time post-secondary students (“full-time” is determined by the educational institution) are not eligible for benefits unless they are enrolled in a program that offers

the only reasonable prospect for employment and leads to a vocational goal approved by the Service Manager.

SAID beneficiaries who are full-time post-secondary students are required to apply for student loans to meet living expenses while attending post-secondary courses. SAID benefits may be provided to top-up student loan funding if required.

The Ministry of Advanced Education is the primary funding agent for adult education and training. SAID benefits are not intended to supplement or replace any available funding sources, to replace student loans or PTA funding for those who default on their payments.

Student loans, PTA, Workforce Development for Persons with Disabilities (WFDPD) and Band funding are considered the primary sources of funding for education and training.

Beneficiaries enrolled in full or part-time Adult Basic Education (ABE), Short Skills Training (4 plus weeks) and related courses are required to apply for PTA. (LINC participants are not eligible for the PTA after April 1, 2017 (see Chapter 3.2).

### **3.4 Part-Time Post-Secondary Students**

Part time enrolment (one or two classes) in post-secondary programs may be approved. Beneficiaries, for whom part-time studies are an approved plan, are not required to take student loans. If they do, the loan is considered income, unless they repay the loan immediately. Students are responsible for repaying loans and no benefit is provided for loan payments or for tuition or books.

For assistance with tuition, books, special equipment and services students with a permanent disability may access the Canada Student Grant for Persons with Permanent Disabilities and the Canada/Saskatchewan Student Grant for Services and Equipment for Persons with Permanent Disabilities. Funding received through these grants is not considered income.

## SAID Program Verification/Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and Policy*

<b>Policy Reference</b>	<b>Verification</b> <b>Beneficiary's Verbal Statement should be noted in a chronological recording</b>	<b>Documentation</b>
<b>3.1.1 Individuals and Family Units Who Are Eligible</b>	The Ministry will accept verbal confirmation that the beneficiary has applied for CPPD.	Form 1265 (Canada Pension Plan Disability Checklist) and confirmation of application for CPPD benefits <b>OR</b> Form 1265 (Canada Pension Plan Disability Checklist) and chronological recording noting waiver of requirement to apply
<b>3.2 Off Reserve for Education</b>	Written or verbal contact with band regarding residency, education, funding resources, etc.	

### **Delegation of Authority**

The supervisor, Manager or MERT consultant writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager, MERT =Ministry Eligibility Review Team

<b>Approval Items</b>	<b>Reference</b>	<b>Approval Required</b>
Approval for Waiver of SAID Disability Assessment	3.1	MERT
Full-time Post-Secondary Students	3.3	M

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulation Section 9	CH 4 Disability Assessment

**Intent**

(a) The processes used in assessing the impact of disability are to result in assessments that are:

- unbiased;
- relatively simple to use;
- easily understood by program participants, their families, and support networks;
- equitable across different types of disabilities; and
- consistent across geographic regions of the province and over time.

(b) The selection of assessment processes used to assess disability impact should be determined through collaboration between Ministry of Social Services officials and the disability community.

(c) Individuals who administer disability assessments should be suitably trained, have appropriate competencies, and be authorized by the Ministry.

(d) Administrative structures should be established to ensure assessment decisions are kept separate from, and not allowed to influence funding decisions.

(e) Provisions should be made to use multiple sources of information in the assessment of disability impact, including the applicant, as well as family, and other caregivers where appropriate and feasible.

(f) Disability assessments should be carried out in an applicant’s home unless they choose otherwise.

(g) Disability assessments should be sensitive to a person’s circumstances, including availability to services and supports, both in the household and in the broader community.

(h) To the extent possible, provisions should be made to accept other assessments and indicators of disability impacts as the basis for eligibility in SAID.

## Policy

### 4.1 Disability Assessment Process

#### 4.1.1 Disability assessment for those living independently

If an applicant who is living independently has a budget shortfall an assessment of the person's disability will be determined using the Medical Report *Form* (1092) and the SAID Disability Impact Assessment (DIA).

The Ministry must first determine applicants have an 'enduring' disability prior to referring them for a DIA to determine the significance. To confirm 'enduring', a medical professional must indicate on the medical report that the disability is permanent. Applicants who do not have a confirmed 'enduring' disability are not eligible for SAID and will be advised of the decision in writing and of the right to appeal that decision.

Applicants who are confirmed to have an 'enduring' disability are referred for a DIA. DIAs are conducted by contracted assessors who are not Ministry employees and who are approved by the Minister. If the applicant meets a predetermined DIA threshold, SAID benefits may be provided.

An applicant who is financially eligible but does not meet the DIA threshold will be advised of the decision in writing and of the right to appeal that decision (see Chapter 7.1).

#### 4.1.2 Approval for Waiver of SAID Disability Assessment

In exceptional circumstances the Service Manager or Ministry approved third party assessor may recommend to the MERT that the applicant has a significant and enduring disability for the purpose of eligibility without a disability assessment being completed. An Approval for Waiver of SAID Disability Assessment form must be submitted to the MERT for approval.

An exceptional circumstance may be considered in situations where:

- the applicant has serious communication challenges related to the applicant's disability;
- pursuing the SAID assessment would cause the applicant severe anxiety or distress;



- the applicant poses a physical threat and all avenues to meet with the applicant in a safe environment have been exhausted; or
- other situations recommended by the Service Manager or Ministry approved third party assessor.

### **4.1.3 Disability Assessment Process for Those in Residential Care**

#### Level of Care Assessment

An applicant with a budget shortfall who is living in a residential facility as described in Chapter 3.1.1(g)(4) may be assessed for SAID eligibility using one of the assessments described below. In most cases, the person will have already been assessed using the DLSA or another instrument to determine level-of-care costs.

If assessed as requiring level 2 care or higher, the applicant may be eligible for SAID if financial eligibility criteria are met. Those living in group homes are assumed to meet the level 2 care requirement and will not require another assessment.

Three assessments used by the Ministry of Social Services and the Ministry of Health have been designated by Minister's Order to determine the level-of-care required for eligibility for the SAID program:

- **Daily Living Support Assessment (DLSA)**, used by the Ministry of Social Services and the Ministry of Health to determine care needs for individuals in CLSD Approved private-service homes and Mental Health Services approved homes.
- **Medical Report (1093) – Assessment of Level-of-Care** used by the Ministry of Social Services to determine level-of-care needs for individuals in family homes and personal care homes.
- **Minimum Data Set (MDS) - Revised for Saskatchewan Supportive Care Facilities**, used by the Ministry of Health, to determine level-of-care needs for individuals in special care facilities (nursing homes and non-acute care hospitals). Regional Health Authorities administer the MDS – called the Resident Assessment Instrument (RAI) Long-term Care - for admission to special care facilities.

### **4.2 Reassessment**

SAP or SIS recipients living in family homes, personal care homes, CLSD Approved Private-services Homes, and Mental Health Services Approved Homes who are not

eligible because they are assessed as requiring less than level 2 care, may request a new level-of-care assessment.

Those living in approved homes who request reassessment are referred to CLSD or Mental Health Services for reassessment according to CLSD or Mental Health's assessment protocols.

Recipients living in family homes or personal care homes are referred for assessment through the SAID disability assessment process to determine eligibility for SAID.

If the disability assessment process score indicates that the person living in a family home or personal care home is not eligible for SAID, the person is advised in writing of the decision and the right to appeal.

In cases where it is determined that an applicant is not eligible for SAID through the disability assessment (DA) process, the DA is valid for a period of one year from the date of the assessment. If more than one year has passed since the last assessment, a new, full assessment is required for those who wish to reapply.

Those who are reapplying due to a change in their disability impact, need not have another full assessment if less than one year has passed since the last assessment. The Ministry's Eligibility Review Team (MERT) can make adjustments to the previous assessment if warranted, taking into consideration new information (e.g., medical report form).

## SAID Program Verification/Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and Policy*

Policy Reference	Verification Beneficiary's Verbal Statement should be noted in a chronological recording	Documentation	
4.1.2 Level of Care		<ul style="list-style-type: none"> <li>• Front page of Daily Living Support Assessment (DLSA) for Approved Private Service Homes or memo from Mental Health</li> <li>• <i>Form 1093</i></li> </ul>	
<b>Delegation of Authority</b>			
<p>The supervisor, Manager <i>or</i> MERT consultant writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager, Ministry Eligibility Review Team = MERT</p>			
Approval Items		Reference	Approval Required
SAID Disability Assessment Waiver		4.1.2	MERT

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 10,11,12	CH 5 Budget Shortfall

**Intent**

Benefits are provided using the budget shortfall method of calculating eligibility.

**Policy**

**5.1 Budget Shortfall Method**

A budget shortfall occurs when the combined assets and income of an eligible beneficiary and members of the family unit are less than the total of eligible SAID benefits.

**5.2 Health Services Only Eligibility**

Applicants with high medical costs who are not eligible for financial benefits due to a monthly budget surplus may be nominated for supplementary health benefits if they have a yearly budget shortfall when medical costs (prescription medications, dental, optical, travel) are taken into account.

Assessment for health benefits only is calculated for the upcoming 12-month period using form 1089. Benefit rates are used for living income and exceptional needs benefits. Annual utilities, including telephone for those in residential care facilities, and actual medical costs (including medical travel costs) are considered. Estimates from a health professional may be used to verify estimated medical costs (e.g. dental, optical). Financial benefits are not issued.

An assessment for health services only is completed for those in Community Living Service Delivery (CLSD) licensed approved private service homes or licensed group homes for individuals with income of \$410 or greater (see Chapter 9.14.1).

A review of circumstances is completed annually and an assessment of eligibility for the upcoming year is completed to determine whether the beneficiary is eligible for further health coverage.

For non-registered people living on reserve, application form 1115 is used. (See Chapter 2.10) For the annual review, documentation from the Band confirms the client continues to receive assistance in the same family.

For the annual review for residents of Ranch Ehrlo and Eagles Nest, confirm that the client continues to reside at a Ranch Ehrlo residence or at Eagles Nest.

See Chapter 20 for a summary of health benefits for SAID, Seniors Income Plan (SIP) and Family Health Benefit beneficiaries.

Legislative Authority	Subject
<b>The Saskatchewan Assured Income for Disability Regulations Section 13, 14, 15, 19, 20, 45, Appendix Table 1</b>	<b>CH 6 Income and Assets</b>

## Intent

Financial resources of the applicant include the income and liquid and real assets of all eligible family members. Prior to application, all income received in the previous 30 days is to be declared. The disposal of that income is reviewed and approved if deemed reasonable. After application, certain income and assets are exempt from the calculation of resources. All non-exempt income is deducted when assessing eligibility.

Personal assets are not considered as an available resource for the purposes of the SAID program. Personal assets include, but are not limited to, items such as cars, computers, furniture, boats, jewelry, electronic equipment, hobby equipment, tools, etc.

The net amount of all income and assets must be assessed. Voluntary deductions are included in the calculation of income.

Overpayment recoveries from benefits such as Canada Pension Plan Disability (CPPD), Workers' Compensation Board (WCB), Employment Insurance (EI), or Provincial Training Allowance (PTA) are not made through garnishees and are not considered an allowance deduction. Beneficiaries are expected to contact the income source to make other recovery arrangements.

## Policy

All income and assets are included when determining eligibility unless they are specifically exempted in Regulations or by Minister's Order. During the period of eligibility exempt resources remain exempt when converted to another type of asset.

If a member of the family unit does not meet the citizenship requirements mentioned in Chapter 3.2, no Living Income (*LI*) or other benefit is provided for the individual or is included in the calculation of the family budget. The income and assets of the individual are, however, included in the budget calculation to determine eligibility for SAID.

## **6.1 Income**

Income is:

- recurring funds such as wages, pensions, maintenance payments, annuity payments.
- lump sum and/or retroactive payments such as pensions (Old Age Security, Canada Pension Plan), maintenance payments under a separation or divorce order or agreement, donations from a benevolent organization to meet basic needs, gifts.

## **6.2 Possibility of Maintenance**

As a condition of eligibility, applicants are expected to pursue every possibility of self-support including maintenance payments. Support matters are dealt with separately from access or custody issues.

Definitions:

Assignment of Rights (form 1251) – permits the Minister to receive support payments on behalf of an individual. It also provides the authority to pursue a variation of the order or agreement and to recover subrogated arrears. The Assignment is effective on the date of the application for benefits.

Maintenance Agreement – a voluntary signed agreement establishing support payments.

Maintenance Enforcement Office (MEO) is a division of the Ministry of Justice and Attorney General responsible for registering orders/agreements and collecting support payments.

Maintenance Order – is a court order which establishes support payments.

Subrogated Arrears – when an Assignment of Rights has been completed the Ministry recovers any arrears which occurred during the time the beneficiary received benefits. The collection of these arrears may continue after the individual no longer receives benefits.

Variation Order – is any change by the court to the order/agreement. Any variation action is referred to Central Office.

## **Waiver of Maintenance**

Pursuit of maintenance agreements or order is waived when:

- the absent spouse or parent has no means to pay (e.g., is on assistance, a student or incarcerated);
- paternity cannot be established. Where more than one person may be the father, the court establishes paternity (see Chapter 10.12 for DNA testing);
- potential abuse by the absent spouse or parent poses a serious threat to the individual and/or dependants;
- the whereabouts of spouse or parent cannot be determined; or
- the spouse or parent is deceased and there is no estate.

Except for the death of the parent, the above cases are reviewed annually to assess the current situation and the potential to obtain support.

Pursuit of spousal maintenance is not required when the parties cohabitated as spouses for less than two years pursuant to *The Family Maintenance Act*.

## **No Maintenance Agreement/Order**

Support action is waived, or the beneficiary is referred to Legal Aid. When an agreement or order is obtained, a copy is placed on the beneficiary's file.

## **Beneficiary Has Maintenance Order or Agreement**

The beneficiary provides the most recent copy for the file. A certified copy is required when registering orders or agreements with the MEO. (For payment for certified copies of maintenance orders, see Chapter 10.12.)

For those beneficiaries with voluntary agreements, the beneficiary must provide information regarding the respondent's gross income. The gross income is compared to the amount of support payment. If the payment is not within 10% of the federal child support guidelines, the beneficiary renegotiates the agreement amount or is referred to Legal Aid. The Assured Income Specialist compares the respondent's gross income to the federal child support guidelines on an annual basis.



When payments are in arrears, except in cases in which an order or agreement has provision for special or extraordinary expenses, the beneficiary completes an Assignment of Rights form which is forwarded to the MEO.

When maintenance payments are being made and there are no arrears, the Assignment of Rights form is not completed unless the beneficiary requests this. The beneficiary may still register the order or agreement with the MEO and may choose to complete the Assignment of Rights.

## **Cancellation of Benefits**

The Assured Income Specialist immediately notifies Financial Services Branch AEMOHELPLINE by e-mail. Do not wait until the electronic file is closed. This notification is essential to ensure ongoing support payments are sent directly to the beneficiary.

## **6.3 Income Assessment**

### **6.3.1 Prior to Application**

- For the purposes of determining initial eligibility, an applicant has an excess income if all sources of income received by the applicant and the applicant's spouse, if any, within 30 days of the application is equal to or greater than the monthly benefit, and is not eligible.
- The Assured Income Specialist may approve the disposal of income in the previous 30 days to application if, in the opinion of the Assured Income Specialist, the funds were used for expenses related to shelter, food and other reasonable expenditures of personal necessity. Generally, the disposal of income received prior to application that would be exempt after application (e.g., Canada Child Benefit, and the Saskatchewan Employment Supplement) are accepted as reasonable expenditures because these benefits are intended to assist with shelter, food, and child care and other reasonable family expenditures).

### **6.3.2 After Application**

- For the purposes of determining ongoing eligibility, all sources of non-exempt income received by the applicant and the applicant's spouse, if any, is considered income in the month following the date it was received (e.g., wage received June 15 is applied to the July entitlement).

- If the income from the previous month exceeds the current month's budget shortfall, no benefits are issued.
- Lump sum income received after application is applied to the following month's entitlement from the date received and the monthly benefits are reduced by the amount of the lump sum.
- If there is no further eligibility, the beneficiary is advised in writing as to the length of time the income is to meet their needs as well as an explanation regarding the assessment (see Chapter 6.15). If the individual reapplies for benefits prior to the specified time period, the disposal of income is reviewed.

### **6.3.3 Garnisheed Income**

For new applicants and those who reapply, benefits may be provided for up to 60 days, excluding the garnisheed amount, to enable applicants to take action through the Maintenance Enforcement office or Queen's Bench to obtain relief from a garnishment order. Benefits beyond 60 days are provided if action has been commenced and/or there are delays beyond the applicant's control.

### **6.3.4 Orderly Payment of Debt Obligations**

Orderly payment of debt obligations are not considered an allowable deduction or expenses.

## **6.4 Self-Employment Income**

### **6.4.1 Small Business**

Families with income over \$125 per month must apply for the Saskatchewan Employment Supplement (SES).

#### **Definition**

Small business is defined as an operation in which products or services are sold or purchased. Included are commissioned sales agents, tradesmen, hairdressers, and persons operating a practice (e.g., reflexologists, masseuses). Also included are those who are owner/operator of businesses such as taxi or tow truck operators.

Income generated from the enterprise is expected to generate a viable income level which would make the beneficiary self-sufficient within a six-month time period. This period may be extended by a further six months. All cases are approved by the supervisor.

Entrepreneurs with a disability, as defined in *Chapter 6.9.8*, are not considered a small business.

## **Requirements**

Those who are self-employed may receive benefits to meet basic living costs. However, they must have a business plan and establish a record of income and expenses within 30 days. Benefits cannot be issued for operating costs or to add to the value of the business.

## **Income**

Net income from self-employment is available for basic living needs rather than being reinvested in the operation. Net income is determined by calculating the gross income and subtracting paid allowable expenses on a monthly basis. See Appendix C for allowable expenses. The Monthly Income and Expense Report (*Form 1214*) is used to determine the income.

Self-employed beneficiaries claim expenses and are not eligible for an earnings exemption.

## **6.5 Income from Insurance Settlements**

**Personal Loss/Injury Settlements** – For example, compensation for pain, injury, permanent impairment and out-of-pocket expenses such as homemaking or living assistance resulting from the loss or injury – lump sum payments made by insurance companies, Workers' Compensation Board and Crimes Compensation Board are exempt up to \$10,000 per claim per person. All other payments are assessed as income unless exempt under Regulations.

**Lost income** – there is no income exemption for insurance payments to replace lost income.

**Fire, theft or property loss settlements** – payments for loss of essential item(s) are not assessed as income if the total payment is used to replace or repair the lost item(s) within 4 months from the date the payment is received. Any money remaining from the settlement after the 4-month period is assessed as income.

## **6.6 Enforcement of Maintenance Orders**

When maintenance orders are registered with the Maintenance Enforcement Office and the Assignment of Rights has been completed, maintenance funds are forwarded to the General Revenue fund. Benefits are provided as if the income was not received, see *Chapter 6.2*.

### **6.6.1 Assessment of Direct Shelter Payments**

When a respondent makes shelter payments directly to a financial institution or landlord through a separation agreement, court order, divorce decree, or private agreement, the payments are assessed as income.

If the direct payments are voluntary and not within 10% of the federal child support guidelines, the beneficiary renegotiates the agreement amount or is referred to Legal Aid (see Chapter 6.2).

## **6.7 Retroactive Payments**

Payments from such sources as OAS/GIS, War Veterans Allowances, Workers' Compensation, Canada Pension, or Employment Insurance are considered income for the following month. No overpayment is assessed for the period the retroactive benefit represents. The beneficiary is advised in writing of the time period the retroactive payment is expect to meet living requirements, see *Chapter 6.15*.

## **6.8 Beneficiaries Who Live in Approved Private Service Homes and Group Homes Licensed by Community Living Service Delivery (CLSD)**

Any non-exempt income up to \$410 is paid by the beneficiary to the approved private service home or group home. The beneficiary/trustee is advised in writing regarding the assessment and the amount the beneficiary must pay to the home. If the beneficiary is no longer eligible, the health coverage continues as a Health Services case (see Chapter 5.2).

## **6.9 Income Exemption**

The following income and asset exemptions are not exhaustive. For a complete list of exemptions refer to Regulations 13(3) to 13(8), Appendix Table 1.

### **6.9.1 Wages**

*Eligible beneficiaries have an annualized wage exemption from the date of eligibility.*

- *Wage exemptions are based on the calendar year (January-December). Any unused exemption from one year will not be carried forward to the next year.*
- *The wage exemptions are pro-rated based on the date the beneficiary is eligible for SAID benefits and not when they begin employment in a year (e.g., a single beneficiary becomes eligible for SAID on April 15, will have an exemption of \$4,500 for that calendar year regardless of the date they commence employment. Starting next January, the beneficiary will be eligible for the full \$6,000 wage exemption).*
- *A cumulative exemption would apply for beneficiaries that go on and off the program in the same calendar year (e.g., a single beneficiary who became eligible for SAID in February gets a \$5,500 earnings exemption for the calendar year. If they leave the program with an unused exemption of \$2,000 in September, and return to the program in November, they will still get \$3,500 income exemption till December of that year).*
- *Beneficiaries must report their wages by the 10th of each month after they were earned to prevent any disruption in their next month benefits.*
- *Any increase in family composition (e.g., single to couple or single/couple to family, etc.) will default to higher exemption starting the month of change in family composition (e.g. if a single person gets married on any date in April, they will be eligible for higher exemptions starting April of that year.)*
- *Any decrease in family composition (e.g. couple to single, family to couple, etc.), they will continue to receive higher exemption for that calendar year. The exemption will be reset in the next calendar year to reflect their current circumstances.*
- *SAID benefits will be reduced dollar-for-dollar after the exemption limit is reached in the calendar year.*

### **Calculating the Earned Income Exemption**

*The annual wage exemption is based on family size and the amount of income.*

- *Single beneficiaries*            \$6,000
- *Couples without children* \$7,200
- *Families*                            \$8,500

### **6.9.2 Dependant school children**

The wages of dependant school children are exempt whether they are earned during the school year or summer holidays. For children who have income from farm stock, the earnings are exempt where it is established that the child owns the stock and the income was generated from farm stock owned by the child.

### **6.9.3 Board and Room Income**

For beneficiaries who receive revenue for providing room and board, 25% of the gross amount charged but not less than \$25 is assessed as income. See Regulation 13(5).

Beneficiaries are not charged with board and room income from their sons/daughters who are participating in education programs.

Where room and board income is received from a beneficiary/recipient, it is assessed based on the landlord's declaration of the amount and rate paid for room and board, not the amount of benefits issued.

### **6.9.4 Suite Rental Income**

For beneficiaries who receive revenue for providing suite rental in their home, 40% of the gross amount charged but not less than \$40 is assessed as income. See Regulation 13(6).

### **6.9.5 Work Assessment**

Income received for a work assessment through the Workforce Development for Persons with Disabilities (WFDPD) is considered wages, not a training allowance. Beneficiaries are eligible for the wage exemption.

### **6.9.6 Trusteeship Fees, Advocate Fees and Honoraria**

Income received from the Ministry for trusteeship fees, advocate fees or honoraria is exempt. The wage exemption is applied to honoraria and related expenses paid by other sources. Honoraria payments are not intended as salaries or as full compensation for lost income, they are meant as token payments to indicate appreciation of public service.

### **6.9.7 Beneficiaries who provide level-of-care services**

The first \$330 of the monthly payment from each person (other than a member of the family unit) is assessed as board and room income (25% of \$330 = \$82.50). Amounts in excess of \$330 are related to level-of-care services and are not considered income.

### **6.9.8 Entrepreneurs with a disability**

Beneficiaries who receive income from enterprises operated out of their home receive an earnings exemption on the net income (amount of income remaining after deducting expenses) when all of the following conditions are met:

- low income;
- operated by the beneficiary with a disability; and
- minimal financial investment in the enterprise.

### **6.9.9 Day Programs**

Any allowance received from a non-profit organization/agency for participation in educational, therapeutic, or rehabilitative programs is exempt. To be eligible for the full exemption, the individual is paid directly by the non-profit organization/agency and the rate of pay is less than minimum wage. If these two criteria are not met, the earned income exemption is applied.

### **6.9.10 Payments Made by the Ministry on Behalf of a Child in Care**

Payments made by the Ministry on behalf of a child in care of the Minister to primary caregivers (e.g. foster parents, persons of sufficient interest, alternate caregivers), are exempt. Payments made to individuals who are not the child's primary caregiver, for other services (e.g., babysitting), are not exempt.

### **6.9.11 Gifts Exceeding \$200**

Casual gifts up to \$200 per year per member of the family unit are exempt.

Gifts exceeding \$200 per year that are received during the period of eligibility are exempt, provided the funds are contributed to a RDSP within six months from the date the gift is received.

In exceptional circumstances, the six-month time period for making contributions to a RDSP may be extended with the Service Manager's approval.

### **6.9.12 Saskatchewan Rental Housing Supplement**

Effective October 1, 2016, the Saskatchewan Rental Housing Supplement (SRHS) benefit is no longer fully exempt. See Chapter 9.1.1

If at any time after October 1, 2016, any beneficiary (including existing), **begins** to receive a combination of the SRHS and excess Living Income (*LI*), the excess (*LI*) is reduced by an amount up to or equal to the SRHS benefit. The reduction amount is not to exceed the amount of the excess *LI* provided. The *SRHS* received in the current month, excluding any retroactive amount, is used to reduce the excess *LI* amount in the following month.

### **6.9.13 Seniors Income Plan**

Effective September 1, 2016, Seniors Income Plan (SIP) benefits are considered income.

- Effective September 1, 2016, for new applicants who are in receipt of or begin to receive SIP benefits, the SIP benefit is considered income when determining financial eligibility.
- For existing beneficiaries who begin to receive SIP on or after September 1, 2016, the SIP benefit is considered income when determining financial eligibility.

### **6.9.14 Guaranteed Income Supplement – Top Up**

Effective September 1, 2016 the Guaranteed Income Supplement (GIS) top up is considered income.



- Effective September 1, 2016, new applicants who are in receipt of or begin to receive GIS Top-Up benefits, the GIS Top-Up benefit is considered income when determining financial eligibility.
- For existing beneficiaries who **begin** to receive GIS Top-Up on or after September 1, 2016, the benefit is considered income when determining financial eligibility.

## **6.10 Assets**

**Liquid Assets** – include, but are not limited to, cash on hand, funds on deposit in a financial institution including Registered Retirement Savings Plans (RRSP), the cash surrender value of an insurance policy; and the realizable value of a stock, bond or other security, investment certificate, a bequest pursuant to a will, an award of damages from a court order and settlement of a claim.

### **6.10.1 Liquid Asset Exemptions at Time of Application**

The maximum liquid asset exemption is established in Regulation 11(6). The exemption is the amount of the applicant's liquid assets up to the maximum at the time of application.

- An applicant with no eligible family members - \$1,500
- An applicant with one eligible family member - \$3,000
- An individual with more than one eligible family member - \$500 for each additional family member

A liquid asset exemption is allowed at the time of application. When a beneficiary is allowed the maximum exemption at the time of application uses these assets and later acquires other non-exempt assets, no further exemption is allowed.

A period of up to ninety (90) days to convert non-exempt liquid assets into cash may be permitted with the supervisor's approval. A liquid asset may be waived as a resource for genuine reasons with the Service Manager's approval (e.g., lump sum SAID benefits back payment due to delays in completion of disability assessment; individuals transitioning from Valley View Centre who have excess liquid assets).

#### **Bank or Credit Union Account**

A bank account which has a zero balance or is overdrawn is not an asset and verification of the account is not required. Additionally, if the declared balance is less than \$50,

verification of the bank account is not required. For temporary benefits pending bank verification, see Chapter 8 – Temporary benefits.

A period of up to 90 days to convert non-exempt liquid assets into cash may be permitted with supervisor's approval.

An applicant does not have a budget shortfall if the individual possesses liquid assets which exceed the allowable asset exemption.

### **6.10.2 Real Assets**

Property (primary residence, home quarter section of land)

Retention of property – the quarter section of farmland, where the home is situated, and the home in which the beneficiary lives is exempt.

### **6.10.3 Inherited Home**

The value of a home that was acquired by inheritance is exempt for the period of time that the beneficiary resides in the home. If the inherited primary residence is sold see Chapter 6.12.2.

### **6.11 Excess Assets**

Excess assets must be considered in the calculation of eligibility. Excess asset means:

- residential property other than the principal residence of the applicant, or;
- real or business assets used in farming or business operation of the applicant or a member of the applicant's family unit (e.g., farm land, equipment, tools) other than the quarter section of land where the home is situated.

Applicants have 90 days to dispose of non-exempt property. An excess asset may be waived as a resource for genuine social or economic reasons with the Service Manager's approval. For example, jointly owned property that cannot be sold without the co-owner's agreement may be exempted as an asset.

House rental – mortgage payments and reasonable expenses are deducted from the tenant's monthly payment. The remaining amount is considered income.

A mortgage payment on a single dwelling is only allowed as an expense for up to 90 days to provide an opportunity to realize on the asset. Allowing the mortgage payment may prevent foreclosure and protect the equity in the asset.

Mortgages or agreements for sale – beneficiaries who receive payments for mortgages or agreements for sale on property in which they are not residents are expected to realize the balance owing through sale or borrowing within 90 days. Evidence from a source such as a bank manager, a mortgage broker, or real estate agent is produced if they are unable to dispose of the asset.

## **6.12 Disposal of Assets**

The disposal of assets over \$1,500 within six months prior to the application is considered (amount of assets, date received, sources and expenditures).

### **Prior to Application**

- Applicants provide information regarding any assets they owned or in which they had an interest during the six-month period prior to application. The details concerning use of assets and any transfers are reviewed including whether the payment received was adequate in relation to the market value minus any encumbrances as well as the disposition of any proceeds.
- Assets disposed of within six months prior to application are not considered excess assets if in the opinion of the Service Manager, the disposal was reasonable and not carried out for the purposes of causing the individual to have a budget shortfall, or in exceptional circumstances in which health and safety are threatened.
- Any proceeds from an asset during the six-month period prior to application that is not approved or disposed of is considered income in the previous 30 days and used to determine if an applicant does or does not have a budget shortfall.

### **After Application**

- For the purpose of determining ongoing eligibility, proceeds from any non-exempt liquid asset of an applicant and spouse, if any, is considered an available financial resource and is applied as income to the entitlement month after the date it is received.

### **6.12.1 Sale of an Inherited Home – Non-Resident**

The net income, after legal and real estate fees, from the sale of a home acquired by inheritance combined with any other proceeds received as part of an inheritance is exempt up to a maximum of \$100,000 if the beneficiary does not reside in the home (see Chapter 6.14.6). For example, a beneficiary may choose not to reside in a home acquired by inheritance due to the location of the home, inaccessibility, or inadequate disability-related services or supports.

In the case of an inherited home the beneficiary has not lived in that was sold prior to an application made after January 31, 2011, only the funds the applicant has on hand at the time of application from the sale of the home combined with any other proceeds received as part of an inheritance may be considered exempt to a maximum of \$100,000.

- Income from the sale of the home combined with any other proceeds received as part of an inheritance exceeding \$100,000 is exempt provided that the funds are contributed to a RDSP within six months from the date of the sale.
- In exceptional circumstances the six-month time limit may be extended with the Service Manager's approval.
- Any remaining funds are considered a financial resource, including income from the sale of the home that exceeds the maximum available RDSP contribution.

### **6.12.2 Sale of a Home – Primary Residence**

Proceeds from the sale of a home that is the beneficiary's primary residence are not considered income when used for the following:

- to purchase a new home within 12 months;
- to contribute to a RDSP within six months from the date received. In exceptional circumstances, the time limit may be extended with the approval of the Service Manager; and/or
- to pay for expenses related to the beneficiary's disability.

With the approval of the Service Manager, proceeds from the sale of the home may be used to complete necessary renovations or accessibility modifications to the new home within 24 months.

### **6.12.3 Proceeds from Sale of Matrimonial Home**

Proceeds from the sale of a matrimonial home are not considered income when used for the following:

- to purchase a new home within 12 months
- to contribute to a RDSP within six months from the date received. In exceptional circumstances, the time limit may be extended with the approval of the Service Manager; and/or
- to pay for expenses related to the beneficiary's disability.

### **6.13 Liquid Assets Savings Exemption - After Application**

Savings of SAID benefits that are held in a bank account, trust account or invested in a financial institution are exempt up to the allowable limits based on family size as follows:

- An individual with no eligible family members - \$1,500
- An individual with one eligible family member - \$3,000
- An individual with more than one eligible family member - \$500 for each additional family member

This amount is in addition to the liquid asset exemption used at the time of application (see Regulation 14(3)(g)).

SAID benefits held in savings that exceeds the available liquid asset exemption amount remain exempt if contributed to a *RDSP* within a reasonable period of time (6 months or longer – see Chapter 6.14.7) or used to meet costs related to the applicant's disability.

### **6.14 Other Exemptions**

These exemptions are over and above the cash and liquid asset exemption.

#### **6.14.1 Registered Education Savings Plan (RESP)**

Money held in trust is exempt (see Chapter 6.14.3).

### 6.14.2 Saskatchewan Pension Plan (SPP)

The SPP is not considered a financial resource to beneficiaries until age 65. Beneficiaries are required to explore other early retirement options (e.g., CPP, early retirement benefits).

Adult beneficiaries may contribute up to a maximum of \$2,500 per year of non-exempt wages or other earned income to the SPP. In two-adult families, the maximum contribution is \$5,000 per year even if only one adult has earnings. Funds withdrawn from the SPP are exempt if they are retained for retirement purposes (e.g., placed in another long-term investment).

### 6.14.3 Money held in Trust

A trust is an obligation binding trustees to deal with assets (which can be liquid, real, personal) over which they have control for the benefit of others (which may include the trustee and other beneficiaries). The beneficiary has no control over the trust.

Trusts are held by some other person, agency or community group on behalf of the beneficiary, his/her spouse, or dependent children.

A copy of the will or documentation from the trustee is provided to confirm the trust and its conditions.

Trustees do not have ownership of trust funds in terms of being able to deal with those funds as if there were their own assets, but are bound by the conditions of the trust and the law on trusts to deal with trust property only in ways which benefit the beneficiaries. These are not the personal assets of the trustee.

Trust funds that are not available for distribution or funds provided for items not covered by SAID benefits are not assessed in calculating entitlement. Where payments are made from any trust fund for needs that benefits would cover, the payment is assessed as income.

**Trusts established pursuant to *The Dependents' Relief Act*** – Under the Act an application may be made to the court, challenging a will where inadequate provisions have been made for the support of a beneficiary. Following a review, the court may negate the terms of the will and establish a special trust for the beneficiary up to a

maximum of \$100,000. Once established, the trust can be used at the discretion of the appointed trustee to enhance the well-being of the beneficiary.

**Discretionary Trusts** – A trust usually, but not always, established as a result of a will in which an individual is named as a trustee and has complete control over the disposition of the funds. These trusts are usually set up by the family for a family member with a disability.

Payments from a discretionary trust established as a result of a will are exempt up to a maximum of \$100,000 (see Chapter 6.14.6). When payments from a discretionary trust established as a result of a will exceed a total of \$100,000 the payments are not assessed as income where:

- the payment is contributed within six months to a Registered Disability Savings Plan. The time period may be extended in exceptional circumstances with the approval of the Service Manager;
- the payment is used for an expense that is related to the beneficiary's disability (e.g., assistive technology) with the approval of the Service Manager;
- the payment is used for an expense other than those provided for through Regulations.

A copy of the will should be sent to Income Assistance *Programs*, Program and Service Design for review.

The \$100,000 inheritance exemption does not apply to discretionary trusts set up outside of a will. Payments from a discretionary trust established outside of a will are assessed as noted above, without the initial \$100,000 exemption.

#### **6.14.4 Registered Disability Savings Plan (RDSP)**

Funds held in, or money withdrawn from, a RDSP are exempt.

#### **6.14.5 Investments**

Beneficiaries are expected to redeem or sell investments such as Guaranteed Investment Certificates (GIC), bonds, mutual funds, or shares even if a loss is incurred. The value of investments at redemption or sale is verified.

Registered Retirement Savings Plans (RRSPs) cannot be used as security for loans. Company and government plans can be withdrawn at the age defined by the plan, some as early as age 50 if the benefits have been vested (locked in). Vesting usually occurs after two years of employment. Other plans are not locked in and can be collapsed at the beneficiary's request. The financial institution is required to provide the funds to those who are without other resources.

#### **6.14.6 Inheritance Income**

##### **Inheritance Income Received After Application**

- “Inheritance” means any real, personal or liquid asset that is received from the estate of a decedent; the proceeds of a life insurance policy and, effective December 6, 2012, lump sum payments and transfers of property received pursuant to Section 7 of *The Dependants’ Relief Act* (DRA).
- The combined total of inheritance income received after January 31, 2011 and during the period of eligibility, as a lump sum payment or in installments, is exempt up to a maximum of \$100,000 per family unit.

##### **Inheritance Income Received Prior to Application**

- The combined total of income received from inheritance that is received after January 31, 2011, and *The Dependants’ Relief Act* payments received after December 6, 2012 [see Regulation 2(p)], is exempt to a maximum of \$100,000, if the funds are still held by the applicant at the time of application.
- A review of the disposal of inheritance income during the 6 months prior to application is required if the full amount of the inheritance income exceeded \$100,000 when it was received.

**Example 1:** A person receives an inheritance payment of \$80,000 in February 2012. At the time of application in June 2012, the person has \$60,000 remaining from the inheritance payment that is invested in a Guaranteed Investment Certificate (GIC). The rest of the funds from the \$80,000 inheritance have been spent.

- Only the \$60,000 the applicant has on hand at the time of application is exempt.
- A review of the disposal of the \$20,000 is not required because the original inheritance payment amount received was less than \$100,000.



**Example 2:** A person receives an inheritance payment of \$190,000 in February 2012. At the time of application in June 2012 the person has \$102,000 remaining from the inheritance payment held in a savings account.

- A review of the disposal of the \$88,000 is required because the original inheritance amount received within the 6-month period prior to application exceeded \$100,000.
- If the disposal is considered appropriate the maximum inheritance exemption of \$100,000 is provided.
- The applicant is given 6 months to contribute the additional \$2,000 to a RDSP.

### **Inheritance Income exceeding \$100,000**

- The combined total of inheritance income amounts exceeding \$100,000 per family unit are exempt, provided that the funds are contributed to a RDSP or with the assured income specialist's approval is used for an expense related to the disability of the individual or member of the individual's family unit within 6 months from the date the inheritance payment is received.
- Amounts that are not contributed to a RDSP or used for a disability-related expense within the 6-month period are considered a financial resource.

### **Interest Income from Inheritance Income**

Interest earned from an inheritance payment is exempt provided, if:

- the combined amount of the inheritance payment received plus the interest does not exceed \$100,000;
- the interest is contributed to a RDSP within 6 months; or
- with the approval of the Service Manager it is used for an expense related to the beneficiary's disability (e.g., assistive technology).

### **Inheritance Income Documentation**

The following information is required to verify inheritance or life insurance income:

- In the case of inheritance income:
  - a copy of the will and/or documents related to the settlement of the estate;
- In the case of life insurance income:
  - a copy of the life insurance policy showing the name of the beneficiary and the amount of the benefits;
- Financial records confirming the amount of the inheritance or life insurance payment and the amount of interest earned on invested funds; and

- Any other information the Ministry requires.

If there were non-inheritance or non-life insurance sources of funds as well as inheritance or life insurance funds received prior to application and it is not possible to determine which funds have been spent, the Service Manager has the authority to decide that the non-inheritance or non-life insurance funds were spent first and the inheritance or life insurance funds are remaining.

#### **6.14.7 RDSP Contribution -Time Limit Extension**

In exceptional circumstances the six-month time period for making contributions to a RDSP or used for a disability-related cost may be extended with the Service Manager's approval.

#### **6.15 Calculating the Period of Self-Support**

The 6-month review of the disposal of assets for new applicants does not apply to the period of self-support (see Regulations, Clause 10(3)(e)). (As an example: If the period of self-support is determined to be 18 months and the individual reapplies for benefits before the 18-month period has expired, the review of disposal of assets is for 18 months, not 6 months).

If the beneficiary has not received SAID benefits for more than 30 days and a new application is completed, the cash and liquid asset exemption is permitted. The length of time the beneficiaries should be self-supporting is calculated as follows:

115% of the monthly living income, disability income and exceptional needs to which the beneficiary would be eligible with no income

PLUS costs related to medical requirements (e.g., drugs, optical)

MINUS monthly income (other than lump sum amount)

DIVIDED into the lump sum amount to determine the number of self-supporting months (rounded down to a whole month)

The earned income exemption is not used in calculating the period of self-support:

EXAMPLE: Single, unemployable beneficiary living in Regina

Living Income	\$ 555	
Shelter	\$ 459	
Disability Income	\$ 70	
Utilities	<u>\$ 230</u>	
	\$1,314 x 115%	\$1,511.10
MINUS INCOME		<u>\$ 500.00</u>
MONTHLY NEED		\$ 1,011.10
Lump Sum Payment		\$2,500.00
Divided by Monthly Need		<u>\$ 1,011.10</u>
Number of Months Calculation		2.47
Estimated Months of Self-Support (rounded down)		2

### 6.16 Change of Residence for Care

A change in residence for care refers to a situation where one spouse resides in a residential care facility. If both spouses apply for assistance separately, each application is assessed separately and the appropriate cash and liquid asset exemption is applied. One half of jointly held assets are considered an available resource.

The home in which the applicant/spouse resides is an exempt asset.

Income received by the applicant is assessed as a resource. If it appears the spouse has sufficient resources to contribute to the applicant's needs, the client is referred to Legal Aid for consideration of support payments.

### 6.17 Exemptions - No Verification or Documentation Required Regulation 13(2) and Appendix Table 1

All income must be declared at application, when initial payment received while in receipt of benefits and at scheduled reviews.

- Child benefits, Benefit Adjustment payments, SES payments
- Contributions other than for ordinary maintenance to beneficiaries who require special care
- Earnings of dependent children attending school
- Basic stock herd on farm Essential equipment to carry on farming or business operations

- Payments made by the Ministry, *Indigenous Service Canada* or ICFS agencies to primary caregivers on behalf of children
- Contributions to the cost of funerals made by relatives other than the surviving spouse or the parent of a deceased child
- Cash surrender value and dividends of an insurance policy unless paid out
- Assets held on November 30, 1972 by persons who were admitted to a mental health institution or who were residents of Valley View Centre and have remained residents.
- Scholarships, fellowships and non-government bursaries other than the value of free board and room provided as part of a scholarship, fellowships, and non-government bursaries
- Payments of compensation related to a claim with respect to abuse sustained while attending an Indian Residential School
- Payments of compensation – other than payments for rent or a security deposit ordered by Office of Residential Tenancies or court related to a residential tenancy dispute
- Awards for meritorious conduct or service
- Training allowance received from non-profit organizations (e.g., day programs)
- Gifts under \$200 per year per member of the family unit.

### **Income Exemptions – Regulations 12(3)(a)**

The following is a summary and is not a legal description of Minister’s Orders nor does it include all exemption of one time payments.

<b>Date</b>	<b>M.O.#</b>	<b>Exemption</b>	<b>Amount</b>
November 4, 2013	#61/2013	Gratuities paid by the Ministry of Health for participation in consultations for the Mental Health and Addictions Action Plan	
May 21, 2014	#32/2014	Ontario class action lawsuit and payments made to former residents of Huronia, Rideau and Southwestern Regional Centre.	
August 5, 2014	#39/2014	Self-Directed funding payments received from Community Living Service Delivery.	
October 30, 2014	#51/2014	Inconvenience payments made by local housing authority to an individual required to move.	
December 8, 2014	#62/2014	Payments received from the Saskatoon and area United Way for Participation in mobilization team meetings to end homelessness.	
February 5, 2015	#08/2015	Neurontin (Prescription Drug) Class Action Lawsuit	\$10,000

		payments.	
May 7, 2015	#31/2015	Nova Scotia Home for Coloured Children Class Action Lawsuit	
May 14, 2015	#36/2015	Celebrex and Bextra Class Action Lawsuit Settlement Agreement	\$10,000
May 22, 2015	#39/2015	Payments to Thalidomide survivors	
June 22, 2012	#36/2012	Payment from the Province of Alberta pursuant to The Family Support for Children with Disabilities Act for costs associated with the special needs of adoptive children	
July 8, 2016	#41/2016	Cost-of-living, compensatory payment issued by the federal government	
August 8, 2016	#49/2016	Settlements paid by the Government of Ontario to former residents (persons with a disability) of government operated facilities (see MO for complete list of facilities)	
July 24, 2018	33/2018	<i>Agricultural Benefit Settlement Agreement payments made by the Government of Canada to members of the Black Lake Denesuline First Nation, Fond du Lac Dene First Nation No.227, and Clearwater River Dene First Nation.</i>	
August 1, 2018	37/2018	<i>Payments through the Autism Spectrum Disorder Individualized Funding (ASD IF) program</i>	

## SAID Program Verification/Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and Policy.*

Policy Reference	Verification Beneficiary's verbal statement should be noted in a chronological recording.	Documentation
6.2 Support Waiver		Chronological recording
6.2 Support orders or agreements		Copy of order or agreement
6.2 Support payments in arrears		<ul style="list-style-type: none"> <li>• Form 1251</li> <li>• Certified copy of support order if not already registered</li> </ul>
6.2 Support – voluntary payments within guidelines	Beneficiary verbal statement about respondent's income	<ul style="list-style-type: none"> <li>• Support agreement</li> <li>• Renegotiated agreement if below support guidelines</li> </ul>
6. Income	<ul style="list-style-type: none"> <li>• Beneficiary verbal statement for room and board/suite or room rental</li> <li>• Cash payments of maintenance or support, where there is no order or agreement</li> <li>• Casual earnings (e.g., lawn mowing or other periodic work)</li> <li>• Gifts over \$200 per year per member of the family unit</li> </ul>	<p>Beneficiary provides:</p> <ul style="list-style-type: none"> <li>• Wages -- pay stubs, bank deposit statement (will not indicate which deductions are made) or note from employer</li> <li>• Ongoing income -- cheque stubs, direct deposit advice (will not indicate which deductions are made), bank statement or written statement</li> <li>• CPP/OAS/GIS/GIS Top-Up at application, review and as changes occur</li> <li>• EI -- stubs or EI search or printout</li> <li>• Self-employed -- business plan and form 1214 within 30 days</li> <li>• House rental -- copy of rent receipt, mortgage, insurance, tax statements</li> <li>• Insurance settlements -- statement from payer</li> <li>• Interest -- bank statement or T5</li> <li>• Maintenance -- separation agreement, divorce decree, voluntary agreement</li> <li>• Benevolent organizations -- statement</li> <li>• Trusts -- statement from trustee (at least once annually)</li> <li>• Income Tax Refunds -- Assessment Notice from Canada Revenue Agency</li> <li>• Direct Mortgage Payments -- copy of agreement or divorce decree</li> <li>• Student Loans/Bursaries – beneficiary verbal statement and confirmation from Ministry of Advanced Education</li> </ul>

		<ul style="list-style-type: none"> <li>• Caretaking -- rental agreement</li> <li>• Retroactive payments -- cheque stub</li> <li>• Disposal -- pay stub, bank deposit statement for recurring income (except children's benefits)</li> <li>• Trusts administered by Public Trustee— statement from Public Trustee at time of application and annual review.</li> </ul>
<b>6. Assets</b>	Beneficiary verbal statement for a bank account which has a zero balance or is overdrawn	<ul style="list-style-type: none"> <li>• Cash and liquid assets (e.g., funds in bank account [greater than \$50], stocks, bonds, mutual funds, shares, RRSPs) -- statement from bank, broker, investment or financial company or passbook. No ATM slips unless information on ATM slip matches other supporting documents e.g. direct deposit form. Any difference between the amount declared at application and the documented amount received later is noted in a chronological recording.</li> <li>• Declared financial transactions over \$1,500 – bank statement or passbook, or <i>form</i> 1002</li> <li>• Mortgages or agreements for sale, title search</li> <li>• Securities, shares – statement from financial agent</li> <li>• Real -- e-mail Quality Assurance re: title search</li> <li>• Disposal -- receipts, bills of sale, beneficiary statement, or other documentation</li> <li>• Trusts—Copy of will or documentation from trustee</li> <li>• Trusts administered by Public Trustee— statement from Public Trustee at time of application and three year review</li> </ul>
<b>6. Income and Asset Exemption</b>	<ul style="list-style-type: none"> <li>• Casual gifts – beneficiary verbal statement</li> <li>• Gambling gains, lottery prizes, bingo prizes and other prizes – beneficiary verbal statement</li> <li>• Day Program – beneficiary verbal statement</li> </ul>	<p>Beneficiary provides:</p> <ul style="list-style-type: none"> <li>• Wages – pay stubs, statement of earnings</li> <li>• Prepaid funeral – statement from funeral director</li> <li>• Cash/liquid assets – bank statement, <i>form</i> 1002</li> <li>• Compensation for pain and suffering – statement from insurer, Workers' Compensation Board, or Victims of Crime Act administrators</li> <li>• Compensation for permanent injury or death benefit – statement from SGI</li> <li>• Compensation relating to Human Rights</li> </ul>

		<p>Code – statement from Human Rights</p> <ul style="list-style-type: none"> <li>• Inheritances – copy of will, letter from lawyer</li> <li>• Expenses related to a disability – receipt, invoice/statement, beneficiary statement or other documentation</li> <li>• Saskatchewan Pension Plans reinvestment – statement from SPP</li> <li>• Treaty Land Entitlement or other Indian land claims – confirmation from band</li> <li>• Maintenance payments for adult beneficiaries with a disability living with parents – copy of divorce decree or order</li> <li>• Payments under <i>The Dependants' Relief Act, 1996</i> – statement from lawyer or order regarding amount</li> <li>• Payments from trusts – statement from lawyer or trustee</li> <li>• RESP Statement</li> <li>• RDSP Statement</li> </ul>
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<b>Delegation of Authority</b>		
The supervisor or Manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager		
<b>Approval Items</b>	<b>Reference</b>	<b>Approval Required</b>
Providing benefits to self-employed person	6.4.1	
• Up to 6 months		S
• Over 6 months		S
RDSP Contribution Time Limit Extension	6.9.11	M
Waiver of liquid asset	6.10.1	M
90 days to convert liquid asset	6.10.1	S
Waiver of excess asset	6.11	M
Disposal of asset prior to specified period of support	6.12	M
RDSP Contribution Time Limit Extension	6.12.1 and 6.12.2	M
Proceeds from the sale of primary residence used for necessary renovations or accessibility modification within 24 months	6.12.2	M
RDSP Contribution Time Limit Extension	6.14.3 and 6.14.7	M
Expense related to beneficiary's disability	6.14.3	M



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Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 16	CH 7 Approval or Denial

## Intent

When an application for benefits is approved or denied, the applicant must be informed in writing. If an application for a benefit is denied, the applicant must be advised of the reason, the right to appeal, and the process to appeal.

## Policy

### 7.1 Approval or Denial of Benefits

The applicant is advised in writing (letter) of both the initial decision and of any change in the benefit. A cheque message may be used to advise of a change in the benefit. A letter is used when the beneficiary should be advised of the right to appeal a decision.

Notification is made as soon as possible after the decision is made.

When granting benefits, the following information is included in the notification:

- basis of assessment including the information relied on to make the decision and relevant reasons for making the decision
- amount of benefit
- what information or action is necessary to establish continuing eligibility
- right to appeal a decision regarding benefits and the process to appeal

Applicants are advised of the obligation to report all changes in circumstances.

The applicant is advised in writing of the denial or cancellation of SAID benefits, the reason, the applicable Act, regulation references, policy manual references, and the right to appeal. Regulations and policies are not quoted in the letter. Applicants may be given information regarding access to the regulations or policy manual.

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 17, 21	CH 8 Date Benefits Commence and Temporary Benefits

## Intent

The applicant should not experience undue financial hardship if eligibility cannot be immediately determined or if awaiting the outcome of an appeal. Temporary benefits may be provided in these instances.

Benefits are provided from the date of eligibility but not prior to the date of application. See Chapter 3.1.

Temporary benefits may include a living income benefit, disability income benefit, personal benefits, utilities, and laundry. Other benefits that are urgently required may also be provided. A living income benefit in excess of the rates established by the Minister is not provided if the applicant is receiving the Saskatchewan Rental Housing Supplement.

The shelter portion of the living income and utilities for the full month in which eligibility is established may be provided, if these have not been paid for that month. If the shelter portion of the living income has been paid prior to application, the shelter portion commences effective the date of application.

For example, an applicant applies on July 5<sup>th</sup>. If shelter has not been paid, the shelter portion of the living income commences on July 1<sup>st</sup>. If shelter has already been paid, the shelter portion of the living income commences on July 5<sup>th</sup>.

## Policy

### 8.1 Temporary Benefits

Temporary benefits may be provided for 60 days:

- if eligibility cannot be immediately determined and need is urgent (e.g., applicants require time to submit bank account verification)

- for new applicants, not receiving SAP or SIS benefits, temporary SAID benefits may be provided to meet immediate needs, if required, during the disability assessment process and assessment appeal process. *Effective July 15, 2019*, the amounts of temporary SAID benefits issued during the disability assessment process are SIS-equivalent amounts. For example, a single applicant renting in *Saskatoon or Regina* receives the \$285 Adult Allowance and shelter of \$585, rather than the SAID Living Income benefit amount (\$1,064). Benefits are issued for the full month to allow for the 30-day appeal time period. For example, the applicant is informed that he or she is not eligible for SAID on March 15. SAID benefits are issued until April 30 to allow time for the applicant to appeal. *Those who applied prior to July 15, 2019 will continue to receive SAP-equivalent amounts.*
- upon confirmation of SAID eligibility the full SAID LI benefit amounts are adjusted effective the date of application.
- in cases in which the applicant has income and is not eligible due to reduced benefits but would be eligible if full SAID rates were used, the file is held open with no benefits issued pending verification of SAID eligibility
- in exceptional circumstances, where the disability assessment process is delayed beyond the applicant's control, temporary benefits may be issued beyond 60 days with supervisor's approval
- to those beneficiaries who have received assistance for basic needs from another province or Indian Band for the month of application who do not return to their former residence (see Chapter 2.3.1)
- pending a Regional Appeal Committee or Social Services Appeal Board hearing except when there is a budget surplus, non-exempt assets are readily accessible, the applicant is a student enrolled full-time in a post-secondary program, or to persons who are not eligible under Chapter 3.2. Temporary benefits may include travel outside the community of residence and/or child care expenses to attend the hearing
- pending a Social Services Appeal Board hearing from the date of the beneficiary's request, as long as the beneficiary attended the Regional Appeal Committee hearing or provided prior notification that he or she would not be attending
- to allow time for the Ministry and beneficiary to be advised of an appeal decision, benefits may be granted to include up to seven calendar days after a hearing. If the seven days falls in the next month, a full month's LI benefit and utilities is not automatically issued. This time period may be extended if the beneficiary or Ministry has not been notified within the above time period. To calculate the time period, see Chapter 6.15.

- for supplementary health coverage see 20.1.2

Any SAID benefits granted under Regulations Section 18 are not considered an overpayment unless the beneficiary deliberately misrepresented the circumstances during the application process.

<b>Delegation of Authority</b>		
The supervisor or Manager, Service Delivery writes a chronological recording indicating approval of the request. S = Supervisor, M = Manager		
<b>Approval Items</b>	<b>Reference</b>	<b>Approval Required</b>
Temporary benefits beyond 60 days in exceptional circumstances	8.1	S

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 23, Table 2	CH 9 Emergency Benefits, Living Income, Disability Income and Personal Benefits

## Intent

Benefits are intended to provide for the items essential to meet minimum living requirements for persons with disabilities, recognizing the range of additional costs associated with disability.

## Policy

Items essential to meet minimum living requirements include:

- food at home and meals purchased away from home when required
- personal and clothing requirements
- travel
- household needs
- accommodation such as shelter, utilities, board and room, or residential facilities (e.g., group homes, approved private service homes)

### 9.1 Living Income Benefit with Shelter

**Living Income (LI) Benefit** - The benefit includes funds for accommodation (renters or homeowners), food, clothing, household expenses, personal needs and incidental expenses (including travel). The benefit is provided to an eligible beneficiary and dependants. The amount of the benefit is based on family composition and community of residence.

Documentation required in order to receive a LI benefit:

Renters - one of the following is required:

- rent receipt (current or last month's if there is no change in address)
- proof of payment (cashed rent cheque or verification of direct debit)
- rental agreement for the current address
- signed confirmation from landlord which confirms the cost and address
- rent increase notice

Home owners – one of the following is required:

- proof of payment
- certificate of title
- purchase loan agreement - mortgage
- home insurance policy
- property tax statement
- copy of agreement for sale
- joint title - proof of payment, certificate of title, or mortgage-loan agreement

If the shelter is in the spouse's name only, the spouse must be a member of the family unit.

**No Shelter Documentation**

When the applicant is unable to provide confirmation of the shelter arrangement as outlined above, the living income benefit may be provided for one month, with the supervisor’s approval.

LI benefits are not provided for future months without hard copy confirmation of the shelter arrangement, unless there are exceptional circumstances (immediate eviction threatened, hospitalization of applicant, etc.) and the supervisor’s approval is obtained.

**Living Income Benefit Rates – Minister’s Order #26/2015**

Effective June 1, 2015	Living Income Benefit (Includes maximum shelter tier rate)			
	Tier A	Tier B	Tier C	Tier D*
One Adult	\$1,064	\$1,009	\$968	\$931
Two Adults	\$1,497	\$1,411	\$1,360	\$1,265
Single Parent				
- 1 or 2 children	\$1,316	\$1,194	\$1,168	\$1,034
- 3 or 4 children	\$1,378	\$1,255	\$1,232	\$1,085
- 5 or more children	\$1,454	\$1,329	\$1,295	\$1,162
Two Parents				
- 1 or 2 children	\$1,621	\$1,499	\$1,473	\$1,339
- 3 or 4 children	\$1,683	\$1,560	\$1,537	\$1,390
- 5 or more children	\$1,759	\$1,634	\$1,600	\$1,467

## Shelter Tier rates - Minister's Order #49/2013

Effective October 1, 2013	Maximum Shelter Tier Rates (Included in Living Income benefit)			
	Tier A	Tier B	Tier C	Tier D
Single beneficiary	\$459	\$404	\$363	\$326
Childless couple	\$587	\$501	\$450	\$355
Families				
- 1 or 2 children	\$711	\$589	\$563	\$429
- 3 or 4 children	\$773	\$650	\$627	\$480
- 5 or more children	\$849	\$724	\$690	\$557
<p><b>Tier A:</b> Lloydminster, Regina, Saskatoon, Estevan and the bedroom communities of: Allan, Asquith, Balgonie, Belle Plaine, Bradwell, Buena Vista, Clavet, Colonsay, Dalmeny, Delisle, Disley, Dundurn, Edenwold, Elstow, Grand Coulee, Langham, Lumsden, Lumsden Beach, Martensville, Meacham, Osler, Pense, Pilot Butte, Regina Beach, Shields, Thode, Vanscoy, Warman, White City.</p> <p><b>Tier B:</b> Creighton, Kindersley, La Loche, La Ronge, Macklin, Melville, Prince Albert, Rosetown, Weyburn, Yorkton.</p> <p><b>Tier C:</b> Battleford, Fort Qu'Appelle, Humboldt, Meadow Lake, Melfort, Nipawin, Moose Jaw, North Battleford, Swift Current, Watrous.</p> <p><b>Tier D:</b> Other towns and rural areas.</p>				

### 9.1.1 Criteria for Excess Living Income – Supervisor's Approval

**Only one excess Living Income provision can be approved per case.**

#### Saskatchewan Rental Housing Supplement (SRHS)

As of July 1, 2018, the Ministry is no longer accepting applications for the Saskatchewan Rental Housing Supplement (Family Housing Supplement and Disability Housing Supplement). If someone applies for SRHS on or before June 30, 2018, the Ministry will review the application for eligibility. Applications dated July 1, 2018 or later are not accepted. The Ministry will assess current beneficiaries for continued eligibility upon a change in circumstances.

If at any time on or after October 1, 2016, existing beneficiaries began receiving a combination of the SRHS and excess *LI benefit*, the excess *LI benefit* is reduced by an amount up to or equal to the SRHS benefit. The reduction amount is not to exceed the



amount of the excess *LI benefit* provided. The *SRHS* received in the current month, excluding any retroactive amount, is used to reduce the excess *LI benefit* amount in the following month.

Beneficiaries who were in receipt of **both** the *SRHS* and an excess living income prior to October 1, 2016 may continue to receive the entirety of both benefits. There should be no reduction of the excess *LI benefit* by the amount of the *SRHS* benefit. These beneficiaries are grandfathered and may continue to receive the entirety of both benefits until they move or their circumstances change pursuant to Table 1 (8) and Section 33 of *The Saskatchewan Assured Income for Disability Regulations, 2012*.

1. Subject to Table 1 of *The Saskatchewan Assured Income for Disability Regulations, 2012*, and paragraph 2 below, an excess *LI benefit* may be provided to beneficiaries in the amounts and at the intervals set out below, if the criteria established below is met.
2. Eligible beneficiaries who were receiving an excess *LI benefit* in an amount exceeding the amounts set out below, on August 31, 2016, may continue receiving the higher excess *LI benefit* until there is a change in the eligible beneficiary's circumstance or their benefits are terminated.

### **Actual Rent may be provided in the Following Situations:**

#### **9.1.2 Excess Living Income– Time to Seek Alternate Accommodation**

When beneficiaries require time to seek alternate accommodation, for reasons other than increased rent, *excess LI benefit*, for the month circumstances changed and up to two months following may be provided.

Amount: An amount not exceeding actual rent being paid for the month circumstances change and up to two months following.

#### **Changes to Actual Shelter Portion of the Living Income for Low Vacancy Rates**

##### **9.1.3 Excess Living Income– Low Vacancy Rates to June 30, 2015**

Recipients who were provided an excess *LI* benefit due to receiving a notice of rent increase and living in communities with vacancy rates at or below 1.5% prior to July 1, 2015 continue to receive the excess *LI benefit*.

No excess *LI* benefit will be provided due to a notice of rent increase after June 30, 2015.

Beneficiaries who receive a notice of rent increase after June 30, 2015 and request an excess *LI* benefit should be advised to negotiate the rental increase with the landlord, or seek more affordable accommodations.

Amount: An amount not exceeding the actual rent being paid.

#### **9.1.4 Excess Living Income – Maintaining Two Residences**

For beneficiaries who must maintain two residences because of a medical treatment or participation in a training or employment opportunity in another location, shelter benefits for the second residence cannot exceed the maximum shelter rate for the number of family members in this accommodation.

Amount: An amount not exceeding the applicable Tier shelter allowance.

#### **Excess Living Income to a Maximum of \$150**

In the following situations, the shelter amount cannot exceed \$150 above the maximum rate for the family size. Those receiving shelter benefits exceeding \$150 above the maximum rate may continue receiving the higher shelter rate until they move, the family composition changes or they go off SAID.

#### **9.1.5 Excess Living Income – Mobility and Access**

Beneficiaries with a disability and mobility and access problems are unable to locate suitable accommodation (e.g., level entry, elevator, more space for wheelchair) within the shelter maximum.

### **9.1.6 Excess Living Income – Exceptional medical circumstances**

Beneficiaries have an exceptional medical circumstance which impacts their ability to obtain accommodation.

### **9.1.7 Excess Living Income – Unusual or Exceptional Behaviour**

Beneficiaries present unusual or exceptional behaviour which impacts their ability to obtain accommodation.

### **9.1.8 Excess Living Income – Long Term Residents**

Beneficiaries have lived in the same residence for ten or more years and continued residence is important to their well-being. For home owners, insurance and/or property taxes may be considered when providing for excess through this provision (See Chapter 9.3).

Amount: An amount not exceeding \$150, minus the *SRHS*.

### **Excess Living Income - Family Size Changes**

In the following situations, the shelter amount cannot exceed the maximum rate for the family size including the additional individuals:

### **9.1.9 Excess Living Income - Visiting Spouses**

A beneficiary who has a spouse who usually resides in a care facility who stays periodically with the beneficiary (see Chapter 13.1.2 for visiting spouses) may receive a *LI* benefit that includes a shelter rate amount that includes the visiting spouse.

Amount: An amount not exceeding the Tier shelter allowance including the spouse.

### **9.1.10 Excess Living Income – Foster Homes and Persons of Sufficient Interest**

Beneficiaries who operate foster homes or beneficiaries who provide care as Persons of Sufficient Interest (PSI). The shelter rate includes the number of children approved for the home.

Amount: An amount not exceeding the Tier shelter allowance including the number of children approved for the home.

#### **9.1.11 Excess Living Income – Alternate Caregivers and Parents with Access**

Beneficiaries who care for wards as an alternate caregiver or parents with access who have regular (at least monthly) visits with their child(ren) as part of an order or written agreement.

Amount: An amount not exceeding the Tier shelter allowance including the number of children approved for the home.

#### **9.1.12 Excess Living Income – Family Size Change (Increase or Decrease)**

When family size is expected to increase (newborn, child(ren) returning home) the *LI* benefit can be increased to the appropriate family size 3 months prior to the change. When family size decreases the shelter amount is not reduced until the beneficiary moves to another location. The appropriate shelter rate is then applied.

Amount: For increase in family size - an amount not exceeding the Tier shelter allowance including the additional family members for up to three months prior to the change. For decrease in family size – an amount not exceeding the Tier shelter allowance including the absent family members.

#### **9.1.13 Excess Living Income – Temporary Absence**

Family members are temporarily absent because of:

- education – for the duration of the course
- incarceration – see Chapter 13.1.4 for up to 90 days
- in care of the Minister – for the duration of the wardship or agreement

Amount: An amount not exceeding the Tier shelter allowance including the absent family members.

## **9.2 Social Housing**

The Social Housing Rental Program provides low-cost rental housing for seniors and families with low income.

If 2 recipients (separate files) are sharing a social housing unit, each recipient is eligible to receive a *LI benefit*.

### **Shelter Portion of the LI benefit**

- SAID beneficiaries receive the Tier shelter rate/*LI* benefit based on their community of residence.
- The full amount of the *LI* benefit is provided to each beneficiary in shared arrangements
- Excess *LI* benefit is not provided except for homeowner's insurance, or if the beneficiary operates a foster home or cares for a child(ren) as a *PSI*.

### **Rent Geared to Income**

When gross income exceeds \$1,300 per month the housing authority calculates rent at 30% of income. In some cases, the beneficiary's rent or mortgage amount may be reduced. The Assured Income Specialist refers these beneficiaries to the housing authority for a shelter adjustment. The financial eligibility of the beneficiary is reviewed in these cases.

### **Security Deposit**

When beneficiaries move from one unit to another, a transfer fee may be provided if required. A security deposit equal to the minimum shelter rate for a single unemployable (see Chapter 9.1 Shelter Tier Rates) may be provided to new tenants if required.

## **9.3 Home Ownership**

The shelter benefit portion of the LI benefit is intended for interest, taxes, insurance, home loan renewal fee, lot rental fee, condominium fees, and equipment rentals (e.g., water heater, water softener).

A primary residence is a structure fixed on a permanent foundation. A mobile home or trailer may also be considered a primary residence if it is skirted and permanently on an owned lot or permanently located in a park for mobile homes.

If the property is held in joint title with a former spouse or with others the full amount of the LI benefit (including the shelter portion) is provided if documentation is provided confirming ownership.

### **Agreements for Sale**

These are situations in which rental payments are applied to the purchase price of a property for a prescribed period of time. The seller retains the title until all the payments have been made or the beneficiary assumes the home loan. The shelter portion of the LI benefit may be provided (this is intended to cover charges such as property tax, house insurance and interest and equipment rentals (water heater, water softener) if included in the agreement as long as the amount does not exceed the maximum shelter portion of the LI benefit).

### **Transfer of Legal Title**

Funds may be provided for transfer of legal title when an agreement for sale or home purchase loan is completed and fully paid and the title is solely in the beneficiary's name.

### **Property Taxes and Insurance**

The LI benefit is intended to cover property taxes and property insurance. Beneficiaries are advised of the requirement to budget the LI benefit accordingly to ensure sufficient funds are available to pay taxes and insurance. Assured Income Specialists review various payment options with beneficiaries (e.g., direct payments to municipalities, towns, villages, etc.) to avoid the risk of having insufficient funds to make a yearly lump sum payment.

When determining a need for *Excess LI benefit*, a benefit for property insurance may be considered for the reasonable replacement cost of insuring a dwelling owned by the beneficiary but not for the contents. If a beneficiary has an insurance policy covering dwelling and contents and the insurance company does not provide a cost breakdown, 85% of the premium is allowed.

For SAP recipients who did not receive a tax notice prior to converting to SAID, the year's taxes may be paid to the beneficiary or to the municipality on a pro-rated basis covering the period of the year the person was receiving SAP benefits. The SAID beneficiary is responsible for setting aside or making monthly payments to the municipality, town, village, etc., for property taxes for the remainder of the year that the beneficiary receives SAID benefits.

For example:

- Yearly property taxes are \$1,200 (\$100 per month)

- The person receives SAP benefits from January 1 to May 31 at which time the person is enrolled in SAID.
- A lump sum payment may be made to the beneficiary or to the municipal tax office on behalf of the beneficiary for the five months while in receipt of SAP benefits (January 1 to May 31).
- Beneficiaries are responsible for making the property tax payments totaling \$700 for the remaining seven months of the year from their LI benefit.

For beneficiaries who live on the home quarter, the LI benefit is intended to cover the residential portion of the property tax. The remaining tax is considered an allowable expense in calculating farm income.

No tax reassessments are done for those SAP recipients who had yearly taxes paid as a lump sum prior to converting to SAID.

Applicants who are home owners without mortgage payments and who are receiving temporary benefits while waiting for the disability impact decision, may receive funds for actual monthly property taxes and insurance up to their maximum shelter rate from the date of application. Once SAID eligibility has been established, the file is adjusted effective the date of application to allow for the maximum living income benefit and the property taxes and insurance are deleted.

#### **9.4 Other Shelter Arrangements**

When rent is reduced in exchange for caretaking duties and no wage is paid, the LI benefit for the tier and family size is provided. No income is assessed since no wage is paid.

When a beneficiary buys his or her own food and does not pay for accommodation the Modified *LI* benefit is provided.

When shelter payments are made directly to a financial institution or landlord through a separation agreement, court order, divorce decree, or a private agreement, the full LI benefit is provided and income is assessed up the shelter tier rate. If the payment made is greater than the maximum shelter tier rate, no additional income is assessed.

Where the landlord is bankrupt, owes taxes, or other similar circumstances and a third party (e.g., Canada Revenue Agency, municipality) demands payment, rental benefits are made payable to the beneficiary.

Beneficiaries who own or rent accommodation may rent portions (room or suite) of their premises to others, including beneficiaries. They are considered landlords and an appropriate income charge is assessed, see Regulation 13(5) *and* (6).

Placarded Housing - Landlords are not legally permitted to rent to new tenants after a dwelling has been placarded. Beneficiaries who continue to reside in such a dwelling may be required to pay rent as determined by the Office of Residential Tenancies (ORT). Beneficiaries can also vacate immediately and seek compensation through the ORT.

Any tax charges (PST or GST) on hotel rooms rented on a monthly basis may be provided and are not considered part of the shelter cost.

### **9.5 Shared Accommodation – including beneficiaries sharing with homeowner**

Each beneficiary receives the full LI benefit (including the full shelter portion of the LI benefit).

### **9.6 Modified Living Income**

Room and Board:

A Modified LI benefit for room and board is provided when the beneficiary is required to pay for accommodation and food. The benefit includes accommodation, food, clothing, personal needs, and incidental expenses. A Disability Income benefit of \$70 is provided to each adult in a case with a documented disability. A benefit for telephone service may be provided (see Chapter 9.12.2).

Room Rental:

Room rental rates are provided to single beneficiaries and childless couples for sleeping accommodation which has no cooking and no bathroom facilities in the room. The rate includes utilities, except laundry and telephone. A Disability Income benefit of \$70 is provided to each adult in a case with a documented disability. A benefit for telephone service may be provided (see Chapter 9.12.2).



A landlord/agent may require a security deposit. Shelter benefits in excess of the shelter tier rates are not provided. If the accommodation has cooking and bathroom facilities it is considered a suite and the LI benefit is provided.

Room rates are not used when beneficiaries reside in hotels, hostels, Salvation Army residences, the YM/YWCA, or for families.

When the need for a Modified LI benefit is declared on the application no further documentation is required.

<p><b>Modified Living Benefit</b>          (Room and Board or Room Only)          A benefit for the cost of accommodation,          food, clothing, personal needs and incidental          expenses          Effective June 1, 2015</p>	
One Adult	<b>\$805</b>
Two Adults	<b>\$1,310</b>
Additional per child amount	<b>\$85</b>

**9.7 Long Term Residences (Salvation Army, Lighthouse)**

Beneficiaries living in long term residences at the Salvation Army (Regina, Saskatoon) or the Lighthouse (Saskatoon) receive a special income benefit of \$375 per month effective June 1, 2015. The beneficiary is also eligible for the travel benefit (\$20). The total amount provided to the beneficiary in these living arrangements is \$395. In addition to the special income benefit that is paid to the beneficiary the residential facility receives a resident fee for lodging, meals, services and partial personal supports.

LI codes (LI 07 for Salvation Army and LI 08 for Lighthouse) in the amount of \$375 per month are used for these living arrangements rather than the LI 06 code.

## 9.8 Assisted Living

Typically, those in assisted living settings do not need 24-hour medical care provided by a nursing home but do need some assistance in day-to-day living. Assisted living is semi-independent housing, a middle option between home support and residential care.

These facilities provide supervision or assistance with activities of daily living, coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety and well-being.

Assisted living facilities may resemble:

- Private apartments that are self-contained that include their own bedroom and bathroom, with a small living area and kitchen;
- Individual living spaces may resemble a dormitory or hotel room consisting of a private or semi-private sleeping area and a shared bathroom;
- Facilities usually have a common area for residents to socialize, as well as a central dining room for eating meals.

### Assisted Living Benefit Rates (effective June 1, 2015)

Family Size	Shelter	Excess shelter for exceptional circumstances	Purchase of Meals	Personal Living Benefit	Laundry	Disability travel
Single	Tier schedule	\$150	\$300	\$265	\$10	\$20
Couple	Tier schedule	\$150	\$600	\$530	\$15	\$40

## 9.9 Personal Living Benefit

Effective June 1, 2015, a personal living benefit of \$265 per month is provided to adults in hospital, residential care facilities (group homes, approved private-service homes, personal care homes, family homes, family shelters, treatment centres) and to beneficiaries residing in rooms without cooking facilities who receive a benefit for restaurant meals (other than Salvation Army residences). Beneficiaries may receive \$55 per child per month.

### 9.10 Meals Purchased Away from Home

For meals purchased away from home the rates are \$5/day for breakfast, \$6/day for dinner and \$9/day for supper.

Beneficiaries residing in rooms without access to cooking facilities or where meals are not provided may receive a benefit to purchase meals at \$10.00 per day (based on a 30-day month). The personal living benefit is also provided.

Beneficiaries and a required driver may receive a benefit for restaurant meals when traveling for medical appointments away from the community of residence.

A meal benefit may be provided to a beneficiary residing in a room with access to cooking facilities if the supervisor is satisfied the beneficiary is not capable of safely cooking meals.

### 9.11 Accommodation Away from Home or Temporary Emergency Shelter

Beneficiaries who require accommodation away from home (e.g., medical appointments, when spouse/child(ren) are in hospital or receiving palliative care, appeal hearings, court appearances, job interviews within the province, funeral) may receive funds for the most reasonably priced accommodation. Beneficiaries who stay with friends or family may receive \$25 per night.

The following benefit may be provided for temporary emergency shelter provided by contracted and non-contracted agencies (Rates effective April 1, 2015):

Family Size	Single Adult	One Child Family	Two Child Family	Three Child Family	Four Child Family	Five or More Child Family
Per Diem Accommodation	\$48.50	\$77.50	\$106.50	\$135.50	\$164.50	\$193.50

### 9.12 Utilities Benefit

A utilities benefit may be provided to a beneficiary who is eligible for the LI benefit (LI 01) and pays for any of the following utilities: power/electricity; energy/home heating; water and sewer; telephone and laundry

### Monthly Fixed Utility Benefit

<b>Telephone</b>	\$30
<b>Power/Electricity</b>	
First person	\$84
Additional amount per person	\$13
Maximum amount (5 persons or more)	\$136
<b>Energy/Home Heating</b>	
First person	\$93
Additional amount per person	\$8
Maximum amount (5 persons or more)	\$125
<b>Water</b>	
First person	\$50
Additional amount per person	\$6
Maximum amount (5 persons or more)	\$74
<b>Laundry</b>	
1 person	\$10
2 people	\$15
3 people	\$20
4 or more people	\$25

Beneficiaries have the option of receiving a fixed utility benefit amount for electricity, home heating and water/sewer services or a benefit amount that covers the actual verified cost of electricity, home heating and water/sewer services.

Beneficiaries who use propane, oil or wood for home heating may receive the actual cost for home heating and the fixed rate for electricity or water/sewer.

- Beneficiaries may change from actual utility costs to fixed amounts at any time;
- Beneficiaries may change from fixed utility amounts to actual costs, once per year, when any outstanding amounts are paid (e.g., after settle-up);
- GST charges are included for beneficiaries who pay their own actual utility costs (not on direct payments or electronic billing).
- Except for beneficiaries who use propane, oil or wood for home heating all utilities are either paid by fixed, or by actual, not some fixed and some actual.

The utility benefit is not provided if the utility has been paid in the month of application. Example: Applicant applies June 15th and has paid utilities for June. No utility benefits are provided for June.

The utility benefit is provided in full if the utility has not been paid in the month of application. Example: Applicant applies June 25th and has not paid utility for June. The utility benefit is provided from the first of the month and is not prorated.

The utility benefit is prorated if the beneficiary moves and establishes a utility need after the first of the month (e.g., beneficiary moves June 1, but a utility is not connected until June 3, the utility benefit would be prorated from June 3).

**Documentation required for a utility benefit:**

- Current utility bills (not older than 3 months) in the beneficiary and/or spouse's name. If the utility is in the spouse's name only, the spouse must be an eligible family member; or
- Rental agreement, receipt, or other shelter confirmation and a copy of utility bill from property owner where the municipality requires the utility to be in the property owner's name, and the address shown matches the beneficiary's address.

**Sharing**

In shared arrangements, the beneficiary on fixed utility benefits receives the full amount for each utility if the beneficiary's name is on the utility bill;

If the beneficiary chooses to receive actual utility costs (not fixed utility benefits), the actual cost of the beneficiary's share is provided when the beneficiary's name is on the bill.

If the beneficiary and spouse separate and the utility bills are in the spouse's name, funds for utilities are provided when the beneficiary provides documentation that the utility bill has been changed to the beneficiary's name.

**9.12.1 Laundry**

Regular laundry benefits are only provided in fixed amounts outlined above. For exceptional laundry benefits, see Chapter 10.2.5.

**9.12.2 Telephones**

\$30 is provided when beneficiaries provide documentation that they have a phone service (includes those who receive the modified LI benefit). This benefit includes a land line at the beneficiary's residence or a cell phone with pay as you go or monthly fees.

For “pay as you go” service, the beneficiary’s name must appear on the activation document or other documents from the service provider. No funds are provided for long-distance charges, deposits, repairs, or internet. For exceptional telephone benefits, see Chapter 10.1.1.

SaskTel no longer lists more than one customer on a billing statement. Beneficiaries who were receiving a telephone benefit under a shared arrangement as of June 1, 2013 will continue to receive the telephone benefit for as long as their current shared arrangement (same telephone number and same shared living arrangement) exists even if their name is no longer on the billing statement.

In exceptional circumstances, the supervisor may approve funds for a land line telephone when:

- the beneficiary is unable to secure a phone in his or her name; and
- immediate access to a phone is essential for the beneficiary’s health and safety, and
- the beneficiary provides documentation confirming payment of phone service at the beneficiary’s address.

For residential care facilities, approved private service homes, group homes, personal care homes and family homes, \$30 is provided where a telephone is required for a reasonable purpose and the beneficiary is unable to access facility phones due to disability or unavailability.

### **9.12.3 Utilities Not in the Beneficiary’s Name**

The actual monthly cost for basic utilities in the beneficiary's name is provided to the beneficiary with the following exceptions.

Funds for utilities may be provided to the beneficiary or direct to the landlord for services contracted for by landlords, in multiple unit dwellings (e.g., house with basement suite, duplex or fourplex) where:

- there are no more than four separate rental units in the building; and,
- utility charges are included in the rental agreement; and,
- the meter for that utility is in the landlord's name; and,
- copies of the bills indicating the beneficiary 's share of the costs are provided. (The Assured Income Specialist is not responsible for calculating the beneficiary’s share of utility charges if the landlord or beneficiary submits a billing which includes charges for other tenants).

- The benefit is proportionate to the number of separate rental units (e.g., 4 suites - beneficiary portion cannot exceed 25% of total utility cost).

Funds for utilities may be provided to the beneficiary for a utility contracted by the landlord:

- Where a municipality will establish a utility only in a home owner's name and the beneficiary is a tenant; and
- the meter for that utility is in the landlord's name; and
- copies of the bill indicating the actual cost are provided.

Funds for utilities may be provided to the beneficiary for a utility in another tenant's name:

- Where a municipality will only establish a utility in one tenant's name in a shared living arrangement; and,
- The utility bill is in the tenant's name with whom the beneficiary shares the accommodation; and,
- The beneficiary submits a copy of the utility bill with the beneficiary's share of the cost clearly indicated and signed by the customer whose name is on the bill.

#### **9.12.4 Equipment Rentals**

The LI benefit is intended to cover the costs for water heater and water softener rental costs. Water softener rental costs may be provided to homeowners or renters when a physician or other health care professional verifies a need for medical purposes. Fuel Tank Rental – rental costs are provided to homeowners.

#### **Service Connections**

Charges for connecting or reconnecting services for utilities are issued as required. Deposits may be provided for approved moves (see Chapter 9.12.4).

No funds are provided for meter repairs.

#### **9.12.5 Utilities Metered to Publicly Funded Housing**

The monthly utility cost is determined by the publicly funded housing authority. The cost is specified in the rental agreement and may include mandatory parking charges.

### **9.12.6 Equalized Payments - Settle up and Cancellation**

For beneficiaries who choose actual utility costs, the monthly utility payment is the same amount every month. The account may be settled to determine whether there is a credit or debit. Settle up also occurs at moves. When the beneficiary moves and the budget billing rate was higher than the actual charges, a refund is made by SaskPower (SP) or SaskEnergy (SE) to the former beneficiary or to the Ministry, as directed by the Ministry.

The equalized payment amount is considered the actual monthly utility charge. The actual amount owing in the settle-up month is provided to the beneficiary or vendor. The amount owing is not used to adjust equalized payments for previous months. Where there is a credit carried forward from the settle-up month, no payment is made until the credit amount is insufficient to cover the equalized payment amount.

### **9.12.7 Cancellation and Case Closure**

Equalized payments – Unless the settle up amount is assessed in the month prior to benefits being cancelled, no adjustment is made if the settle up subsequently occurs.

SP Electronic Billing – SP is advised by Assured Income Specialists when beneficiaries whose accounts were paid through electronic payment are no longer eligible for SAID so they can initiate recovery of the deferred arrears from the beneficiary. See Chapter 12.10 for cancellation of direct payments.

### **9.12.8 Utility Arrears - Prior to Application**

Funds may be provided for utility arrears outstanding prior to application if there is a threat to the health and safety of the applicant or the applicant's dependants due to utility disconnection or pending disconnection (as confirmed by the utility provider).

If the applicant did not have the resources to pay the utilities in the past, minimal amounts to ensure continuance of service may be provided.

If the applicant had adequate resources to pay for the utilities that are in arrears at application, any amount provided to pay the utility arrears is considered excess benefits and assessed as an overpayment. Approval of the supervisor is required for payments



exceeding \$500. The applicant will be considered to have had adequate resources if the applicant had sufficient financial resources to meet basic and special needs.

**Utility arrears accumulated while in receipt of SAID**

When beneficiaries do not pay their accounts and are in danger of having service disconnected, an emergency advance may be provided to the beneficiary to pay outstanding charges including GST and late payment costs, see Chapter 19.1.

Beneficiaries who demonstrate an inability to manage by not paying their utility accounts are placed on trusteeship or direct payment.

When beneficiaries on fixed utility rates are billed in excess of the fixed rates, a benefit may be provided to cover the actual cost in excess of the fixed rate.

**Deferred Utility Arrears**

Direct and electronic payment for beneficiaries who those who transitioned from SAP to SAID with deferred arrears with SaskPower are continued until benefits are cancelled or when the arrears are fully recovered.

**9.12.9 Wood and Water Delivery**

Funds may be provided for firewood and water (including delivery) in rural areas when required. If it is more economical, beneficiaries may be provided mileage rates to haul their own firewood or water.

**WOOD GUIDELINES**

Payments for wood are paid directly to the recipient and are based on the following guidelines. These guidelines are minimum rates and usage. No receipts or reconciliation are required when paying the guideline rates and usage per month.

Summer/Winter	Average Number of Loads Per Month	Allowable Cost Per Half-Ton Load (approximately ½ cord)
For period April to September (summer)	1.5	\$120.00
For period October to March (winter)	2	\$120.00

Note the \$120.00 rate includes the cost of delivery. If the wood costs with delivery are higher than the guidelines, a reconciliation using receipts is completed at least every 2 months.

Where recipients are hauling their own wood, mileage rates may be provided where the total cost of the wood and delivery exceed \$120.00 per load. See Chapter 10.5 for mileage rates.

#### **9.12.10 Garbage/Recycling Pickup and Septic**

Utility benefits include usual charges as well as costs related to septic systems and garbage/recycling pick up where the municipality charges for service. Funds for mileage to the nearest landfill may be provided to the beneficiary. Payment for someone else to haul garbage may be provided where the municipality does not provide garbage removal.

#### **9.13 Disability Income Benefit**

A \$70 disability income benefit is provided to each adult who is assessed as an eligible beneficiary and is living in private housing, room and board, or a rooming arrangement.

A \$70 disability income benefit is also provided to an eligible beneficiary's spouse if the spouse has a disability which limits ability for employment or training for more than 12 months, but the disability impact is not significant or enduring to the extent that the spouse meets SAID eligibility criteria (see Chapter 2.2).

#### **9.14 Family and Residential Support Benefits**

Any person who provides accommodation and personal care to a person other than a relative requires a license under *The Mental Health Services Act*, *The Residential Services Act*, or *The Personal Care Homes Act*.

##### **9.14.1 Level-of-Care and Group Homes Benefits**

###### **Community Living Approved Private Service Homes and Group Homes**

A rate of \$410 for board and room is allowed in determining eligibility for those under age 65. For those 65 and older, a rate is established annually by the Ministry. Funding for board and room costs exceeding \$410 may be provided through Community Living

Service Delivery (CLSD) to the home operators. Personal living and other benefits are provided.

**Approved Private Service Homes and Group Homes**

The following rates are paid for adults with a disability who receive care in approved private service homes licensed under *The Mental Health Services Act* or *The Residential Services Act*.

Daily Living Support Assessment	Effective May 1, 2019
Level 2.0	\$1,302/month
Level 2.5	\$1,548/month
Level 3.0	\$1,735/month
Level 3.5	\$1,989/month
Level 4.0	\$2,240/month
Level 4.5	\$2,495/month
Level 5.0	\$2,745/month

Mental Health group homes are grant funded by the Ministry of Health.

**Personal Care Homes** – Effective May 1, 2015 the following rates are paid for adults with a disability who receive services in private homes licensed under *The Personal Care Homes Act*.

- Level II \$ 976 per month
- Level III \$1,217 per month

**Family Homes (Not Licensed)** – Effective May 1, 2015 the following rates are paid for adults with a disability living with their relatives. A relative is defined in *The Personal Care Home Act* as a spouse, son, daughter, sister, brother, parent, aunt, uncle, great aunt, great uncle, grandparent, great-grandparent, cousin, nephew or niece. Foster parents are not considered relatives.

- Level II \$ 827 per month
- Level III \$ 1,054 per month

## **Determining Level-of-Care and Effective Date of Payment**

### **Approved Private Service Homes**

Care levels for those in Approved Private Service Homes are determined by Mental Health or CLSD workers based on completion of the Daily Living Support Assessment (DLSA). A copy of the face sheet or a memo from the Mental Health or CLSD worker is required when rates are established or changed.

Payment may be provided for up to the first 3 months based on an estimate by the Mental Health or CLSD worker of the beneficiary's support level. Following the assessment, a payment increase is retroactive to the date of placement. Any decrease is effective the first day of the month following completion of the assessment. For cases in which the assessment is received after benefits have already been issued for the following month, the decrease is effective the first day of the next month. The rate remains the same if a beneficiary moves from one approved home to another.

### **Personal Care Homes and Family Homes**

To determine a level-of-care, form 1093 is completed by a physician within 60 days. *Temporary benefits (see Chapter 8.1) are provided until form 1093 is received. Effective July 15, 2019, those residing in Personal Care Homes will receive SIS adult basic allowance and shelter rate, while those residing in Family Homes will receive SIS adult basic allowance only. Those who applied prior to July 15, 2019 will continue to receive the SAP equivalent board and room rate of \$330 per adult plus \$55.*

Those assessed as level 2 or higher meet the criteria of having a significant and enduring disability (see Chapter 3.1.1). In disputed cases (e.g., level 2 vs. level 3), a second medical report is obtained and a further determination is made by the Assured Income Specialist.

If the applicant disagrees with a level-of-care assessment of less than level 2, a SAID disability assessment may be conducted to determine eligibility for SAID. If the assessment determines that the applicant has a significant and enduring disability and is eligible for SAID, level 2 rates may be provided (the SAID assessment score does not establish a level-of-care rate).

No further assessments are required unless it is evident the disability impact has changed. Beneficiaries are advised of their right to appeal.

The appropriate level-of-care rate is provided effective as of the date of the placement, but not prior to the date of application.

**Group Homes** - No documentation regarding level-of-care is required.

### **Resident Charges for Special Care Homes/Hospitals**

**Special Care Homes** - Beneficiaries living in Special Care Homes as defined under *The Housing and Special Care Homes Act* are required to pay a resident charge as determined by Health. The resident charge is adjusted quarterly and changes are made automatically.

**Hospitals** - Beneficiaries in hospital who no longer require acute care are charged the special care home resident charge by the hospital. Level IV cases continue to be assessed at the special care home resident charge rate regardless of the length of time the beneficiary remains in hospital.

### **Facilities Providing Specialized Services**

**Ranch Ehrlo and Eagles Nest** – Services are contracted through Child and Family Programs and CLSD. No financial benefits are provided. Residents may be eligible for Health Services only (see Chapter 5.2).

Ranch Ehrlo's Family Treatment Program: Rent and shelter related costs are not provided. The adult personal benefit is provided and special needs may also be provided (e.g., special diet). Families may continue to maintain permanent housing in their home community, if the Child and Family Programs is providing for travel needs between the location of the treatment and the family's home community. Families who normally reside on reserve or out-of-province are not eligible for assistance through SAID while in treatment.

### **9.14.2 Special Care Facility Benefit**

A benefit of \$25 per month may be provided to beneficiaries with a disability who reside in approved private service homes licensed through *The Mental Health Services Act* or *The Residential Services Act* or in homes licensed through *The Personal Care Homes Act*.

**SAID Program Verification/Documentation Requirements**

*This appendix is intended as a summary only. Refer to Regulations and Policy*

<b>Policy Reference</b>	<b>Verification</b> <b>Beneficiary’s verbal statement should be noted in a chronological recording.</b>	<b>Documentation</b>
<p><b>9.1 Living Income Benefit with Shelter – own home, joint title, agreement for sale, direct mortgage payments, rent, room and board</b></p>	<ul style="list-style-type: none"> <li>• Room and board – beneficiary verbal statement</li> <li>• Room rental – beneficiary verbal statement</li> </ul>	<ul style="list-style-type: none"> <li>• When no hardcopy confirmation is initially provided, the supervisor may, for one month only, approve shelter providing there is corroborating evidence that the beneficiary is unable to obtain the required confirmation. This decision is recorded in a chronological recording. No additional payment is made until a hardcopy confirmation is obtained. Subsequent shelter payments are not provided until documentation is received unless there are exceptional circumstances (e.g., beneficiary faces immediate eviction, landlord or beneficiary is hospitalized) and will require supervisor’s approval. See delegation of authority.</li> <li>• Renters – rent receipt (current or last month if there is no change in address), rental agreement for the current address, proof of payment (cashed cheque or direct debit or payment) at application or move, form 1006, rental increase notice including shared arrangements. No documentation is required when rent is provided by joint payment or to a trustee.</li> <li>• Social Housing – no rent receipt required</li> </ul>

		<ul style="list-style-type: none"> <li>• Home owners – proof of payment (e.g., bank statement), certificate of title, mortgage/loan agreement, home insurance and tax statements</li> <li>• Joint title – proof of payment, certificate of title, mortgage/loan agreement</li> <li>• Agreements for sale – copy of agreement</li> </ul>
<b>9.6 Living arrangements – shared room, room rental</b>	Beneficiary verbal statement (as described by beneficiary)	<ul style="list-style-type: none"> <li>• <i>Form 1001a</i></li> <li>• <i>Form 1006a</i></li> </ul>
<b>9.8 Assisted Living</b>		Rent receipt or lease agreement
<b>9.11 Accommodation away from home</b>	Staying with family or friends – beneficiary verbal statement	Hotel – statement, invoice or receipt
<b>9.12 Utilities</b>	<ul style="list-style-type: none"> <li>• Telephone – three-year review verification for “pay as you go” cell phones when current documentation is not available: chronological recording indicating worker has verified service by either calling the phone number listed on the original “hook-up” document and talking to the beneficiary, or having the beneficiary bring the phone in and checking it is still activated.</li> <li>• Land line – call to confirm at three-year review.</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone – Statement, contract or other form of documentation confirming phone service in beneficiary’s name or if bill not in beneficiary’s name, confirmation of land line at beneficiary’s address with supervisor’s approval</li> <li>• Utility bills in beneficiary’s name</li> <li>• Utilities metered to landlord or – copy of bill or documentation from landlord</li> <li>• Utility services supplied only in the owner’s name – rental agreement and copy of bill signed by landlord</li> <li>• Utility services only in one tenant’s name in shared arrangement – copy of bill signed by customer with whom beneficiary shares</li> <li>• Social housing – copy of rental agreement</li> <li>• Receipts for wood/water, fuel tank rental and delivery costs. For wood costs, if the cost is within the guideline rates, no</li> </ul>

		<p>documentation is required.</p> <ul style="list-style-type: none"> <li>• EPP – bill in beneficiary’s name, at rate change or move</li> <li>• Electronic billing on SWIN when utility bills not provided by vendor</li> </ul>
<b>9.12.8 Utility Arrears</b>		Utility bill, disconnection notice
<b>9.14.1 Level of Care</b>		<ul style="list-style-type: none"> <li>• Front page of Daily Living Support Assessment (DLSA) for Approved Private Service Homes or memo from Mental Health</li> <li>• <i>Form 1093</i></li> </ul>
<b>9.14.2 Special Care Facility Benefit</b>	Beneficiary receiving level of care in a licensed facility	

<b>Delegation of Authority</b>		
The supervisor or Manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager		
<b>Approval Items</b>	<b>Reference</b>	<b>Approval Required</b>
Granting shelter without documentation	9.1	S
Telephone in exceptional circumstances	9.12.2	S



Legislative Authority	Subject
<b>The Saskatchewan Assured Income for Disability Regulations</b> <b>Sections 22, 23, 24, 25, 26, 27, 28, 29, 30, Table 2</b>	<b>CH 10 Exceptional Needs Benefits</b>

**Intent**

Benefits may be provided for certain items of exceptional need for disability and non-disability related expenditures. When eligibility for financial and/or health benefits is established, beneficiaries are nominated for supplementary health benefits.

**Policy**

Approval of the Manager, Service Delivery, is required for requests over \$5,000 in a fiscal year (April 1 – March 31) for items defined in Regulations - Section 23, 27, Items 16, 20, 36, of Table 2.

**10.1 Exceptional Needs Benefits**

**10.1.1 Special Telephone Equipment**

Special equipment may be provided by SaskTel at no charge or at a discount rate with a physician’s verification. When beneficiaries including those in special care facilities, requires special telephone equipment (e.g., voice amplification, speaker phone) that is not otherwise available, the actual cost is provided. Funds are not provided for telephone alert services (e.g., First Alert, Life Line) unless recommended by a physician due to a life-threatening illness or condition of an adult who lives independently. Funds are not provided for internet services.

**10.2 Exceptional Disability-Related Supports Benefits**

**10.2.1 Clothing recommended by a physician or a health professional**

Where not otherwise provided, a benefit for clothing may be issued for:

- incontinence briefs/napkins used as clothing, except for those receiving palliative care. An average monthly cost of incontinent supplies is established and actual costs are reconciled annually. The under or overpayment is calculated at year end and a

new average is established if necessary. Where actual costs are paid, an invoice, statement or receipt is required.

- special brassieres and wigs based on demonstrated need.
- clothing necessary due to extraordinary (e.g., rapid, more than 25 pounds) weight change.
- diabetic, support, or compression stockings.
- therapeutic or modified footwear when the footwear is required due to a physical or medical condition and it is not covered by Saskatchewan Health (includes footwear replacement where there is no change in the condition).

\*For clothing advances see Chapter 16.4.

### **10.2.2 Special Food Items**

A benefit for special food items may be provided in addition to the ordinary food benefit during pregnancy, lactation, convalescence, or for treatment purposes. The special food benefit is provided to:

- those who receive the *LI* benefit (LI 01) or Modified *LI* benefit (LI 05);
- children with special dietary requirements

A benefit for special food is provided on the basis of a form 1092 except for:

- pregnancy verified by a physician or health professional,
- lactation diet

The need is reviewed at least annually and a form 1092 is required except for those with previously documented HIV or AIDS or *tube feeding*.

The rates below are provided for commonly prescribed special diets where the expenses exceed ordinary food costs and the actual costs are not known.

<b>Special Diet Rates</b>	<b>Benefit</b>
Calories (all age groups) – for diabetes, weight reduction and modified fats (low cholesterol):	
1900 - 2499	\$27
2500 +	\$42
Dialysis	\$35
Food Supplements	actual cost
High Protein Diet - for acute conditions where the treatment is intensive and for a specified time period.	\$53
Pregnancy or Lactation	\$48
HIV or AIDS (to include food supplements)	\$140

Actual costs established by a registered dietitian may be provided for the above diets or those not listed above.

When more than one diet is prescribed, funds for the higher cost diet are provided.

For those in CLSD group homes the total amount of the special diet, minus \$140, is provided.

Funds for special diets are not provided to those in hotels or emergency shelters with the exception of food supplements.

Other than CLSD group homes (as noted above) funds for special diets are not provided to those receiving level-of-care benefits except when tube feeding is required. For these beneficiaries the actual cost for food used for tube feeding products, minus \$120, is provided.

**Food supplements:**

Food supplements (e.g., Boost, Ensure) are enriched food products prescribed by a physician for a specific condition for a specific time limit (e.g., Crohn's disease, malabsorption problems). The actual verified cost is provided. Supplements are considered a special diet.

**Special Diets for those unable to eat solid food:**

The following deductions are made for children and adults who require special products as they are unable to eat solid food:

- **Child(ren)** - the actual cost of the special diet (including infant formula) in excess of \$70 per month is provided.

- **Adult** - the actual cost of the special diet in excess of \$120 per month is provided.

### **10.2.3 Home Care Services**

These services are provided for adults and children through Home Care at rates established by Saskatchewan Health regardless of the number of services provided. Payment is not provided for beneficiaries in board and room, licensed care, or family homes or where a level-of-care benefit is provided.

A home care benefit may be provided in exceptional circumstances with the supervisor's approval for services provided other than through *the Saskatchewan Health Authority*. This is not intended to compensate family members providing home care.

**Meals on Wheels** - The beneficiary's LI benefit is not reduced when receiving Meals on Wheels. These services are provided through Home Care. A benefit is provided to pay the Home Care user fee at rates established by The Ministry of Health.

### **10.2.4 Attendant Care**

Beneficiaries who require attendant care services are referred to the Health District to receive available services through Home Care or funding through the Individualized Funding Program.

### **10.2.5 Laundry Service**

When a medical condition causes exceptional laundry requirements, actual laundry costs may be provided.

### **10.2.6 Household Task Benefit**

\$25 per month may be provided for the purchase of services (e.g., snow removal, lawn care and/or wall washing) necessary to maintain a home if the spouse or dependant is unable to perform the tasks. The benefit may be provided to renters as well as home owners except for those who rent rooms or who share accommodation with others.

### **10.2.7 Service Animals**

Reasonable costs of food, veterinary, and hygienic grooming costs for specially trained service animals may be provided.

### **10.2.8 Adult Respite Care**

Respite care is temporary care of a person with a disability that provides relief for the usual caregiver.

Beneficiaries with a spouse requiring special care who are receiving the *LI* benefit may be provided with a benefit for the spouse to attend an adult daycare centre or respite facility.

No funds are provided for adult or children's respite care in any other circumstance.

## **10.3 Disability Related Mobility Aids, Devices and Equipment Benefits**

### **10.3.1 Mobility Aids, Devices, Equipment Benefits and Repairs**

A benefit may be provided for the following:

- Wheelchair/Mobility Scooter repairs – required for mobility purposes related to a disability. Funds may be provided for reasonable repairs, including batteries, for equipment beneficiaries own if Saskatchewan Aids for Independent Living (SAIL) or Workers' Compensation Board (WCB) is not a resource.
- Ceiling lift and hoist repairs – required for mobility purposes related to a disability. Funds may be provided for reasonable repairs, including batteries, for equipment beneficiaries own, if SAIL or WCB is not a resource.
- Assistive Technology Device repairs – assistive technology devices required for disability-related reasons (e.g., alternative communications device, dynavox). Funds may be provided for reasonable repairs, including replacement of batteries for equipment beneficiaries own if SAIL, WCB, or other resources are not available.
- Funds are not provided for the initial purchase of a device, the addition of software or other components or for any portion of the replacement cost of a device if it cannot be repaired.

## **10.4 Special Benefits for Children**

### **10.4.1 Transition Benefit for Children (TBC)**

Benefits for children are provided through the Canada Child Benefit (CCB). Parents or caregivers must apply for the CCB immediately when there is a change in the number of dependents. The Transition Benefit for Children may be provided in absence of the CCB in the following instances:

#### **One Month Non-Recoverable Benefit**

The benefit may be granted on a pro-rated basis to assist with children's basic needs to a maximum of \$160 per month per child.

The benefit is provided from the date the child is added to the file until the end of the same month. If the child added is a new born, the benefit is provided only if the newborn was added to the file in the month of birth. Newborns not added to the file until after the birth month are not eligible for the TBC because CCB eligibility begins in the month following birth.

The TBC benefit is issued for a maximum of one month with the exception of refugee claimants. Refugee claimants are eligible to receive this benefit until their claim and all associated appeals have been determined by the Immigration and Refugee Board.

The benefit is provided for the following children:

- newborns
- youth returning from custody facilities to parents/caregivers
- children returning to care of parents or caregiver from foster care, alternate care or placement with a designated person of sufficient interest
- Canadians returning from out of the country who are not receiving CCB payments
- refugee claimants (see Chapter 2.3.4) who do not qualify for federal CCB payments.  
For these refugee claimants, the non-recoverable benefit;
  - must be reviewed monthly and may be extended
  - can be issued to those awaiting a claim or appeal decision from Immigration, Refugees, and Citizenship Canada

## Emergency benefits for those not eligible for the TBC

An emergency recoverable benefit may be provided where a parent or caregiver is eligible to, but not receiving the CCB (see Chapter 19.1).

### 10.4.2 Education Expenses for Children

An annual benefit is provided to cover expenses including supplies, school activity fees, textbooks, locker fees and gym clothing as follows:

For each child age 5*	\$ 50
For each child age 6 – 13*	\$ 85
For each child age 14 and older	\$ 130
*Children age 5 in grade 1 receive	\$ 85
*Children age 13 in grade 9 receive	\$ 130

A \$50 School Expenses benefit is provided for children ages 3 and 4 when they are enrolled in a Ministry of Education Pre-Kindergarten program (a verbal declaration of enrollment is accepted).

The benefit is intended to meet all core educational expenses for the school year, including driver education. The school benefit is not pro-rated for those who apply after the beginning of the school year. Actual verified costs may be issued for Home Economics, Industrial, and Graphic Arts projects and/or for credit Physical Education classes.

Fees may be provided when attendance at summer school is necessary for children to complete a high school grade.

**Tuition** - Tuition fees are the responsibility of school boards.

### 10.4.3 Child Care

No funds are provided when:

- Family or friends do not charge for services;
- There is an active Child and Family *Programs* child protection case and the need for child care is related to the Child and Family *Programs* case plan; or,
- Saskatchewan licensed child care is used. The Child Care Subsidy provides a full subsidy for parents eligible for SAID). A deposit may be provided if required.

- The child is in pre-school unless the pre-school is used for child care while the parent is in training or is employed.

Payment for child care costs is made to the parent for the care of their children and is based on the following guidelines. These guidelines are minimum rates. No receipts or reconciliation are required when paying guideline rates.

	Private (Unsubsidized)	
	Half Day - 5 hours or less	Full Day - more than 5 hours
1 child	\$10	\$20
2 children	\$14	\$27
3 children	\$17	\$34
4 or more children	\$21	\$41

If child care costs are higher than the guidelines, a reconciliation using receipts is completed at least every 2 months. If the beneficiary is not making the payments, trusteeship is considered.

Funds may be provided in the following circumstances:

- as long as a parent(s) is employed or in training
- when a parent is required to seek employment
- when a parent due to illness or disability is unable to care for a child(ren)
- when a child is hospitalized and there are children at home
- for participation in an approved plan (e.g., AA, support group sessions)
- when a parent attends the Fine Option program
- when required for reasons outlined in Chapter 10.5-- Transportation

#### **10.4.4 Pre-School**

Funds are not provided unless the pre-school is used for child care while the parent is in training or is employed.

#### **10.4.5 Active Child Protection Cases**

Funds are not provided for family support services funded through Child and Family Programs.



#### **10.4.6 Special Maternity and Infant's Clothing**

A benefit may be provided as follows for:

**Maternity clothing** - \$150

**Layette for newborns** (e.g., clothes, bedding) - \$110 per newborn.

#### **10.4.7 Child Access (Visiting Children's) Benefit**

Under current family law, joint custody is assumed unless the custody order or written agreement specifies that one parent has custody and one has access. Where children are in care, the Minister has custody of children and the parent(s) may have access. This benefit may be provided when children visit a parent with access who does not receive the Canada Child Benefit (CCB). The benefit of \$160 per month per child is provided on a pro-rated basis. The visit must be at least 24 hours before the benefit is paid. For visits over 24 hours, the benefits are provided for each day even if the child(ren) stays a portion of a day. When the benefit is provided for 15 or more days/month for more than 2 consecutive months (except for summer holidays), the parent is required to apply for the CCB. If not eligible for CCB the benefit may be continued. No other needs are provided.

#### **10.5 Transportation Benefits**

Beneficiaries are expected to meet their normal travel costs including the cost of license plates from the monthly *LI* benefit. Beneficiaries are expected to seek services from the location nearest their home community. Funds for travel costs are not provided for visits between non-custodial parents and their children. Ambulance services and some other medically related transportation services are provided by Health.

Funds for travel costs by the most practical and economical means are provided. When beneficiaries are eligible for funds for more than one reason, funds for the most economical travel mode are provided (e.g., bus pass in urban centres). For exceptions, see Chapter 10.5.2.

**Mileage rate (funds to cover gas, oil)**

**For those residing south of the 54<sup>th</sup> Parallel**

- 22 cents per kilometer for a private vehicle
- 27 cents per kilometer when a driver other than a member of the family unit is required because the beneficiary is unable to drive or has no access to a vehicle.

**For those residing north of the 54<sup>th</sup> Parallel**

- 24 cents per kilometer for a private vehicle
- 29 cents per kilometer when a driver other than a member of the family unit is required because the beneficiary is unable to drive or has no access to a vehicle.  
(1 mile = 1.6 kilometers)

**Travel benefits are provided in the following circumstances:**

**10.5.1 Medical Purposes**

Travel for medical purposes may be provided. Beneficiaries are expected to seek services from the location nearest their home community. Under exceptional circumstances, the supervisor may approve travel to another location within the province (e.g., CLSD beneficiary whose behavior cannot otherwise be managed, no pharmacy within the community of residence.)

For out-of-province travel, see Chapter 20.1.4.

A benefit of \$10 per trip for taxi and/or \$10 per day for parking may be provided. If additional funds are required, the benefit is assessed on the actual cost of bus fare, taxi or other modes of transportation. Where costs amount to more than \$10 per month because of a chronic medical condition, a monthly payment based on average cost is established and reviewed periodically.

**Escorts for Medical travel**

This benefit is related to the medical travel of the beneficiary and is not for attendant care or for services required when a beneficiary is in hospital or receiving treatment. A travel benefit for one non-medical escort to and from a medical appointment or treatment may be approved, upon a request from a medical professional, Mental Health worker or CLSD worker only when there is a legal or medical requirement such as:

- where the beneficiary has a severe physical disability and requires help with activities of daily living;
- where the beneficiary is medically incapacitated;

- where the beneficiary has been declared "mentally incompetent" by a court of competent jurisdiction and assistance is needed to access medically required health services;
- when there is a need for legal consent by a parent or guardian who is not part of the family unit;
- to accompany a minor who is accessing medically required health services except for a Status Indian parent living on reserve.
- when a language barrier exists to access medically required health services and these services are not available at the referred location; or
- to receive instructions on specific and essential home medical/nursing procedures, and it is not possible for the instruction to be received in any other manner.

When an escort has been authorized, a benefit for the escort's meals and lodging may also be provided. The following criteria should be considered in approving a travel benefit for a medical escort:

- a family member who is required to sign consent forms or provide a patient history;
- a reliable member of the community;
- physically capable of taking care of themselves and the beneficiary and not requiring assistance or an escort themselves; and/or
- proficient in translating.

### **Support Person Required for Medical Treatment of Life Threatening Conditions**

In exceptional circumstances a benefit may be provided for travel, accommodation and meals for one support person when the following conditions are met:

- the health professionals providing the treatment of a life threatening condition require that the patient have the assistance of a support person during convalescence and rehabilitation following the medical procedure or treatment.
- benefits for a support person are only provided if the beneficiary is not hospitalized during the majority of the time required for convalescence and rehabilitation after the medical procedure or treatment.
- a benefit for transportation costs is not provided for both an escort and a support person (two persons) during the same medical trip.

For example, heart transplant surgery may require a family member or other support person to stay with the patient after surgery for a period of three months or more for outpatient transplant rehabilitation. Without a commitment for a support person for the three-month period, the transplant surgery will not proceed.

### **10.5.2 Travel needs due to disability**

The actual cost or mileage rate is provided to beneficiaries with a disability when transportation is required for employment, education, and/or medical purposes.

Mileage may be provided when a driver (e.g., home operator) is required to enable a beneficiary to attend educational, therapeutic, or rehabilitative programs at non-profit organizations and institutions. For those who attend regularly (at least 3 days per week), the mileage rate is calculated per beneficiary per kilometer for a maximum of 5 beneficiaries. If attendance in the program is for longer than 2 hours per day, the mileage may include 2 round trips (allowing the driver to return home between drop off and pick up times).

Rates may be negotiated by the Service Delivery Manager in consultation with Program and Service Design for transportation of beneficiaries by private carriers (e.g., taxi, bus) when more than one beneficiary is transported.

The actual cost or mileage rate may be provided for travel to Camp Easter Seal, Camp Thunderbird or Camp Buffalo. The supervisor may approve travel to another camp for those who would otherwise attend a Day Program.

### **Cosmopolitan Learning Centre and Industries Services**

Effective December 1, 2016 benefits for travel for Community living Service Delivery (*CLSD*) clients to attend programs provided by Cosmopolitan Learning Centre (Regina) and Cosmopolitan Industries (Saskatoon) are not to be provided. Beneficiaries who were receiving a benefit for travel to Cosmo prior to December 1, 2016 may continue to do so until March 31, 2017. In exceptional circumstances travel may be provided when approved by the Executive Director, Service Delivery.

Travel for other purposes (e.g. medical) and/or individuals who are not clients of *CLSD* may be provided in accordance with this policy.

### **10.5.3 Registered Indians**

Registered Indians receive assistance for accommodation, food, and travel costs outside their community of residence from Health Canada. Arrangements are made in advance

by beneficiaries with federal officials. Local travel needs may be provided through Social Services.

#### **10.5.4 Northern Travel**

**Social Services** assesses eligibility and nominates for supplementary health coverage before medical trips can be authorized.

**Health** authorizes medical travel on the basis of eligibility for supplementary health.

**Social Services** is responsible for health-related local transportation and all meals and/or accommodation costs required as part of the medical trip.

**Health** is responsible for authorizing long distance travel which is related to a health need as well as subsequent transportation costs when it is an extension of the medical trip (e.g., taxis from airport to medical appointment). This responsibility extends to both outgoing and return long distance trips. This includes authorizing transportation by commercial carriers. Children covered by Family Health Benefits are eligible for medical travel through Health. In most cases, one parent may accompany the child as a medical escort.

#### **10.5.5 Training, employment or other programs outside of the community of residence**

Funds for or mileage rates may be provided to participate in training, employment or other programs approved as part of a case plan.

#### **10.5.6 Travel costs to take children to child care**

Funds for the actual cost or mileage rates may be provided for parents and children to take children outside their home to child care when parents are attending training or programs approved as part of a case plan.

#### **10.5.7 School transportation benefits**

Funds for the actual cost or mileage rate is provided for children attending elementary (includes a Ministry of Education Pre-Kindergarten program) or secondary school when

transportation is not provided by the school board and when children live more than one kilometer or eight blocks from school or the distance determined by school boards.

#### **10.5.8 Travel for special needs children in a licensed child care facility**

Funds for the actual cost or mileage rate is provided for children age 6 and under enrolled in a licensed child care facility who require these services as a result of medical, physical, social, emotional, developmental, or language needs.

#### **10.5.9 When families are not a resource, travel benefits may be provided to:**

- Attend a job interview outside the community of residence within Saskatchewan where a similar opportunity does not exist within the community.
- Accept confirmed employment or attend a training program outside of the community of residence.
- Participate in an approved participation plan (e.g., AA, counselling, support group sessions for abused persons or abusers). When there is an active protection case, no benefit is provided for travel related to the Child and Family *Programs* case plan.
- Attend one visit with a family member with life threatening illness and/or a funeral service for a family member. Family member includes: grandchildren and the family who raised the beneficiary (parents, grandparents, siblings). Funds may be provided within or outside the province for a family member. The decision as to the number of family members who receive a travel benefit is based on specific circumstances. A maximum amount up to \$400 per family unit may be provided. The rate includes travel, accommodation, meals and child care costs.
- Visit a member of the family unit (beneficiary and his or her dependants – spouse, children) with a serious medical condition and/or attend a funeral service of a member of the family unit. The actual cost of public transportation or the mileage rate, whichever is most economical, is provided.
- A beneficiary with a disability to visit a parent once a year, where the visit takes place outside the community of residence within the province and the parent is a SAID beneficiary or SAP or SIS recipient and is unable to travel due to disability. A maximum of \$400 may be provided. The actual amount is provided if the costs are less than \$400. The rate includes travel, accommodation, meals and child care costs.
- For a custodial parent to visit child(ren) in residential care (e.g., hospital) as part of an approved plan where the visit takes place outside the community of residence.
- Attend regional or provincial appeal hearings outside the community of residence, if requested.

- Attend legal aid offices.
- Travel to or from family shelters.
- Attend court appearances within the province - criminal, Family *Programs*, divorce, child custody/access unless travel costs are provided by another agency/ministry (e.g., Ministry of Justice and Attorney General for subpoenaed witnesses)
- Attend mandatory parent education classes as part of a separation or divorce action.
- Attend an initial visit with birth parents or biological son or daughter within or outside the province. Funds to a maximum of \$400 may be provided.
- Attend a local service centre outside of the community of residence to pick-up SAID benefit cheques in the event of postal disruption.
- Attend disability assessment or reference person sign-off

## **10.6 Housing Supports Benefits**

### **10.6.1 Shelter Arrears Prior to Application**

Mortgage or tax arrears accumulated prior to application may be paid only if the health and safety of the beneficiary is threatened and if the unpaid arrears were a result of lack of funds in the past. Minimal amounts to prevent eviction may be provided.

Based on notification from the Provincial Mediation Board, tax arrears including any penalty fees, lien costs and legal fees accumulated prior to application may be provided.

Factors to be considered include:

- the cause of arrears
- the amount of arrears
- the value of the property and the equity of the property
- suitability of the accommodation
- the length of time the beneficiary has lived in the property
- the beneficiary's long-term plan
- length of time the beneficiary is expected to receive benefits

Rent arrears accumulated prior to application may be paid only if the health and safety of the beneficiary is threatened and if the unpaid arrears were a result of lack of funds in the past. Minimal amounts, not exceeding actual rent amounts, to prevent eviction may be provided.

The maximum payment may not exceed the actual cost of shelter arrears for a period of 3 months.

Approval of the supervisor is required for payment exceeding \$500.

### **10.6.2 Shelter Arrears While on SAID**

When beneficiaries accumulate rent, mortgage or tax arrears to the extent they are in danger of foreclosure or loss of property, an emergency advance may be provided to pay arrears if the beneficiary:

- is currently receiving benefits; and
- received a LI benefit for the period and at the residence where arrears accumulated; and
- continues to reside at the residence for which the rent arrears have accumulated;
- can reasonably expect to afford to pay the rent in the future; and
- the landlord confirms eviction is pending.

Any payment for rent arrears is limited to the period for which a LI benefit has been issued. The amount of the payment cannot exceed the actual cost of rent for a period not exceeding 3 months. Any arrears in excess of the previously issued shelter amount are assessed as an overpayment. Any amount issued for rent arrears that is considered a duplicate benefit for shelter previously granted is assessed as an overpayment.

Example: Shelter portion of the *LI* benefit is \$459. Actual rent is \$650

- Beneficiary is in arrears of \$650 (one month). An emergency advance for arrears is \$650 which is considered an overpayment.

Trusteeship should be considered in cases in which it appears the beneficiary is not capable of managing the benefit.

### **10.6.3 Security Deposits**

Beneficiaries whose benefits are discontinued due to employment may receive funds for a security deposit in an amount up to the approved shelter portion of the *LI* benefit. Payment is made to the beneficiary.



#### **10.6.4 Repairs to the Primary Residence**

The Saskatchewan Housing Corporation administers a number of home repair programs as well as a home modification program for persons with a disability and seniors. The Emergency Repairs Program offers financial assistance to help low-income homeowners complete emergency repairs to make their homes safe.

The Provincial Disaster Assistance Program (PDAP) may assist municipalities and individuals who suffer uninsurable losses from a natural disaster.

Beneficiaries are expected to cover minor home repairs or maintenance needs through the *LI* benefit. Advances may also be requested to meet these needs. See Chapter 16.4 for advances.

#### **10.6.5 Household Equipment, Furniture, Furnishings and Supplies**

Beneficiaries are expected to provide for their household furnishings through the monthly *LI* benefit. No benefit is provided to those receiving a modified *LI* benefit, room and board or room rental arrangements, licensed care, or family homes except for infant cribs. No benefit, except for infant cribs, may be provided to beneficiaries who have been in receipt of benefits for less than 12 consecutive months unless the need is urgent, approved by the supervisor, and is limited to situations in which not having the item poses a health or safety threat.

Benefits for basic household furnishings may be provided to those who have never owned the items before. The most economical means of meeting the needs is considered. The item(s) requested and amount granted are documented in a chronological recording.

Needs over \$500 are assessed by home visit unless the supervisor waives the requirement.

Estimates or receipts are not required when using cost guidelines.

The following cost guidelines are used:

<b>Basic Household Equipment and Supplies</b>	<b>Cost</b>	<b>Basic Furnishings</b>	<b>Cost</b>
cleaning utensils	\$15	beds	\$250
cooking equipment	\$80	chest of drawers	\$110
curtains	\$45	cribs	\$210
dishes	\$30	high chair	\$60
linens	\$75	kitchen table and chairs	\$250
lamps	\$45	sofa and chair	\$350
		fridge	\$540
		stove	\$500
		washer	\$450
		dryer	\$320
		vacuum cleaner	\$125
Delivery and taxes to be added			

An additional 25% is allowed for communities served by the Buffalo Narrows and la Loche offices and for the communities of Cumberland House, Creighton, Uranium City, Wollaston Lake, and Pelican Narrows.

### **Advances and Household Equipment, Furniture and Supplies**

An advance is the first resource when replacing or repairing household items (e.g., fridge, stove, washer). See Chapter 16.4 for advances. A special needs benefit may be provided in addition to the advance if the advance is not sufficient to cover the cost.

The full advance is used for replacement items before providing additional funds with the exception of:

- the destruction of household furnishings as the result of a natural or man-made disaster. The insurance deductible may be provided if this is the most economical way to replace furnishings.
- never had furnishings and requires the item(s) due to:
  - an increase in family size (e.g., purchase of crib for newborn).
  - a move to unfurnished accommodation that is more suitable for the family's need if this is an appropriate plan.
  - household equipment necessary for the treatment of a medical condition and upon the recommendation of a physician or health care provider, where other resources are not available. (e.g., humidifiers, orthopedic mattresses, air filters).

The beneficiary may approach the Kinsmen Foundation, Red Cross and service clubs for items the Ministry does not provide.

- an advance is outstanding, the need is urgent and is approved by the supervisor, and is limited to situations where not having the item poses a health or safety threat. The length of time the beneficiary is expected to receive benefits is considered.

### **10.6.6 Moving Costs**

#### **Within Province**

Prior approval for moving costs is required. Funds for moving costs may be provided as follows:

#### **Once per year**

- for medical or health purposes
- for employment, education/training purposes
- when moving to more adequate or affordable accommodation. If more than one move in a year is required for this reason, the supervisor's approval is required
- when the rental property is no longer available or is sold

**Once every two years** – for eviction

**For safety reasons or other reasons beyond the client's control (e.g. when the rental property is no longer available or is sold for the second time in one year)** – as often as required with supervisor's approval

The following rates are provided:

- singles and childless couples \$ 50
- families \$150

Estimates or receipts are required if the cost will exceed the above amounts.

#### **Out of Province**

Service Delivery Manager's approval is required when a SAID beneficiary requests help to move or return to another province for reasons such as employment, leaving an abusive relationship, or moving closer to family supports. Verification of the beneficiary's rationale for leaving must be obtained from the client and confirmed. If required, contact is made with the other province to advise that the client will require assistance once they arrive. The recipient's name, dependents and relevant circumstances regarding the move are provided.

Funds for moving basic household belongings may be provided when prior approval is obtained. The rates are:

- Singles and couples without children \$50
- Families \$150

If the most economical method of moving results in costs exceeding established rates, submission of estimates or receipts is required, prior to the move, for approval.

Funds for moving basic household belongings may be provided. Other costs such as meals and accommodation may also be provided.

**Meals** – Funds for purchasing meals while moving may be provided:

\$20 daily per person: \$5/day for breakfast, \$6/day for dinner and \$9/day for supper.

**Accommodation** – Funds for accommodation may be provided during the move for the most economical option.

If the client requires accommodation in another province along their route and there are issues involving benefit disbursements (e.g., requisitions issued only valid in Saskatchewan), contact with the accommodation (most economical) should be made to request that the Ministry be billed for the recipient's stay.

### **Moves to Saskatchewan**

The Ministry of Social Services will not accept responsibility for moving costs.

Beneficiaries may move with the Ministry's agreement. For eligibility of those who have received assistance from another province or Indian Band, see Chapter 2.3.1.

## **10.7 Employment, Training and Transition Benefits**

### **10.7.1 Clothing required for training/graduation**

Funds for the actual cost of clothing required for training may be provided where not provided by the training program.

Grade 8 graduation clothing - \$75

Grade 12 or other graduation clothing/ceremonies - \$175

### **10.7.2 Expenses incidental to commencing employment**

Funds for work boots, special clothing, mandatory licenses (not including outstanding fines charged against licenses), fees or permits, criminal record checks, Hepatitis B immunization and minor tools may be paid when essential to employment and when not provided by the employer. Employers, including *CLSD* day programs, are required to provide protective equipment which they deem necessary to do the job.

Employment Supports (receipts not required):

- A benefit of \$40 is provided once per application to assist with the cost of:
  - travel within the community of residence and/or incidental expenses to attend job interviews; and,
  - travel to work within the community of residence until first pay.
- A benefit of \$50 is provided once per application to assist with the cost of one month's vehicle registration where a vehicle is required for employment purposes (e.g., delivery, courier, where the vehicle is used on the job).

### **10.7.3 Participation Benefit**

The participation benefit may be provided when there is prior approval of a case plan for training or education.

A benefit in an amount not exceeding \$40 per month may be provided for participation in training or a secondary education program. The benefit is provided from the date the case plan is approved or the month the program commences, whichever is later. The benefit is not prorated for attendance, date of commencement or date of completion.

In addition to the participation benefit, an adult attending a secondary educational institution may be provided a benefit for school supplies of \$130 per calendar year.

#### **Training program related costs approved by assured income specialist/worker:**

Transcripts - Funds may be provided for transcripts required for training programs.

- Deposits
  - Deposits may be provided for approved training
  - Course-related costs for online high school courses where this is the only reasonable means for the beneficiary to complete high school and it is part of an approved participation plan.
  - No book deposits are provided other than a GED book deposit. No other costs are provided.

- Funds for other costs such as criminal records checks, processing fees, Hepatitis B immunization may also be provided.

#### **10.7.4 Evaluation Programs - SaskAbilities**

Referrals to the Workforce Development for Persons with Disabilities (WFDPD) are made when beneficiaries meet the criteria of that program. WFDPD does not provide training allowances for beneficiaries who attend short term (30-day or less) vocational assessments. WFDPD pays the assessment fees and beneficiaries continue to receive SAID benefits including travel.

### **10.8 Funeral Expenses**

#### **10.8.1 Funeral Arrangements**

In the absence of next of kin, a relative, or other responsible person, the funeral director may make the application for funeral expenses for those not receiving SAID benefits. *The application for funeral expenses (form 1244) is not completed for those who were receiving benefits when they died.*

#### **10.8.2 Application (*for those not in receipt of benefits*)**

*For those not in receipt of SAID benefits*, an application should be made before arrangements are completed but not later than three months from the date of burial. This time period may be extended with the supervisor's approval in exceptional circumstances. Form 1244 is completed when a friend, relative, or funeral director (*last resort*) applies on behalf of the deceased.

#### **10.8.3 Eligibility**

All assets (real and liquid) are considered a financial resource including the Canada Pension Plan (CPP) Death Benefit and the last Old Age Security (OAS), or Guaranteed Income Supplement (GIS).

The application is denied if:

- assets of the estate are sufficient to cover of a funeral using Ministry rates.
- the funeral costs have already been paid.

In the case of a dependent child and a spouse, the family unit's resources are considered. For veterans, funds through the federal ministry of Veterans Affairs (Last Post) may be available.

If there is eligibility for a funeral benefit, and there is no executor, the family shall be advised that they are not eligible for the CPP Death Benefit. The CPP Death Benefit will be collected by the Ministry to cover the expenses of the funeral if the Ministry pays for the funeral (see Chapter 10.8.6). If there is an executor, the executor shall inform the Ministry of the anticipated CPP Death Benefit and this amount is deducted from the funeral benefit (*beginning January 1, 2019, all CPP contributors who are eligible to receive the death benefit will receive a flat rated benefit of \$2,500*).

Funds provided by an Indian Band, friend or relative (other than a member of the family unit) for funeral expenses not provided through this policy (e.g. a tombstone or a more expensive casket) are not considered a resource.

### Incidental Funeral Expenses

A benefit in the amount of \$100 for incidental funeral expenses may be provided to the head of the family or surviving spouse who receives benefits when a member of the family unit (receiving SAID benefits) dies.

### 10.8.4 Rate Schedule for Funeral Expenses

<b>Basic Funeral Expenses</b>	<b>Amount</b>
The fee will cover the basic preparation of the deceased person's remains, a standard casket* or urn*, all required fees, all transfers of the body within 20km, and documentation.	<b>\$2,100</b>
<b>Additional Funeral Expenses</b>	<b>Amount</b>
Funeral Services/ Rituals (if requested by the family)	<b>Actual cost to a maximum of \$700</b>
Embalming (if requested by the family or funeral home)	<b>Actual cost to a maximum of \$700</b>
Cremation (if requested by the family)	<b>Actual cost to a maximum of \$925</b>
Transportation – when travel beyond 20 km round trip is required for hearse and one other vehicle – rate per vehicle ( <i>the initial 20km is included in the benefit calculation when the distance travelled exceeds 20km</i> )	<b>Amount equal to the Public Service Commission km rates (rounded to the nearest cent)</b>
Grave liners/ <i>vaults</i> (minimal vault or wood box) – when required by municipal by-laws	<b>Actual cost</b>

Oversize and/or hermetically sealed casket (cost in excess of basic fee)	<b>Actual cost</b>
Hermetically sealed body bags for cremations when required or requested by the family (in lieu of hermetically sealed caskets)	<b>Actual cost</b>
Cemetery plot - opening and closing/grave set-up fees	<b>Actual cost</b>

### **Basic Funeral Expenses**

Services include all transfers including transfer vehicle (within 20 km), mandatory documentation, dressings, cosmetics, identification, and all planning through to the final disposition of remains.

\*Standard casket for all burials: a casket of similar quality and not exceeding the cost of an Imperial #2 or Batesville #10. Use the wholesale cost of the Imperial #2 or Batesville #10 (plus 20% merchandise markup, PST and delivery charges) when determining extra cost for an oversize or hermetically sealed casket.

\*Urn - For all cremations with a service and/or visitation or if requested by the next of kin. If no service or visitation, remains will remain in the container in which they are returned from the crematorium.

Hermetically sealed body bags may be provided instead of hermetically sealed caskets for cremations if requested.

### **Funeral Services/ Rituals**

Benefits for funeral services/ rituals may be provided in addition to basic funeral expenses up to the maximum amount if requested by the family. Funeral services may include visitations and ceremonial services in a chapel or church.

### **Cremation Fees**

Benefits for cremation fees and all associated equipment may be provided in addition to basic funeral expenses *up to the maximum amount* if *cremation is* requested by the family.

### **Embalming Fees**

Benefits for embalming may be provided in addition to basic funeral expenses *up to the maximum amount* if requested.



## **Other**

Actual cost defined - Actual cost on manufacturer/supplier invoice, plus freight and PST when applicable (does not include GST). Actual costs billed to the Ministry should reflect the published prices as required under Part IV of the Funeral and Cremation Services Regulations. *All invoices/receipts must be submitted to the Ministry.*

The Ministry does not provide a benefit for any items not specified in the above allowable expenses. Examples include: clothing, flowers, guest register, “Thank You” cards, printed memorial folders, obituary, death certificates, limousines or sedans, fees for clergy, church fees, musicians, lunch receptions, requested upgrades to casket, urn, and vault etc.

The cemetery plot is provided at no charge by the city or municipality, and therefore, no benefits may be provided for this expense. *Actual costs for equipment and services associated with the cemetery plot may be provided (e.g., opening/closing, grave set-up fees, grave liners where required by municipalities).*

### **10.8.5 Transportation of the Deceased Person**

Transportation is limited to the boundaries of the province except for the cities of Flin Flon and Lloydminster. *If the deceased was an active client and out of the province at the time of death and the body/remains are to be interred in Saskatchewan, transportation to Saskatchewan may be provided.* Transportation costs for a funeral and burial to a location other than the community of residence at the time of death may be provided with prior approval (e.g., beneficiary passes away in hospital in a location other than his/her community of residence, *deceased recipient living off-reserve is to have funeral and burial on-reserve*), and approval must be documented in a file recording. Funds for costs to transport the deceased to a location other than that of the funeral, for burial, are not provided.

*If a funeral home does not have cremation facilities, transportation costs to the nearest available crematorium may be provided. If the nearest available crematorium is located in a different province, transportation costs may be granted. Two round trips to the nearest available crematorium from the funeral home may be provided if required.*

If authorized by a Coroner, fees related to the transportation of a body from the scene of death to a hospital (for autopsy) or to a holding facility (e.g., morgue, funeral home) are paid by the Office of the Chief Coroner in accordance with *The Coroners Regulations*,

2000. This would include paying for the cost related to the transportation of the body from the hospital or holding facility back to the scene of death. Charges for autopsies requested by the next-of-kin are not provided through SAID.

### **10.8.6 Payment Process**

All payments for funerals are made to the funeral director *including cemetery related costs*. Neither PST nor GST charges are included in the payment.

The Ministry's Financial Services Branch (FSB) applies, on behalf of the Ministry, for final payments for the month in which the person died including the CPP Death Benefit *when there is no executor*. These resources are not deducted from the amount paid to the funeral director. The following information is provided to FSB in writing (form letter 3009):

- name of deceased
- address
- SIN
- date of birth
- marital status at the time of death
- known bank accounts
- certified copy of the Death/Burial Certificate
- certified copy of the paid funeral expense invoice
- *presence of a will*
- *executor's name, if applicable*
- *amount of funeral costs paid by the ministry*

FSB receives the death benefits and considers them a refund to the Ministry.

### **10.9 Advocates**

Beneficiaries may have a person of their choice from their area or from outside their area with the supervisor's approval represent them at Social Services and Office of Residential Tenancies (ORT) appeal hearings. At their request, \$45 per hearing may be paid for an advocate other than a spouse, dependent child or funded agency. Payments are made to the beneficiary or trustee.

For ORT hearings, payment may be made for one hearing concerning a security deposit matter. Payment form is available from the ORT.

For Social Services hearings, the fee is paid for one hearing unless a further hearing is ordered by the Chairperson. Advocates’ travel and meals may be provided at government rates for Regional Appeal Committee and Social Services Appeal Board hearings.

### 10.10 Northern Living Supplement Benefits

A supplemental benefit of \$50 per month per person is provided to beneficiaries living north of the 54th parallel as well as Barthel, Cumberland House and Pemmican Portage.

#### Northern Communities/Northern Living Supplement Benefits

Air Ronge	Denare Beach	Jans Bay	Patuanak	Stony Rapids
Barthel	Deschambault Lake	Key Lake	Peerless	Sturgeon Landing
Beauval	Descharme Lake	Key Lake Mine	Pelican Narrows	Sucker River
Beaver Lake	Dillon	Kinoosao	Pemmican Portage	Timber Bay
Black Point	Dipper Lake	La Loche	Pierceland	Turnor Lake
Black Lake	Dore Lake	La Ronge	Pinehouse Lake	Uranium City
Brabant Lake	Dorintosh	Landing	Points North Landing	Waterhen Lake
Buffalo Narrows	Elak Dase	Loon Lake	Primeau Lake	Waterloo Lake
Camsell Portage	Eldorado	Makwa	Rabbit Lake Mine Site	Weyakwin
Canoe Narrows	Fond Du Lac	McLennan Lake	Rapidview	Whelan
Cluff Lake Mine Site	Garson Lake	Meadow Lake	Sandy Bay	Wollaston Lake
Cole Bay	Goodsoil	Michel	Sled Lake	
Collins Bay	Grandmother Bay	Missinipe	Southend	
Cree Lake	Green Lake	Molanosa	St. George’s Hill	
Creighton	Ile a la Crosse	Montreal Lake	Stanley Mission	
Cumberland House	Jan Lake	Neeb	Stony Lake	

### 10.11 Pest Control

If a beneficiary is responsible, funds may be provided if this is a more economical alternative to replacing essential furniture items. If the beneficiary claims no responsibility, or if the beneficiary lives in a multi-unit building (where treatment of one area will be ineffective) he/she contacts the landlord and requests pest control. If refused, the beneficiary contacts Public Health regarding a pest control order. If that fails, the beneficiary may apply for an emergency order through the Office of Residential Tenancies (ORT).

## 10.12 Exceptional Circumstances Benefits

This section is not to be used for granting items not allowed in Chapter 10.1 to 10.11 or for items such as organization fees, weight control programs, music lessons, health or medical items not covered by the Health Ministry (e.g., bubble pack for medication, blood pressure monitor, or over the counter drugs), respite, or legal fees.

A benefit may be provided for:

- Clothing supply seriously depleted – a clothing benefit may be provided if the clothing supply is seriously depleted at the time of application as a result of a disaster or due to extraordinary circumstances.
- Equipment or services for those who have a hearing impairment such as master alert, door beacon, shake awake alarm, interpreter fees, etc.
- Bank Searches and Financial Audits - The Ministry pays for service charges incurred in obtaining necessary financial records and conducting audits.
- Certified Copies of Maintenance Orders - Payment may be provided to obtain certified copies of maintenance orders granted in other provinces or countries. There is no charge for maintenance orders from Saskatchewan.
- Medic alert bracelets and related costs (e.g., registration) as recommended by a medical professional (form 1092).
- House Locks - Funds may be provided where safety is a concern whether for accommodation that is owned or rented.
- DNA Blood Testing - Funds may be provided for costs associated with testing required to determine paternity. Testing must be recommended by a lawyer. Whether payment is made is also based on the likelihood of the respondent being a viable financial resource and the potential for successful enforcement of a maintenance order. The Ministry will make payment for testing of the beneficiary and child only, not the respondent. Payment may be made in advance, if requested.
- Identification - Funds may be provided to the beneficiary to obtain documents necessary to obtain a Social Insurance number, to purchase documents required for the purposes of applying for other financial benefits, or to obtain photo ID to enable a beneficiary to open a bank account.
- Crutches – funds may be provided in emergency situations.
- Storage - Funds may be provided on a short-term basis when beneficiaries are unable to move furnishings immediately in such circumstances as:
  - leaves an abusive relationship.
  - new accommodation is not available when anticipated.

- short-term admission for health care.
- Funds may be provided for transfer of legal title when an agreement for sale or home purchase loan is completed and fully paid and the title is solely in the beneficiary's name.
- Funds to pay for probating a will to allow for transfer of title of property inherited by beneficiary.
- Mandatory methadone lock boxes for individuals receiving methadone treatment.

### SAID Program Verification/Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and Policy*

Policy Reference	Verification Beneficiary's verbal statement should be noted in a chronological recording.	Documentation
10.1.1 Special Telephone		<ul style="list-style-type: none"> <li>• Phone bill</li> </ul> First Alert, Life Line – diagnosis of life-threatening illness and recommendation by physician, contract of monthly bills
10.2.1 Clothing	Beneficiary verbal statement for: <ul style="list-style-type: none"> <li>• Commencement of training</li> <li>• Graduation clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Medical clothing – physician or health professional recommendation – <i>form 1092, form 1093</i>, Daily Living Support Assessment (DLSA), note or verbal statement. Receipt required. Copy of requisition for footwear replacement.</li> <li>• Incontinence costs are reconciled annually.</li> </ul> Statement, invoice receipt for actual cost.
10.2.2 Special Food	<ul style="list-style-type: none"> <li>• Lactation – beneficiary verbal statement</li> <li>• Infant formula – verbal statement</li> </ul> Specialized formula – health professional	<ul style="list-style-type: none"> <li>• <i>Form 1092</i> – required annually.</li> <li>• Pregnancy – statement from physician or health professional</li> </ul> Food supplements and infant formula – receipt or statement
10.2.3 Home Care		Home care bill or statement
10.2.5 Laundry - medical		<i>Form 1092</i> (if not already on file)
10.2.6 Household Tasks	Beneficiary verbal statement spouse or dependant unable to perform household tasks	<i>Form 1092</i> already on file
10.2.7 Service Animals		Guide/Service dog – veterinarian's bills or statement, service dog training certification documents

<b>10.3.1 Disability related mobility aids, devices, equipment repair</b>	Beneficiary verbal statement for: <ul style="list-style-type: none"> <li>• wheelchair repair</li> <li>• ceiling hoist repair</li> </ul>	
<b>10.4.1 Transition benefit for Children (TBC) – One month Non-recoverable</b>	Beneficiary verbal statement not receiving CCTB; Verbal statement from Child and Family <i>Programs</i> if child in care or custody	<i>Form 1243</i> for newborns
<b>10.4.2 Educational Expenses</b>		Receipt or statement of costs for home economics, industrial arts projects and/or credit physical education classes or fees for summer school
<b>10.4.3 Child Care</b>		Receipt or statement from caregiver if above the guidelines
<b>10.4.6 Maternity and Infant’s Clothing</b>	Beneficiary verbal statement for layette and maternity clothing	
<b>10.4.7 Child Access Benefit</b>	Child in care – beneficiary verbal statement or verbal statement from Child and Family <i>Programs</i>	Copy of the custody order or written agreement and recording
<b>10.5 Transportation Benefits</b>	Beneficiary verbal statement for: <ul style="list-style-type: none"> <li>• Employment/training outside community of residence</li> <li>• Child school transportation re: distance to school</li> <li>• Non-continuous travel – job interview, accept employment</li> <li>• Attend activities related to case plan</li> <li>• Attend funeral services</li> <li>• Serious Medical</li> <li>• Attend appeals – verbal request</li> <li>• Travel to/from Family Shelters</li> <li>• Visits with family unit</li> </ul>	<ul style="list-style-type: none"> <li>• Medical travel – appointment card from physician, health care receptionist, <i>form 1092</i>, report or letter from health care professional or taxi receipt or invoice indicating address of health facility or doctor’s office</li> <li>• Medical – if taxi exceeds \$10/day, receipts are required</li> <li>• Bus fare – verbal or website confirmation rate</li> <li>• Attend court appearances – copy of request to attend court</li> </ul>
<b>10.6.3 Security Deposits</b>	Beneficiary verbal statement	<i>Form 1006a</i>
<b>10.6.5 Household Equipment/Furniture</b>		<ul style="list-style-type: none"> <li>• For payment of insurance deductible, copy of policy</li> <li>• Items necessary for medical reasons – recommendation of physician or health provider</li> <li>• Estimate or receipt required if cost guidelines are not used</li> </ul>
<b>10.6.6 Moving Costs</b>		Estimate or receipt required if cost guidelines are not used
<b>10.7.2 Employment Expenses</b>	Beneficiary verbal statement	
<b>10.7.2 Employment Supports</b>	Beneficiary verbal statement	
<b>10.7.3 Participation</b>	Beneficiary verbal statement	

Benefit		
<b>10.8 Funerals</b>	Beneficiary verbal request for incidental funeral expenses	<ul style="list-style-type: none"> <li>• <i>Form</i> 1244 for those not receiving benefits</li> <li>• Bill from funeral home</li> </ul>
<b>10.9 Advocates</b>	Beneficiary request	ORT Office form
<b>10.11 Pest Control</b>	Beneficiary verbal request for fumigation	Fumigation – invoice, statement or receipt
<b>10.12 Exceptional Circumstances</b>	<ul style="list-style-type: none"> <li>• Bank Search and Audits – no verification required</li> <li>• Hearing impaired – special equipment, interpreting fees – beneficiary verbal statement (<i>form</i> 1092 on file)</li> </ul> Beneficiary verbal request for: <ul style="list-style-type: none"> <li>• copies of maintenance orders</li> <li>• crutches</li> <li>• identification</li> <li>• methadone lock boxes – verbal statement from methadone clinic</li> </ul>	<ul style="list-style-type: none"> <li>• DNA testing – letter from lawyer</li> <li>• Storage – bill required</li> <li>• Medic Alert bracelet – <i>form</i> 1092</li> <li>• Letter of Probate for probating a will</li> </ul>

<b>Delegation of Authority</b>		
The supervisor or Service Manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager		
Approval Items	Reference	Approval Required
Home Support Services <ul style="list-style-type: none"> <li>• In exceptional circumstances</li> <li>• Over \$5,000</li> </ul>	Reg. Table 2 Items 19 and 20 10.1.3	S M
Disability Related Mobility Aids, Devices, Equipment Benefits and Repair – over \$5,000	Reg. Table 2 Item 25 10.3.1	M
Travel – in exceptional circumstances for the beneficiary to seek services from a location other than that nearest the home	Reg. Table 2 Item 32 10.5	S
Travel for those with a disability to attend camp other than Camp Easter Seal, Camp Thunderbird or, Camp Buffalo	Reg. Table 2 Item 32 10.5.1	S
Shelter arrears prior to application over \$500	Reg. Table 2 Item 33 10.6.4	S
Household equipment <ul style="list-style-type: none"> <li>• Over \$5,000</li> </ul>	Reg. Table 2 Item 36	M

<ul style="list-style-type: none"> <li>• Basic furnishings except infant cribs – receiving benefits less than 12 consecutive months</li> <li>• Waiver of home visit for needs over \$500</li> <li>• Urgent need and not having the item poses a risk to health and safety</li> </ul>	10.6.5	S  S S
<p>Moves</p> <ul style="list-style-type: none"> <li>• More than once a year when moving to more adequate or affordable housing</li> <li>• Out of province</li> </ul>	Reg. Table 2 Item 37 10.6.6	S  M
Expenses incidental to commencing employment over \$5,000	Reg. Table 2 Item 39 10.7.2	M
Funeral expenses application after 90 days	Reg. 24 10.8	S
Payment to advocates outside area	Reg. 25 10.9	S
Exceptional Circumstances – under \$5,000	Reg. Table 2 Item 16 10.12	S
Exceptional Circumstances – over \$5,000	Reg. Table 2 Item 16 10.12	M



Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 28	CH 11 Security Deposits

## Intent

When required, security deposits may be guaranteed for beneficiaries in the amount of the shelter portion of the Living Income (LI) benefit and any approved excess Living Income. Those receiving Provincial Training Allowance (PTA) through the Ministry of Advanced Education may also be eligible.

## Policy

### 11.1 Security Deposit Guarantee

A security deposit is money given to a landlord or agent to be held as security for the payment of a liability of the tenant agreement. Rather than providing funds at the commencement of a tenancy, the security deposit is guaranteed in writing.

Security deposits may be guaranteed, in most cases, when beneficiaries move. Security deposits and lease renewals prior to October 1, 1997 (\$125) while receiving SAP benefits will remain in effect until the beneficiary moves. Beneficiaries requesting a security deposit after October 1, 1997 are not required to return a previously issued \$125 deposit.

Guaranteed security deposits are paid to landlords upon successful claim through the Office of Residential Tenancies (ORT) or through written agreement of the beneficiary to the claim. The guaranteed amount is the approved shelter benefit amount. This amount can change subject to increase or decrease of the shelter benefit amount. Those with rental costs above the approved shelter benefit amount may make private arrangements on the additional deposit amount with the landlord.

In shared accommodation, the guarantee is applied to the amount issued to each beneficiary.

A guarantee may be required when a youth receiving services from Child and Family Programs applies.

A guaranteed security deposit paid to the landlord is considered an overpayment as specified in *The Saskatchewan Assistance Act* Section 13.1 (5) except for relocating to accessible or modified accommodation due to the impact of the beneficiary's disability, relocating for employment or training, family violence or death. In these exceptional cases, the overpayment is waived by noting the circumstances in a file recording.

**Social Housing** - When beneficiaries move from one unit to another, a transfer fee may be provided if required. Effective October 1, 2012, a security deposit guarantee equal to the minimum shelter rate for a single unemployable (see Chapter 9.1) may be provided to new tenants if required.

**Affordable Housing** – Effective October 1, 2012, a security deposit guarantee equal to one month's rent may be provided to new tenants.

### **11.2 A security deposit is not guaranteed when:**

- a beneficiary renting a property with an existing guarantee moves to another property owned by the same landlord. The security deposit guarantee is transferred;
- a beneficiary is paying board and room;
- it has already been provided to the landlord;
- it has not been requested by the landlord;
- it is not within the jurisdiction of *The Residential Tenancies Act*;
- a spouse moves. If the applicant moves the security deposit guarantee is transferred to the spouse remaining in the premises;
- a beneficiary has an agreement for sale and pays all rental monies to purchase price and is responsible for maintenance and taxes;
- a new applicant remains in the same residence and has not paid a security deposit.

For beneficiaries leaving SAID and their eligibility for a security deposit, see Chapter 10.6.3.

### **11.3 Appeals**

Beneficiaries may dispute a landlord's Notice of Claim for Social Services Guarantee to the ORT within 2 years from the end of tenancy. For overpayment recoveries, see Chapter 15.11.

If the beneficiary appeals the overpayment decision, he or she has 30 days to contact the Ministry concerning the overpayment.

#### 11.4 Advocates

Upon request, the Ministry may provide \$45 for an advocate (other than a spouse or dependant) to attend an ORT hearing.

Payment may be made for one hearing on an application concerning a security deposit matter.

#### SAID Program Verification/Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and Policy*

<b>Policy Reference</b>	<b>Verification</b> Beneficiary's verbal statement should be noted in a chronological recording.	<b>Documentation</b>
11.1 and 11.2 Security deposit guarantees		<ul style="list-style-type: none"> <li>• Form 1006a</li> <li>• Chronological recording to waive overpayment</li> </ul>

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Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 29	CH 12 Payment to Trustee

## Intent

A trustee may be appointed to handle a beneficiary's funds when the Ministry is satisfied that he or she is incapable of managing the benefit.

A trustee is responsible for the administration of SAID benefit solely for the purposes specified in the Trustee's Agreement. All trustees must notify the Ministry of any changes in the beneficiary's circumstances, keep records of and account for funds, and submit an accounting documentation upon the request of the Ministry.

## Policy

### 12.1 Guidelines governing the appointment of trustees

Any responsible person who is prepared to administer the benefit in the best interests of the beneficiary may be a trustee.

Families are the first resource. A contracted third party organization is considered if no family member is available or willing to provide this service or should such an arrangement not be in the beneficiary's best interests.

### 12.2 Persons/Agencies who may be trustees

Families are the first resource to provide trusteeship services.

Contracted third party organizations are funded by the Ministry to provide trustee services.

Private Trustee - A private trustee is appointed if it would be in the best interests of the beneficiary and the Ministry to have a private trustee manage the beneficiary's funds. A private trustee can be appointed for a maximum of five beneficiaries. Caution must be taken not to appoint anyone who may be in a conflict of interest.

Public Guardian and Trustee (PGT) - Some beneficiaries are placed under the jurisdiction of the Public Trustee if certified as incompetent under *The Adult Guardianship and Co-decision-making Act*. Where the PGT does not act as the property guardian or trustee, a private trustee may be appointed. The PGT is not required to sign a trustee agreement nor account for funds received as this is required by the Provincial Auditor.

Ministry of Social Services, third party payments - The Ministry may act as trustee and distribute beneficiary benefits to one or more payees where no one is prepared to act as a trustee in the local area. The Ministry informs each payee of the amount paid. The amount paid cannot exceed the amount provided for the specific need.

### **12.2.1 Personal and Property Guardians**

A guardian is someone who has the legal authority to make decisions for an adult.

Personal and Property guardians are appointed pursuant to *The Adult Guardianship and Co-decision-making Act*.

Personal guardians have the authority to make decisions about an adult's personal welfare but do not have the authority to make decisions about an adult's finances and property. A personal guardian is required to sign a trustee agreement if they wish to manage the beneficiary's monthly benefits.

Property guardians have the legal authority to make decisions and manage an adult's finances and property. A property guardian is not required to sign a trustee agreement (see Chapter 12.6).

### **12.3 Establishing a case on trusteeship**

The supervisor approves the appointment of a trustee except when the Ministry acts as trustee.

The assured income specialist/worker, beneficiary and the trustee discuss the reasons for trusteeship and the services offered by the trustee. The beneficiary is advised in writing of the trusteeship and the right to appeal this decision. If the beneficiary registers an appeal, the trusteeship is maintained until the appeal process is completed. The beneficiary also has the right to appeal to the agency administering trusteeship services if dissatisfied with their services.

The trustee and the Assured Income Specialist sign a Trustee Agreement (form 1262). When a trustee is appointed a specific date is established for review of the need for a trustee. The need for a trustee is assessed at the time of review.

## **12.4 Managing Trusteeship Cases**

All SAID benefits are paid to the trustee on behalf of the beneficiary whether a trustee fee is paid or not. No payments are made to other third parties, except direct payments to SaskEnergy or SaskPower, in cases in which arrears were deferred prior to May 1, 2007 or other direct payments deemed appropriate (e.g., utilities, invoices).

The Assured Income Specialist advises the trustee of any changes in the beneficiary's benefit.

Trustees are notified that the Ministry reserves the right to conduct an audit of transactions related to the trusteeship and that all receipts, invoices, and cancelled cheques must be kept until written authority for their destruction is granted or five years have passed.

Trustees are responsible for giving notice to vendors (landlords, utility companies, etc.) regarding any changes in the beneficiary's financial circumstances which affect them.

Where the Ministry acts as trustee, the Ministry informs the beneficiary in writing of the arrangement, the distribution of benefits, and of the right to appeal. This arrangement is reviewed at regular intervals or at the time of the annual trustee review.

## **12.5 Payment for Trustee Service**

### **12.5.1 General**

The monthly fee provides for record keeping and counseling services provided to the beneficiary, as well as any bank charges and transportation expenses the trustee may incur while providing trustee services to the beneficiary.

The fee is not intended to cover special travel arrangements that a trustee may provide to the beneficiary when no other means of public transportation is available. In such instances, special transportation costs may be paid for the beneficiary.

## **12.5.2 Trustee Fees and Services Provided**

Private Trustees - \$76.00/month/file

Contracted community-based organizations - \$107.00/month/beneficiary (signed agreement with the Ministry).

Staff, operators, members of the board of group homes, licensed special care facilities, personal care home operators, approved home operators, or immediate family members (parents, siblings, son or daughter) are not paid a fee-for-service to act as a trustee.

Services provided by trustees:

- administer the beneficiary's finances to ensure that ongoing maintenance needs are met.
- establish and supervise the beneficiary's monthly budget.
- teach the beneficiary how to budget and manage with his or her financial situation.
- advise the Ministry immediately of any changes in the beneficiary's circumstances (e.g., change of address, receipt of income, change in number of dependants, etc.).
- notify vendors (landlords, utility companies, etc.) regarding changes which affect the amount of payment.
- provide supportive services such as menu planning, consumer education, purchasing (e.g., groceries, furniture), locating suitable accommodation, referrals to other resources.

It is expected that contracted community-based organizations will provide more specialized services in these areas than a private trustee can offer.

## **12.5.3 The Public Guardian and Trustee (PGT)**

The administration fee for the PGT is paid through the monthly cheque process. The payment amount is the same as that provided for fees and services to contracted organizations and includes the GST and set up fee.

## **12.5.4 Property Guardian**

The court may order that a property guardian be reimbursed for expenses or paid a fee for services from the adult's funds. It may be a one-time payment or a fixed fee paid on



a regular basis. If the property guardian is eligible to receive a fee for service (not an immediate family member, care home operator, etc.), then a private trustee benefit may be issued.

## **12.6 Accounting from Trustees**

Trustees are required to maintain a separate accounting for each beneficiary and record the manner in which funds are disbursed.

The private trustee, excluding parents, siblings, son or daughter, forwards the completed trustee accounting form 1056B or other appropriate accounting ledgers every 12 months. Contracted organizations complete the accounting form every 6 months.

For level of care arrangements complete form *1264*.

In cases in which a trustee cannot provide an accounting within the prescribed period the accounting may be deferred for up to three months with the approval of the supervisor.

The PGT is not required to account for funds received as this accounting is required by the Provincial Auditor. Documentation of beneficiary's income and assets is not required.

The property guardian is not required to account for funds received as they have a legal duty to keep accounts of all transactions involving the property and may be required to submit those accounts to the court for inspection.

The supervisor may waive the requirement for an annual accounting when a trustee:

- submits a monthly accounting
- cannot provide the form in such circumstances as destruction of documents by natural disaster, work stoppages at an agency, or other similar circumstances.
- dies or refuses to provide accounting.

## **12.7 Beneficiary Appeal Procedures**

Beneficiaries on trusteeship have the right to appeal the Ministry's decision to have their benefits being handled by a trustee. When the services are handled through an

agency and the beneficiary is dissatisfied with their services he or she may appeal to the agency.

### **12.8 Beneficiary Access to Financial Records held by the Trustee**

Beneficiaries receiving services from a trustee have access to their financial records.

### **12.9 Mismanagement of Trusteeship Funds**

If a trustee is suspected of mismanaging a beneficiary's funds, the Assured Income Specialist discusses the matter with the trustee. The trusteeship may also be cancelled if an overpayment is calculated on the beneficiary's file during the period of trusteeship. Collection is deferred until responsibility for the overpayment is established. If the trustee is responsible for the overpayment, the file is referred to the Ministry's Accounts Receivable Unit which will pursue collection from the trustee. When the trustee is in receipt of SAP, S/S or SAID, the overpayment may be transferred and recovered in accordance with procedures outlined in Chapter 15.11.

### **12.10 Cancellation or Change of Trusteeship/Direct Payment**

The assured income specialist/worker notifies the trustee and/or payee and the beneficiary in writing that the trusteeship has been cancelled and requests the final Trustee Accounting Report.

When a trusteeship is cancelled and the trustee is holding an accumulation of SAID benefits on the beneficiary's behalf the total amount accumulated should be given to the new trustee or the beneficiary. The Ministry advises the trustee to give the funds to the new trustee or to the beneficiary. If any of these accumulated funds are to be recovered against outstanding overpayments, the trustee should return the funds to the Ministry.

When a beneficiary dies and benefits are being held by a trustee, the funds are forwarded to the beneficiary's estate or the Ministry if there is no next of kin or no will.

When the Ministry acts as trustee, see Chapter 16.3.

**SAID Program Verification / Documentation Requirements**

**This appendix is intended as a summary only. Refer to Regulations and policy.**

<b>Policy Reference</b>	<b>Verification Beneficiary's verbal statement should be noted in a chronological recording.</b>	<b>Documentation</b>
12.1 – 12.3 Trustee appointment		<ul style="list-style-type: none"> <li>• <i>Form 1262</i></li> <li>• Letter to beneficiary re: right to and process for appeal</li> </ul>
12.2.1 - <i>Personal and Property Guardians</i>		Court order –property guardian
12.5 Trustee accounting		<ul style="list-style-type: none"> <li>• <i>Form 1056b or 1264</i></li> <li>• 6 months for contracted services and 12 months for private trustee</li> </ul>
12.6 Trustee accounting from property guardian		Not required if copy of Court Order on file

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 31,33,35	CH 13 Changes in Amount of Benefits, Cancellation

## Intent

Benefit amounts depend on the beneficiary's needs and resources. Any changes in needs or resources may cause an increase, decrease, or cancellation of benefits.

## Policy

The beneficiary is required to report all changes in circumstances to the Ministry immediately. Adjustments are made accordingly and the beneficiary is advised in writing.

When a third party provides unverified, previously unreported information which may affect the beneficiary's eligibility, the matter is discussed with the beneficiary. The beneficiary is provided with written notice prior to adjusting benefits.

Income is reported monthly. If monthly income does not vary, it is reported when first received and as changes occur. For garnisheed income, see Chapter 6.3.3.

## 13.1 Changes in Family Composition

### 13.1.1 Children

Increase - When there is an increase in the number of children, form 1243 is completed and the entitlement is recalculated. A newborn child is added effective the date of discharge from the hospital if the beneficiary advises the Ministry within 30 days. After 30 days the child is added effective the date of notice. Only children born outside the province are nominated for health coverage. For children from another family see Chapter 2.3.2.

Decrease - When children leave the family for any reason, health benefits are to be cancelled immediately by the Ministry. Financial benefits continue to the end of that month and no overpayment is assessed. If another cheque has already been issued, which includes the child and no overpayment is assessed (e.g., month end).

Children remain on the file up to 6 months when they are living outside the community of residence for medical purposes (e.g., treatment) or school attendance. For absences longer than 6 months, supervisor's approval is required.

Wards of the Minister living with an alternate caregiver or foster parent are not eligible for financial or health benefits. Wards of the Minister are added effective the date wardship is discharged based on verbal confirmation from Child and Family *Programs* or the parent.

A Person of Sufficient Interest (PSI) is a court-appointed designation of an adult for the care of a child(ren). Children who are under the care of a PSI are not considered as dependents under the SAID file.

### **13.1.2 Visiting a Spouse**

When a beneficiary who resides in a residential facility (e.g., nursing home) stays temporarily with their spouse, the *LI* benefit (LI 01) is pro-rated for the duration of the visit. The shelter portion of the *LI* benefit is not provided.

### **13.1.3 Marital Status**

In the case of divorce, separation, death, or change of the head of the family, form 1001a is completed. When a spouse is added, form 1218 is completed.

Separation/Reconciliation - If the new head of the family requires benefits, the benefits are provided from the date of application to include shelter and utilities, if required. No overpayment is assessed for the former head of the family whether there is continuing eligibility or not. If reconciliation occurs within the month of separation, no further benefits are issued and no overpayment is assessed.

New Family Unit - If both adults received benefits during the month no overpayment is assessed for that month.

### **13.1.4 Incarceration**

No overpayment is assessed for benefits provided for the month in which the incarceration occurred.

Families - If the head of a family is incarcerated for more than 30 days, application form 1001a is completed by the spouse.

A trustee may be appointed to handle shelter and utility benefits for up to 90 days for single parents incarcerated in the province if required to keep the family intact.

### **13.1.5 Death**

No overpayment is assessed for benefits provided for the month in which the death occurred.

### **13.2 Absence from Accommodation**

No overpayment is assessed when a beneficiary temporarily (30 days or less) resides in short-term accommodation (hotel) or in a special facility (e.g., family shelter, addiction treatment centre, hospital, respite home, jail) and has already received a benefit during the month.

#### **13.2.1 Special Care Homes/Group homes – absence**

##### **Temporary Absence**

First 30 days - no reduction in the special care home resident charge or group home charge.

31 - 60 days - reduce the special care home resident charge or group home fee-for-service by \$1.50 /day (in lieu of the cost of meals). For homes licensed through CLSD to serve beneficiaries with an intellectual disability, the \$410 basic board and room rate and the CLSD top-up are reduced equally.

Over 60 days - cancel the resident charge or group home fee.

##### **Death or Permanent Departure of a Resident**

When notice has not been given, payment for the special care home resident charge or group home charge may be continued for 7 days following the date of the departure or until the bed is occupied, whichever occurs sooner. Payment for the 7-day notice is not provided where the resident charge was cancelled because the beneficiary was absent more than 60 days. When a beneficiary is given notice to leave, payment is cancelled from the date of discharge.

Payment for the special care home resident charge may not exceed 7 days after the death of a recipient.

### **13.2.2 Approved Private Service Homes, Personal Care Homes and Family Homes Temporary Absence**

First 30 days - no reduction in the benefits

31 - 60 days - reduce the level-of-care benefit by half. For homes licensed through CLSD to serve beneficiaries with an intellectual disability, the \$410 rate and the CLSD top-up are reduced equally.

Over 60 days - cancel the level-of-care benefit.

#### **Death or Permanent Departure**

When a beneficiary leaves permanently and no notice or insufficient notice has been given (e.g., 30 days), payment may be continued for 30 days or until the bed is occupied, whichever occurs sooner. Payment is not provided where the level-of-care benefit had been cancelled because the beneficiary was absent more than 60 days. When a beneficiary is given notice, with cause, as determined by Ministry, payment may be continued for 30 days or until bed is occupied; whichever occurs sooner. If notice is given to leave without cause, payment is cancelled from date of discharge.

For beneficiaries in family homes, the benefit is cancelled immediately.

When a beneficiary leaves a home pending the results of a review of circumstances in the home, payment may be continued for 30 days or permanent placement of the resident, whichever occurs sooner.

### **13.2.3 Beneficiaries admitted to Hospital** (excluding those living in Special Care Homes, Approved Private Service Homes, Personal Care Homes and Family Homes).

First 30 days - make no change to the benefit.

More than 30 days - the benefit is adjusted the first of the following month.

#### **Single Person**

If the stay in hospital will be less than three months, the shelter portion of the *LI* benefit, utilities and the Personal Living benefit is provided. For those receiving the Modified *LI* the actual cost of the room and board or room rental not exceeding the approved Modified *LI* rate and the Personal Living benefit is provided. If the stay is over three

months and the *LI* benefit and utilities or the actual cost of the Modified *LI* is required to maintain the residence, these needs may be provided with the supervisor's approval.

### **Member of a Family Unit**

The family is considered a unit and the needs of the family member in hospital are calculated on the basis of the Personal Living Benefit and exceptional needs (e.g., disability travel).

### **13.2.4 Vacation/Summer Camp**

There is no change in benefits when beneficiaries who receive level-of-care benefits to attend summer camp or are on vacation for a period up to 30 days. For travel to Camp Easter Seal, Camp Thunderbird or Camp Buffalo, see Chapter 10.5.2.

### **13.2.5 Treatment Centres, Emergency Accommodation or Family Shelters**

Form 1001a is used to issue the Personal Living benefit and other needs except for those already receiving benefits. No accommodation or treatment charges are provided. The Personal Living benefit is provided from the date of admission (prorated for the month of admission) until the last day of the month that the beneficiary leaves (whether the program is completed or not).

For those already receiving these benefits, the *LI* and Modified *LI* is provided for the full month of admission. In the month of discharge, the *LI* or Modified *LI* is prorated from the date the beneficiary leaves treatment. No overpayment of the *LI* or Modified *LI* is assessed.

Shelter and utility benefits may be provided during the period of admission if required to maintain permanent accommodation.

## **13.3 Relocation**

### **13.3.1 Within the province**

Beneficiaries are free to move. If they require benefits to move, see Chapter 10.6.6 for moving expenses.



### **13.3.2 Outside the province**

Contact is made with the other province to obtain agreement if the beneficiary will require financial benefits. Prior arrangements for moving are not required in some provinces. A beneficiary's plan to move to another province is approved by the Service Manager (see Chapter 10.6.6). The beneficiary is advised that further eligibility can only be determined by the other province.

### **13.3.3 Temporary absence from Saskatchewan**

Benefits may be provided with the Service Manager's approval in situations such as:

- beneficiary participating in a training program as part of an approved plan;
- taking medical treatment not available locally; or
- other temporary absence up to 30 days. In exceptional circumstances, an extension may be approved (up to six months).

### **13.4 Review with Beneficiary**

Before changing, holding, cancelling, or reinstating benefits the circumstances of the beneficiary should, whenever reasonably possible, be reviewed with the beneficiary.

If it is not possible to review the beneficiary's circumstances in person, inquiries may be made to obtain any information necessary to determine eligibility. These inquiries should be made with the beneficiary's prior knowledge if at all possible.

The eligible beneficiary is notified in writing of any decision that results in a change of benefit or impacts eligibility and of the right to request a reconsideration of the decision or to appeal the decision.

### **13.5 Cancellation**

See Chapter 20.1.5 for cancellation of health benefits.

Cancellation of benefits and file closure may be completed 30 days from the last day of the month benefits was issued. The effective closure date is the last day of the month benefits was issued whether or not the beneficiary was entitled to those benefits.

Cancellation of benefits and file closure are completed immediately in the case of the beneficiary's death, marriage/common-law, or leaving the province. An overpayment is not assessed for the month in which the change occurred.

The file may be closed after the appeal period has passed:

- 20 days after the regional hearing, or
- immediately following the date of interim benefits following a Social Services Appeal Board decision to deny benefits.

For beneficiaries with a budget surplus over a two-month period due to recurring wage income or accumulated benefits exceeding the exemption, cancellation of benefits and file closure may be completed within 60 days from the last day of the month benefits was paid.

If there is an Assignment of Rights in place and benefits are no longer required, the Assured Income Specialist contacts the AEMOHELPLINE by e-mail. See Chapter 6.2.

The beneficiary is to be advised in writing of the reason for the cancellation except for death or leaving the province. Refer to Chapter 15.10 for cases that are closed due to death and there is an outstanding overpayment on file.

## SAID Program Verification / Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and policy.*

Policy Reference	Verification Beneficiary's verbal statement should be noted in a chronological recording.	Documentation
<b>13.1-13.5</b> <b>Changes – income, name, children, marital status, incarceration, absences from home, family shelters, relocation</b>	Wards – beneficiary verbal statement	<ul style="list-style-type: none"> <li>• 1009</li> <li>• 1243</li> <li>• 1218</li> <li>• 1001a</li> <li>• 1114</li> <li>• 1005</li> <li>• Relocation – 1006a, 1250, memo from Mental Health or CLSD (see Chapter 9.9)</li> <li>• Income – stubs submitted monthly. If does not vary (e.g., CPP) at time first received and when change occurs.</li> <li>• 1243 not required when family size decreases (e.g., child turns 19, becomes a ward, etc.)</li> </ul>

<b>Delegation of Authority</b>		
The supervisor or Service Manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager		
Approval Items	Reference	Approval Required
Shelter/room and board over 3 months while in hospital – other needs.	13.2	S
Temporary absence of children – absence longer than six months	13.1.1	S
Providing benefits to beneficiaries during a temporary absence from Saskatchewan	13.3.3	M
Relocation out of the Province	13.3.2	M

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<b>Legislative Authority</b>	<b>Subject</b>
<b>The Saskatchewan Assured Income for Disability Regulations Section 32</b>	<b>CH 14 Review of Financial Eligibility</b>

## **Intent**

Each beneficiary's eligibility shall be reviewed every time there is a change in circumstances, but not less than once every three years. Benefits may be provided with the supervisor's approval, if the review is overdue.

## **Policy**

### **14.1 Review**

A review every three years includes an assessment of the beneficiary's circumstances, including needs, assets, income, employability, efforts to obtain support, the amount of voluntary support, the need for trusteeship and recommendations. Continuous special needs granted are reviewed to determine whether they are still required.

Reviews are carried out in person by Assured Income Specialists or by mail. The review declaration (form 1250 or 1254) or other reporting document or process authorized by the Ministry for completion of the review is used and a chronological recording is completed. Signatures are compared with those on file.

For trustees see Chapter 12.	For Health Services only see Chapter 5.2
For self-employed beneficiaries see Appendix A.	Ranch Ehrlo residents, see Chapter 5.2
For Waivers of Maintenance – see Chapter 6.2	

### **14.2 Valley View Residents**

A review of circumstances is not required for residents of Valley View Centre.

### **14.3 Other Reviews**

Whenever there is a change in a beneficiary's circumstances all necessary documents are completed by the beneficiary.

## SAID Program Verification / Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and policy.*

Policy Reference	Verification Beneficiary's verbal statement should be noted in a chronological recording.	Documentation
14.1 Review – assessment of needs, assets, income, employability, case plan, amount of voluntary support, need for trusteeship		<ul style="list-style-type: none"> <li>• 1254 SAID Review Residential Care <i>Form</i></li> <li>• 1250 SAID Review Form</li> <li>• <i>Form</i> 1092 for special diet</li> <li>• Documents and chronological recording confirming needs, assets, and income have been reviewed and noting any changes in beneficiary circumstances and case plan.</li> <li>• For Non-Registered Indians living on reserve – documentation from the Band.</li> <li>• If the amount of recurring income has not changed, documentation is not required at review.</li> <li>• If no medical report for partially employable or unemployable per 2.2 or 2.3, supervisor approves at review.</li> </ul>

### Delegation of Authority

The supervisor or Service Manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager

Approval Items	Reference	Approval Required
No medical for partially or unemployable	14.1 (Also see 2.2 and 2.3)	S

Legislative Authority	Subject
The Saskatchewan Assistance Act Section 29.3, 29.5	CH 15 Overpayments

## Intent

An overpayment refers to any benefits provided to which the beneficiary is not entitled. Overpayments are recovered from future benefits or other means.

## Policy

### 15.1 Overpayment Defined

The amount paid in excess of entitlement is calculated as an overpayment:

- if benefits were paid during a period when budget shortfall did not exist
- if benefits were paid in excess of the amount permitted
- if the beneficiary was ineligible for other reasons
- if the beneficiary receives the recoverable portion of the Transition Benefit for Children

Before benefits can be granted, eligibility must be established. Benefits cannot be granted when there is no entitlement with the intention of recovering it as an overpayment. This does not apply to emergency advances or to issuing additional benefits when a beneficiary loses money. See Chapter 19.

Overpayments are calculated on the basis of actual benefits paid in excess of entitlement. Inappropriate use of income or assets may affect eligibility. These funds are not assessed as an overpayment. The amount of benefits paid in excess of the entitlement is an overpayment.

### 15.2 No Overpayment is Assessed

No overpayment is assessed in the following situations:

- Where temporary benefits were provided pending receipt of a disability assessment and the assessment does not confirm SAID eligibility.
- Where benefits were provided to meet needs and it later becomes known that the funds were not used for that purpose, unless duplicate funds are issued.

- For payment of a guaranteed security deposit when the beneficiary relocates due to a requirement for accessible or modified accommodation due to the impact of the beneficiary's disability, or for employment, training, family violence or death. See Chapter 11.
- Decrease in family size when children leave the family. See Chapter 13.1.1.
- Separation/Reconciliation, see Chapter 13.1.3.
- New Family Unit - If both adults received benefits during the month no overpayment is assessed for that month.
- Incarceration (see Chapter 13.1.4).
- Death (see Chapter 13.1.5).
- When OAS, GIS and/or CPP benefits are received the beneficiary's benefits are not recalculated to create an overpayment equal to the death benefits received. Financial Services Branch, Collections Unit, consider the death benefits received as a refund to the Ministry. See Chapter 10.8.

### **15.3 Methods of Overpayment Calculation**

For recurring declared income see Chapter 6. For disposal of declared income while receiving SAID benefits, see Chapter 6.

#### **Undeclared Income**

For suspected fraud, see *Chapter 15.5*.

#### Undeclared Lump Sum Income

An overpayment of benefits is calculated from the month after the income was received. Any available exemptions are applied to the lump sum income. Any surplus income is applied to the following month(s) and any benefits issued in excess of entitlement are calculated as an overpayment.

If the beneficiary used some of the income to purchase assets from which money can be recovered within a reasonable period of time, benefits are suspended. The beneficiary is advised to use the proceeds to meet basic living needs. 15% is added to the beneficiary's needs for the period of time benefits are not provided.

#### Undeclared Recurring Income

The monthly entitlement is recalculated from the month after the income commenced. Benefits are included in the monthly budget. If the beneficiary has a budget surplus, further benefits are suspended.



### Inaccurate Information

If the beneficiary's circumstances are not as declared (e.g., income), an overpayment for past benefits is assessed using available information. No income estimates or averages are to be used. The beneficiary is notified of the overpayment and that it may be adjusted as further details are determined. If fraud is suspected, see *Chapter 15.5*.

### **15.4 Posting and Notification of Overpayment**

An overpayment is assessed and posted on the electronic file. The beneficiary is notified in writing of the reason, the amount and the specific details concerning the overpayment. The beneficiary is notified in writing if the amount is changed for any reason or recovered in full. If benefits are cancelled and the overpayment has not been fully recovered the beneficiary is notified, in writing, indicating the amount of the outstanding balance. Voluntary repayment is also requested. The beneficiary is advised of Canada Revenue Agency's refund set-off process by the Ministry's Financial Services Branch, Accounts Receivable Unit.

### **15.5 Suspected Fraud**

If it appears that a beneficiary deliberately gave false information or withheld information in order to receive a benefit to which he or she was not entitled, the case is reviewed with the supervisor and Quality Assurance Unit to determine if a referral to the police is appropriate. If so, the Quality Assurance Manager approves the case to be sent to the appropriate law enforcement agency, after ensuring written notification is sent to the beneficiary advising of the right of appeal regarding the overpayment assessment, and the appeal process has been completed or the time period to appeal has passed.

The following criteria are considered:

- length of time over which the alleged fraud occurred;
- the intent to commit fraud by the beneficiary;
- the Ministry's due diligence in ensuring the beneficiary was informed of reporting requirements; and
- assessment of the case by the Ministry.

### **15.6 Fraud Convictions**

When beneficiaries are convicted of fraud, they are obliged to repay the full amount of any overpayment resulting from the fraud. If restitution is ordered by the court, the

amount paid through restitution is deducted from the overpayment. The overpayment remains until the total amount is repaid in full, whether or not the beneficiary serves a period of incarceration, restitution is ordered in a different amount, or other similar circumstances.

### **15.7 Assignment of Overpayments**

When spouses separate, the head of the family is responsible for the full amount of the overpayment.

If the spouses subsequently reconcile the overpayment is recovered regardless of any change to the head of household.

If a person has an overpayment and becomes a spouse in a different family, the overpayment cannot be recovered from the entitlement without the written consent of the head of the family. Care must be taken to ensure the new head of the family has a full understanding of this undertaking. Any existing overpayment of the head of the family is recovered first. Any overpayment incurred by the couple is recovered next. The spouse's overpayment is recovered last. The spouse remains responsible for the overpayment, if she or he subsequently separates.

If the head of the family dies and there is an outstanding overpayment it cannot be transferred to the spouse if he or she applies for SAID, SIS or SAP benefits.

### **15.8 Bankruptcy and Overpayments**

A person may become bankrupt in several ways:

- by making an assignment in bankruptcy (voluntary declaration)
- by being petitioned into bankruptcy (debtor is forced into bankruptcy by his/her creditors)
- by an insolvent person making a proposal

Once the assignment or petition is made the beneficiary is no longer entitled to deal with financial resources. These are transferred to a trustee in bankruptcy (usually an accountant). Creditors may no longer take any action to try to recover the money owed to them.

Upon bankruptcy the file is reviewed to determine whether there is an outstanding overpayment. If the overpayment is being recovered the deduction is immediately discontinued whether or not the Ministry is listed as a creditor. Any recoveries made after the bankruptcy date are refunded to the beneficiary. The amount of the overpayment for the benefit period up to and including the date the bankruptcy has been filed cannot be recalculated once the bankruptcy has been filed. Any overpayments that arise after the date of declaration for bankruptcy for benefit periods of the bankruptcy claim period are immediately collectible.

Proofs of Claim are forwarded to the Ministry's Accounts Receivable Unit, for processing. If any amount of the outstanding overpayment was calculated on a paper file it is forwarded with the Proof of Claim. The Accounts Receivable Unit files the claim with the trustee in bankruptcy. A copy is returned to the local service centre with the file.

When a discharge order is granted by the court, all debts of the beneficiary are cancelled. Any existing overpayment which arose before the bankruptcy is cancelled as an uncollectible debt unless it can be proven through a court action the debt arose through fraud, false pretenses or fraudulent misrepresentation or breach of trust.

The Board of Revenue Commissioners approves the cancellation of the overpayment. The Accounts Receivable Unit forwards a copy of the cancellation approval notification to the worker and posts the debt as cancelled which reduces the overpayment balance. The overpayment is not adjusted by the worker.

### **15.9 Cancelling Overpayments**

Cases are identified by the Accounts Receivable Unit. Only the Board of Revenue Commissioners can approve cancellation of the overpayment. The Accounts Receivable Unit forwards a copy of the cancellation approval notification to the Assured Income Specialist and enters the overpayment balance, if any, on the file. The overpayment balance is not adjusted by the Assured Income Specialist.

### **15.10 Collection of Overpayments**

An overpayment is a debt owing to the Crown and may be recovered from entitlement, through court action or by other means. There is no time limitation for pursuing suspected fraud action through the criminal justice process.

When a deceased beneficiary has an executor or an administrator, the rules of estate administration require ordinarily that they pay out personal debts before they distribute assets. The executor or administrator, if known, is notified of any overpayment.

### 15.11 Recovery of Overpayments

#### Recovery Rates

Section 29.5 of *The Saskatchewan Assistance Act* authorizes the recovery of overpayments. The following rates are used to recover overpayments from future entitlement and are not intended to preclude recovery by other means.

#### Overpayment Recovery Rates

Net SAID Payment *	Recovery Rate Per Month
\$ 0 - 310.00	\$25
310.01 - 430.00	\$35
430.01 - 570.00	\$50
570.01 - 720.00	\$65
720.01 - 870.00	\$80
870.01 - 1,000.00	\$95
1000.01 +	\$110

\* Net SAID Payment = Total of basic needs and continuous special needs, minus utilities, shelter, non-exempt income and advance recoveries.

Overpayment recoveries are only collected from the Net SAID payment as described above. Third party (utility/other vendors) or Joint (landlord/client) payments are not considered in the calculation of overpayment recovery rates.

*The overpayment recovery rate for employed clients is based on their net SAID payment and is not impacted by their earnings.*

When the amount of entitlement is less than the overpayment, the recovery rate is the amount of the monthly entitlement less \$1. See Chapter 16.1.1.

A higher recovery rate may be used if requested by the beneficiary.

A lower recovery rate may be approved by the supervisor for those beneficiaries:

- whose overpayment was the result of Ministry or administrative error
- who receive modified *LI* benefits
- who receive level of care benefits
- who receive flat-rated utility benefits

The recovery may be deferred by the supervisor for those beneficiaries:

- whose overpayment is being appealed
- who declare bankruptcy (see Chapter 15.8)

Decisions by Regional Appeal Committees or the Social Services Appeal Board to defer overpayment recoveries are forwarded to the Accounts Receivable Unit.

### **15.12 Underpayments**

Underpayments occur when the amount of benefits is less than the budget shortfall. The underpayment amount is subtracted from any outstanding overpayment, except when an underpayment occurs due to an administrative error, as a result of Ministry error or when the Social Services Appeal Board has not upheld the Ministry's decision to deny a benefit.

Underpayments are assessed from the date:

- the beneficiary advises of the change, or
- with the supervisor's approval, from the date the change occurred where needs were unidentified.

*There is no limit on the time frame for which an underpayment can be calculated and issued to the beneficiary. If the time frame is over 2 years, a manual adjustment (form 1246) is required.*

**SAID Program Verification / Documentation Requirements**

*This appendix is intended as a summary only. Refer to Regulations and policy.*

<b>Policy Reference</b>	<b>Verification</b> Beneficiary's verbal statement should be noted in a chronological recording.	<b>Documentation</b>
<b>15.4 Posting overpayments</b>		Form letters
<b>15.7 Assignment of overpayment</b>		Written consent from spouse
<b>15.8 Bankruptcy</b>		Proofs of claim form

<b>Delegation of Authority</b>		
The supervisor or Service Manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager		
<b>Approval Items</b>	<b>Reference</b>	<b>Approval Required</b>
Fraud referral to Quality Assurance Manager	15.5	S
Fraud referral to police	15.5	M
Deferral of overpayment recovery	15.11	S

Legislative Authority	Subject
Saskatchewan Assured Income for Disability Policy	CH 16 Payment of Benefits

## Intent

The manner of paying benefits is outlined. Beneficiaries are advised of the various payment options.

Beneficiaries are provided a monthly statement of their benefits.

## Policy

SAID benefits are paid in advance. When the first payment is after the first of the month benefits are calculated proportionately to the last day of the month.

For the purpose of prorating benefits, all months consist of 30 days.

The method of payment is determined by the worker. Wherever possible, beneficiaries are expected to use direct deposit.

Where a beneficiary chooses either joint or direct payment for their rent, the actual amount of rent may be provided. Consent must be obtained (see Chapters 16.2 & 16.3.1).

In those instances, where the actual cost of rent exceeds the shelter component of the *LI* Benefit, the Assured Income Specialist will inform the beneficiary of the budget pressure and encourage the beneficiary to seek more affordable accommodation.

If a budget shortfall of less than \$1 or other small amounts exists, the monthly benefit is issued when the total accumulated is \$10. Health coverage is continued.

## 16.1 Payments to Beneficiaries

### 16.1.1 Monthly Payments

Monthly payments are used whenever possible, including retroactive payments to special care homes, special needs and other adjustments.

Adjustments of less than \$10 are issued on monthly payments rather than by overnight or emergency cheques, unless an urgent situation exists.

### **16.1.2 Overnight and Emergency Payments**

Overnight payments or emergency cheques are used until the case is established on the monthly payment system.

Emergency cheques are used when there is an immediate need essential to the health and/or safety of the beneficiary or other family members, and an overnight payment would not be available in time to meet the immediate need.

### **16.1.3 Mid-Month Payments**

Mid-month payments may be provided for those beneficiaries whose net benefit after shelter, utilities, special needs and overpayments or advance recoveries is \$50/month or more. Beneficiaries on trusteeship and those receiving level-of-care benefits are not included.

### **16.1.4 Direct Deposit - Electronic Funds Transfer (EFT)**

Beneficiaries are expected to have their benefits deposited electronically to their bank account by completing form 3635, except when a beneficiary:

- has a garnishee in place or garnishee proceedings have commenced.
- lives in a remote area where there are no accessible banking services.
- is unable to obtain a bank account.

Other exceptional circumstances may be approved, based on a request from the beneficiary.

Direct deposit is expected for any type of payment except joint payment cheques. Beneficiaries are responsible for payment of service charges and overdrawn accounts. Applicants who have a bank account are expected to return the direct deposit authorization form 3635 to the Ministry within 15 days of the application. Applicants who do not have a bank account are expected to contact a financial institution and open a bank account within 60 days of the application unless exceptional circumstances exist.



Beneficiaries may request cancellation of direct deposit by completing form 1030. In cases where the direct deposit has been cancelled, the requirement of direct deposit is reviewed upon re-application.

### **16.1.5 Payments to Trustees**

Payments may be made to trustees on behalf of the beneficiary. Funds for beneficiaries are paid to the trustee, including the Public Guardian and Trustee, except for direct payments deemed appropriate (e.g., utilities, invoices), which may be paid direct to vendors.

### **16.2 Joint Payment Cheques**

A joint payment cheque may be issued for rental benefits when requested by a beneficiary or for those with money management issues where unpaid rent poses a threat to health and safety (e.g. eviction).

The payment amount may not exceed the actual amount of rent and is not to include utilities. A portion of the non-shelter component of the *LI* benefit may be included to ensure that the full amount of rent is paid. The Assured Income Specialist reviews the request with the beneficiary to ensure that the amount of the joint payment will not cause undue hardship. Verbal consent is accepted (noted in chronological recording).

For direct payment of utilities to a third party, see Chapter 16.3.

#### **Joint payment cheques are not issued:**

- to new applicants who have an established residence (6 months or more) and have no rent or utility arrears, unless requested by the beneficiary.
- to those with no obvious money management problems, unless requested by the beneficiary.
- to those who are employed
- when the amount of the entitlement is less than the shelter need
- when the landlord is bankrupt or owes taxes and a third party (e.g., Canada Revenue Agency, municipality) demands payment. In these situations, rental benefits are made payable to the beneficiary.
- To those who request direct payment of rent to the landlord (see Chapter 16.3.1).

Information regarding joint payment rent cheques is provided to landlords or agents upon inquiry. The beneficiary's personal circumstances cannot be discussed.

When the landlord has not received the joint payee cheque, either the beneficiary or landlord signs a statutory declaration. Both signatures are not required. See Chapter 17.3.

### **16.3 Third Party Payments**

#### **Whenever possible, funds should be provided directly to the beneficiary.**

Third party payments may be used to make direct payments to vendors or suppliers. Each payee is informed of the amount paid. The amount paid cannot exceed the amount provided for the specific need.

When a direct payment is cancelled or changed, the Assured Income Specialist advises all payees receiving direct payment of any changes or cancellation one month prior to the effective date of the change. In situations in which one month's notice cannot be provided (e.g., whereabouts unknown, death), the next payment is cancelled and the payees notified as soon as possible. Payments made directly to vendors or suppliers should not include GST.

Third party payments may be used to make direct payments to landlords for utilities that are not in the beneficiary's name (see Chapter 9.12.3) when there are arrears or for those who state they are unable to manage their own utility payments. Payment should include the GST.

#### **16.3.1 Direct Payment of Rental Benefits**

##### **Rental Payments**

Monthly rental payments may be made directly to the landlord when requested by a beneficiary or those with money management issues where rental arrears have occurred and the beneficiary would otherwise require a trustee to manage their benefits. To ensure that the full amount of the rental payment is included in the direct payment, a portion of the non-shelter component of the *LI* benefit may be included in the monthly rental payment. The Assured Income Specialist reviews the request with the beneficiary to ensure that the amount of the direct payment will not cause undue hardship.

A Direct Rent Payment Consent form 1023*b* is completed by the beneficiary to authorize payment of a portion of the beneficiary's *LI* benefit direct to the landlord. When a form 1023*b* cannot be submitted, verbal consent from the beneficiary can be obtained and the details of the payment are documented.

### **Payments to Vendors/Service Providers**

A direct payment may be used for ongoing monthly payments (e.g. utilities), after it has been established that the beneficiary is not able to manage his or her funds and no one is prepared to act as a trustee in the local area.

The Ministry informs each payee of the amount paid. The amount paid cannot exceed the amount provided for the specific need.

### **16.3.2 Requisitions**

Requisitions are used in situations in which an emergency cheque cannot be issued. See Chapter 16.1.2. Payments are made on the basis of an application or duly authorized requisition or Transient Aid form.

### **16.3.3 Invoices**

The Assured Income Specialist authorizes a vendor to provide goods/services to a beneficiary. A bill is submitted and the Assured Income Specialist authorizes payment through the invoice system or by consolidated payment (overnight cheque). Wherever possible, funds are provided directly to beneficiaries when they receive the bill.

### **16.3.4 Multiple Billing**

Payment may be made for several beneficiaries on one billing for services rendered by a vendor following authorization by the beneficiary's Assured Income Specialist. This payment method is used only where services are rendered occasionally.

### **16.3.5 Electronic Billing**

Payment of the actual monthly cost for beneficiary utilities (SP/SE) may be provided through electronic billing when there are arrears or for those who state they are unable to manage their own SP/SE payments. GST is not included in the payment.

### 16.3.6 Reimbursement of Third Parties

When the vendor contacts the worker following return of the stopped cheque, a copy of the beneficiary's second statutory declaration is provided. If a vendor believes that the beneficiary cashed the cheque, he or she may wish to provide the statutory declaration and the cheque to the police.

Reimbursement may be approved by the Assured Income Specialist when it is determined that the vendor took all precautions to confirm the identity of the beneficiary cashing the cheque. An overpayment is assessed on the file.

### 16.4 Advance Payments for Household Items and Clothing

An advance payment not exceeding \$240 may be provided to:

- beneficiaries receiving *LI* benefits for the purchase of household items or clothing; and
- beneficiaries receiving Modified *LI* benefits for the purchase of clothing only.

The advance is recovered at a rate of \$40 per month from future entitlement. No further advances are provided until the initial advance is fully recovered. See Chapter 10.6.5 for household equipment grants.

### SAID Program Verification / Documentation Requirements

*This appendix is intended as a summary only. Refer to Regulations and policy.*

<b>Policy Reference</b>	<b>Verification</b> <b>Beneficiary's verbal statement should be noted in a chronological recording.</b>	<b>Documentation</b>
<b>16.1.4 Direct Deposit</b>	Beneficiary verbal statement with respect to living in a remote area.	<ul style="list-style-type: none"><li>• No direct deposit: letter from bank refusing bank account, garnishee documents, written request from beneficiary</li><li>• <i>Form 3635</i></li><li>• <i>Form 1030</i> to cancel</li></ul>
<b>16.3.1 Direct Payment to Landlord/Vendor</b>	Beneficiary verbal request for direct payment to landlord	Signed Consent <i>form 1023b</i> if rent payment includes a portion of non-shelter portion of Living Income benefit

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Policy	CH 17 Lost, Stolen, or Not Received Cheques

## Intent

When a beneficiary does not receive a cheque, loses it or it has been stolen, benefits may be provided to prevent hardship.

## Policy

### 17.1 Initial Process

No action to grant minimal benefits is taken

- until three working days following the cheque mailing date if the cheque is not cashed; **or**
- if more than 30 days have elapsed since the date of issue and the cheque has been cashed.

Joint Payee Cheques - either party (beneficiary or landlord) may sign a statutory declaration. It is not necessary to obtain the signatures of both payees.

Direct Rent Cheques – Landlord signs a statutory declaration.

### 17.2 If the cheque has not been cashed

Benefits, including rent by joint payment cheque or direct rent payment, may be reissued as an emergency advance after the statutory declaration has been taken and a stop payment has been placed on the cheque.

### 17.3 If the cheque has been cashed

If the beneficiary or landlord acknowledges the endorsement or there is sufficient reason to believe he or she endorsed the cheque, no further action is taken and any benefits issued to the beneficiary for the month are assessed as an overpayment.

If the beneficiary or landlord does not acknowledge the endorsement, a statutory declaration is taken and placed on file.

If less than 30 days have elapsed since the cheque was issued, benefits are issued as required and are not immediately assessed as an overpayment. Rental benefits paid through joint payment may be reissued as an overpayment to the beneficiary after the landlord indicates the signature is not his or hers. If the beneficiary remains in the premises, future rent payments are paid through a trustee. If the beneficiary leaves the premises in the same month the landlord may claim the security deposit. Payment should not be made twice for the same month. (See Chapter 11 for security deposits.)

If more than 30 days have elapsed, no additional benefit is issued.

The benefit issued is an overpayment if it is determined that the beneficiary cashed the cheque.

**SAID Program Verification / Documentation Requirements**

*This appendix is intended as a summary only. Refer to Regulations and policy.*

<b>Policy Reference</b>	<b>Verification</b> Beneficiary's verbal statement should be noted in a chronological recording.	<b>Documentation</b>
17 Lost/stolen, or not received cheques		Photocopy of cheque if cashed and second affidavit ( <i>form 3628</i> ) completed.

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 37,38,39,40	CH 18 Reconsideration and Appeals

## Intent

Individuals interacting with the new disability income program have the right to appeal if:

- their application for income support was denied;
- they were not allowed to apply or reapply for income support;
- their application was not processed within a reasonable time;
- their benefits were cancelled, changed or withheld;
- they feel the amount of income support does not meet their needs; or
- they are dissatisfied with some aspect of program policy.

Given the importance and specialized nature of disability assessments, separate and specialized mechanisms to appeal assessment decisions have been developed.

## Policy

Calendar days are calculated as follows:

- In the calculation of the appeal period the first day shall be excluded and the last day shall be included.
- If the appeal period expires on a holiday the time is extended to the next day that is not a holiday.
- If the appeal period expires on a day when a business office is not open the time is extended to the next day on which the office is open.

### 18.1 Reconsideration

Within 30 days of being notified of a decision, a beneficiary, or person acting on behalf of a beneficiary, may ask the Manager, Service Delivery to reconsider a decision with respect to the following matters:

- determination of financial eligibility
- discontinuation of benefits

- assessment of an overpayment
- determination of eligibility based on enduring disability (Medical Report/1092)
- determination of eligibility based on the Disability Impact Assessment (DIA)

Note that applicants who have a DLSA or Level of Care typically have a confirmed disability that is 'enduring' or permanent (e.g. on CLSD's caseload) and may be referred directly for a DIA.

Upon receiving a request for reconsideration of a decision based on either a Medical Report (1092) or the DIA, the Service Manager, consults with the Ministry's SAID Eligibility Review Team who will review the decision.

Upon receiving a request for reconsideration of a disability impact assessment decision the Service Manager, consults with the Ministry's SAID Eligibility Review Team who will review the assessment.

Appropriate corrective action is taken by the Assured Income Specialist if an error was made and beneficiaries are advised in writing. Beneficiaries wishing to withdraw the appeal may do so verbally or in writing.

If no error was made, the Service Manager schedules to be heard within 20 days of the reconsideration decision:

- a regional appeal committee hearing; or
- a hearing with an assessment adjudicator

The beneficiary is advised in writing regarding the date, time and location of the hearing.

If the beneficiary appeals after 30 days, the request is filed with the committee chairperson who advises the beneficiary that a hearing cannot proceed because the time period has lapsed.

## **18.2 Regional Appeal Committee hearing**

When beneficiaries request assistance prior to the hearing, minimal benefits may be provided until the appeal is concluded. See Chapter 8.



The following format is used for the Ministry's report to the appeal committee:

- Date of Appeal
- Name
- Address
- Birth Date
- Marital Status
- Ages of dependants
- Background (related to issue being appealed)
- Education, Employment History, Vocational Goals (if relevant to issue being appealed)
- Present Situation
- Applicable Act, Regulation, and Policy references
- Reason for Appeal
- Reason for Ministry's Decision
- Budget entitlement

The Ministry report includes information from the staff person most familiar with the beneficiary and should only reflect information which bears directly on the issue(s) under appeal. If information or documents from a named source are part of the report his/her consent is obtained.

A copy of the report is provided to the beneficiary three working days prior to the hearing.

Appeals may be conducted by teleconference/speaker phone call, or in person, as determined by the Service Manager and the Regional Appeal Committee chairperson. The Regional Appeal Committee may convene at the most convenient office location to hear the appeal by teleconference/speaker phone call.

If held by teleconferencing/speaker phone call, the beneficiary, Ministry representatives and other participants (witnesses, advocates) will be provided a telephone number to call at the scheduled hearing time by the Regional Appeal Committee secretary.

Beneficiaries are provided a fax number to submit written evidence or they may submit it to the nearest regional office for distribution to the Regional Appeal Committee chair and Ministry representatives.

If beneficiaries cannot participate in the hearing they may have someone do so on their behalf.

The Regional Appeal Committee may wish to consult with Ministry officials on technical matters.

If the beneficiary or the Ministry wishes an adjournment this request is provided, generally in writing but a verbal request by the beneficiary may be considered, to the chairperson of the Regional Appeal Committee. Appeals should be resolved as quickly as possible.

Secretarial services and telephone charges are provided by the Ministry.

Decisions made by the Regional Appeal Committee are binding unless overturned by the Social Services Appeal Board.

### **18.3 Social Services Appeal Board hearing**

Beneficiaries or the Service Manager who are dissatisfied with a decision of the Regional Appeal Committee have the right to appeal to the Social Services Appeal Board.

The appeal must be received within 20 calendar days from the date the Regional Appeal Committee's decision is given in writing.

If the beneficiary appeals after 20 days, the request is filed with the Board chairperson who advises the beneficiary that a hearing cannot proceed because the time period has lapsed.

If the circumstances changed since the Regional Appeal Committee hearing, the beneficiary or Ministry may wish to withdraw the appeal. This withdrawal must be done in writing to the Board Chairperson.

Beneficiary appeals are to be made in writing to the Service Manager and shall include the grounds of the appeal. Service Manager appeals are made in writing to the Social Services Appeal Board (SSAB) and shall include the grounds of the appeal. The Service Manager forwards a completed Request for Appeal form (1068) to the secretary of the SSAB. The beneficiary must be notified that an appeal has been requested by the Ministry as per the Regulations (Section 39 (3)(b)). This may be provided through a

letter to the beneficiary (template #7019). A copy of form 1068 shall be provided and any other information that has not been previously provided (e.g. any new information). Also provide a copy of the summary of the Regional Appeal hearing that is provided to the SSAB.

Appeals for Northeast, Northwest and Centre committees are normally heard in Saskatoon. Those for Southeast and Southwest committees are normally heard in Regina. From time to time, appeals heard by the Social Services Appeal Board may be held outside of Saskatoon and Regina, when logistically reasonable.

When beneficiaries request assistance prior to the hearing, minimal benefits may be provided until the appeal is concluded. See Chapter 8.

The following material is to accompany the Request for Appeal:

- The letter sent to the beneficiary informing of the decision and right to appeal.
- The beneficiary's letter requesting a Regional Appeal hearing.
- The Ministry's report prepared for the Regional Appeal hearing and documents presented to the Regional Appeal Committee.
- The summary of the Regional Appeal hearing includes: beneficiary information (name, address); those present at the hearing (names and capacity); reason for appeal; beneficiary's position; Ministry's position; decision (direct quote from the Regional Appeal chairperson) and recorder's initials.
- The letter to the beneficiary conveying the decision of the Regional Appeal Committee.
- The beneficiary's letter requesting a hearing before the SSAB.
- Any other documents or information submitted by the beneficiary and/or Ministry representatives.

When the SSAB receives a Request for an Appeal form an appeal hearing is scheduled within 30 calendar days from the date it is received by the Service Manager.

If the beneficiary or the Ministry wishes an adjournment this request is provided, in writing, to the chairperson of the SSAB. Appeals should be resolved as quickly as possible.

The SSAB notifies the beneficiary and the Ministry of the time, date and place of the hearing.

Appeals may be conducted by teleconference/speaker phone call, or in person, as determined by the Service Manager and the Board Chairperson.

If held by teleconference/speaker phone call, the beneficiary, ministry representatives and other participants (witnesses, advocates) will be provided a telephone number to call at the scheduled hearing time by the secretary of the SSAB.

Beneficiaries are provided a fax number to submit written evidence or they may submit it to the nearest income assistance service delivery centre for distribution to the Board chairperson and Ministry representatives.

The summary of the Regional Appeal Committee hearing, are made available to the beneficiary/advocate.

If beneficiaries cannot participate in the hearing someone may do so on their behalf. Ministry representatives, including the staff member most familiar with the beneficiary, participate in hearings.

Decisions made by the SSAB are final unless subsequently appealed and overturned by the Court of Queen's Bench on matters of law.

#### **18.4 Appeal of a Medical Report (1092) or the Disability Impact Assessment**

The appeal of a Medical Report (1092) or DIA is held before an assessment adjudicator with expertise in assessing disabilities and who is appointed by the Minister.

In conducting the review of the assessment decision, the adjudicator may ask the parties for additional information or require a new Medical Report or DIA.

Assured Income Specialists will assist appellants in understanding the assessment appeal process, the role of the adjudicator, and that the adjudicator's decision is final.

The adjudicator shall make a decision within 20 days after the day on which the notice of appeal is transmitted to the adjudicator and provide the parties with a copy of the decision, together with written reasons of the decision.

If the adjudicator has requested further information or has requested a new Medical Report or DIA a decision may be delayed for a reasonable period of time beyond the 20-day period to allow time for the new information to be received and reconsidered.

The decision of an adjudicator is final and there is no further right of appeal.

<b>Delegation of Authority</b>		
The supervisor or Service Manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager		
<b>Approval Items</b>	<b>Reference</b>	<b>Approval Required</b>
Verbal withdrawal of appeal	18.1	S

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 41	CH 19 Emergency Payments

## Intent

Emergency payments may be advanced to a beneficiary to meet urgent needs and these payments are recovered from future benefits or assessed as an overpayment.

## Policy

### 19.1 Emergency payment granting criteria

- Cash and liquid assets are considered the first resource;
- The need is essential to the health and/or safety of the beneficiary or other members of the family unit and must be met;
- Determine whether expected income will be received in time to meet all or a portion of the need;
- Only the minimum amount necessary is provided (e.g., partial payment of full amount of need may be acceptable to vendor).

An emergency advance payment may be made:

- for a need for which a benefit has already been provided (e.g., a family that spends the entire cheque and is without food before month end; spoiled or stolen food.)
- when an applicant with a child(ren) identifies unmet children's needs (e.g. families from another province, parents or caregivers eligible for but not receiving CCB, and new applicants who have no remaining resources from their last child benefit.)

#### 19.1.2 Recovery

The emergency advance payment is recovered from the next monthly cheque. Where the payroll date has passed the recovery is made from the following month's cheque. If exceptional circumstances exist (e.g., a large recovery resulting in financial hardship) the overpayment recovery rate schedule may be approved.

## **19.2 Replacement of Lost or Stolen Cash**

When a beneficiary reports lost or stolen cash:

- a statutory declaration indicating the circumstances of the incident is obtained from the beneficiary;
- the declaration is retained on the file;
- if additional benefits are required an emergency discretionary advance may be issued. For granting criteria and recovery see Chapters 19.1 and 19.2.

Legislative Authority	Subject
The Saskatchewan Assured Income for Disability Regulations Section 42	CH 20 Supplementary Health

## Intent

The Ministry of Social Services nominates eligible beneficiaries (except registered Indians) for supplementary health coverage. Supplementary health services and items are provided by the Ministry of Health.

### 20.1 Universal Insured Services (no nomination made)

All Saskatchewan residents are eligible for certain benefits at no charge or at a reduced charge, as part of insured services provided by hospitals and physicians, the Hearing Aid Plan, the Special Support Program and the Saskatchewan Aids to Independent Living (SAIL) program. Saskatchewan residents with high prescription drug costs relative to their incomes should be referred to the Special Support Program at Health. Information and applications are available at all pharmacies.

For a summary of benefits for SAID beneficiaries and Family Health Benefit beneficiaries see *Appendix at the end of the Chapter*.

#### 20.1.1 Supplementary Health Services

While beneficiaries eligible for financial benefits may be eligible for supplementary health benefits, the health benefits are administered by the Ministry of Health. **Benefits cannot be provided for health-related costs unless specifically indicated in Chapters 9 and 10, Regulation Table 2).** When fees are part of Health's co-payment charges beneficiaries are expected to pay this cost from their own resources. Registered Indians and non-permanent residents may receive health benefits through Health Canada.

Supplementary health services are available to beneficiaries through Health. Commitments should not be made on behalf of Health. Beneficiaries or vendors who have questions about eligibility for glasses, dentures, etc., should contact Health directly.



Note: Form 1092 may be completed by a health professional (e.g., physician, nurse practitioner, chiropractor, psychologist, etc.). The Ministry of Health determines which health professionals are paid for completing the report.

The following services are provided by the Ministry of Health: dental, optical, hearing aids, chiropractic, drugs, podiatry medical supplies and appliances and ambulance. (See Appendix at the end of the chapter.)

Vendors must request prior approval from Health to provide some of the supplementary health services.

### **Drugs**

Beneficiaries should ask their physicians to ensure that prescribed drugs are on the formulary so they are accessing all available coverage.

### Plan 1

The prescription dispensing fee for beneficiaries with this coverage is \$2.00. No funds are provided through SAID benefits. Beneficiaries nominated for Plan 1 include those who reside in family homes, personal care homes, and hospitals. There is no charge for drugs prescribed to beneficiaries in hospital.

### Plan 2

Those under 18 years-of-age receive this coverage from Health automatically. Those with high drug costs may qualify for Plan 2 coverage. The request to the Drug Plan may be made by the beneficiary, physician or other health professional.

### Plan 3

Beneficiaries nominated include residents of:

- Approved Community Living and Mental Health Private Service Homes
- Community Living and Mental Health group homes
- Special Care Homes where the resident receives Saskatchewan Assistance Program or Seniors Income Plan (SIP) benefits
- Addiction Treatment Centres

Northern Medical Travel - see Chapter 10.5.4.

### **20.1.2 Eligibility for Supplementary Health Services**

Applicants eligible for financial benefits are eligible for supplementary health benefits except for Registered Indians who receive coverage through Health Canada. For non-registered people living on reserves, form 1115 is used to determine eligibility for supplementary health coverage. (See Chapter 5.2 Health Services Only Eligibility)

#### **Temporary Health Coverage (THC)**

Form 1117 may be issued in cases where an emergency health problem exists and treatment (e.g., drugs.) is required immediately. The Ministry of Health determines eligibility.

##### Procedures:

- The appropriate form is completed.
- A health web nomination must be processed. Assured Income Specialists should ensure that nominations have gone through before providing clients with a form.
- A THC may only be issued for a maximum of 14 days for Plan 1 or 2.
- Effective and cancellation dates must be on the THC.

#### **Other Health Coverage**

Registered Indians are not eligible for health benefits since they retain their Indian health coverage administered by Health Canada whether on or off reserve. Family members who are not Registered Indians are not included in the Health Canada coverage and may be eligible for health coverage using form 1115 (see Chapter 5.2).

**Transients** - If an urgent medical need exists, form 1113 is completed. The person is eligible for Plan 2 Supplementary Health coverage on a temporary health coverage form 1117. Coverage is issued for up to four working days.

**Refugee** - The federal government provides health coverage for one year or until the refugee finds full-time employment whichever is sooner. Beneficiaries who have not been granted refugee status may only be nominated for coverage for a specific time number of days to cover a serious medical emergency. Before providing any coverage, beneficiaries should be referred to Citizenship and Immigration Canada (CIC) for services. Refugee claimants may receive health coverage through CIC.

Persons residing in Community Training Residences (CTR) are not eligible for supplementary health benefits through the Ministry of Social Services, but through the Ministry of Justice and Attorney General.

Those sentenced to federal halfway houses are not eligible for supplementary health benefits. Coverage is provided by the federal government. Those not sentenced, but residing voluntarily in a federal halfway house, may be eligible for supplementary health benefits.

**Extended health benefits for a beneficiary with a disability** - Supplementary health benefits may be extended for one year to a beneficiary with a disability who leaves SAID for employment. For health benefits after one year, refer to Chapter 5.2.

### **20.1.3 Payment for Non-Formulary Drugs**

The physician contacts the Drug Plan for approval of drug costs. If approved for payment Drug Plan officials will inform the physician and beneficiary. If not approved for special drug authorization no funds are provided by either Ministry of Health or Ministry of Social Services.

Coverage may be available through the Drug Plan, Special Support Program for those who incur high monthly drug costs.

### **20.1.4 Out of Province or Out of Country Health Services**

Whenever health services outside the province are required the need is confirmed by the referring physician or cancer clinic. When health services outside of Canada are required confirmation must be obtained from Health (Out of Country Committee). Upon confirmation, benefits may be provided for related needs (e.g., travel, sustenance, accommodation). Social Services does not make payments for any medical or hospital charges.

### **20.1.5 Cancellation of Supplementary Health Benefits**

An assessment is completed to determine if there is eligibility for ongoing supplementary health benefits before the benefits are cancelled (see Chapter 5.2).

<b>Supplementary Health Coverage</b>		
	<b>* SAID</b>	<b>Family Health Benefits</b>
<b>Dental Coverage</b>	<ul style="list-style-type: none"> <li>- a range of routine dental services such as examinations, x-rays, cleaning, restoration, extractions and dentures</li> <li>- persons obtaining dentures will be asked to pay a small fee</li> <li>- persons who choose to upgrade services may be required to pay for a portion of the service or the entire cost</li> <li>- employable beneficiaries receive only emergency services during the first six months of eligibility limited to relieving pain and controlling infection</li> </ul>	<ul style="list-style-type: none"> <li>- no coverage for adults</li> <li>- children receive routine dental services</li> </ul>
<b>Drug Coverage*</b>	<p><b>All plans - Individuals under the age of 18 receive eligible prescriptions at no charge</b></p> <ul style="list-style-type: none"> <li>- Plan 1 - \$2.00 per prescription for formulary drugs (persons under 18 – no charge)</li> <li>- Plan 2 (transients and those with ongoing multiple prescription needs) - receive formulary drugs at no charge</li> <li>- Plan 3 (those in special care facilities) - receive formulary drugs and certain prescribed drugs not available under the Drug Plan at no charge</li> </ul>	<ul style="list-style-type: none"> <li>- individuals under the age of 18 receive eligible prescriptions at no charge</li> <li>- semi-annual family deductible is \$100; consumer co-payment is 35%</li> </ul>
<b>Optometric Services</b>	<ul style="list-style-type: none"> <li>- free eye examinations every 12 months for children</li> <li>- free eye examinations every two years for adults</li> <li>- basic eye glasses are provided</li> </ul>	<ul style="list-style-type: none"> <li>- free eye examinations every 12 months for children</li> <li>- free eye examinations every two years for adults</li> <li>- basic eye glasses are a benefit provided for children only</li> </ul>
<b>Emergency Ambulance</b>	<ul style="list-style-type: none"> <li>- coverage includes patient charges for emergency road and air ambulance services</li> </ul>	<ul style="list-style-type: none"> <li>- coverage includes patient charges for emergency road and air ambulance services</li> </ul>
<b>Hearing Aids</b>	<ul style="list-style-type: none"> <li>- a benefit for children and adults</li> <li>- coverage includes hearing evaluations and hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>- a benefit for individuals under 18</li> <li>- coverage for individuals under 18 includes hearing evaluations and hearing aids</li> <li>- no coverage for adults</li> </ul>

<b>Medical Supplies</b>	- a benefit for children and adults	- a benefit for individuals under 18 - no coverage for adults
<b>Chiropody (Podiatry)</b>	- Coverage is available for foot care treatments and appliances provided through private providers in Saskatchewan	- a benefit for individuals under 18 - Coverage is available for foot care treatments and appliances provided through private providers in Saskatchewan for individuals under 18. - No coverage for adults

**Drug Coverage** - Those with high drug costs relative to their income may apply for the Special Support Program administered by the Drug Plan (Health).

\*Coverage does not extend to services outside of Saskatchewan

### **SAID Program Verification / Documentation Requirements**

*This appendix is intended as a summary only. Refer to Regulations and policy.*

<b>Policy Reference</b>	<b>Verification Beneficiary's verbal statement should be noted in a chronological recording.</b>	<b>Documentation</b>
<b>20.1.1 Health Benefits</b>	Health Services only	<i>Form 1089</i>
<b>20.1.4 Health Benefits out-of-province or country</b>	Out of province – verbal confirmation by physician or cancer clinic	

## **Appendix A**

### **Participation planning**

Benefits are provided on the basis of need. Beneficiaries may pursue reasonable opportunities, within their capabilities, to become independent.

Assured Income Specialists participate with beneficiaries to develop realistic plans to establish independence, participate in community, etc., if feasible. The plans take into account beneficiary's circumstances and strengths.

### **Beneficiary collaboration**

Planning is done collaboratively with beneficiaries and others who provide service (e.g., CES, Mental Health, trustees, Child and Family *Programs*). Assured Income Specialists discuss interests and assist the beneficiary with setting goals to achieve optimum participation in community life and self-sufficiency.

Participation planning is a continuous process. As beneficiaries progress through their plans, or as circumstances change, the plans may be reviewed and changes made as appropriate. Plans may be modified at any time.

### **Referral to appropriate resources**

Beneficiaries are referred to available programs and services consistent with their participation plan.

## **Appendix B**

### **Individual Employment Planning (IEP)**

A plan that focuses on the spouse of a SAID beneficiary considered to be fully employable. Fully employable means the spouse is capable of working at least 36 hours per week. The Assured Income Specialist (AIS) connects individuals to supports and programs within their community that will assist them to secure employment.

An important first step before developing a plan is to review the support that the spouse provides to the person(s) with a disability in the home. The review should include details about the type of support that is being provided and the amount of time required to provide the support during the day/week, etc.

If the review reveals that the spouse provides support (e.g., assists with bathing, dressing, cooking, eating, medication, transportation to and from medical appointments, emotional support, etc.) that prevents he or she from working at least 36 hours per week, the employability of the spouse must be changed to more accurately reflect their employment capabilities (e.g., partially employable, temporarily unemployable). Written confirmation from a health care professional confirming the condition of the family member requiring care may be requested to assist the AIS in determining whether-or-not the spouse is fully employable.

If the spouse is deemed to be not fully employable, the AIS and spouse may consider developing a participation plan (see Appendix A).

If it is determined that the spouse does not provide any support to the person(s) with the disability in the home, then the second step is to review the spouse's level of education, work history, and their capacity to participate in the IEP.

### **Eligibility review for fully employable beneficiaries**

Whenever a spouse who is fully employable proposes reasonable alternative activities leading to self-sufficiency, financial eligibility is reviewed.

When a spouse does not participate in a mutually agreed to case plan activity, the AIS reviews the reasons(s) with the family, including the SAID beneficiary. If the spouse refuses to pursue reasonable opportunities for self-sufficiency and/or does not follow through with requests to develop an alternative plan for self-sufficiency, benefits may be suspended. The case is reviewed with the supervisor, taking into consideration the family as a whole and the impact this may have on any children or people with disabilities. If benefits are suspended, the beneficiary is advised of the decision in writing and of their right to appeal the decision.

## **Appendix C**

### **Business Income**

See Chapter 6.

### **Information/Financial Resources**

The following resources are available to assist the applicant/beneficiary:

- Ministry of Social Services, Saskatchewan Employment Supplement, phone 787-4723 (Regina) or 1-888-488-6385
- Federal Business Development Bank of Canada, phone 780-6478 (Regina) or 1-800-470-0601
- Centre for Business Development phone 1-877-780-8331, which includes:  
Saskatchewan Economic & Cooperative Development, phone 1-800-265-2001  
Western Economic Diversification, phone 1-888-338-9378  
Women Entrepreneurs of Saskatchewan, Inc., phone 1-800-879-6331  
Small Business Loans Association, phone -800-265-2001
- Conseil de la Cooperation de la Saskatchewan, phone 566-6000 (Regina) or 1-800-670-0879
- City licensing offices - check phone listings in the blue pages
- Business Registration, Ministry of Justice and Attorney General, Corporation Branch, 787-2962 (Regina)
- Canada Revenue Agency inquiries, GST, Payroll, Corporate Tax and Business Tax, phone 1-800-959-5525
- Saskatchewan Finance, Provincial Sales Tax, phone 787-6645 (Regina) or 1-800-667-6102
- Saskatchewan Opportunities Corporation, phone 787-8595 (Regina) or 933-7890 (Saskatoon)
- Small Business Loans Association, phone 787-7154 (Regina) or 1-800-265-2001
- Canada - Saskatchewan Business Services Centres, phone 1-800-667-4374
- The financial institution handling the applicant's business account
- Financial auditor - in cases where an audit is necessary to determine eligibility or continued eligibility, the ministry will pay for service charges (See Chapter 10.12)

### **Verification of Information**

In all cases the beneficiary must provide the latest statement of income and expenses as required by Canada Revenue Agency. Other sources could include:

- Financial institution handling the business account(s)



- Consumer and Corporate Affairs, Corporation Branch, for names used for incorporated companies, names of the other companies involving the beneficiary yearly profit.
- Saskatchewan Environment and Resource Management, La Ronge (425-4233) for information concerning leases, permits and fur sales.
- City, town or municipal office - for property and building ownership.
- Property search - legal description of the property, purchase price, ownership, caveats and liens. Also request the General Registration Certificate for information pertaining to writs of execution and maintenance orders.
- Freshwater Fish Marketing Corporation, La Ronge
- Wild Rice:
  - Saskatchewan Wild Rice Council, La Ronge
  - Saskatchewan Agriculture, La Ronge
  - Pre Cambrian Wild Rice, Denare Beach
  - Saskatchewan Indian Agriculture Program, La Ronge

### **Calculation of Eligibility and Entitlement Method**

The cash flow method is used. The net amount of income is determined by calculating the gross income and subtracting the allowable paid expenses.

1. Allowable expenses, verified by copies of paid bills, are as follows: (Business portion only)
  - accounting, legal, collection, consulting, related only to the business
  - advertising (newspaper and business pages telephone directory)
  - bank charges - verified
  - basic stock for business operation
  - business motorized vehicle (maintain any leasing/rental agreement in force at time of application)
  - business property tax
  - delivery, express, freight
  - fuel/maintenance/repairs for motorized business vehicles
  - insurance (fire, theft, liability)
  - interest charges on start-up loans
  - licenses
  - mandatory contributions for employer and employees (CPP, Workers' Compensation, etc.)
  - mileage, meals and reasonably priced accommodation for each trip generating business income

- minor equipment costs/rental for essential business operations
- mortgage interest on business holdings in existence at time of application
- office expenses (postage, stationary) to a maximum of 10% of net income
- rental on business property (indicate to whom paid)
- telephone charges - other than for the home
- utilities - other than for the home
- wages - paid to others, other than spouse or dependants, for normal operation of the business for operators of licensed day care facilities, the first \$50 per child of the monthly payment is an allowable expense.

2. Expenses not allowed in calculation of net income:

- basic needs, shelter (these needs are provided through SAID)
- capital costs - any expenditure used to expand or replace business assets
- interest payments on operating loans
- inventory expansion
  - medical expenses
  - pension plan contributions except for Saskatchewan Pension Plan
  - previous debts (prior to application)
  - principal payments on a mortgage on business or other property
  - purchase price of equipment or buildings
  - repairs to home
  - structural alterations and construction of any property or buildings
  - utilities for the home (Advise the beneficiary to obtain a separate meter for the business operation)

**Completion of the Monthly Business Income and Expense Report**

The Monthly Business Income and Expense Report (form 1214) is used to calculate net income. The report consists of three sources of information.

**Income**

- derived from the business operation
- returns and allowances (allowances are coupons, discounts)
- other income including cash and any advances (cash draw)

**Cost of goods sold**

- completed only if the business involves purchasing goods for resale or the manufacture of goods for sale
- includes inventory at the beginning and the end of the month and the cost of obtaining the inventory. Inventory is the goods/products for sale.

**Business expenses** - costs incurred to generate business income

**Net Income** is the amount deducted from needs to determine entitlement.

The Business/Farm Assets and Liabilities Form (1215) is required at the time of application and at annual review to determine the applicant/beneficiary's net worth and debt load.

**Property Owned** - include legal description of all land owned by the applicant and spouse as well as the assessed value. List all mortgages registered on the property.

**Property Leased** - include legal description as well as the name of the registered owner. The terms of the agreement should be included as well as any agreement which is due for review. A copy of the lease should be obtained. This is necessary to assess the total operation.

**Equipment** - list all equipment owned as well as the make, model, year purchased, amount owing, and present value. This information assists in determining the practicality of trading in certain equipment and indicates whether the applicant/beneficiary has more or less equipment than necessary. If the applicant/beneficiary terminates the business operation, the value of the equipment will be known.

### **Cash Flow**

See Chapter 6 for use of cash flow for self-employed individuals. This assessment method may also be used for those who are no longer self-employed.

The amount of income is determined by subtracting paid allowable expenses from the gross income in the month.

## **Appendix D**

### **Farm Income**

#### **INFORMATION AND FINANCIAL RESOURCES**

The following resources are available to assist the recipient:

- Ministry of Social Services, Saskatchewan Employment Supplement Phone #1-888-488-6385, Regina 787-4723.
- Ministry of Agriculture (Ag. Rep) - productivity of land, estimate of the amount payments, information on specialty crops (bees, elk, rabbits), management of farm operation, stabilization programs, marketing boards.
- Agricultural Credit Corporation of Saskatchewan - verification of loans for all farm programs, foreclosure information.
- Farm Credit Corporation - mortgages on land.
- Saskatchewan Crop Insurance - productivity of land, whether insurance is held, whether insurance is assigned to creditors, amount of insurance payments.
- Saskatchewan Water Corporation - provides grants for wells.

#### **Verification of Information**

In all cases the recipient must provide the latest tax statement filed with Canada Revenue Agency. Other sources could include:

- farm account record
- green slips - elevator sales receipts
- permit book - includes information regarding land description, number of acres, whether in stabilization program, amount of grain sold in crop year (August 1 - July 31), ownership of land, if renting provides name of owner, amount of any advances.
- city, town or municipal office - for property and building ownership
- Land Titles - legal description of property, purchase price, ownership, caveats and liens. Also request the General Registration Certificate for information pertaining to writs of execution and maintenance orders.

#### **COMPLETION OF FARM INCOME REPORT**

##### **1. Definitions and Instructions**

The following headings are on the Farm Income Report:

**Total acreage is made up of:**

- Seeded acreage (wheat, oats, barley, rye, canola, etc.)
- Summer fallow
- Forage
- New breaking
- Uncultivated land and natural pasture.

**Bushels Harvested:**

Acres seeded and bushels harvested must be shown. Compare this with the average yield in the district available from the agriculture representative. If there is a considerable discrepancy, an explanation for the low yield should be given. Grade of grain harvested should also be shown.

**Unharvested Grain:**

Estimate 2/3 of anticipated fall yield with a 2 grade drop in quality.

**Crop Held for Seed**

Number of bushels held must be related to the number of acres in summer fallow shown on *form* 1212 together with what the farmer expects to seed next year.

## Uncleaned rates:

Wheat	- 2 bushels
Oats and barley	- 3 bushels
Canola	- 10 pounds
Rye	- 2 bushels
Flax	- 1 bushel

**Crop Held for Feed**

This should be related to the number of animals fed. The value of livestock sold should practically double the value of feed held and/or bought.

**Your Share**

This is the amount remaining after deductions for feed and seed. Where property is rented, the landlord's share is 1/3 with the renter usually getting 2/3 of the total harvested.

**Price per Bushel**

This is the amount received at the elevator. Due to freight rate, prices vary from one region to another.

**Income**

Total income derived from 'your share' multiplied by the price per bushel.

**Livestock**

A basic herd is considered to be the breeding stock held at the date of application plus female stock held back for replacement.

The natural increase of the basic herd is considered a resource for direct consumption or sale. Natural increase is the livestock that will reach marketable age within the year. Consider 75% of calf survival rate (3 calves weaned from 4 cows). The purchase price for replacing one of basic herd yearly is allowed as a farm expense but the animal sold and to be replaced has to be accounted for in livestock sales. All butchered livestock is considered income except what is used for reasonable consumption by the family unit.

Replacement of the basic herd over time, from heifers of desirable quality should be allowed through purchase and/or allowing the farmer to keep one of natural increase for replacement. The average productive life of a cow is 10 calves or 10 years. Therefore, the rate of replacement of the basic herd should generally be based on 1/10th of the herd being replaced annually.

In the case of poultry farming the purchase of poultry is allowed in order to maintain the flock the farmer had at the time of application. The farmer is not permitted to deduct purchases made to expand his business opportunities as an expense.

When completing the report for the farm year complete the livestock section for actual cattle held, increased and sold during the previous calendar year. Use verified totals for income derived.

If the owner disposed of the entire herd during the previous year, the funds realized are considered income.

**Produce Sold**

Milk, cream, meat, eggs, vegetables, or other produce marketed have to be shown in this area as farm income. Ensure subsidy payments are verified.

## **Other Farm Income**

Farmers obtain verification of crop and hail insurance, rebates and grain payments. There are also fuel rebate programs. If the farmer belongs to a Agri-stability or Agri-invest program, verification is obtained regarding contributions and withdrawals. Contributions are not considered an expense; withdrawals are considered income. Some farmers trade their work for the other goods and services (e.g., feed, meat, milk, etc.). It is mandatory that a dollar value be placed on goods received and included as farm income.

Employment off the farm is not included in the farm income calculation but is considered as income in the month received as with any employed person.

## **2. Determination of net Farm Income**

- Net income is determined by calculating the gross income and subtracting from it the allowable expenses incurred to produce the gross income. (e.g., gross income from the calendar year - (minus) expenses incurred in the calendar year divided by 12 months = estimate of monthly net income for the previous calendar year).
- Advances are not considered income or an expense since the source of income is the value of all grain produced.

The Farm Income Report consists of two types of information, gross income and expenses – See *Appendix D, Section 3*.

Gross income from:

- the previous year's harvest including grain still held for sale.
- livestock sales during the previous year.
- other produce (cream, milk, eggs) sales during the previous year.
- Crop insurance, farm subsidy and any other farming-related payments received during the previous year.
- GST rebate (farm)

For cash flow method, see *Appendix D, Section 3*.

Account for total acreage of farm land. A reconciliation using receipts for expenses and income is completed at the end of 12 months. (See *Appendix D, Section 3* for income reconciliation.)

## **Where the recipient is operator**

### **Grain**

- Gross income from grain is calculated from the crop harvested in the previous year even though some or all of the grain may be sold during the current year.
- To determine grain available for sale when grain from the previous harvest has not yet been sold, deduct the number of bushels required for seed or feed from the number of bushels harvested.
- To estimate the income from the grain available for sale multiply the amount of grain available by the initial price paid for the appropriate grade.
- If the recipient owns land and rents on a crop share basis, it is necessary to show rented land on a separate Farm Income Report form 1212.
- When completing the farm income report, both the current permit book and the previous year's permit book are used. The previous book shows the description of land operated and indicates acres shown and in what grain. If the operator is also involved in a crop share rental arrangement the final grain payment stub is required to determine the grain sold in the previous year.

### **Livestock**

To calculate gross income from livestock, determine the number of livestock sold during the previous calendar year and use actual receipts from those sales.

## **Where the recipient owns farmland but is not the operator**

If the recipient owns land and is renting to someone else, a crop report can be obtained from the operator. In order to verify previous year's report, use the carbon copy of grain tickets issued at the elevator. It is also possible to obtain verification from *purchaser* with the recipient's consent.

Where farmland is to be sold or used as security for borrowing calculate income on the basis of the rental agreement (usually one-third of the crop to the owner) in the interim.

In farm rentals (farm owned and rented out) allow taxes, mortgage interest on land and fire and hail insurance as expenses unless the rental agreement obligates the owner to assume other expenses (e.g., chemicals, fertilizers) if part of the rental agreement.



## **Cash rental**

For those farmers who reside on the home quarter but are not actual producers, it may be in their best interests to rent their farm on a cash basis rather than on a crop share. The actual rental rate is determined by productivity of the land on a per acre basis. Adequate remuneration should be received. The market value can be obtained by consulting municipality officials who are aware of rent values in their area.

### **3. Expenses - incurred to produce the farm income.**

#### **Expenses**

When the recipient is the operator, calculate allowable expenses incurred in the production of income and actually paid for during the previous year.

#### **Allowable expenses are as follows: (Verified by copies of paid bills)**

- Accounting/legal fees - accounting fees for income tax returns done by qualified accountants and necessary legal work relative to the farming operation.
- Bank charges.
- Breeding fees.
- Chemicals - pertains to herbicide and insecticides used in current year. Use actual, but costs must not exceed Ministry of Agriculture averages by more than 10%.
- Custom work - some operators do not own combines or other equipment and have this done on a custom basis. The cost of fuel and repairs would be reduced if certain operations are performed by someone else and paid on a per acre basis. Use actual, but costs must not exceed Ministry of Agriculture averages by more than 10%.
- Feed supplements (vitamins, minerals, etc.)
- Feed purchased.
- Fertilizer - pertains to fertilizer used in producing the crop. In cases where fall application is made, this expenditure should be included in next year's expenses.
- Fire insurance - premium is allowed as an expense. Issue as a need (85% of the cost of the premium) if net farm income does not cover the cost.
- Fuel/repairs for the machinery and truck - include all fuel (gas and diesel) used in producing the crop. Costs must not exceed Ministry of Agriculture averages by more than 10%.
- GST on allowable expenses.

- Insurance (crop, hail) - premiums paid for crop insurance. In certain instances, these are deducted from claim. If this is done the payment stub will indicate so. Use of crop insurance should be encouraged.
- Land lease fees and arrears paid on farm property not previously deducted.
- Mandatory contribution for farmer and employees (other than spouse and dependants) CPP, EI, etc.
- Mortgage interest - only mortgages for land owned at the time of application.
- Pasture fees - receipts can be obtained from community pastures or co-operative pastures.
- Repairs to buildings - only repairs to buildings other than farm home (barns sheds, granaries and fencing) may be allowed
- Registration/licensing of farm truck.
- Sales commissions.
- Seed cleaning.
- Seed/feed purchases - certified or registered seed is permitted. If grain was held for seed/feed in the last report this expenditure should be queried.
- Small tools and hardware - allow items of \$200 each or less.
- Taxes - taxes and tax arrears paid on farm property not previously deducted. For taxes on the residential portion of the home quarter see Chapter 9.3.
- Twine - actual cost.
- Veterinary supplies and fees - veterinary charges together with the cost of serum and supplies.
- Wages - wages paid to others for normal operating of the farm other than spouse and dependants.

### **Expenses - Not Allowed in Calculation of Net Income**

- Advances.
- Basic needs, shelter. Shelter payments for mortgage (first) are determined by calculating amount of mortgage for house/land - pay proportion.
- Capital costs - any output of funds used to expand or replace business assets.
- Debts (previous).
- Interest payments on operating loans.
- Inventory adjustments.
- Medical and hospital expenses.
- Farm Income Stabilization Program contributions.
- Principal payments on a mortgage on business or other property.
- Purchase price of equipment or buildings.
- Repairs to home.

- Structural alterations and construction of any buildings.
- Utilities such as light, water, phone and fuel for the home. Advise recipient to obtain separate meter for farms.

Note: Costs of basic needs, shelter and utilities are not allowed as expenses because they may be included as items of need in the budget calculation.

### **BUSINESS/FARM ASSETS AND LIABILITIES FORM**

The Business/Farm Assets and Liabilities Form (1215) is required at the time of application and at annual review to determine the recipient's net worth and debt load.

**Property Owned** - include legal description of all land owned by applicant and spouse with the assessed values. List all mortgages registered on the property.

**Property Leased** - include legal descriptions together with the name of the registered owner. The terms of the agreement should be included together with the agreement which is up for review. Copy of these should be obtained. This must be shown to assess the total operation.

**Equipment** - list all equipment owned by the individual as well as the make, model, year purchased, amount owing, and present value. This information assists in determining the practicality of trading in certain pieces of equipment and indicates whether the recipient has more or less equipment than necessary. If the recipient terminates the business operation, the value of the equipment for disposal will be assessed and considered income.

### **RECONCILIATION**

When completing the annual review in January or February reconciliation for the previous year is required using verified net income from the farming operation. (See Chapter 14 for Annual Review) The previous year's income tax return is required. Any difference in net income from the estimate is reconciled by deducting any overpayment and adding any underpayment and adjusting the net monthly income amount for the next crop year.

### **CASH FLOW**

This assessment method may also be used for those who have stopped farming.

The amount of income is determined by subtracting paid allowable expenses as outlined in Section 3 from the gross income in the month.

Cash flow is used to the end of the calendar year. At the end of the year an annual farm income report is completed. The net annual income (gross income minus paid allowable expenses) is used to estimate income for the following year and an annual income assessment is used.