Saskatchewan Assured Income for Disability

May 1, 2026

Saskatchewan

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1. Vision Statement and Intent

Vision Statement

Saskatchewan citizens with significant and enduring disabilities, who have no other financial resources available to meet their basic needs, 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.

Legislative Authority

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.

Intent

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 client under the authority of the SAID Regulations and policies.

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The Saskatchewan Assured Income for Disability Program	
Chapter 2	Legislative Authority
Application	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 4***

2. Application and Intake

Intent

This chapter describes how someone may apply for SAID benefits.

Policy

The ministry requires that those seeking SAID benefits must complete an application. Applications for SAID can be completed online through the applicant's Saskatchewan.ca account, over the phone or in-person. Applicants must provide information about their household members, disability, residency, age, income, assets, and needs.

2.1. Complete Application and Consent

The date of application is defined as the date a complete application is submitted by the applicant to the ministry, including the applicant's completion of the ministry's consent form. An application is considered complete when all the mandatory information in the application form is completed and submitted in full.

The applicant and the applicant's spouse, if any, confirm the application and provide consent. If an application is not completed within 15 days, a new application is required.

When an applicant calls the ministry's Client Service Centre and has someone help them complete the application on their behalf, the applicant, or someone who has authority to act on their behalf, (e.g., power of attorney), must give consent to proceed with the application.

2.2. Incomplete Applications

If an application is submitted online through the Saskatchewan.ca account but is missing required information to determine eligibility, the ministry may contact the applicant to discuss the required information. Applicants have 30 days from the day they submitted an application for benefits to provide the ministry with the required information.

If the SAID Disability Impact Assessment is not completed within four months from the date of application, a new SAID application is required. In exceptional circumstances, when a delay in completing the SAID Disability Impact Assessment is due to circumstances beyond the applicant's control, the four-month period may be extended with approval from the supervisor.

2.3. 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 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 special care home invoice (see Verification Documentation Requirements and Chapter 4.1.3) and resides in a:
        - Disability programs approved private-service home licensed under *The Residential Services Regulations*;
        - Mental Health Services approved home, as defined in *The Mental Health Services Act*;
        - Special Care home (nursing home) defined under *The Facility Designation Regulations;*
        - Personal care home licensed under *The Personal Care Homes Act*;
        - A hospital or Health Centre approved pursuant to *The Provincial Health Authority 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 Form that confirms the enduring (permanent) nature of the disability and MERT approval for Waiver of SAID Disability Assessment;
    - Documentation verifying receipt of Canada Pension Plan Disability (CPPD) benefits or the Canada Pension Plan Post-Retirement Disability Benefit (CPPPRDB); or
    - Resides in a disability programs or Mental Health Services group home licensed under *The Residential Services Regulations*.

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.

2.4. 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 reapplication 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.

2.5. 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).

2.5.1. 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 clients on insurance policies?
- Who claims the children as dependents (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 client is living required to pay spousal support or support for any of the children through a court order?

2.6. Employability Status and Disability for Spouses

The following are guidelines for assessing the employability of an eligible client's spouse.

Fully Employable
Spouses who are capable of working 36 hours per week or more, including people who are employed, self-employed, or are enrolled and participating in an upgrading or training program that is intended to enhance their ability to become employed are considered fully employable.

Partially Employable or Unemployable
Spouses are considered partially employable when they are only capable of working on a part-time or casual basis or whose employment capacity is limited due to behavioral, educational, or family reasons.

A Medical Report Form is required when a spouse is considered partially employable or unemployable for health reasons as they may be eligible for the Disability Income Benefit (see section 9.13). If the spouse has a permanent disability, confirmed by a Medical Report Form, they are referred for a DIA to determine whether they are SAID eligible themselves.

2.7. Application Criteria for Special Groups

2.7.1. Those who received assistance for basic needs from another province or an Indian Band for the month of application

Minimal benefits may be provided as defined in 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.

2.7.2. Children with non-parental caregivers

Children under 18 are not eligible for benefits. Children from families may be included as dependents 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.

2.7.3. Assisted Adoption Program

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

2.7.4. Non-Canadians/Sponsored Immigrants/Canada Ukraine Authorization for Emergency Travel Sponsored Immigrants

Immigration, Refugees and Citizenship Canada (IRCC) is contacted to determine immigration and sponsorship status.

If sponsored under any of the IRCC programs, including family sponsorship, there is no eligibility for benefits. A Canadian citizenship or permanent resident status does not nullify the terms of a sponsorship undertaking.

SAID is needs based, income tested program, and a sponsor is an obligated source of financial support under federal undertaking rules. Sponsored resettled refugees, sponsored permanent residents or sponsored Canadian citizens are not eligible for benefits during the undertaking period unless one of the following criteria is met:

- IRCC has issued an official Declaration of Sponsorship Breakdown;
- The sponsor is deceased;
- There is verified family violence or safety risk (including no-contact orders);
- The sponsor has verified long-term medical or legal incapacity (including long-term incarceration);
- The sponsor's whereabouts are unknown after documented attempts to locate them; or

- Other verified exceptional circumstances that demonstrate the sponsor is unable to meet their obligations, as supported by documentation and approved by the Manager.

Eligibility is considered:

- Upon expiration of a IRCC 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);

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 20 years after the sponsored person has received permanent resident status (e.g., when sponsoring a mother and father, the length of undertaking is 20 years after the parent receives their permanent resident status.

The applicant is required to provide the sponsor's name and address and all detailed information and supporting documentation demonstrating that one or more of the eligibility criteria listed above apply. The applicant is also required to report the circumstances to IRCC. Except when the applicant provides a copy of the IRCC Declaration of Sponsorship Breakdown such cases are referred to IRCC through the Eligibility Review Unit (ERU). No benefits are issued until ERU has completed the review. IRCC 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 IRCC 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 IRCC (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 IRCC. This process may take 6 to 9 months. Refugees may receive a work visa pending their hearing. IRCC 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.

2.7.5. Canada-Ukraine Authorization for Emergency Travel

Individuals residing in Saskatchewan on a Canada-Ukraine authorization for emergency travel document may be eligible for benefits if all other eligibility criteria are met.

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.

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 – Individuals who are not Status Indians on a Saskatchewan First Nation (1115)

Form 1115 is used by individuals who are not Status Indians on a Saskatchewan First Nation 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 taxi. See Chapter 10.5.

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.

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 Indigenous Service Canada – Non-Insured Health Benefits). The Ministry of Health will provide a HSN which meets the requirements for a HSN for the SAID program.

Clients 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 Chapter 2.11 is provided.

2.11.4. Name Change

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

SAID Program Verification/Document Requirements

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

Policy Reference	Verification Client's Verbal Statement should be noted in a chronological recording.	Documentation
2.1 Complete Application and consent – Authority to provide consent on behalf of the client.	Verbal verification from individual acting on behalf of the client on legal authority (e.g. power of attorney, court appointed Property Guardian, an official of the Public Guardian and Trustee office).	
2.2 Unemployable familial reasons.	Verbal confirmation from CFS for foster child.	• Form 1092 or 1093 for health reasons, high riskpregnancy. • written confirmation from health care professional for member of the family unit requiring care.
2.2 Disability		• Form 1092 or 1093 within 60days (other than for noted exceptions).

2.3.1 Received assistance from another province.	Verbal or written verification from band or province regarding date and amount of lastassistance.	
2.7.2 Adding dependents to family of non-parental caregiver.		• Caregiver provides verification of any income received by dependents (e.g., CPP Orphan's benefits). • CFP assessment if caregiverhas active protection file. • Contact with CFP worker toconfirm whether an assessment of caregiver should be completed if caregiver has closed protection file. • Letter from parent, Legal Aid, or private lawyer re: support.
2.3.3 Assisted Adoption	Contact with adoptions worker to verify special needs granted by Assisted Adoption Program.	
2.7.4 Immigrants and refugee claimants.		• Form letter #1005 • CIC document for inability toobtain SIN
2.3 Rapid Reinstatement	Verbal confirmation from special care home administrator, including level of care required, and special care home invoice.	Disability Impact Assessment (DIA) and a Medical Report Form (1092 or 1093) that confirms the enduring

		(permanent) nature of the disability; **OR** Has an assessed level of care of 2 or higher on Daily Living Support Assessment (DLSA) face sheet, Medical Report Form (1093) or special care home invoice; **OR** Medical Report (1092 or 1093) that confirms the enduring (permanent) nature of the disability and MERT approval for Waiver of SAID Disability Assessment; or Medical Report Form (1092 or 1093) that confirms the enduring (permanent) nature of the disability and documentation verifying receipt of Canada Pension Plan Disability (CPPD) benefits or the Canada Pension Plan Post-Retirement Disability Benefit (CPPPRDB); **OR** Resides in a disability programs or Mental Health Services group home licensed under *The Residential Services Regulations*. Written

		confirmation from the home that the individual resides in the home.
2.5 Spouse's consent if not at initial interview.		• Form 1003 within 60 days
2.5 Consent is signed by Property Guardian or Powerof Attorney.		• Court order – Property Guardian and Power of Attorney
2.11 Identification	SIN provided by applicant HSN provided by applicant or by Healthelectronically when client is nominated for supplementary health benefits.	• No ID at all available – physical description of client recorded on electronic file. • 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. • Assured Income Specialist notes documents examined in a chronological recording where copying is not possible. • No further ID required if on file from previous

		applications and individual is personally known by a ministry employee.

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Grant extension for application beyond 15 days.	2.1	S
Extending four-month period for completing SAID Disability Assessment.	2.2	S
Not employable – poor work history or social problems.	2.6	S
No SIN or HSN after 60 days.	2.11.1 and 2.11.2	S

The Saskatchewan Assured Income for Disability Program	
Chapter 3	Legislative Authority
Eligibility	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 5, 6, 7 and 8***

3. Eligibility

Intent

Eligibility for the SAID program is to be determined by:

- verification of financial eligibility;
- 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 SAID eligibility is the date on which the ministry determined an applicant met all eligibility requirements in Section 3.1.1.

For temporary benefits eligibility, see Chapter 8.1.

3.1.1. Individuals and Family Units Who are Eligible

To be eligible, the applicant must have submitted a complete application, as established by the ministry, and:

- physically reside in Saskatchewan;
- be age 18 years or older;
- be a Canadian citizen or a non-Canadian authorized to be in Canada (Chapter 2.7.4);
- have a budget shortfall as defined in Chapter 5.1;
- produce evidence of lack of self-support which includes application for income support programs for which the applicant could be eligible, including but not limited to, Old Age Security, Canada Pension Plan benefits, and Employment Insurance;
- have a significant and enduring disability as confirmed by a medical report form and the Ministry's Disability Impact Assessment (DIA); or

- meet the criteria in (a) to (e) and one of the following:
  - provide documentation verifying receipt of *Canada Pension Plan Disability* (CPPD) benefits or the Canada Pension Plan Post-Retirement Disability Benefit (CPPPRDB) (see below);
  - have a current Medical Report Form that confirms the enduring (permanent) nature of the disability and an Approval for Waiver of SAID Disability Impact Assessment recommended by the Manager and approved by the Ministry Eligibility Review Team;
  - reside in a disability programs or Mental Health Services group home licensed under *The Residential Services Regulations*;
  - have an assessed level-of-care of 2 or higher on a Daily Living Support Assessment (DLSA), Medical Report Form (1093) or special care home invoice (see Chapter 4.1.3) and resides in a:
    - Disability programs approved private-service home licensed under *The Residential Services Regulations*;
    - Mental Health Services approved home, as defined in *The Mental Health Services Act*;
    - Special care home (nursing home) defined under *The Facility Designation Regulations*;
    - Personal care home licensed under *The Personal Care Homes Act*;
    - A hospital or Health Centre approved pursuant to *The Provincial Health Authority Act* (if not requiring acute care); or
    - Family home (receiving personal care from a relative as defined in *The Personal Care Homes Act*).

Individuals who are found not eligible for SAID due to not confirming a significant and enduring disability through a medical report and a Disability Impact Assessment (DIA) as per 3.1.1(f) above but who later receive CPPD or CPPPRDB benefits are required to complete a new SAID application to establish their SAID eligibility date.

An individual who has applied for CPPD benefits or the CPPPRDB prior to or at the time of SAID application and is later eligible for either benefit, SAID benefits are backdated to the date of the completed SAID application.

Those who reside on a Saskatchewan First Nation 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. Child Turning Age 18 at Time of Application

Applicants with children aged 18 at the time of SAID application may have them included in the household as a dependent for the duration of the month in which they turned 18.

3.1.3. Waiver of Saskatchewan Residency Requirement

An individual who is not a Saskatchewan resident may receive SAID benefits with the Manager's approval if there are compassionate, compelling, or medical reasons for needing benefits. Examples include an individual receiving medical treatment or in exceptional circumstances, allowing an individual in an Immigration and Career Training (ICT) approved program to receive benefits when residing in a community bordering Saskatchewan (e.g., Lloydminster). The individual must still meet financial and disability eligibility requirements for SAID.

3.2. Individuals and Family Units Who Are Not Eligible

- A SIS client who does not meet the criteria in Chapter 3.1;
- A Saskatchewan Employment Incentive (SEI) client pursuant to section 7(4) of *The Saskatchewan Employment Incentive Regulations*;
- A Saskatchewan resident who has been absent from the province for over 30 continuous days. Absences over 30 days may be approved in exceptional circumstances due to compassionate, compelling, or medical reasons by a Manager when the client intends to return to Saskatchewan;
- The applicant does not meet one of the Canadian citizenship requirements mentioned in Regulation 5(1)(a);
- 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 detained for 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; or
- Registered Indians and their registered dependents who normally reside on a Saskatchewan First Nation are not eligible when the primary reason for residing off the First Nation is:
    - receiving medical treatment;
    - incarceration including residence in Community Training Residences and half-way houses until the sentence is discharged;
    - long-term residence 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; or
    - attending full-time education with the following conditions:

High School
Students who apply for benefits to attend an education program not on a First Nation when resources are available on the First Nation as confirmed with Band officials are not eligible. They are advised to contact their Band to explore available educational opportunities on their First Nation.

Training Programs
Students who apply for benefits to enroll in an upgrading or approved training program when resources are available on the First Nation as confirmed with the Band/ISC are refused benefits and advised to return to the Band to make alternate arrangements. Individuals who reside away from their Saskatchewan First Nation to attend educational programs approved by the Ministry of Immigration and Career Training for the Education and Training Incentive (ETI) may be eligible for benefits if there are no resources available as confirmed with their Saskatchewan First Nation and/or Indigenous Services Canada (ISC). Effective April 1, 2017, individuals participating in LINC (Language Instruction for Newcomers to Canada) should be directed to apply for income assistance benefits.

Residing on a Saskatchewan First Nation means residing on a Saskatchewan reserve as defined in the *Indian Act* (Canada).

3.3. Post-Secondary Students

Overview

Clients are required to pursue all sources of income or funding available to them prior to seeking support from SAID. This includes funding available through the Canada/Saskatchewan Integrated Student Loans (CSISL) Program or educational funding provided through a Saskatchewan First Nation.

Eligibility and Obligation

Full-time post-secondary students are not eligible for SAID unless they are enrolled in a program that, in the judgement of the Manager, offers a reasonable prospect for employment and that leads to a vocational goal approved by the Manager. Part-time student status does not impact eligibility for SAID benefits, so long as all other SAID eligibility criteria are met.

To remain eligible for SAID, full-time post-secondary students are required to apply for student loans, in addition to any other funding available to them, to help cover their living expenses while attending post-secondary courses. SAID benefits may be provided to top-up student loan funding, but the CSISL Program is the primary funding program for those who study full-time. Part-time post-secondary students are not required to apply for student loans to maintain their eligibility for SAID benefits.

Clients enrolled in full-time or part-time Adult Basic Education (ABE), Short Skills Training (4 plus weeks) and related courses are required to apply for Education and Training Incentive (ETI) to maintain their eligibility under SAID.

Exemptions

Student-loans received by part-time students through the CSISL Program are fully exempt in SAID.

CSISL program recipients receive a Notice of Assessment from the Ministry of Advanced Education which lists the amount of funding provided for each

category of student needs. For full-time students, the value associated with the following categories are exempt from the calculation of resources in SAID:

- Tuition/Fees
- Books
- Computers / Computer Related Expenses
- Transportation (Local and Return)
- Childcare
- Miscellaneous

The Notice of Assessment also contains a list of benefits. For full-time students, the value associated with the following benefits are exempt:

- Canada Student Grant for Persons with Disabilities
- Canada/Saskatchewan Student Grant for Services and Equipment for Persons with Disabilities

All other benefits provided through student loans are considered financial resources in the assessment of eligibility for SAID benefits.

For all students, all payments received for scholarships, fellowships, and non-government bursaries other than the value of free room and board provided as part of a scholarship, fellowship or non-government bursary are also exempt.

All benefits received through Saskatchewan First Nations are treated as non-exempt income in the calculation of resources for SAID clients. Students that receive funding from their First Nation might be eligible for SAID benefits after all income, expenses and exemptions are considered, if the client is not residing on a First Nation and continues to meet all other SAID eligibility requirements.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification Client's Verbal Statement should be noted in a chronological recording.	Documentation
3.1.1 Individuals and Family Units Who Are Eligible.	The ministry will accept verbal confirmation that the client has applied for CPPD or CPPPRDB.	Confirmation of application for CPPD or CPPPRDB OR Chronological recording noting waiver of requirement to apply.
3.1.3 Waiver of Saskatchewan Residency Requirement.	Clients must provide documentation that supports the need for benefit.	Examples include: • Medical documentation • Confirmation of enrollment from the post-secondary institutions or career service suppliers.
3.2 Off a Saskatchewan First Nation for Education.	Written or verbal contact with band regarding residency, education, funding resources, etc.	

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Approval for Waiver of SAID Disability Assessment.	3.1	MERT

Waiver of Saskatchewan Residency Requirement.	3.1.3	M
Granting extension for applicant has been absent from Saskatchewan for more than 30 calendar days.	3.2	M
Full-time Post-Secondary Students.	3.3	M

The Saskatchewan Assured Income for Disability Program	
Chapter 4	Legislative Authority
Disability Assessment	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 9***

4. Disability Assessment

Intent

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.

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.

Individuals who administer disability assessments should be suitably trained, have appropriate competencies, and be authorized by the ministry.

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

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.

Disability assessments should be carried out in an applicant's home unless they choose otherwise.

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.

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 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 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 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 a client is assessed as requiring level 2 care or higher and is receiving a residential support or special care facility benefit, 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. Those assessed as a level 2 or greater, but who are not actively residing in that arrangement at the time of application, are required to have a DIA completed to determine SAID eligibility.

Three assessments are used by the Ministry of Social Services 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 Disability Programs 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.
- **Special Care Home Invoice** – Current invoice that confirms residency in a Saskatchewan Special Care home.

4.2. Reassessment

SIS recipients living in family homes, personal care homes, Disability Program 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 Disability Programs or Mental Health Services for reassessment according to Disability Program's 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/Document Requirements

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

Policy Reference	Verification Client's Verbal Statement should be noted in a chronological recording.	Documentation
4.1.2 Level of Care.		• Front page of Daily Living Support Assessment (DLSA) for Approved Private Service Homes or memo from Mental Health. • Form 1093

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
SAID Disability Assessment Waiver.	4.1.2	MERT

The Saskatchewan Assured Income for Disability Program	
Chapter 5	Legislative Authority
Budget Shortfall	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 10, 11, and 12***

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 client and their spouse (if applicable), 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). SAID financial benefits are not issued.

An assessment for health services only is completed for those in disability programs 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 client is eligible for further health coverage.

For individuals who are not Status Indians, living on a Saskatchewan First Nation, application form 1115 is used. (See Chapter 2.10) For the annual review, documentation from the First Nation to confirm that the client continues to receive assistance is required.

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* clients.

The Saskatchewan Assured Income for Disability Program	
Chapter 6	Legislative Authority
Income and Assets	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 13, 14, 15, 19, 20, 45 and Appendix Table 1***

6. Income and Assets

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), or Employment Insurance (EI) are not made through garnishees and are not considered an allowance deduction. Clients 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. See Chapter 6.7.16. for income exemptions for child support payments.

Definitions:

Maintenance Agreement – a voluntary signed agreement establishing support payments.

Maintenance Enforcement Office (MEO) – 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.

Variation Order – is any change by the court to the order/agreement.

Waiver of Maintenance

Pursuit of a maintenance agreement or order is temporarily waived when:

- the absent spouse or parent has no means to pay (e.g., is on assistance, a student or incarcerated); or
- When there is more than one person who may be the father, and the client is going through the court system to establishes paternity; or
- potential abuse by the absent spouse or parent poses a serious threat to the individual and/or dependents; or
- the whereabouts of spouse or parent cannot be determined.

The above cases are reviewed with the client annually to assess the current situation and the potential to obtain support.

Pursuit of a maintenance agreement or order is permanently waived when:

- paternity cannot be established by the courts; or
- the spouse or parent is deceased and there is no estate.

Spousal 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*.

There is no income exemption for spousal support payments received by the client.

No Maintenance Agreement/Order
Support action is temporarily or permanently waived based on the above criteria, or the client is referred to Legal Aid to obtain a maintenance order. When an agreement or order is obtained, a copy is placed on the client's file.

Client Has Maintenance Order or Agreement
The client provides the most recent copy of the Order for the file.

For those clients with voluntary agreements, the client 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 client is required to renegotiate 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.

The portion of child support that is specified in an order or agreement for special or extraordinary expenses, as defined in section 7 of the Federal Child Support Guidelines, are not considered part of the child support payment. These costs should be paid in addition to the basic support and should not be included when determining if the support payment amount is within 10% of the federal guidelines.

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 client renegotiates the agreement amount or is referred to Legal Aid (see above).

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; or
- 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) are accepted as reasonable expenditures because these benefits are intended to assist with shelter, food, and childcare 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 receive 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; or
- If there is no further eligibility, the client 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 King'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 is not considered an allowable deduction or expenses.

6.4. Income from Insurance Settlements

Payments from a municipal, provincial, or federal government, or an agency or corporation associated with those levels of government for compensation for pain and suffering are fully exempted in SAID.

Payments for pain and suffering made by private insurance companies and out-of-pocket expenses such as homemaking or living assistance resulting from loss or injury are exempt in SAID up to $10,000 per claim.

All other payments are assessed as income unless exempt under Regulations.

Lost income – insurance payments to replace lost income are not exempt.

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.

6.5. Retroactive Payments

Payments from such sources as OAS/GIS, War Veterans Allowances, Workers' Compensation, Canada Pension Plan, or Employment Insurance are considered income for the following month. No overpayment is assessed for the period the retroactive benefit represents. The client is advised in writing of the time period over which the retroactive payment is expected to meet living requirements, see Chapter 6.14.

6.6. Clients Who Live in Approved Private-Service Homes and Group Homes Licensed by Disability Programs

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

6.7. 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.

An income exemption request and review form should be sent to Income Assistance Programs, Program and Service Design for review of income not already exempted in regulations or through a Minister's Order.

6.7.1. Earned Income

Eligible clients have an annualized earned income exemption from the date of eligibility. The amount of the annualized earned income exemption is based on family composition, for a full calendar year, are:

- Single clients $7,500
- Couples without children $8,700
- Families $9,500

Earned income exemptions are based on the calendar year (January-December). Any unused exemption from one year will not be carried forward to the next year.

Clients must report their wages by the 10th of each month after the wages were earned, to prevent any disruption in their next month's benefits.

SAID benefits will be reduced dollar-for-dollar after the exemption limit is reached in the calendar year.

Calculating the Earned Income Exemption

- Refer to Chapter 6.7.8. Self-Employment Income to calculate net earned income from self-employment.
- The earned income exemptions are pro-rated based on the date the client is eligible for SAID benefits and not when they begin employment in a year (e.g., a single client becomes eligible for SAID on April 15, will have an exemption of $5,625 for that calendar year regardless of the date they commence employment. Starting next January, the client will be eligible for the full $7,500 earned income exemption).
- A cumulative exemption would apply for clients that go on and off SAID in the same calendar year (e.g., a single client who became eligible for SAID in February gets a $6,875 earned income exemption for the calendar year. If they leave SAID having used $2,000 in September and return to SAID in November, they will still be eligible for $4,875 earned income exemption until December of that year).

Changes in Family Composition

- Any increase in family composition (e.g., single to couple or single/couple to family, etc.) defaults 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.)
- With 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 amount will stay the same for the calendar year but will be readjusted in the next calendar year.

6.7.2. Dependent Children

The earnings of dependent school children are exempt whether they are earned during the school year or summer holidays.

Monthly payments made through the *Canada Pension Plan Disabled Contributor's Child* (CPP-DCC) benefit and surviving child's benefit, are fully exempted in SAID whether paid to the parent on behalf of the child or paid directly to the child.

6.7.3. Board and Room Income

For clients 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).

Clients are not charged with board and room income from their sons/daughters who are participating in education programs.
Where room and board income are received from a client, 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.

6.7.4. Suite Rental Income

For clients 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).

6.7.5. Work Assessment, Work Experience, or Work Placement

Income received from a work assessment, work experience, or work placement is considered wages, not a training allowance. Clients are eligible for the annualized earned income exemption.

6.7.6. Trusteeship Fees and Honoraria

Income received from the ministry for trusteeship fees or honoraria is exempt. The annualized earned income exemption is applied to honoraria, fees, and related expenses paid by other sources.

6.7.7. Clients who provide level-of-care services and receive the Residential Support Benefit

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.

6.7.8. Self-Employment Income

Self-employed means working for oneself as a freelancer or owner of a business. Income derived from this work, or the business is considered self-employment income. The Monthly Income and Expense Report (Form 1214) is used to determine the income.

Net amount of self-employment income is determined by subtracting the monthly allowable business expenses from the gross amount of self-employment income. See Appendix A for allowable expenses.

The annual earned income exemption is applied against the net self-employment income to determine financial eligibility.

In situations when a client has multiple sources of self-employment income, all income and business expenses from self-employment are calculated together for the same month.

If business expenses from self-employment exceed the gross amount of self-employment income, the residual business expenses may not be deducted from non-exempt income sources such as the *Canada Emergency Response Benefit* (CERB) or *Employment Insurance* (EI), because they are not income earned from a job or self-employment. Excess business expenses cannot be used to reduce the amount of other non-exempted income and may only be deducted from the self-employment income.

Any monthly business expense deductions exceeding the maximum amount of self-employment income will not be carried forward to future monthly benefits.

6.7.9. 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.

6.7.10. 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.

6.7.11. Incidental Income

Incidental income is exempt up to $200 per month, per household. This includes but is not limited to gifts, prizes, winnings, small loans, donations, and refunds.

6.7.12. 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 client (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.

6.7.13. 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 clients who begin to receive SIP on or after September 1, 2016, the SIP benefit is considered income when determining financial eligibility.

6.7.14. 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 clients who begin to receive GIS Top-Up on or after September 1, 2016, the benefit is considered income when determining financial eligibility.

6.7.15. Per Capita Distribution Payments

Per capita distribution payment (PCD) resulting from a ***specific claim*** settlement agreement with the Government of Canada, under the authority of the *Specific Claims Tribunal Act (Canada),* are exempt effective November 22, 2023. This exemption includes PCD amounts paid on or after the effective date or the residual of PCD amounts held by the client on application for SAID.

6.7.16. Child Support Income

Maintenance payments for child support up to $600 per month per household are exempt.

Retroactive or lump sum payments for child support will be calculated based on the date the income was received.

6.7.17. Income from Jordan's Principle

Payments from the Government of Canada under *Jordan's Principle* where it is used for intended purposes are exempt.

6.7.18. Pediatric Out-of-Province Travel Assistance Program

Funding through the Ministry of Health's Pediatric Out-of-Province Travel Assistance Program is exempt when the cost of the expense was not initially

provided by SAID or another funding source. This program is intended to reimburse families with children that have been referred out of the province for pediatric medical care when the service is not available in Saskatchewan.

6.7.19. Canada Disability Benefit

Payments from the Government of Canada through the Canada Disability Benefit are exempt.

6.7.20. Relocation Payments from Saskatchewan Housing Authority

Payments related to relocation outside of tenant's control from a Saskatchewan housing authority are exempt. This exemption is in place until August 28, 2027.

6.8. 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, cryptocurrency 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.

6.8.1. 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. At application, each household member is allowed a liquid asset exemption of $2,000.

An applicant is allowed the liquid asset exemption at the time of the application only. A client that acquires income or other assets after an application is submitted, or if their household composition changes, cannot use the liquid asset exemption in order to exempt the income or asset. These additional assets and incomes are considered when assessing the client's SAID benefits.

A period of up to 180 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 Manager's approval (e.g., lump sum

SAID benefits back payment due to delays in completion of disability assessment).

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 $100, verification of the bank account is not required. Funds in a bank account greater than $100 must be verified by a bank statement. For temporary benefits pending bank verification, see Chapter 8 – Temporary Benefits.
A period of up to 180 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.

6.8.2. Real Assets
The primary residence of the applicant/client is exempt, including the land (lot, acre) upon which the home is situated.

When the primary residence is a farm residence, the quarter section of farmland where the home is situated is exempt.

6.8.3. Inherited Home
The value of a home that was acquired by inheritance is exempt for the period of time that the client resides in the home. If the inherited primary residence is sold see Chapter 6.10.1.

6.9. 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., farmland, equipment, tools) other than the quarter section of land where the home is situated.

Applicants have 180 days to dispose of non-exempt property. An excess asset may be waived as a resource for genuine social or economic reasons with the 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 – clients 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.

6.10. Disposal of Assets

The disposal of assets over $2,000 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 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.

6.10.1. Sale of an Inherited Home or Property

If the client does not reside in the home or property, the net income, after legal and real estate fees, from the sale of an inherited home or property combined with any other proceeds received as part of an inheritance is exempt up to $100,000 (see Chapter 6.9 and 6.12.6).

When an inherited home or property the client has not lived in is sold prior to an application, only the funds the applicant has 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. When determining the exemption amount, consider the following:

- Income from the sale of the home or property 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 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.

6.10.2. Sale of a Home – Primary Residence or Matrimonial Home

Proceeds from the sale of a home that is the client's primary residence or 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 Manager; and/or
- to pay for expenses related to the client's disability.

With the approval of the Manager, proceeds from the sale of the home that was the client's primary residence or matrimonial home may be used to complete necessary renovations or accessibility modifications to the new home within 24 months.

6.11. 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 $2,000 per household 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 6.12.7) or used to meet costs related to the applicant's disability.

6.12. Other Exemptions

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

6.12.1. Registered Education Savings Plan (RESP)

Money withdrawn from a Registered Education Savings Plan (RESP) is only exempt if it is used for the educational benefit of the intended client.

6.12.2. Saskatchewan Pension Plan (SPP)

The SPP is not considered an available asset to clients until age 55. Clients are required to explore other early retirement options (e.g., CPP, early retirement benefits).

6.12.3. 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 clients). The client has no control over the trust.

Trusts are held by some other person, agency, or community group on behalf of the client, 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 clients. 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 client. Following a review, the court may negate the terms of the will and establish a special trust for the client 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 client.

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 6.12.6). 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 Manager;
- the payment is used for an expense that is related to the client's disability (e.g., assistive technology) with the approval of the Manager; or
- 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.

6.12.4. Registered Disability Savings Plan (RDSP)

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

6.12.5. Investments

Clients 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 Retirements 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 client's request. The financial institution is required to provide the funds to those who are without other resources.

6.12.6. 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 Dependents' 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 Dependents' 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, 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 Manager, it is used for an expense related to the client'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 client 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 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.

6.12.7. 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 Manager's approval.

6.12.8. Veterans Affairs Canada Benefits

The following Veterans Affairs Canada benefits are exempt:

- Disability Benefit: Pain and suffering compensation
  Note: The Disability Pension Benefit is not exempt.
- Additional Pain and Suffering Compensation
- Exceptional Incapacity Allowance
- Critical Injury Benefit
- Detention Benefit
- Prisoner of War Compensation
- Attendance Allowance
- Clothing Allowance
- Veteran Independence Program
- Caregiver Recognition Benefit

6.13. Calculating the Period of Self-Support

When non-exempt income exceeds the amount of SAID benefits for more than one month of future benefits, a period of self-support is determined, even if the income has already been spent or disposed of. The period of self-support calculation considers the monthly SAID budget at 115%, using the following formula:

$$\mathbf{T} = \frac{\mathbf{L}}{\{(\mathbf{115\%\ X\ N}) - \mathbf{I}\}}$$

where:

L is the amount of the income;
N is the total of the SAID benefits the recipient would otherwise receive for a month;
I is the recipient's ongoing monthly income; and
T is time for period of self-support in months

The number of months calculated will be rounded down to a whole month (e.g., if the calculation results in 7.6 months of self-support, it will be rounded down to 7 months).

EXAMPLE: Single client living in Regina

Living Income Benefit with Shelter	$1189
Disability Income	$70
Utilities (based on actuals or flat rates depending on the specific case)	$230
N	$1,489
115% x N	**$1,712.35**
Minus Monthly non-exempt Income (wages, CPP, OAS, etc.) **I**	- $500.00
Monthly SAID amount	**$1,212.35**
L	**$2,500.00**
L Divided by Monthly SAID amount	2.06
Estimated Months of Self-Support (rounded down)	**2**

6.13.1. Consideration of Income at Time of Reapplication Against Period of Self-Support

When an individual reapplies for SAID benefits before the period of self-support is complete, the ministry will review the disposal of income they received during the period of self-support. The Assured Income Specialist may approve the disposal of income if, in the opinion of the Assured Income Specialist, the funds were used for expenses related to shelter, food, medical expenses and other reasonable expenditures of personal necessity.

If the period of self-support has expired and the individual reapplies for SAID benefits, a six-month review is completed for disposal of assets, similar to new applicants.

6.14. 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.

6.15. Exemptions – No Verification or Documentation Required Regulation 13(2) and Appendix Table 1

All non-earned income must be reported by applicants/clients.
Certain sources of non-earned income are exempt from the calculation of resources when determining eligibility and the benefit amount. These include but not limited to:

- Canada Child Benefit;
- Contributions other than for ordinary maintenance to clients who require special care;
- Earnings of dependent children attending school;
- Basic stock herd on a farm and/or essential equipment to carry on farming or business operations;
- Payments made by the Ministry, Indigenous Services 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 in residential care;
- 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);
- Incidental income up to $200 per month per household;
- Payments from the Government of Canada under Jordan's Principle where it is used for intended purposes;
- Funding through the Saskatchewan's Ministry of Health's Pediatric Out-of-Province Travel Assistance Program for a client's out-of-pocket expenses (e.g. cost of expense was not initially provided by SAID or another funding source);
- Canada Disability Benefit; and,
- Payments related to relocation outside of tenant's control from a Saskatchewan housing authority.

SAID Program Verification/Document Requirements

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

Policy Reference	**Verification** Client's Verbal Statement should be noted in a chronological recording.	**Documentation**
6. Income	• Client verbal statement forroom and board/suite or room rental.	Client provides: • Wages – pay stubs, bank deposit statement(will not indicate which deductions

	• Cash payments for maintenance or support, where there is no order or agreement. • Casual earnings (e.g., lawn mowing or other periodic work). • Incidental income such as gifts over $200 per month per household. • Client's verbal statement for the Canada Disability Benefit.	are made) or note from employer. • Ongoing income – cheque stubs, direct deposit advice (will not indicate which deductions are made), bank statement or written statement. • CPP/OAS/GIS/GIS Top-Up at application,review and as changes occur. • EI – stubs or EI search or printout. • Self-employed – business plan and form1214 within 30 days. • House rental – copy of rent receipt, mortgage, insurance, tax statements. • Insurance settlements – statement from payer. • Interest – bank statement or T5. • Maintenance – separation agreement,divorce decree, voluntary agreement. • Benevolent organizations – statement. • Trusts – statement from trustee (at leastonce annually). • Income Tax Refunds – Assessment Noticefrom Canada Revenue Agency. • Direct Mortgage Payments – copy ofagreement or divorce decree.

		• Student Loans/Bursaries – client verbal statement and confirmation from Ministry of Advanced Education. • Caretaking – rental agreement. • Incidental income – bank statement or note from payer. • Retroactive payments – cheque stub. • Disposal – pay stub, bank deposit statement for recurring income (except children's benefits). • Trusts administered by Public Trustee— statement from Public Trustee at time of application and annual review.
6.8 Assets	• Client verbal statement for abank account which has a zero balance or is overdrawn. • Funds in a bank account greater than or equal to $100 must be verified by a bank statement. • Funds in a bank account with less than $100 do not need to be verified.	• 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 unlessinformation on ATM slip matches other supporting documents e.g., direct deposit form. Any difference between the amountdeclared at application and the documented amount

		received later is noted in a chronological recording. • Declared financial transactions over $2,000 – bank statement or passbook, or form1002. • Mortgages or agreements for sale, title search. • Securities, shares – statement fromfinancial agent. • Real – e-mail Quality Assurance re: titlesearch. • Disposal – receipts, bills of sale, clientstatement, or other documentation. • Trusts—Copy of will or documentationfrom trustee. • Trusts administered by Public Trustee— statement from Public Trustee at time ofapplication and three-year review.
6. Income and Asset Exemption	• Incidental income under $200 per month – client verbal statement. • Gambling gains, lottery prizes, bingo prizes and other prizes – client verbal statement. • Day program – client verbal statement.	Client Provides: • Wages – pay stubs, statement of earnings. • Prepaid funeral – statement from funeral director. • Cash/liquid assets – bank statement, form 1002. • Compensation for pain and suffering made by government. ○ Verbal declaration required for fully exempt sources of income.

		• Act administrators.
6.2. Support Waiver		• Chronological recording.
6.2. Support orders or agreements		• Copy of order or agreement.
6.2. Support – voluntary payments within guidelines	Client verbal statement about respondent's income.	• Support agreement. • Renegotiated agreement if below supportguidelines.
6.7.2. Dependent Children	Canada Pension Plan Disabled Contributor's Child (CPP-DCC) Benefit and surviving child's benefit.	• Verbal confirmation required for CPP-DCC.
6.7.16. Child Support Income	Client verbal statement for child support income up to $600.	• Separation Agreement; • Divorce decree; • Court order; • Written statement from payer and/or client; or • Voluntary agreement.
6.12.8	Veterans Affairs Canada Benefits.	• Decision letter from Veterans Affairs Canada or Digital Account Statement from my VAC account.

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Waiver of liquid asset 90 days to convert liquid asset	6.8.1 6.8.1	M S
Waiver of excess asset	6.9	M

Disposal of asset prior to specified period of support	6.10	M
RDSP Contribution Time Limit Extension	6.10.1 6.10.2	M
Proceeds from the sale of primary residence used for necessaryrenovations or accessibility modification within 24 months	6.10.2	M
RDSP Contribution Time Limit Extension	6.12.7	M
Payments from a discretionary trust: expense related to client's disability	6.12.3	M

The Saskatchewan Assured Income for Disability Program	
Chapter 7	Legislative Authority
Approval or Denial	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 16***

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 client 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; or
- right to appeal a decision regarding benefits and the process to appeal.

Applicants are advised of the obligation to report 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.

The Saskatchewan Assured Income for Disability Program	
Chapter 8	Legislative Authority
Date Benefits Commence and Temporary Benefits	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 17 and 21***

8. Temporary Benefits and Date Benefits Commence

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.

Policy

SIS benefits may be provided as outlined in section 8.1 below to SAID applicants awaiting SAID eligibility determination. Benefits and rates listed in all other sections of the SAID policy are not provided until full SAID eligibility is established. SAID applicants must meet SIS eligibility criteria to receive temporary benefits while awaiting the outcome of their application.

Benefits are provided from the date of application completion or the date the ministry determines eligibility for benefits is to commence. See Chapter 3.1.

8.1. Temporary Benefits

SIS benefits may be provided:

- if eligibility cannot be immediately determined and need is urgent (e.g., applicants require time to submit bank account verification); or
- for new SAID applicants, if financially eligible for SAID, the individual may receive SIS benefits to meet immediate needs, during the disability impact assessment and appeal processes.

8.2. Date Benefits Commence

If the individual meets the eligibility criteria for SAID, benefits are to be retroactive to the date of application submission as received by the ministry or date the ministry determines the applicant is eligible (see Section 3.1).

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Temporary benefits beyond 60 days in exceptional circumstances	8.1	S

The Saskatchewan Assured Income for Disability Program	
Chapter 9	Legislative Authority
Emergency Benefits, Living Income, Disability Income and Personal Benefits	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 23 and Table 2***

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.

Clients are expected to first pursue all other available income or support programs, whether provided by the Ministry of Social Services, or another ministry, crown corporation or agency of the Government of Saskatchewan, or the Government of Canada, for the same purpose. Funds are not issued in circumstances where the benefit would duplicate another benefit or program that fully or substantially meets the same need.

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; and
- 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 client and dependents. The amount of the benefit is based on family composition and community of residence. The LI is a consolidated

benefit. In SWIN, the LI 01 need must be paired with the appropriate shelter (AH01-04) benefit for the family size and community of residence.
In the month of application, if shelter has been paid, the shelter benefit is prorated from the date of eligibility. If shelter has not been paid, shelter benefits are provided for the full month.

Documentation required in order to receive a LI benefit:
Renters – one of the following is required:

- copy of a tenancy agreement signed by the client/tenant and the landlord; or,
- rent receipt (current or last month's if the tenancy agreement is not available.

In exceptional circumstances, alternative documentation verifying the need for shelter may be accepted (e.g., email/letter from the landlord) to issue the Living Income Benefit for one month. Within one month, the tenancy agreement or a rent receipt must be provided by the applicant to continue to receive the Living Income Benefit. Where documentation of the rental is not received and exceptional circumstances do not exist, living arrangements are reviewed with the client and benefits are adjusted to reflect the appropriate living arrangement.

Homeowners – one of the following is required:

- certificate of title;
- copy of agreement for sale;
- purchase loan agreement – mortgage;
- home insurance policy;
- property tax statement in recipient's name; or,
- joint title – certificate of title, or mortgage document.

Shared Accommodation
Single clients who share accommodations will each receive a shelter benefit if they are listed as a tenant in the tenancy agreement.

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

Clients will be required to submit one of the above at initial application. A Move Form in addition to the applicable shelter verification documentation will be required when the client declares a change in their address.

Living Income Benefit Rates

Effective May 1, 2026	**Living Income Benefit (Includes maximum shelter tier rate)**			
	Tier A	**Tier B**	**Tier C**	**Tier D***
One Adult	$1,189	$1,134	$1,088	$1,051
Two Adults	$1,657	$1,566	$1,515	$1,415
Single Parent				
1 or 2 children	$1,451	$1,324	$1,298	$1,159
3 or 4 children	$1,513	$1,385	$1,362	$1,210
5 or more children	$1,591	$1,464	$1,425	$1,292
Two Parents				
1 or 2 children	$1,786	$1,659	$1,633	$1,494
3 or 4 children	$1,848	$1,720	$1,697	$1,545
5 or more children	$1,926	$1,799	$1,760	$1,627

Shelter Tier rates

Effective May 1, 2026	**Maximum Shelter Tier Rates** (Included in Living Income benefit)			
	Tier A	**Tier B**	**Tier C**	**Tier D**
Single client	$474	$419	$373	$336
Childless couple	$607	$516	$465	$365
Families – single adult				
1 or 2 children	$736	$609	$583	$444
3 or 4 children	$798	$670	$647	$495
5 or more children	$876	$749	$710	$577

Tier A: 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.

Tier B: Creighton, Kindersley, La Loche, La Ronge, Macklin, Melville, Prince Albert,Rosetown, Weyburn, Yorkton.

Tier C: Battleford, Fort Qu'Appelle, Humboldt, Meadow Lake, Melfort, Nipawin, Moose Jaw,North Battleford, Swift Current, Watrous.

Tier D: Other towns and rural areas.

9.1.1. Criteria for Excess Living Income – Supervisor's Approval
Only one excess Living Income provision can be approved per case.

May 1, 2024 One-Time Adjustment: For those clients receiving a shelter benefit equivalent to their actual shelter need, the actual shelter amount was adjusted to reflect the SAID benefit increase announced as part of the 2024-25 Budget.

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 clients for continued eligibility upon a change in circumstances.

If at any time on or after October 1, 2016, existing clients 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.

Clients 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 clients 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 clients in the amounts and at the intervals set out below, if the criteria established below is met.

2. Eligible clients 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 client's circumstance or their benefits are terminated.

Saskatchewan Housing Benefit

The Saskatchewan Housing Benefit (SHB) is a monthly benefit that helps eligible Saskatchewan renters with their shelter costs (rent and utilities). SAID clients may receive the SHB under the two targeted stream (Supportive Housing or Seeking Safety from Interpersonal Violence Stream.) SAID clients are not eligible for benefit under the core program of SHB.

A SAID client can receive benefits from the two streams of the Saskatchewan Housing Benefits, however, if at any time, a client begins receiving a combination of the SHB and Excess LI benefit, the excess LI benefit is reduced by an amount up to or equal to the SHB. The reduction amount is not to exceed the amount of the excess LI benefit provided. The SHB is used to reduce the Excess LI benefit amount in the following month that the SHB is intended to support. In most circumstances, the SHB is paid at the beginning of the month the benefit is intended to support.

Actual Rent may be provided in the following situations:

9.1.2. Excess Living Income – Time to Seek Alternate Accommodation

When clients 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.

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.

Clients 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 clients 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.

9.1.5. 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.

9.1.6. Excess Living Income – Mobility and Access

Clients 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.

9.1.7. Excess Living Income – Exceptional Medical Circumstances

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

9.1.8. Excess Living Income – Unusual or Exceptional Behaviour

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

9.1.9. Excess Living Income – Long Term Residents

Clients have lived in the same residence for ten or more years and continued residence is important to their well-being. For homeowners, 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.

9.1.10. Excess Living Income – Family Size Changes

9.1.10.1. Excess Living Income – Visiting Spouses

A client who has a spouse who usually resides in a care facility who stays periodically with the client (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.

9.1.10.2. Excess Living Income – Foster Homes and Persons of Sufficient Interest

Clients who operate foster homes or clients 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.

9.1.10.3. Excess Living Income – Alternate Caregivers and Parents with Access

Clients 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.

9.1.10.4. Excess Living Income – Family Size Change Increase

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.

Amount: An amount not exceeding the Tier shelter allowance including the additional family members for up to three months prior to the change.

9.1.10.5. Excess Living Income – Family Size Decrease

When family size decreases, the shelter amount is not reduced until the client moves to another location. The appropriate shelter rate is then applied.

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

9.1.10.6. 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; or
- 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.

9.2.1. Shelter Portion of the LI benefit

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

9.2.2. 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 client's rent or mortgage amount may be reduced. The Assured Income Specialist refers these clients to the housing authority for a shelter adjustment. The financial eligibility of the client is reviewed in these cases.

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 client 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).

Property Taxes and Insurance
The LI benefit is intended to cover property taxes and property insurance. Clients 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 clients (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 client but not for the contents. If a client has an insurance policy covering dwelling and contents and the insurance company does not provide a cost breakdown, 85% of the premium is allowed.

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 client 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 client.
Clients who own or rent accommodation may rent portions (room or suite) of their premises to others, including clients. 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. Clients who continue to reside in such a dwelling may be required to pay rent as determined by the Office of Residential Tenancies (ORT). Clients 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 clients sharing with homeowner
Each client receives the full LI benefit (including the full shelter portion of the LI benefit).

9.6. Modified Living Income
When the client is in receipt of a Modified Living Income (LI) benefit, utility benefits are not provided with exception of telephone and laundry benefits where applicable.

Food Only:
A Modified LI benefit is provided when the client is required to buy his or her own food and does not pay for accommodation.

Room and Board:
A Modified LI benefit for room and board is provided when the client 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 clients 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 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 clients reside in hotels, hostels, Salvation Army residences, the YMCA/YWCA, or for families. Clients residing in hotels are eligible for shelter and meals away (see Chapters 9.10 and 9.11) and the Personal Living Benefit (LI 06) (see Chapter 9.9).

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

Modified Living Benefit (Room and Board or Room Only) A benefit for the cost of accommodation, food, clothing, personal needs, and incidental expenses. Effective May 1, 2026	
One Adult	$905
Two Adults	$1,445
Additional per child amount	$85

9.7. Long Term Residences (Salvation Army)
Clients living in long term residences at the Salvation Army (1845 Osler St, Regina) receive a special income benefit of $430 per month, effective May 1, 2025. The client is also eligible for the travel benefit ($20). The total amount provided to the client in this living arrangement is $450. In addition to the special income benefit that is paid to the client, the residential facility receives a resident fee for lodging, meals, services, and partial personal supports.

LI 07 code in the amount of $430 per month is used for this living arrangement 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; or
- 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 May 1, 2026)

Family Size	Shelter	Excess shelter for exceptional circumstances	Purchase of Meals	Personal Living Benefit	Laundry	Disability Travel
Single	Tier Schedule	$150	$300	$315	$10	$20
Couple	Tier Schedule	$150	$600	$630	$15	$40

9.9. Personal Living Benefit

Effective May 1, 2026, a personal living benefit of $315 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 clients residing in rooms without cooking facilities who receive a benefit for restaurant meals (other than Salvation Army residences). Clients may receive $55 per child per month.

9.10. Meals Purchased Away from Home

For meals purchased away from home outside the client's community of residence due to medical reasons, the rates are $10/day for breakfast, $15/day for lunch and $20/day for supper or $45 per day. Supervisor approval is required if meals purchased away from home outside the client's community of residence are required for other reasons beyond medical travel.

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

For meals purchased within the client's community of residence at an emergency shelter or hotel, the rates are $20 per day. See 9.11. Accommodation Away from Home or Temporary Emergency Shelter.

Clients 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.

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

9.11. Accommodation Away from Home or Temporary Emergency Shelter

Clients who require accommodation away from home (e.g., medical appointments, when a household member is in hospital or receiving palliative care, or to attend a funeral of an immediate family member) and are not able to reside with friends or family or in a blocked hotel room may receive the hotel rate of $150 per night per household. If accommodations are unavailable at this rate, clients may receive funds for the most reasonably priced accommodation. The actual costs for accommodations does not include any damages.

The benefit rate for temporary emergency shelter provided by a community-based organization is $82.40 per night per household member. This amount includes meals. Benefits under 9.10 Meals Purchased Away from Home are not provided to the client when the $82.40 per night rate is used.

The emergency shelter benefit is not provided when the emergency shelter is under contract with, or is receiving grant funding from, municipalities, the Government of Saskatchewan, or the Government of Canada for the provision of emergency shelter beds.

9.12. Utilities Benefit

A utilities benefit may be provided to a client 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	
Telephone	$30
Power/Electricity	
First Person	$84
Additional amount per person	$13
Maximum amount (5 persons or more)	$136
Energy/Home Heating	
First Person	$93
Additional amount per person	$8
Maximum amount (5 persons or more)	$125
Water	
First Person	$50
Additional amount per person	$6
Maximum amount (5 persons or more)	$74
Laundry	
1 person	$10
2 people	$15
3 people	$20
4 or more people	$25

Clients 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.

Clients 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.

- Clients may change from actual utility costs to fixed amounts at any time;
- Clients 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 clients who pay their own actual utility costs (not on direct payments or electronic billing); and
- Except for clients 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 client moves and establishes a utility need after the first of the month (e.g., client 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 client 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 client's address.

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

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

If the client and spouse separate and the utility bills are in the spouse's name, funds for utilities are provided when the client provides documentation that the utility bill has been changed to the client '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 clients provide documentation that they have a phone service (includes those who receive the modified LI benefit). This benefit includes a land line at the client's residence or a cell phone with pay as you go or monthly fees.

For "pay as you go" service, the client'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. Clients 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 client is unable to secure a phone in his or her name;

- immediate access to a phone is essential for the client's health and safety, and
- the client provides documentation confirming payment of phone service at the client's address.

For residents of Disability Programs Approved Private Service Homes, Mental Health Approved Homes, group homes, personal care homes and family homes, $30 is provided where a land line or cellular phone is required for a reasonable purpose and the client is unable to access facility phones due to disability or unavailability. Residents of special care facilities are not eligible for a telephone allowance.

9.12.3. Utilities Not in the Client's Name

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

Funds for utilities may be provided to the client 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;
- utility charges are included in the rental agreement;
- the meter for that utility is in the landlord's name;
- copies of the bills indicating the client's share of the costs are provided. (The Assured Income Specialist is not responsible for calculating the client's share of utility charges if the landlord or client submits a billing which includes charges for other tenants); and
- the benefit is proportionate to the number of separate rental units (e.g., 4 suites – client portion cannot exceed 25% of total utility cost).

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

- Where a municipality will establish a utility only in a homeowner's name and the client is a tenant;
- 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 client 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;
- The utility bill is in the tenant's name with whom the client shares the accommodation; and
- The client submits a copy of the utility bill with the client'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 clients 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 client 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 client 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

client 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 clients whose accounts were paid through electronic payment are no longer eligible for SAID so they can initiate recovery of the deferred arrears from the client. See Chapter 12.10 for cancellation of direct payments.

9.12.8. Utility Arrears

Funds may be provided for utility arrears.

Any amount provided to pay utility arrears is considered excess assistance and assessed as an overpayment. Approval of the supervisor is required for payments exceeding $500.

If arrears are paid on behalf of a client, all future utility benefits will be paid directly to the utility company through electronic billing, if available, or direct payment to the vendor.
Trusteeship should be considered in cases in which it appears the client is not capable of managing the benefit.

When clients 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.

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, clients 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 Pick-up 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.

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

A $70 disability income benefit is also provided to an eligible client'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 Residential Support and Special Care Facility Benefits

Disability Programs Approved Private-Service Homes

A rate of $410 is provided for board and room. Funding for board and room costs exceeding $410 may be provided through Disability Programs to the home operators. Personal living and other benefits are provided through SAID.

Disability Programs Approved Private-Service Homes and Mental Health Approved Homes

The following rates are paid for adults with a disability who receive food, supervised accommodation, and other supports required to ensure health and safety in homes licensed under *The Mental Health Services Act* or *The Residential Services Regulations*. These rates are inclusive of the $410 board and room rate for Disability Programs Approved Private Service Homes.

Daily Living Support Assessment	Effective May 1, 2026
Level 2.0	$1,552/month
Level 2.5	$1,841/month
Level 3.0	$2,066/month
Level 3.5	$2,365/month
Level 4.0	$2,660/month
Level 4.5	$2,963/month
Level 5.0	$3,262/month

Mental Health group homes are grant funded by the Ministry of Health. Disability Programs group homes are block funded through the Disability Programs division.

Personal Care Homes – Effective May 1, 2026, the following rates are paid for adults with a disability who receive food, supervised accommodation, and other supports required to ensure health and safety in private homes licensed under *The Personal Care Homes Act*.

- Level II $1,552 per month
- Level III $2,066 per month

Family Homes (Not Licensed) – Effective May 1, 2026, the following rates are paid for adults with a disability who are living with and receive food, supervised accommodation, and other supports required to ensure health and safety from 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 $ 927 per month
- Level III $ 1,184 per month

Determining Level-of-Care Residential Support Benefit and Effective Date of Payment

Disability Programs Approved Private Service Homes and Mental Health Approved Homes

Care levels for those in Disability Programs Approved Private Service Homes and Mental Health Approved Homes are determined by Mental Health or CLSD workers based on completion of a 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 client'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 client 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.

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. Clients 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.

Special Care Facility Benefit (Special Care Homes/Hospitals)
Special Care Homes– Clients living in Special Care Homes as defined under *The Facility Designation Regulations* are required to pay a resident charge as determined by Health. The resident charge is adjusted quarterly, and changes are made automatically. SAID provides the resident charge on behalf of the client.

Hospitals–- Clients 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 client remains in hospital. SAID provides the resident charge on behalf of the client.

No documentation regarding level-of-care is required for Special Care Facilities or Hospitals.

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 provides for travel needs between the location of the treatment and the family's home community. Families who normally reside on a Saskatchewan First Nation or out-of-province are not eligible for assistance through SAID while in treatment.

9.14.2. Activity Benefit

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

SAID Program Verification/Document Requirements

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

Policy Reference	Verification Client's Verbal Statement should be noted in a chronological recording	Documentation
9.1 Living Income Benefit with Shelter –own home, joint title, agreement for sale, direct mortgage		• Renters, including Social Housing – a Move Form (form 1006) and copy of signed tenancy agreement, rent receipt (current or

payments, rent, roomand board		last month) if the tenancy agreement is not available),or alternate documentation verifying the need for shelter may be accepted for first month only in exceptional circumstances. • Homeowners – certificate of title, mortgage/loan agreement, home insurance and tax statements. • Joint Title – certificate of title, mortgage document. • Agreements for sale – copy of agreement.
9.6 Living arrangements – shared room, room rental	• Client verbal statement (as describedby client).	• Form 1006a
9.8 Assisted Living		• Rent receipt or lease agreement.
9.11 Accommodation away from home		• Hotel – statement, invoice, or receipt when actual cost is paid.
9.12 Utilities	• Telephone – three-year review verification for "pay as you go" cell phones **when current**	• Utility bills in client's name. • Telephone – Statement, contract

	documentation is not available: chronological recording indicating worker has verified service byeither calling the phone number listed on the original "hook-up" document and talking to the client, or havingthe client bring the phone in and checking it is still activated.	or other form of documentation confirming phone service in client's name or if bill not inclient's name, confirmationof land line at client's address with supervisor'sapproval. • Utilities metered to landlord or –copy of bill or documentation from landlord. • Utility services supplied only inthe owner's name – rental agreement and copy of bill signedby landlord. • Utility services only in onetenant's name in shared arrangement – copy of bill signedby customer with whom client shares. • Social housing – copy of rentalagreement. • Receipts for wood/water, fuel tank rental and delivery costs. Forwood costs, if the cost is within the guideline rates, no documentation is required.

		• EPP – bill in client's name, atrate change or move. • Electronic billing on SWIN when utility bills not provided by vendor.
9.12.8 Utility Arrears		• Utility bill
9.14.1 Level of Care		• Front page of Daily Living Support Assessment (DLSA) for Approved Private Service Homes or memo from Mental Health for Mental Health Approved Homes. • Form 1093 for Personal Care Homes or Family Homes.
9.14.2 Activity Benefit	Client receiving level of care in a licensed facility.	

Delegation of Authority

S = Supervisor, M =Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Telephone in exceptional circumstances	9.12.2	S

The Saskatchewan Assured Income for Disability Program	
Chapter 10	Legislative Authority
Exceptional Needs Benefit	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 22, 23, 24, 25, 26, 27, 28, 29, 30, and Table 2***

10. Exceptional Needs Benefit

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, clients are nominated for supplementary health benefits.

Clients are expected to first pursue all other available income or support programs, whether provided by the Ministry of Social Services, or another ministry, crown corporation or agency of the Government of Saskatchewan, or the Government of Canada, for the same purpose. Funds are not issued in circumstances where the benefit would duplicate another benefit or program that fully or substantially meets the same need.

When SAID provides benefits based on actual costs (such as special diets, transportation, or other exceptional needs) clients are expected to use the most economical option that meets their assessed need.

The ministry may limit reimbursement or payment to the cost of the most economical option available. Exceptions may be approved by a Manager when a higher-cost option is required for health, safety, or disability-related reasons and is supported by documentation.

Policy

Approval of the Manager 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 clients, including those in special care facilities, require 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, Lifeline) 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. Incontinence Supplies Recommended by a Medical Professional

A benefit for incontinence briefs/napkins used as clothing can be issued, except for those receiving palliative care. Actual costs are paid. An invoice, statement or receipt is required.

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); and
- 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; or
- 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.

Special Diet Rates	Benefit
Calories (all age groups) – for diabetes, weight reduction and modified fats (low cholesterol): 1900-2499 2500 +	 $27 $42
Dialysis	$35
Food Supplements High Protein Diet – for acute conditions where the treatment is intensive and for a specified time period	actual cost $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 clients 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 clients 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 client'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

Clients 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 dependent is unable to perform the tasks. The benefit may be provided to renters as well as homeowners except for those who rent rooms or who share accommodation with others.

10.2.7. Guide Dogs and Service Animals

A monthly benefit of $100 may be provided per household member who requires a specially trained service animal or guide dog. This benefit is not intended for therapy animals, emotional support animals, or pets.

A service animal is an animal that is specifically trained to perform specific tasks to assist with needs directly related to a person's disability and has the qualifications of a service animal having successfully completed a service animal training program provided by an organization or person specializing in service animal training. A guide dog is a dog that is trained as a guide for a blind person and is certified as a guide dog.

Cases approved to receive funding for service animals prior to April 1, 2026 continue to be eligible to receive a benefit to cover the actual cost of food, veterinary, and hygienic grooming costs until the earliest of: the specific service animal approved prior to April 1,2026 is no longer active; the client chooses to receive the monthly benefit; or the client's current SAID involvement ends. Once a client elects to receive the monthly flat rate benefit for a service animal, they cannot return to receiving actual costs for the same animal.

10.3. Disability Related Mobility Aids, Devices and Equipment Benefits

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 clients 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 clients 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 clients own if SAIL, WCB, or other resources are not available; and/or

- 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 Children's Basic Benefit

The Children's Basic Benefit is provided to cover food, clothing, household items, normal transportation, and other child related costs for a parent who is not eligible to receive the Canada Child Benefit.

The Children's Basic Benefit can be issued in the following circumstances:

10.4.1.1. Children's Basic Benefit for Newborns

The Children's Basic Benefit of $400 will be provided for one month from the first day of the month of the child/children's birth. The benefit can be paid 30 calendar days in advance of the declared due date.

10.4.1.2. Children's Basic Benefit for Child(ren) Returning from the Ministry's Care

The Children's Basic Benefit of $400 will be provided for one month from the first day of the month the child/children are returned to the client's care from the care of the ministry, when the ministry has been receiving the child/children's Canada Child Benefit.

10.4.1.3. Children's Basic Benefit for Clients who are Refugee Claimants / Subject to a Non-Executable Removal Order

Clients who are refugee claimants, or whose refugee status has been determined and are subject to a removal order that cannot be executed will receive a Children's Basic Benefit of $400 per month for each child registered as part of the client's household not receiving Canda Child Benefit due to invalid refugee status. Benefits will be provided based on the date the client's application is submitted.

10.4.1.4. Children's Basic Benefit for Clients under the Canada Ukraine Authorization for Emergency Travel

Clients who are under the Canada Ukraine Authorization for Emergency Travel (CUAET) are eligible to receive a Children's Basic Benefit of $400 per month for each child registered as part of the client's household if not eligible to receive the Canada Child Benefit. The Children's Basic Benefit is provided based on the date the client's application is received, or the date the child is added to the file if the child is not part of the household at the time of application.

The Children's Basic Benefit will not be provided if a Canada Child Benefit requirement has not been met (e.g., caregiver has not filed their taxes, responded to a Canada Revenue Agency inquiry).

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*	$ 60
For each child age 6 – 13*	$ 105
For each child age 14 and older	$ 160
*Children age 5 in grade 1 receive	$ 105
*Children age 13 in grade 9 receive	$ 160

A $60 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:

- Child care is provided by an immediate family household member (e.g., older sibling, parents, etc.);
- There is an active Child and Family Programs child protection case and the need for childcare is related to the Child and Family Programs case plan; or
- The child is in pre-school unless the pre-school is used for childcare while the parent is in training or is employed.

Child care benefits may be provided for licensed or unlicensed child care in specific circumstances. These benefits will be paid to the client or their trustee. The child(ren) needing care must be currently registered as part of the client's household.

Unlicensed Child Care

A per diem child care benefit of $30 per household per day is provided to clients whose child(ren) need care in the following situations:

- When a client is pursuing actions to their individual plan (e.g., attend a job interview, volunteering, attend disability workshops);
- When a client is attending appointments related to a client or household member's health (e.g., medical appointment, hospital stay, AA/NA meetings);
- When participating in employment and or training; and/or,
- When a parent due to illness or disability is temporarily unable to care for their child(ren) the child care benefit may be provided for the duration of the periodic illness or injury not to exceed 3 months.

The benefit is a flat rate, regardless of the actual number of hours that care is required or the number of children requiring care. Receipts are not required.

Licensed Child Care

Actual cost of licensed child care will be provided to the client in the following circumstances:

- they are employed or self-employed (or on a temporary leave) and require child care to maintain employment;
- they are engaged in a formal education or training program;

- they are actively seeking employment or have a break (e.g. summer between semesters) in education and training programming and are confirmed to be returning;
- the child has special needs which necessitate child care; or,
- exceptional circumstances as approved by a Manager (for a maximum of six months).

Where reason for benefit is "actively seeking employment" or "have a break in employment or education and training programming", the benefit is provided for up to six months. Where the client needs this benefit again, (e.g. client lost a job), Manager approval is required.

If the child in licensed child care is under the age of 6, a flat rate of $217.50 per month will be issued to the client. No verification document is required. If the child is 6 years of age or older, an invoice or receipt from the child care provider is required to determine the actual cost. A new invoice or receipt will only be required if the amount charged by the child care provider changes.

10.5. Transportation Benefits

Travel Circumstances

Clients are expected to meet their normal travel costs including the cost of license plates from the monthly LI benefit. **Clients are expected to seek services from the location nearest their municipality of residence**. Funds for travel costs are not provided for visits between non-custodial parents and their children, when family is a resource, or when the need is covered by another program, ministry, agency, organization, or other entity. Examples of transportation covered by another program of ministry include:

- Ambulance services and some other medically related transportation services are provided by Health.
- Status Indians are eligible to receive assistance for accommodation, food, and travel costs outside their community of residence from Indigenous Services Canada – Non-insured Health Benefits. Arrangements are made in advance by clients with federal officials.

The Ministry of Health authorizes Northern medical travel on the basis of eligibility for Supplementary Health Benefits through SAID. Social Services is

responsible for meals and/or accommodation costs required as part of the medical trip.

The travel benefit is **not provided for travel within a client's municipality of residence** except for the following situations:

- Attend day programming*; and/or
- Exceptional/atypical medical circumstances (e.g. where the need is outside regular medical travel). Scheduled appointments within a client's home community would not be considered exceptional medical circumstances.

The travel benefit is also **not provided for travel outside a client's municipality of residence** except for the following situations:

- Attend day programming*;
- Job interview or commencement of employment;
- Support groups and AA counselling related to an approved client individual plan;
- Medical appointments for a service that cannot be provided within the client's community of residence. If the service is available within the client's municipality of residence but they cannot access it, the supervisor may approve travel to another location within the province (e.g., CLSD client whose behavior cannot otherwise be managed); and/or,
- Exceptional circumstances as approved by the Manager (e.g., attend a funeral service for an immediate family member. Immediate family member means a client's grandmother, grandfather, mother, father, sister, brother, son, or daughter).

*****Further information regarding day programming:***

- *Day programs are supports and services that provide adults with intellectual disabilities and/or mental health disabilities the opportunity to participate in work and leisure activities and develop life skills outside their home. Options include job training, supported employment opportunities, life skills development, social and recreation activities. If attendance in the program is for longer than 2*

hours per day, the travel may include 2 round trips (allowing the driver to return home between drop off and pick up times).

- *Travel funds for day programming 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.*
- *Benefits for travel for Community Living Service Delivery (CLSD) clients to attend programs provided by Cosmopolitan Learning Centre/Industries in Regina or Saskatoon are not to be provided. In exceptional circumstances travel may be provided when approved by the Executive Director, Service Delivery.*

Amount of Benefit

The benefit may only be provided for eligible travel circumstances and must be based on the most economical means of transportation, in the priority listed below.

Method of travel	Criteria	Rate
Discounted bus pass	For clients residing in municipalities that provide discounted bus passes (Regina, Saskatoon, Prince Albert, Moose Jaw, North Battleford, Swift Current, Yorkton)	At the cost of the monthly discounted bus pass amount
Mileage*	Private vehicle	40 cents per vehicle per kilometer per household
Actual costs**	If there is no other economical means of transportation (e.g., taxi mileage or bus)	

**Mileage rates and actual costs are calculated per trip for a single vehicle and not for each occupant or passenger, when all occupants (or passengers) share the same departure and destination point.*

***Rates may be negotiated by the Manager for transportation of clients by private carriers (e.g., taxi, bus) when more than one client is transported, and they share the same departure and destination point. Home operators who received a travel ("mileage") allowance calculated per client per kilometer for a maximum of 5 clients before May 1, 2025, may continue receiving this allowance on a per kilometer per client basis at pre-May 1, 2025 mileage rate until they opt out or stop providing this service.*

10.6. Housing Supports Benefits

10.6.1. Shelter Arrears

Funds for rent, mortgage or tax arrears may be paid only if the health and safety of the client or the clients dependents is threatened.

Minimal amounts to prevent loss of housing may be provided but are considered excess assistance and assessed as an overpayment.

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 but are considered excess assistance and assessed as an overpayment.

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 client has lived in the property;
- the client's long-term plan; and/or
- length of time the client is expected to receive benefits.

Approval of the supervisor is required for payment of rent, mortgage, or tax arrears exceeding $500. The maximum payment of rent, mortgage, or tax arrears may not exceed $5,000.00.

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

10.6.2. 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. Through this program, homeowners could be eligible if the property to be repaired is their primary residence; and they require an urgent repair to their property (e.g. replacing a furnace during the winter months). The Saskatchewan Housing Corporation determines eligibility for the program.

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

Clients 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 16.6 for advances.

10.6.3. Household Health and Safety Benefit

Extraordinary Events

A Household Health and Safety Benefit of up to $500 per case (not per household member) may be provided in instances when an extraordinary event has occurred. In exceptional cases, approval from a Manager is required for any payments exceeding $500.

The benefit is to assist with the purchase of household items in the following situations:

- Leaving an interpersonal violence situation and furniture has been damaged or left behind (as approved by the Supervisor)
- Replacing household items as a result of a disaster including, but not limited to, flooding, fire, sewage back-up or tornado, when not covered by another resource (as approved by the Supervisor). The insurance deductible may be provided if this is the most economical way to replace furnishings;
- To cover the cost of hearing impairment equipment (master alert or shake awake alarm) and medical alert bracelets when recommended by a medical professional and approved by the Manager; or

- Other exceptional circumstances as approved by the Manager i.e. when a pest infestation is determined (for example, through an ORT ruling) to be the client's responsibility. A benefit higher than $500 must be approved by a manager.

Supervisor/Manager approval is required each time the benefit is issued as outlined above.

Medically Recommended Bed
A flat rate of $1,000 can be provided for the purchase of a medically recommended bed when the bed is required for the treatment of a medical condition as recommended by a medical professional. Manager approval is required to issue more than once per client involvement. The flat rate benefit is intended to cover the cost of the mattress, box spring, bed frame, mattress cover, and delivery.

In exceptional circumstances, and with Manager approval, funds for $1,000 can be issued again to replace a medically recommended bed previously provided through this policy.

Not Applicable Circumstances
The benefit is not to be provided when the request is denied under another policy, or when the responsibility of the need is not the client (i.e. landlord responsibility), or when the client has access to other resources (e.g. home or tenant insurance).

The benefit is not provided in situations such as the following:
- Upon a client's release from jail;
- Replacing stolen goods;
- Move from another location within the province;
- When a family member is added to the client's file (e.g., when a child is returned from the ministry's care or when a spouse/partner is added);
- To replace items covered by insurance.

10.6.4. Moving Expenses

Within Province

A benefit for moving expenses may be provided to assist clients with relocation costs.

Clients are required to provide documentation to confirm the move.

Eligibility

Benefits for moving expenses may be provided in the following situations:

- for medical or health purposes
- for employment, education/training purposes
- when moving to more adequate or affordable accommodation
- when the rental property is no longer available or is sold
- for reasons beyond the client's control (e.g., fire, interpersonal violence).

Once every two years – for eviction

Out of Province

A Manager's approval is required when a SAID client 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 client'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.

Amount of Benefit

- Singles and couples without children $300
- Families $400

Clients may be eligible for additional financial support if they are experiencing an extraordinary event outlined as criteria for the Household Health and Safety benefit, see 10.6.3.

Meals and Accommodation

Meals – Funds for purchasing meals for moves over 1,000 Km may be provided:

- $45 daily per person: $10/day for breakfast, $15/day for lunch and $20/day for supper.

Accommodation – Funds for accommodation for moves over 1,000 Km may be provided. See Chapter 9.11 – Accommodation Away from Home or Temporary Emergency Shelter.

Moves to Saskatchewan

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

Clients may move with the ministry's agreement. For eligibility of those who have received assistance from another province or Indian Band, see Chapter 2.7.1.

10.7. Employment and Training Benefit

The Employment and Training Benefit may be provided when a client reports that they are entering the workforce or beginning a training program.

The benefit will be provided at a flat rate of $140.00 and may be provided no more than once in a 12-month span.

10.7.1. Participation Benefit

Effective April 1, 2026 the monthly Participation Benefit is no longer available for new participation in a training, secondary or post-secondary education program. Clients who have been receiving the monthly benefit prior to April 1, 2026 are eligible to receive it until the earlier of: the day the training/education program concludes or the day the client ceases participation.

Training program related costs approved by Assured Income Specialist:

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 client 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.

10.7.2. Education and Training Incentive (ETI) – Regulation Section 28.11 – 28.9

The Education and Training Incentive provides financial support for individuals who attend Adult Basic Education, workforce development or skills training programs approved by the Ministry of Immigration and Career Training (ICT).

Eligibility for the Education and Training Incentive

To be eligible for the ETI, the client must:

- be enrolled in an approved ETI program through a post-secondary institution or career services supplier;
- be enrolled in full-time studies, unless approved for an extended program plan as a disability accommodation, that is recommended by the post-secondary institution or career services supplier;
- maintain academic and regular attendance requirements, and make satisfactory progress in their studies as determined by the post-secondary institution or career services supplier; and
- maintain SAID eligibility requirements.

The ETI benefit is approved by the Ministry of Social Services. A client is not eligible for the ETI if they have already received ETI benefits for 36 or more months in their lifetime. The ETI may be extended beyond 36 months on the recommendation of the post-secondary institution or career services supplier where they determine exceptional circumstances exist.

Adult(s) in approved educational program	Amounts
One adult without dependents	$50

Two adults (both in an approved educational program) without dependents	$100
A single individual or couple (one or both adults in an approved educational program) with one dependent child	$100
A single individual or couple (one or both adults in an approved educational program) with two or more dependent children	$200

The ETI is provided on a monthly basis for each month the client is enrolled and attending an approved course. The full ETI is provided for each month the client is participating in their educational program, regardless of the program start or end date. The ETI is prorated for the first month of eligibility, based on the eligibility date for SAID (e.g., ETI eligibility starts on the 10th of the month but SAID eligibility starts on the 15th of the month, ETI would be prorated to the 15th of the month).

When a client does not meet the academic and/or attendance requirements or discontinues from the educational program, the ETI is discontinued effective the last day of the month in which they last attended their approved educational program.

10.8. Funerals

Intent

This section outlines the funeral and funeral related benefits that may be provided by the Saskatchewan Assured Income for Disability program (SAID), the eligibility requirements for the benefits, the applicable benefit rates, and the delegated authority for decisions.

Policy

To provide the funeral and/or funeral related benefits, all eligibility criteria must be met. Where criteria are met, the ministry may provide funeral benefits to assist with funeral and related expenses for an existing SAID client, their spouse, and/or their dependent children who was in receipt of SAID benefits at the time of death and who has insufficient liquid assets as defined in 10.8.1 below.

For individuals who pass away and are not in receipt of SAID benefits, but require assistance with funeral costs, an application may be made for funeral benefits through the Saskatchewan Income Support (SIS) program. Applications for funeral benefits are to be made by telephone and may be made by the next of kin, a relative, the Executor, or another responsible adult. In the absence of these individuals, the funeral director may make the application.

As a condition of eligibility for the funeral benefit and where the ministry pays for the funeral, the applicant for funeral and related expenses will agree to the CPP Death Benefit being collected by the ministry. In those situations where the family or next of kin has applied for the CPP Death Benefit the ministry will seek repayment from that person.

SAID benefits related to the death of an individual are not provided for any actual amounts or additional expenses, other than those noted in this policy.

Designated Decision-maker

Section 91 of *The Funeral and Cremation Services Act* lists the person(s) eligible to be the authorized decision maker in priority order. Only the authorized decision maker has the right to control the disposition of the deceased's remains. Where there is no person, other than a funeral director, who is willing or able to act as the authorized decision maker, the Minister of Social Services may designate a decision maker through a Minister's Order. The designated person can be any person at the discretion of the Minister. In these instances, the designated person has the right to control the disposition of remains by burial and does not have the authority to authorize cremation. A ministry employee does not have authority to act as the applicant or decision-maker for the deceased person unless specifically named in a Minister's Order.

10.8.1. Eligibility – Regulations Section 24

When determining eligibility, the combined cash value of all liquid assets is reviewed and assessed, and includes but is not limited to:

- cash on hand;
- an amount on deposit in a financial institution or held by a third party that must be paid to a household member on demand;

- the realizable value of:
  - a stock, bond, share in a corporation or other security;
  - a mortgage or agreement for sale;
  - a bequest pursuant to a will;
  - an award of damages pursuant to a court decision;
  - a settlement of a claim;
  - a pension fund that is not locked-in;
  - a Registered Retirement Savings Plan (RRSP) and/or a Registered Disability Savings Plan (RDSP) as defined in section 146 of the *Income Tax Act* (Canada);
  - a registered retirement income fund as defined in section 146.3 of the *Income Tax Act* (Canada); and/or
  - a beneficial interest in an asset that is held in trust.

The request for SAID funeral benefits is denied if:

- the combined liquid assets of the estate meet or exceed:
  - $4,500 plus the value of the pre-approved transportation costs where there are no additional fees for plot opening and closing services.
  - $4,500 plus the actual cost of plot opening and closing services, plus, where applicable, the value of the pre-approved transportation costs; or
  - the total of $6,500 where plot opening and closing services are required but the cost is unknown, plus, where applicable, any pre-approved travel costs;
- the funeral costs have been pre-paid by the client or another party; and/or
- the funeral benefit application was made more than 90 days after the date of the burial and no exceptional circumstances are present, unless approved by Supervisor.

Where eligibility is confirmed, as per Section 10.8.1, the ministry will provide:

- a $4,500 flat rate funeral benefit;
- If required, the actual cost of opening and closing the burial plot; and/or
- costs for transportation that exceed 50 kilometres (roundtrip) outside the community of residence of the deceased. Transportation benefits must be approved in advance by the Supervisor.

- The ministry will not seek reimbursement from the estate for any funeral benefits it provides unless it is later determined the assets of the estate were sufficient to cover the costs. Reimbursement will also not be deducted from any payable SAID benefits for which the client was eligible before death.

10.8.2. Amount of Benefit – Regulations Section 24

Flat rate benefit

A flat rate of $4,500 is provided to the funeral service provider to cover funeral expenses.

The flat rate benefit includes:

- Professional and staff services including coordination and arrangement of bereavement rights and ceremonies with the authorized representative of the deceased.
- Completion and filing of all documents necessary to carry out the services and supplies requested, including, but not limited to, death registration, obtaining a cremation and / or burial permit, and other mandatory documents.
- Use of funeral home facilities and equipment including service areas, preparation room, parking.
- Transfer of deceased from the place of death within 50 Km; including use of hearse or other transfer vehicle.
- Transfer of the deceased to the cemetery or crematorium as required.
- Sanitary care and preparation of the deceased: dressing, hairdressing, casketing to prepare the remains for bereavement rights and ceremonies as requested.
- Embalming fee and/or cremation fee.
- A casket (specific minimum at the discretion of the funeral home).

Items not included in the flat rate benefit

Additional items and services that are purchased by other parties and not included in the funeral benefit amount may include but are not limited to: casket upgrade; flowers; honoraria; memorial books and stationery; obituary notice; and facility charges for receptions or wakes and catering.

Cemetery Plot Opening and Closing
The actual cost for the opening and closing of the cemetery plot and any other fees required for burial will be reimbursed to the funeral service provider, cemetery, or municipality upon receipt of the invoice from the funeral service provider, or the municipality for this service.

The cost of the grave liner, vault, or wood box (where mandatory as determined by the municipality/cemetery) will be paid as part of the opening and closing of the grave costs.

Transportation of Deceased Outside Community of Residence
In addition to the flat rate funeral benefit, funds for transportation of the deceased may be provided when mileage exceeds the first 50 kilometres (round trip) and where the funeral and/or burial is in a location other than the client's municipality of residence at the time of their death. The amount provided is only for the number of kilometres greater than the first 50 kilometres round trip.

Supervisor approval must be given in advance where transportation costs are required (for example, when the person passes away in a location other than the municipality of their residence).

The kilometre rate is the Government of Saskatchewan published rates. Transportation is limited to the boundaries of the province except for the cities of Flin Flon and Lloydminster.

In situations where ground transportation is not available, the actual cost of alternate transportation may be approved by the Manager.

Funds for costs to transport the deceased to a location other than that of the funeral for burial site are not provided through SAID.

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.

CPP Death Benefit
Where the ministry pays for the funeral, and as a condition of eligibility for funeral benefits, the applicant for funeral and related expenses will agree to the ministry applying for and collecting the Canada Pension Plan (CPP) Death Benefit.

In those situations where the Executor, a family member or next of kin has applied for the CPP Death Benefit the ministry will make efforts to seek repayment from that person.

Payment Process
All funeral benefit payments are made to the funeral service provider. Payment for cemetery plot opening and closing costs (including the costs of grave liner, vault or wood box as charged by the municipality) may be made to the funeral service provider or the municipality. When the ministry pays a vendor directly for services, GST is not included in the payment.

10.9. Northern Living Supplement Benefits
A supplemental benefit of $50 per month per person is provided to clients 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	Neeb	Stony Lake
Barthel	Deschambault Lake	Key Lake	Patuanak	Stony Rapids
Beauval	Desharme Lake	Key Lake Mine	Peerless	Sturgeon Landing
Beaver lake	Dillon	Kinoosao	Pelican Narrows	Sucker River
Black Point	Dipper Lake	La Ronge	Pemmican Portage	Timber Bay
Brabant Lake	Dorintosh	La Loche	Pierceland	Turnor Lake
Buffalo Narrows	Elak Dase	Landing	Points North Landing	Waterhen Lake
Camsell Portage	Eldorado	Loon Lake	Primeau Lake	Waterloo Lake
Canoe Narrows	Fond Du Lac	Makwa	Rabbit Lake Mine Site	Weyakwin
Cluff Lake Mine Site	Garson Lake	McLennan Lake	Rapidview	Whelan
Cole Bay	Goodsoil	Meadow Lake	Sandy Bay	Wollaston Lake
Collins Bay	Grandmother Bay	Michel	Sled Lake	
Cree Lake	Green Lake	Missinipe	Southend	
Creighton	Ile a la Crosse	Molanosa	St. George's Hill	
Cumberland House	Jane Lake	Montreal Lake	Stanley Mission	

10.10. Short-term Emergency Support

The Short-term Emergency benefit is provided to address emergency situations that are unforeseen and, when failing to do so would result in harm. Funding may be provided when all of the following criteria have been met:

- There is imminent harm to any member of the household; and
- The client cannot wait, access other available resources, or make alternative arrangements.

The Short-term Emergency benefit is not provided to address rent or utility arrears (for rent arrears see policy 10.6.1; for utility arrears see policy 9.12.8). It is also not intended to be used to address situations where benefits are already provided for such as the Household Health and Safety Benefit (e.g., house fire or leaving an interpersonal violence situation).

Amount of Benefit

The minimal funding required to remove the immediate risk of harm or to address a specific event or unforeseen item of immediate need may be provided, to a maximum of $500 per household. Expenditures over $500 per household are allowed with the authority of the Manager. In instances where a client/family is in a temporary housing arrangement (emergency shelter or hotel) and the period of time to access a permanent residence requires additional resources, expenditures over $500 per household are allowed with the authority of the Manager.

The amount provided will be recovered if the benefit was used for purposes other than addressing the issue.

If an amount is provided for meals, emergency shelter and mileage it will adhere to ministry established rates.

> **Emergency Shelters –** The benefit rate for temporary emergency shelter provided by a community-based organization is $82.40 per night per household member. This amount includes meals.
>
> The emergency shelter benefit is not provided when the emergency shelter is under contract with, or is receiving grant funding from,

municipalities, the Government of Saskatchewan, or the Government of Canada for the provision of emergency shelter beds.

If no Emergency Shelter is available or is not suitable, the hotel rate of $150 per night per household may be provided.

Meals - $20 per day per household member when meals are not already provided. This benefit is not provided when the $82.40 per night Emergency Shelter rate is used.

Transportation - $0.40 per kilometer and household.

Other goods and services – minimal funding may be provided for other goods and services to remove the immediate risk of harm.

If services are unavailable at ministry provided rates, the minimal funding necessary to meet the emergent need may be provided.

10.10.1. Identification Benefit

An identification Benefit may be provided to clients in the following situations:

- Identification is required to confirm eligibility;
- to support an approved individualized case plan;
- to pursue education or employment; and
- other exceptional circumstances.

The minimum funds required to access reasonable identification (such as a birth certificate or non-driver photo identification) will be provided. This benefit is not provided to access a driver's license or to complete driver training.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification Client's Verbal Statement should be noted in a chronological recording	Documentation

10.1.1. Special Telephone		• Phone bill • First Alert, Life Line – diagnosis of life-threatening illness and recommendation by physician, contract • of monthly bills.
10.2.1. Incontinence supplies		• Incontinence supplies – physician or health professional recommendation – form 1092, form 1093, Daily Living Support Assessment (DLSA), note. • Statement, invoice or receipt for actual cost.
10.2.2. Special Food	• Lactation – client verbal statement. • Infant formula – verbal statement. • Specialized formula – healthprofessional.	• Form 1092 – required annually. • Pregnancy – statement from physicianor health professional. • Food supplements and infant formula – receipt or statement.
10.2.3. Home Care		• Home care bill or statement.
10.2.5. Laundry – medical		• Form 1092 (if not already on file).
10.2.6. Household Tasks	Client verbal statement spouse or dependent unable to perform household tasks.	• Form 1092 already on file.
10.2.7. Service Animals		• Guide dog/Service animal – service animal training

		certification from an organization or individual that specializes in the training of service animals or guide dogs. • For animals approved to receive funding prior to April 1, 2026, and that receive benefits for actual costs – statement, invoice or receipt for actual cost.
10.3. Disability related mobility aids,devices, equipment repair	Client verbal statement for: • wheelchair repair. • ceiling hoist repair.	
10.4.1.1. Children's Basic Benefit for Newborns	• Client verbal statement of declared due date. Client must provide a Change in Circumstance form within 60 days after verbal statement to add child to their household unless exceptional circumstances exist.	
10.4.1.2. Children's Basic Benefit – Child(ren) Returning from the Ministry's Care	• Written or verbal notification from the Ministry's Child and Family Programs Division.	

10.4.1.3. Children's Basic Benefit – Canada – Refugee Claimants		• Documentation from IRCC verifying refugee status.
10.4.1.4. Children's Basic Benefit – Canada – Ukraine Authorization for Emergency Travel (CUAET)		• Travel documentation: A visa or counterfoil (a special sticker added to a passport page) is a travel document; it demonstrates that they were approved to travel to Canada under the CUAET measures, but it is not evidence of temporary resident status. A fee exemption code "999" will appear on temporary resident visas and temporary resident permit counterfoils. • A status document identifies Visitor Record, Study Permit, Work Permit, or Temporary Resident Permit printed on form IMM1442B.
10.4.2. Educational Expenses		• Receipt or statement of costs for home economics, industrial arts projects and/or credit physical

		education classes or fees for summer school.
10.4.3. Child Care		Unlicensed Child Care: • Verbal or written statement from client. Licensed Child Care: • Invoice or receipt from licensed child care provider for children 6 years and older.
10.5. Transportation Benefits	Client verbal statement for: • Employment/training outsidecommunity of residence. • Job interview, accept employment. • Attend activities related to caseplan. • Day programming. • Attend funeral services. • Urgent Medical Need. • Exceptional circumstances – verbal confirmation including date, reason, and length of stay (if applicable).	• For all transportation benefits, written confirmation must be provided by the client if requested by the ministry at any time. • Medical travel – appointment card fromphysician, health care receptionist, form1092, report or letter from health care professional or taxi receipt or invoice indicating address of health facility or doctor's office. • Bus fare – verbal or websiteconfirmation of rate.
10.6.1 Shelter Arrears		• Statement confirming rent arrears

10.6.3 Household Health and Safety		• Medically recommended mattresses – documentation from a medical professional that supports the need and documents medical condition that requires the bed.
10.6.5. Moving Costs	• Verbal statement required • Medical documentation supporting a treatment plan in a different municipality.	
10.7. Employment and Training Benefit	• Client verbal statement for employment or training program, including start date.	
10.7.2. Education and Training Incentive		• Client is included on Confirmation of Enrollment report from post-secondary institutions or career services suppliers. • Client is included on the “clients to be paid” report form from post-secondary institutions or career services suppliers.
10.8. Funerals		• Bill from funeral home.
10.8.1. Eligibility for Funeral Benefits		• Deceased was an active SAID client at the time of death. • Income and asset documentation as applicable.

10.8.2. Amount of Benefit Flat rate funeral benefit Transportation costs (where round-trip transportation exceeds 50 km or where alternate transportation is required) Opening and closing of cemetery plot		• Funeral service provider invoice including funeral costs and specifying type of service provided; and • Death certificate for deceased. • Supervisor approval is documented on the client file; • Funeral service provider invoice details the transportation requirements for the deceased, including the total number of kilometres travelled round trip; and/or • Where alternate transportation is required (other than ground transportation), the funeral invoice includes the method and actual cost of the transportation. • Funeral or cemetery/ municipality invoice listing the actual cost of the service.
10.10. Short Term Emergency Benefit	• Client written or verbal statement describing the crisis.	• Storage – bill required. • Medic Alert bracelet – form 109.

10.10.1. Identification Benefit	• Copy of the identification document, once obtained.	

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Home Care Services In exceptional circumstances Over $5,000	Reg. Table 2 Items 19 and 20 10.2.3	 S M
Disability Related Mobility Aids, Devices, Equipment Benefits and Repair – over $5,000	Reg. Table 2 Item 25 10.3.1	M
Child Care – Licensed child care for exceptional circumstances	Reg. Table 2 Item 29 10.4.3	M
Travel – in exceptional circumstances for the client 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	S
Travel for exceptional circumstances (e.g., attend a funeral service for an immediate family member)	Reg. Table 2 Item 32	M
Shelter arrears over $500	Reg Table 2 Item 33 10.6.1	S
Household Health & Safety • Leaving an interpersonal violence situation • Replacing household items as a result of a disaster • Exceptional circumstances	Reg. Table 2 Item 36 10.6.4	 S S M

• Medically recommended mattress – exceptional circumstances		M
Moves Out of province		M
ETI Extension beyond 36 months	Reg. 28 10.7.2	S
Funeral expenses application after 90 days	Reg. 24 10.8	S
Costs for the transportation of the deceased where travel outside the community of residence at the time of death is required and exceeds 50 kilometres round trip	Reg. 24 10.8.2	S
Alternate travel costs for transportation of the deceased where ground transportation is not available/appropriate	Reg. 24 10.8.2	M
Short-term emergency benefit – over $500	Reg. Table 2 Item 16 10.10	M

The Saskatchewan Assured Income for Disability Program	
Chapter 11	Legislative Authority
Security Deposits	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 28***

11. Security Deposits

Intent

When required, security deposits may be guaranteed for clients in the amount of the shelter portion of the Living Income (LI) benefit and any approved excess Living Income.

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.

The guaranteed amount is the approved shelter benefit amount. This amount can change subject to an increase or decrease in 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 client.

A guarantee may be required when a youth receiving services from Child and Family Programs applies.

Affordable and Social Housing

A security deposit guarantee, up to the shelter portion of the Living Income Benefit, including any approved excess living income, may be provided to new tenants. When clients move from one unit to another, a new letter of guarantee may be provided if required.

Clients Leaving SAID for Employment
Clients whose benefits are discontinued due to employment may receive funds for a security deposit in an amount up to the current approved shelter portion of the LI benefit, including any excess that was previously approved. Payment is made to the client.

A security deposit is not guaranteed when:

- a client renting a property with an existing guarantee moves to another property owned by the same landlord. The security deposit guarantee is transferred;
- a client 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 client has an agreement for sale and pays all rental monies to purchase price and is responsible for maintenance and taxes; or
- a new applicant remains in the same residence and has not paid a security deposit.

11.2. Claims and Appeals
Clients may dispute a landlord's Notice of Claim for Social Services Guarantee to the Office of Residential Tenancies (ORT) within the timelines set out by *The Residential Tenancies Act*. Guaranteed security deposits are paid to landlords upon successful claim through the ORT or through written agreement of the client to the claim. The ministry is not involved in this process.

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 client'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.

If the client appeals the overpayment decision, he or she has 30 days to contact the ministry concerning the overpayment. For overpayment recoveries, see Chapter 15.9.

SAID Program Verification/Document Requirements

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

Policy Reference	**Verification** Client's Verbal Statement should be noted in a chronological recording	**Documentation**
11.1. and 11.2. Security deposit guarantees	Date of Authorized Application submission.	Form 1006a Chronological recording to waive overpayment.

The Saskatchewan Assured Income for Disability Program	
Chapter 12	Legislative Authority
Payment to Trustee	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 29***

12. Payment to Trustee

Intent

A trustee may be appointed to handle a client's funds when the ministry is satisfied that he or she is incapable of managing the benefit and that other support is not sufficient. A trustee may also be appointed to assist the client with money management skills.

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 client's circumstances, keep records of and account for funds, and submit an accounting documentation upon the request of the ministry. A trustee will administer the benefit in the best interests of the client.

Trustees fall within the authority of *The Executive Government Administration Act*, *The Social Services Administration Act,* and the following sections of *The Trustee Act, 2009*:

- Part 1;
- Section 7 - Duty of care and duty of good faith;
- Section 8 - Certain trustees who are renumerated may not be relieved from duty of care; and,
- Section 9 - Conflicts of interest prohibited.

Policy

12.1. Persons/Agencies who may be trustees

The ministry will explore who is the most appropriate person to act as a trustee. A contracted third-party organization is considered if no family member is available to provide this service or should such an arrangement not be in the client's best interests.

Private Trustee – A private trustee is appointed if it would be in the best interests of the client and the Ministry to have a private trustee manage the client's funds. A private trustee can be appointed for a maximum of five clients. Caution must be taken not to appoint anyone who may be in a conflict of interest.

Community Based Organization (CBO) Trustee – As part of a contracted service.

Public Guardian and Trustee (PGT) – Some clients 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.

Ministry of Social Services, third party payments – The Ministry may act as trustee and distribute client 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.

12.1.1. 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 client'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).

12.2. Establishing a case on trusteeship

The supervisor approves the appointment of a trustee. When a trustee is appointed, the trustee and the worker sign a Trustee Agreement (form 1262), and a specific date is established for review of the need for a trustee. The ministry assesses the need for a trustee at the time of review.

12.3. Managing Trusteeship Cases

The ministry pays all SAID benefits to the trustee on behalf of the client, whether a trustee fee is paid or not. The trustee is responsible for making all payments (e.g., utilities, invoices) on behalf of the client.

The ministry advises the trustee of any changes in the client's benefits, including the suspension or cancellation of benefits. The ministry notifies trustees of the following:

- that the ministry has the right to conduct an audit of transactions related to the trusteeship and that all receipts, bank statements, invoices, and cancelled cheques must be kept until written authority for their destruction is granted or five years have passed;
- that trustees are required to notify the ministry of changes in the client's circumstances;
- that trustees are required to submit an accounting report upon the ministry's request; and
- that trustees are required to give notice to vendors (landlords, utility companies) regarding changes in a client's payment or accounts with the vendor.

12.4. Payment for Trustee Service

12.4.1. General

The monthly fee provides for record keeping and counseling services provided to the client, as well as any bank charges and transportation expenses the trustee may incur while providing trustee services to the client.

The fee is not intended to cover special travel arrangements that a trustee may provide to the client when no other means of public transportation is available. For client transportation eligibility see Chapter 10.5.

12.4.2. Trustee Fees and Services Provided

Contracted community-based organizations - as per terms of a 3rd party agreement (rates are not set through SAID policy).

Staff, operators, members of the board of group homes, licensed special care facilities, personal care home operators, approved home operators, immediate family members (parents, siblings, son or daughter), or private trustees are not paid a fee-for-service to act as a trustee.

Services provided by trustees:

- Administer the client's finances to ensure that ongoing maintenance needs are met.
- Establish and supervise the client's monthly budget.
- Teach the client how to budget and manage with his or her financial situation.
- Advise the ministry immediately of any changes in the client's circumstances (e.g., change of address, receipt of income, change in number of dependents, 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.

12.4.3. The Public Guardian and Trustee (PGT)

The administration fee for the PGT is paid through the monthly cheque process at the rate established by the minister.

12.4.4. 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. The ministry does not provide a benefit to accommodate fees ordered by the court and any fee charged would be paid from the client's existing resources.

12.5. Accounting from Trustees

Trustees are required to maintain a separate accounting for each client and record the manner in which funds are disbursed.

Contracted organizations complete the accounting form every 6 months.

Trustees that also provide residential support (such as a Disability Programs Approved Private Service Home, Mental Health Approved Home, or Personal Care Home) complete form 1264 annually.

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 client'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; and/or
- dies or refuses to provide accounting.

12.6. Client Access to Financial Records held by the Trustee

Clients receiving services from a trustee have access to their financial records.

12.7. Mismanagement of Trusteeship Funds

If a trustee is suspected of mismanaging a client's funds, the ministry discusses the matter with the trustee. The trusteeship may also be cancelled

if an overpayment is calculated on the client'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 SIS or SAID, the overpayment may be transferred and recovered in accordance with procedures outlined in Chapter 15.9.

12.8. Cancellation or Change of Trusteeship/Direct Payment

The ministry notifies the trustee and/or payee and the client 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 client's behalf the total amount accumulated should be given to the new trustee or the client. The Ministry advises the trustee to give the funds to the new trustee or to the client. The trustee will not return the benefit to the ministry. The ministry has no claim to the client's benefits once it is issued to the trustee.

In the event the trustee is unable to locate a client, the trustee will make reasonable efforts to locate the client using information on hand, determine if the ministry has additional information to assist in locating the client, and/or distribute the funds due to the client in accordance with *The Missing Persons and Presumption of Death Act*, *The Trustee Act, 2009*, or as otherwise ordered by the Court.

When the ministry acts as trustee, see Chapter 16.3.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
	Client's Verbal Statement should be noted in a chronological recording	

12.1. – 12.3. Trustee appointment		Form 1262
12.2.1. Personal and Property Guardians		Court order – property guardian.
12.5. Trustee accounting		Form 1056b every 6 months for contracted services Form 1264 every 12 months for trustees also providing residential support.
12.5. Trustee accounting from property guardian		Not required if copy of Court Order on file.
12.8 Cancellation or Change of Trustee		Final Trustee Accounting Report for Level of Care Living Arrangements or Form 1056b.

The Saskatchewan Assured Income for Disability Program	
Chapter 13	Legislative Authority
Changes in Amount of Benefits, Cancellation	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 31, 33, and 35***

13. Changes in Amount of Benefits, Cancellation

Intent
Benefit amounts depend on the client's needs and resources. Any changes in needs or resources may cause an increase, decrease, or cancellation of benefits.

Policy
The client is required to report all changes in circumstances to the ministry immediately. Adjustments are made accordingly, and the client is advised in writing.

When a third party provides unverified, previously unreported information which may affect the client's eligibility, the matter is discussed with the client. The client 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 client 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 client 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, the new head of the household must complete a new application. 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, a new application 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. Stop Payment Notice

When a stop payment notice is issued to the client who is a Prolific Violent Offender (PVO) pursuant to subsection 3(3) of *The Warrant Compliance Act,* SAID benefits are to be suspended.

No overpayment is assessed for benefits provided for the month in which the stop payment notice was issued.

13.1.5.1. Prevent Harm to Other Members of the Household

Upon the manager's review of the family circumstances, when there are other members of the family unit that would be negatively impacted by changing benefits, SAID benefits may be maintained at the current rate for up to 90 days to avoid harm to other members of the family. This time period allows the family to plan for the change in their circumstances or the resolution of the stop payment order. Manager approval is required.

If a change of circumstance occurs within the 90-day period, eligibility will be reassessed based on the new information, while still ensuring that the family unit is not negatively impacted as noted in the preceding paragraph. Examples include: the client has moved out of the province, is receiving income that makes them ineligible for income assistance, or there is a change in household membership (such as a separation).

13.1.6. Death

No overpayment is assessed for benefits provided for the month in which the death occurred. If benefits are issued for the following month, no overpayment is assessed.

13.2. Temporary Absence from Accommodation

A client is considered temporarily absent from their accommodation when they reside in a short-term accommodation (hotel) or in a special facility (e.g.: family shelter, addiction treatment centre, hospital or respite home) and the plan is for the client to return to their long-term accommodation.

No overpayment is assessed when a client temporarily (30 days or less) resides in short-term accommodation or in a special facility 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 clients 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 client was absent more than 60 days. When a client 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. Disability Programs Approved Private Service Homes and Mental Health Approved Homes, Personal Care Homes, and Family Homes

Temporary Absence

First 60 days – no reduction in the benefits

Over 60 days – cancel the Residential Support level-of-care benefit. In exceptional circumstances, with Supervisor approval, Residential Support Benefits can be issued when the Saskatchewan Health Authority or Disability Programs confirm there is an expectation that the client will be returning to their long-term housing within a reasonable period, not exceeding six months.

Death or Permanent Departure

When a client 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 client was absent more than 60 days. When a client 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 clients in family homes, the benefit is cancelled immediately.

When a client 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 Temporary Absence from Rental Accommodations or Home Owners

31 – 90 days – Full Living Income benefits and utilities can be issued when the client's long-term plan is to return to the residence.

Over 90 days – in exceptional circumstances, with Supervisor approval, full Living Income and utility benefits can be issued if the client plan is to return to their current long-term housing within a reasonable period, not exceeding six months.

13.2.4. Vacation/Summer Camp

There is no change in benefits when clients 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.

13.2.5. Temporary Absence – Other Shelter Arrangements

30 days or less – The actual cost of the Modified LI not exceeding the approved Modified LI rate or the Personal Living benefit is provided.

Over 30 days – Benefits will be adjusted to the Modified LI or Personal Living benefit effective the first day of the month following 30 days from the client's admission.

13.3. Relocation

13.3.1. Within the province

Clients are free to move. If they require benefits to move, see Chapter 10.6.4 for moving expenses.

13.3.2. Outside the province

A client's comprehensive plan to move to another province is approved by the Manager (see Chapter 10.6.4). The client 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 Manager's approval for individuals who are temporarily away from Saskatchewan for over 30 days in situations such as:

- a client participating in a training program as part of an approved plan;
- taking medical treatment not available locally; or
- Other exceptional circumstances.

13.4. Review with Client

Before changing, holding, cancelling, or reinstating benefits the circumstances of the client should, whenever reasonably possible, be reviewed with the client.

If it is not possible to review the client's circumstances in person, inquiries may be made to obtain any information necessary to determine eligibility. These inquiries should be made with the client's prior knowledge if at all possible.

The eligible client 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 client was entitled to those benefits.

Cancellation of benefits and file closure are completed immediately in the case of the client'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 clients 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 client 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/Document Requirements

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

Policy Reference	**Verification** Client's Verbal Statement should be noted in a chronological recording	**Documentation**
13.1. – 13.4. Changes – absence from accommodation, income, name, children, marital status, incarceration, absences from home, family shelters, relocation	Wards – client verbal statements.	• After 60 days: written confirmation from Saskatchewan Health Authority (SHA) or Disability Programs (DP) regarding long-term housing plan or a note on client's file with name and contact information of the SHA/DP professional. • Form 1250 • Form 1243 • Form 1218 • Relocation – Form 1006, Form 1250, memo from Mental Health or CLSD (see chapter 9.9.). • Income – stubs submitted monthly. If does not vary (e.g., CPP) at time first received and when change occurs.

		• Form 1243 not required when family size decreases (e.g., child turns 19, becomes a ward, etc.).

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
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
Stop Payment Notice – prevent harm to other members of the household	13.5.1.1	M
Relocation out of the province	13.3.2	M
Providing benefits to clients during a temporary absence from Saskatchewan	13.3.3	M

The Saskatchewan Assured Income for Disability Program	
Chapter 14	Legislative Authority
Review of Financial Eligibility	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 32***

14. Review of Financial Eligibility

Intent

Each client'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 client'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 clients see Appendix A	Ranch Ehrlo residents, see Chapter 5.2.
For Waivers of Maintenance see Chapter 6.2.	

14.2. Other Reviews

Whenever there is a change in a client's circumstances all necessary documents are completed by the client.

SAID Program Verification/Document Requirements

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

Policy Reference	**Verification** Client'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		• 1254 SAID Review Residential Care Form. • 1250 SAID Review Form. • Form 1092 for special diet. • Documents and chronological recording confirming needs and noting any changes in client circumstances and case plan. • For Non-Registered Indians living on a Saskatchewan First Nation – documentation from the Band. • If the amount of recurring income has not changed, documentation is not required at review. • If no medical report for partially employable or unemployable per Chapter 2.2. or 2.3., supervisor approves at review.

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
No medical for partially or unemployable	14.1 (Also see 2.2 and 2.3)	S

The Saskatchewan Assured Income for Disability Program	
Chapter 15	Legislative Authority
Overpayments	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 29.3 and 29.5***

15. Overpayments

Intent

An overpayment refers to any benefits provided to which the client 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; or
- if the client was ineligible for other reasons;

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 client 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 client relocates due to a requirement for accessible or modified accommodation due to the impact of the client'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 client'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.
- Benefits, paid more than four years before the day on which the ministry determines that a client received more in benefits than they were entitled, are not included in the reassessment. Only the portion of the overpayment within the four-year period is assessed.

The four-year limitation does not restrict the ministry's right to recover the full amount of an overpayment.

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 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 client used some of the income to purchase assets from which money can be recovered within a reasonable period of time, benefits are suspended.

The client is advised to use the proceeds to meet basic living needs. 15% is added to the client'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 client has a budget surplus, further benefits are suspended.

Inaccurate Information
If the client'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 client is notified of the overpayment and that it may be adjusted as further details are determined.

15.4. Posting and Notification of Overpayment
An overpayment is assessed and posted on the electronic file. The client is notified in writing of the reason, the amount and the specific details concerning the overpayment. The client 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 client is notified, in writing, indicating the amount of the outstanding balance. Voluntary repayment is also requested. The client is advised of Canada Revenue Agency's refund set-off process by the ministry's Financial Services Branch, Accounts Receivable Unit.

15.5. 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 or SIS benefits.

15.6. 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); or
- by an insolvent person making a proposal

Once the assignment or petition is made the client 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 client. 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 client 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.

15.7. 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.

15.8. 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 client 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.

15.9. Recovery of Overpayments

15.9.1. 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.

15.9.2. 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
$1,000.01 +	$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 client.

A lower recovery rate (but no less than $25) may be approved by the supervisor for those clients:

- whose overpayment was the result of ministry or administrative error;
- who receive modified LI benefits;
- who receive level of care benefits; or
- who receive flat-rated utility benefits.

The recovery may be deferred by the supervisor for those clients:

- whose overpayment is being appealed; or
- 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.

15.10. 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 client advises of the change, or
- with the supervisor's approval, from the date the change occurred where needs were unidentified and the reassessment is warranted for health and safety reasons, provided the reassessment does not extend more than four years.

If the time frame is over 2 years, a manual adjustment (form 1246) is required.

SAID Program Verification/Document Requirements

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

Policy Reference	**Verification** Client's Verbal Statement should be noted in a chronological recording	**Documentation**
15.4. Posting overpayments		Form letters
15.7. Assignment of overpayment		Written consent from spouse
15.8. Bankruptcy		Proofs of claim form

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Deferral of overpayment recovery	15.9	S

The Saskatchewan Assured Income for Disability Program	
Chapter 16	Legislative Authority
Payment of Benefits	*The Saskatchewan Assured Income for Disability Policy*

16. Payment of Benefits

Intent
The manner of paying benefits is outlined.

Policy
Clients are required to have their benefits deposited electronically to their bank account unless there is an exceptional circumstance preventing the client from using direct deposit (see section 16.3).

16.1. Bank Account Requirement

Clients are expected to have a bank account in their name and submit banking information at the time of application. Submitted banking information must match the client identity information on the application.

Applicants who do not have a bank account are required to open a bank account within 60 days of the application unless exceptional circumstances exist.

Clients are responsible for payment of service charges and overdrawn accounts.

Cancellation of Direct Deposit
Clients may request cancellation of direct deposit by completing form 1030. In cases where the direct deposit has been cancelled, the requirement of direct deposit remains.

16.2. Payment Schedule

The payment schedule will be determined with the client and based on the client's needs. Payment schedule options include: monthly, mid-month, and when required, on an overnight or emergency basis.

Monthly Payments

Monthly payments are used whenever possible, including retroactive payments to special care homes, special needs and other adjustments.

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.

Where a client chooses either joint or direct payment for their rent, the actual amount of rent may be provided. Consent must be obtained.

Adjustments of less than $10 are issued on monthly payments rather than by overnight or emergency cheques, unless an urgent situation exists.

If a budget shortfall of less than $1 or other small amount exists, the monthly benefit is issued when the total accumulated is $10. Health coverage is continued.

Mid-Month Payments

Mid-month payments may be provided for those clients whose net benefit after shelter, utilities, special needs and overpayments or advance recoveries is $50/month or more. Clients on trusteeship and those receiving level-of-care benefits are not included.

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 client or other family members, and an overnight payment would not be available in time to meet the immediate need.

16.3. Waiving Direct Deposit In Exceptional Circumstances

A supervisor may waive direct deposit in circumstances where a client:

- has medical limitations (complex medical or behavioural challenges) that restrict the ability to use a bank account;
- has a garnishee in place or garnishee proceedings have commenced; or
- is unable to obtain a bank account.

Direct deposit is required for any type of payment except trustee and other third party cheques.

16.4. Joint Payment Cheques
As of May 1, 2025, no further joint payment cheques will be established.

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 client 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 16.5.

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;
- to those with no obvious money management problems;
- 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 client; or
- to those who request direct payment of rent to the landlord (see Chapter 16.5.1).

When the landlord has not received the joint payee cheque, either the client or landlord signs a statutory declaration. Both signatures are not required. See Chapter 17.3.

16.5. Third-Party Payments

Whenever possible, funds should be provided directly to the client.

Third party payments may be used in the following situations:

- Payments made to trustees on behalf of the client, including the Public Guardian and Trustee, except for direct payments deemed appropriate (e.g., utilities, invoices), which may be paid direct to vendors (see Chapter 12 Payment to Trustee).
- 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. Payments made directly to vendors or suppliers should not include GST.
- Direct payments to landlords for utilities that are not in the client'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.

<u>Cancellation or Change of Direct Payment</u>

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.

16.5.1. Direct Payment of Rental Benefits

Rental Payments

Monthly rental payments may be made directly to the landlord when requested by a client or those with money management issues where rental arrears have occurred and the client 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 client to ensure that the amount of the direct payment will not cause undue hardship.

A Direct Rent Payment Consent form 1023b is completed by the client to authorize payment of a portion of the client's LI benefit direct to the landlord. When a form 1023b cannot be submitted, verbal consent from the client 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 client 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.

Payment can also be made to a vendor following the submission of a bill. Wherever possible, funds are provided directly to clients when they receive the bill.

16.5.2. 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 Transient Aid form.

16.5.4. Multiple Billing
Payment may be made for several clients on one billing for services rendered by a vendor following authorization by the client's Assured Income Specialist. This payment method is used only where services are rendered occasionally.

16.5.5. Electronic Billing
Payment of the actual monthly cost for client 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.

16.6. Advance Payments for Household Items and Clothing
An advance payment not exceeding $240 may be provided to:

- clients receiving LI benefits for the purchase of household items or clothing; and

- clients 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.

SAID Program Verification/Document Requirements

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

Policy Reference	**Verification** Client's Verbal Statement should be noted in a chronological recording	**Documentation**
16.3. Waiving Direct Deposit In Exceptional Circumstances	Client verbal statement.	• No documentation is required if the client is known to the ministry and the complex or challenging behaviour is already documented. For clients who are not known to the ministry, information from CBOs or agencies who are familiar may also be accepted. • No direct deposit: letter from bank refusing bank account, garnishee documents, written request from client. • Form 3635 • Form 1030 to cancel.
16.3.1. Direct Payment to Landlord/Vendor	Client verbal request for direct payment to landlord.	Signed Consent for 1023b if rent payment includes a portion of non-shelter portion of Living Income benefit.

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Waiving Direct Deposit In Exceptional Circumstances	16.3	S

The Saskatchewan Assured Income for Disability Program	
Chapter 17	Legislative Authority
Lost, Stolen or Not Received Cheques	*The Saskatchewan Assured Income for Disability Policy*

17. Lost Stolen or Not Received Cheques

Intent

When a client 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 (client 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

If the client is in an emergency situation and cannot access their benefits (including rent by joint payment or direct rent payment), a replacement cheque may be issued as an emergency advance. The client must complete a statutory declaration and the ministry will place a stop payment on the existing cheque. The ministry will reconcile the file once the stop payment is processed.

17.3. If the cheque has been cashed

If the client 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 client for the month are assessed as an overpayment.

If the client 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 client after the landlord indicates the signature is not his or hers. If the client remains in the premises, future rent payments are paid through a trustee. If the client 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 client cashed the cheque.

SAID Program Verification/Document Requirements

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

Policy Reference	**Verification** Client's Verbal Statement should be noted in a chronological recording	**Documentation**
17.3 Lost/Stolen or Not Received Cheques		Photocopy of cheque if cashed and second affidavit (form 3628) completed.

The Saskatchewan Assured Income for Disability Program	
Chapter 18	Legislative Authority
Reconsideration and Appeals	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Sections 37, 38, 39, and 40***

18. Reconsideration and Appeals

Intent

Individuals interacting with the SAID 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; or
- they feel the amount of income support does not meet their needs.

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 client, or person acting on behalf of a client, may ask the Manager, to reconsider a decision with respect to the following matters:

- determination of financial eligibility;
- discontinuation of benefits;

- assessment of an overpayment except with respect to overpayments from Provincial Training Allowance and Skills Training Benefit programs;
- determination of eligibility based on enduring disability (Medical Report/1092); and/or
- 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 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 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 clients are advised in writing. Clients wishing to withdraw the appeal may do so verbally or in writing.

If no error was made, the Manager schedules to be heard within 20 days of the reconsideration decision:

- a regional appeal committee hearing; or
- a review by an assessment adjudicator.

The client is advised in writing regarding the date, time and location of the hearing.

If a client requests an appeal beyond the regulated timeline or appeals a matter that is not appealable to the Manager, the Manager will advise the client in writing that a hearing cannot proceed because the appeal request is outside the authority of the program regulations.

18.2. Regional Appeal Committee Hearing

When clients 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 dependents
- 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 client 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 client three working days prior to the hearing.

Appeals may be conducted by teleconference/speaker phone call, or in person, as determined by the 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 client, 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.

Clients 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 clients 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 client or the ministry wishes an adjournment this request is provided, generally in writing but a verbal request by the client 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
Clients or the 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 client appeals after 20 days, the request is filed with the Board chairperson who advises the client that a hearing cannot proceed because the time period has lapsed.

If the circumstances changed since the Regional Appeal Committee hearing, the client or ministry may wish to withdraw the appeal. This withdrawal must be done in writing to the Board Chairperson.

Client appeals are to be made in writing to the Manager and shall include the grounds of the appeal. Manager appeals are made in writing to the Social Services Appeal Board (SSAB) and shall include the grounds of the appeal. The Manager forwards a completed Request for Appeal form (1068) to the secretary of the SSAB. The client 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 client (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 clients 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 client informing of the decision and right to appeal.
- The client'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: client information (name, address); those present at the hearing (names and capacity); reason for appeal; client's position; Ministry's position; decision (direct quote from the Regional Appeal chairperson) and recorder's initials.
- The letter to the client conveying the decision of the Regional Appeal Committee.
- The client's letter requesting a hearing before the SSAB.
- Any other documents or information submitted by the client 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 Manager.
If the client 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 client 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 Manager and the Board Chairperson.

If held by teleconference/speaker phone call, the client, 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.

Clients 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 client/advocate.

If clients cannot participate in the hearing someone may do so on their behalf. Ministry representatives, including the staff member most familiar with the client, participate in hearings.

Decisions made by the SSAB are final unless subsequently appealed and overturned by the Court of King'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 the adjudicator is final and there is no further right of appeal.

Delegation of Authority

S = Supervisor, M = Manager, MERT = Ministry Eligibility Review Team		
Approval Items	**Reference**	**Approval Required**
Verbal withdrawal of appeal	18.1	S

The Saskatchewan Assured Income for Disability Program	
Chapter 19	Legislative Authority
Emergency Payments	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 41***

19. Emergency Payments

Intent

Emergency payments may be advanced to a client 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 client 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; and
- 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); or
- 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).

19.1.1. 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 client report lost or stolen cash:

- a statutory declaration indicating the circumstances of the incident is obtained from the client;
- the declaration is retained on the file; and
- if additional benefits are required an emergency discretionary advance may be issued. For granting criteria and recovery see Chapters 19.1 and 19.2.

The Saskatchewan Assured Income for Disability Program	
Chapter 20	Legislative Authority
Supplementary Health	*The Saskatchewan Assured Income for Disability Regulations, 2012* ***Section 42***

20. Supplementary Health

Intent

The Ministry of Social Services nominates eligible clients (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 clients and Family Health Benefit clients see Appendix at the End of the Chapter.

20.1.1. Supplementary Health Services

While clients 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 clients are expected to pay this cost from their own resources. Registered Indians and non-permanent residents may receive health benefits through Indigenous Service Canada – Non-Insured Health Benefits.

Supplementary health services are available to clients through Health. Commitments should not be made on behalf of Health. Clients or vendors

who have questions about eligibility for glasses, dentures, etc., should contact Health directly.

Form 1092 may only 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
Clients should consult their physician to ensure that prescribed drugs are on the formulary and they are accessing all available coverage.

Plan 1
The prescription dispensing fee for clients with this coverage is $2.00. No funds are provided through SAID benefits. Clients nominated for Plan 1 include those who reside in family homes, personal care homes, and hospitals. There is no charge for drugs prescribed to clients 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 client, physician or other health professional.

Plan 3
Clients nominated include residents of:

- Disability Programs Approved Private-Service homes and Mental Health Approved homes;
- Disability Programs and Mental Health group homes;
- Special Care Homes where the resident receives *Saskatchewan Assured Income for Disability* (SAID) or *Seniors Income Plan* (SIP) benefits; and
- Addiction treatment centres.

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

Indigenous Service Canada – Non-Insured Health Benefits. For non-registered people living on a Saskatchewan First Nation, 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 Indigenous Service Canada – Non-Insured Health Benefits whether on or off a Saskatchewan First Nation. Family members who are not Registered Indians are not included in the federal health 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. Clients 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, clients 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 client with a disability - Supplementary health benefits may be extended for one year to a client 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 client. 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).

Supplementary Health Coverage		
	***SAID**	**Family Health Benefits**
Dental Coverage	• A range of routine dental services such as examinations, x-rays, cleaning, restoration, extractions and dentures. • Persons obtaining dentures will be asked to pay a small fee. • Persons who choose to upgrade services may be required to pay for a portion of the service or the entire cost. • Employable clients receive only emergency services during the first six months of eligibility limited to relieving pain and controlling infection.	• No coverage for adults. • Children receive routine dental services.
Drug Coverage	**All plans – Individuals under the age of 18 receive eligible prescriptions at no charge** • Plan 1 - $2.00 per prescription for formulary drugs. • Plan 2 (transients and those with ongoing multiple prescription needs) – receive formulary drugs at no charge. • Plan 3 (those in special care facilities) – receive formulary drugs and certain prescribed drugs not available under the Drug Plan at no charge.	• Individuals under the age of 18 receive eligible prescriptions at no charge. • Semi-annual family deductible is $100, consumer co-payment is 35%.

Optometric Services	• Free eye examinations every 12 months for children. • Free eye examinations every two years for adults. • Basic eyeglasses are provided.	• Free eye examinations every 12 months for children. • Free eye examinations every two years for adults. • Basic eyeglasses are a benefit provided for children only.
Emergency Ambulance	• Coverage includes patient charges for emergency road and air ambulance services.	• Coverage includes patient charges for emergency road and air ambulance services.
Hearing Aids	• A benefit for children and adults. • Coverage includes hearing evaluations and hearing aids.	• A benefit for individuals under 18. • Coverage for individuals under 18 includes hearing evaluations and hearing aids. • No coverage for adults.
Medical Supplies	• A benefit for children and adults.	• A benefit for individuals under 18. • No coverage for adults.
Chiropody (Podiatry)	• 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/Document Requirements

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

Policy Reference	**Verification** Client's Verbal Statement should be noted in a chronological recording	**Documentation**
20.1.1. Health Benefits	Health Services only	Form 1089
20.1.4. Health Benefits out of province or country	Out of province – verbal confirmation by physician or cancer clinic	

Business Income
See Chapter 6.

Information/Financial Resources
The following resources are available to assist the applicant/client:

- Business Development Bank of Canada, phone 780-6478 (Regina) or 1-800- 470-0601.
- Prairies Economic Development Canada – phone 1-888-338-9378.
- Women Entrepreneurs of Saskatchewan, Inc. – phone 1-306-477-7173.
- 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.
- Information Service Corporation (ISC), Corporate Registry 1-866-275-4721.
- 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.
- Innovation Saskatchewan, phone 1-306-933-6609.
- The financial institution handling the applicant's business account.

Verification of Information
In all cases the client 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 client 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 dependents, 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;
    - voluntary pension plan contributions;
    - 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 client 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/client'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/client has more or less equipment than necessary. If the applicant/ client 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.