

FINANCIAL ASSISTANCE FOR SENIORS

SPECIAL NEEDS ASSISTANCE FOR SENIORS

Information Booklet

July 2018 – June 2019

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Special Needs Assistance for Seniors Program

The Special Needs Assistance for Seniors program provides financial assistance to eligible seniors with low income toward the cost of appliances, and specific health and personal supports. The program provides a lump-sum payment for eligible expenses. The maximum assistance available is \$5,000 in a benefit year.

Who is eligible

You may apply to the Special Needs Assistance for Seniors program if you:

- » are eligible to apply for and have submitted an application for Seniors Financial Assistance (Alberta Seniors Benefit program), and
- » have income within the income thresholds.

Benefit year

Your and your spouse/partner's, if applicable, previous year's income will be used to determine benefits for the benefit year, which runs from July 1 of the current year to June 30 of the next year.

Proof of income

Your 2017 income information is used to assess your claim. Your income is obtained from the Alberta Seniors Benefit program. Your and your spouse/partner's total income (line 150 of your tax return(s)) is used to determine your eligibility for benefits.

Income thresholds

| Single Seniors | |
|---------------------|-----------------------------|
| Annual Income | Funding Level |
| Less than \$23,290 | Primary and Secondary items |
| \$23,291 – \$27,690 | Primary items only |
| Over \$27,690 | No funding |

| Senior Couples | |
|---------------------|-----------------------------|
| Annual Income | Funding Level |
| Less than \$36,765 | Primary and Secondary items |
| \$36,766 – \$44,965 | Primary items only |
| Over \$44,965 | No funding |

How it Works

Submit Information

It is not necessary to submit a request form. You may just send a receipt or estimate to the program. Ensure that the receipt or estimate has your name, **Personal Health Number** and address and phone number on it.

Authorizing a Representative

If you wish to authorize an individual to help you with your request, you need to complete a request form. The program will contact this person if we have any questions or need more information. This individual may also contact the program to obtain information about the request on your behalf.

Supporting documentation

Please send all supporting information for each item you need help with, so your request can be assessed in a timely manner. **You must send a receipt or estimate for all items requested.**

The program can accept a receipt for an item that was bought up to 12 months ago. The date of the receipt is compared to the date we receive your claim. You must have been eligible to make a claim when the item was purchased.

Medical notes

Some funded items require medical notes. Unless otherwise specified in the booklet, a Health Professional includes a physician, nurse practitioner, registered nurse, registered social worker, physical therapist or occupational therapist working in the field of health care.

What happens after you apply?

Your request will be thoroughly reviewed. You will be notified by mail regarding the outcome of the review.

Appliances/Furniture

Only **one** of each funded appliance/furniture type is considered for either a single senior or senior couple in a lifetime (for example, you can only receive funding for a fridge **one** time from this program).

Funding is considered for **one** furniture/appliance item for a single senior or senior couple in a benefit year. This includes furniture/appliances under primary and secondary items (you can receive funding for a bed or a television in **one** benefit year, not both). Some exceptions are allowed (see page 3).

Where you live (primary residence) determines which appliances/furniture items you can claim:

- » Homeowners and mobile homeowners — all appliances/furniture
- » Renters — bed, microwave, television and vacuum
- » Applicants living with and/or renting from family/friends — bed
- » Long-term care residents — television
- » Lodge and designated supportive living residents — bed and television

Primary Funded Items

The following are maximum amounts. Repairs to funded appliances may also be considered.

Please submit a receipt or estimate with your request for assistance.

| Appliance | Maximum | Notes |
|--------------|---------|---|
| Bed | \$500 | Includes mattress and frame |
| Dryer | \$400 | Washer & dryer may be funded in the same benefit year |
| Refrigerator | \$700 | Refrigerator & stove may be funded in the same benefit year |
| Stove | \$700 | |
| Washer | \$500 | |

The maximum amounts include GST, delivery, installation/hook-up and environmental fees.

Health Supports

- » **CPAP machine and supplies** — maximum \$1,600 (once every five years) for a non-auto medically required Continuous Positive Airway Pressure Machine. \$200 per year maximum for supplies in any subsequent benefit year. Please provide a copy of:
 - Level 1 Sleep Assessment Polysomnogram
 - a prescription from physician with fixed pressure setting
 - a receipt or estimate for a CPAP machine
 - a copy of a Level 3 sleep test if your Level 1 test is 5 years or older
 - a current 3 – 4 week compliance report from your current machine if applicable

- » **Diabetic supplies** — Receipts or a current 12-month prescription printout from your pharmacist showing the diabetic supplies purchased is required. Diabetic supplies include test strips, lancets, needles, antiseptic swabs and sharps containers. Diabetic supplies do not include prescribed medications. Information regarding the diabetes control method (oral medications, insulin, diet, and exercise) is also required. Maximums apply.
- » **Nutritional beverages** — A medical note signed by a physician, nurse practitioner or registered dietician is required once a year prescribing the number of bottles of nutritional beverages required per day. First-time applicants may receive benefits for up to three months based on this note. After the initial three months, funding is determined using receipts. Only Ensure, Boost, Glucerna, Resource and Dairy Thick, Nepro or other brands that are nutritionally equivalent will be considered. Maximums apply.
- » **Podiatry** — maximum \$25 per month for regular maintenance (nail trimming and callus removal). Receipts must include the senior's name, date of service and type of service provided. Service provider information including name, phone number and signature must also appear on the receipt.
- » **Prescription costs** — assistance is provided for a portion of the co-payment amount for prescription medications only. Over-the-counter medications and medications not on the Drug Benefit List are not considered. Funding is provided for the co-payment amount you pay above the average of \$45 per month for a single senior or one-senior couple and \$90 per month for a senior couple.
 - **Benefits are provided for the current benefit year only.** Your previous 12-month prescription printout (Patient Medical Expense Report) from your pharmacist is needed to determine your anticipated prescription costs during this benefit year.
 - New seniors may provide documents from their pharmacy confirming their anticipated prescription costs over a three-month period, including Alberta Blue Cross Coverage for Seniors, or a prescription printout (Patient Medical Expense Report) from the time they turned 65 to current.

Personal Supports

- » **Bed bug fumigation** — maximum \$300. Funded once in a lifetime. Letter from landlord, property manager or extermination company confirming bed bug infestation is required.
- » **Celiac groceries** — maximum \$50 per month. A medical note from a physician or nurse practitioner confirming celiac disease is required the first time you apply. Benefits are provided for the current benefit year only.
- » **Clothing** — maximum \$600 per year. A medical note from a Health Professional (see page 2) confirming new clothing is needed as a result of weight gain or loss (of 25 per cent or more of the senior's initial total body weight) within the previous 12-month period due to a medical condition is required.

- » **Funeral expenses** — maximum \$1,200. Assistance with funeral expenses is limited to the funeral of a spouse. The surviving spouse must be 65 years of age at the time of the spouse's death and must be enrolled in the Alberta Seniors Benefit program. Request for a benefit must be received within 12 months of the date of death. A receipt is required.
- » **Home cleanup** — maximum \$500. Funded once in a lifetime. To assist with the initial cleanup of a home when a hoarding problem has been identified by a social worker or community-based worker or agency. A letter from the agency identifying a hoarding situation and an estimate or receipt for the cleanup is required.
- » **Lift chair** — maximum \$800. Funded once in a lifetime. Not funded when the senior lives in a long-term care facility. Repairs to a lift chair may also be considered.
- » **Medical trips** — Assistance is provided for medical trips greater than 80 kilometers (round trip) to see a medical specialist or for medical testing/treatment. A report from the medical specialist or the medical facility specifying the dates of the appointment and confirmation of attendance is required.
 - Medical trips are funded based on a per diem amount, taking into consideration distance travelled, transportation costs, meals and parking. It is not necessary to submit receipts for these items.
 - If you stayed overnight and paid for accommodations, you are required to submit the receipt. A maximum of \$100 per night is funded.
 - Meal costs are considered on travel days only.
 - A once in a lifetime medical transportation benefit of \$85 is available for a senior moving from a permanent placement in a long-term care centre to permanently relocate to another long-term care centre. Medically supervised transport using Alberta Paramedical Services or Emergency Medical Services is considered. Documentation from the transferring facility indicating that the senior requires medically supervised transfer by ambulance is required.
- » **Medication administration fee** — maximum \$70 per month. You may be referred to Alberta Health Services Medication Assistance Program. Benefits may only be paid to seniors residing in lodges and supportive living facilities. Documentation from the facility stating the monthly medication administration fee and the effective date is required. Benefits are considered for the current benefit year only.
- » **Personal response service** — maximum \$30 per month monitoring fee and \$80 installation. In-home systems connecting to a third party responder responsible to dispatch emergency services or a caregiver are considered. Assistance is not provided for personal GPS tracking systems or security/alarm services. An estimate or receipt is needed for installation and/or monthly monitoring fees. Assistance is not provided for internal facility response services. Benefits are provided for the current year only.

- » **Relocation of washer and dryer** — maximum \$800. A medical note from a Health Professional (see page 2) describing the medical condition that necessitates relocation is required. An estimate or receipt is required.
- » **Utility arrears** — available for each utility (water, electricity and gas) once every 3 years. Utilities must already be disconnected or will be disconnected within 48 hours. A disconnection notice from the utility company is required. The utility account and disconnection notice must be in the senior's name. The Electric Utilities Act states electric services cannot be fully disconnected from October 15th to April 15th. Natural gas distributors cannot disconnect services from November 1st to April 14th.
- » **Wigs** — maximum \$250 each (two per year). A medical note from a physician or nurse practitioner confirming the medical condition is required with the first application. Estimates or receipts are required.

Secondary Funded Items

Appliances/Furniture

The following are maximum amounts. Repairs to funded appliances may also be considered. A receipt or estimate with your request for assistance is required.

| Appliance | Maximum |
|------------|---------|
| Microwave | \$100 |
| Television | \$300 |
| Vacuum | \$150 |

The maximum amounts include GST, delivery, installation/hook-ups and environmental fees.

Health Supports

- » **Foot orthotics** — maximum \$400 each pair (maximum two pairs funded per lifetime). Must be custom-made foot orthotics.

Personal Supports

- » **Housekeeping/yard maintenance** — maximum \$1,200 annually. Assistance is provided for light housekeeping, grass cutting and snow removal only. A medical note from a Health Professional (see page 2) the first time you apply specifying the mobility/health condition that does not allow **you (and your spouse)** to do your own housekeeping/yard maintenance is required.
 - Applicants living with, renting from, or paying family members are not eligible for assistance under housekeeping or yard maintenance. Seniors residing in a lodge, designated assisted living facility or supportive living facility are not eligible for assistance with these expenses.
 - A medical note is not required if **you and your spouse** (if applicable) are 80 years of age or older.

• **Example of an Acceptable Housekeeping/Yard Maintenance Receipt**

| |
|--|
| SERVICE PROVIDER/COMPANY NAME |
| ADDRESS |
| TELEPHONE NUMBER |
| SOLD TO: <i>Senior's name and address</i> |
| <i>Breakdown of service provided (housekeeping, grass cutting, snow shoveling)</i> |
| <i>Date of service and hours — cost per hour — total cost</i> |
| <i>Signature and printed name of service provider</i> |

- » **Laundry Costs** — maximum \$40 per month (\$80 per month for a senior couple). Seniors living in a lodge, designated supportive living or long-term care facility may receive assistance with laundry costs. Receipts or a letter from the facility confirming the charge for laundry and the effective date are required. Benefits are provided for the current benefit year only.
- » **Respite Care** — maximum four weeks per benefit year. Respite care (relief for a caregiver) is provided to a senior who lives with their caregiver (spouse or family member) who provides daily care to the senior. The respite care must be provided in a care centre. A medical note from a Health Professional (see page 2) is required documenting the care givers name and the senior's medical condition that requires daily full-time care from a caregiver. A receipt or estimate from the care centre is required.

Special Circumstances

The following are special circumstances that may affect the assessment of your claim.

Estates

Estates of a deceased senior may be eligible to receive reimbursement for eligible expenses that a senior incurred prior to his or her death if the request is received within three months of the date of death.

Seniors living in a long-term care or designated supportive living facility

If you are a senior couple and have been involuntarily separated for health reasons and one of you is residing in a long-term care facility, lodge or supportive living facility, ensure that you let the Ministry of Seniors and Housing know that you are involuntarily separated. Depending on your specific situation, the Alberta Seniors Benefit may provide additional support. Special Needs Assistance for Seniors may also take into consideration that you are maintaining two residences.

If you live in long-term care or designated supportive living, the Supplementary Accommodation Benefit you received from Alberta Seniors Benefit (if claimed on your income tax) will be deducted before calculating your eligibility for assistance from the Special Needs Assistance for Seniors program.

Expenses before 65 years of age

The program is for seniors over the age of 65 years. Any expenses you have before your 65th birthday are not eligible for funding. Assistance is not provided for a spouse/partner under 65 years of age nor dependant children or grandchildren.

Keep your receipts

If you provide an estimate rather than a receipt to the Special Needs Assistance for Seniors program, you may be asked to send in receipts showing that you purchased and paid for the items for which you received funding. Receipts should be mailed to the program within three months of receiving the payment. If receipts have not been received, a reminder letter will be sent.

You may, at a later date, be asked to send in receipts, so keep all receipts for funded items. If you do not spend the money on the items that are funded, you may be asked to return the money. A senior who does not send a receipt or return the money may not be eligible for assistance from the program in the future.

Appeal Process

If your request for assistance is denied or if you disagree with the amount of assistance you receive, you can appeal the decision. Before you decide to appeal a decision, you should first contact the program to provide any new related information and to obtain a complete explanation from the assessor.

You can contact the program by phoning the Alberta Supports Contact Centre toll-free at 1-877-644-9992 or 780-644-9992 in Edmonton.

| Step | Action | Special Needs Assistance for Seniors |
|-------------|------------------------------|---|
| 1 | Telephone | Assessor |
| 2 | Write | Director |
| 3 | Write | Assistant Deputy Minister |
| 4 | Submit Notice of Appeal Form | Appeals Secretariat |

An independent committee of three private citizens called a Citizens' Appeal Panel hears Step 4 appeals. These are independent appeal panels and their decisions are binding on both the Special Needs Assistance for Seniors program and the senior who is making the appeal.

Collection of Personal Information

The personal information provided to Alberta Seniors and Housing, including information provided by the Canada Revenue Agency, is collected under the authority of the *Seniors Benefit Act* (RSA 2000) and the *Seniors Benefit Act General Regulation* and managed in accordance with the *Freedom of Information and Protection of Privacy Act* (RSA 2000). The information will be used for the purpose of administering the Seniors Financial Assistance Programs, including the Alberta Seniors Benefit, Special Needs Assistance for Seniors, and Dental and Optical Assistance for Seniors programs.

Alberta Seniors and Housing will share your personal information with Alberta Health to enable that department to administer other programs for seniors.

Contact information

PHONE:

- » Alberta Supports Contact Centre, toll-free at 1-877-644-9992 or 780-644-9992 in the Edmonton area or:
- » Deaf or hearing impaired with TDD\TTY units, call 1-800-232-7215 or 780-427-9999 in the Edmonton area
- » Remember to have your Personal Health Number (PHN) ready before calling

MAIL:

Seniors and Housing P.O. Box 3100
Edmonton, Alberta T5J 4W3
Fax: 780-422-5954
Website: www.seniors-housing.alberta.ca

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WEBSITE:

www.seniors-housing.alberta.ca



Special Needs Assistance for Seniors – Request Form

Please refer to the *Special Needs Assistance for Seniors Information Booklet* to see if you are eligible to submit a request. If you are a senior couple (married, common-law, or adult interdependent relationship) ensure your spouse/partner completes the appropriate parts of the request form.

Section 1 — Personal Information

—
Applicant's Personal Health Number

Applicant's Last Name

Applicant's First Name

—
Spouse/Partner's Personal Health Number

Spouse/Partner's Last Name

Spouse/Partner's First Name

Mailing Address

Suite, Apartment and Street Address or RR Number

City, Town or Village Province Postal Code

— —
Home Phone Number

Section 2 — Assistance Requested

Refer to Information Booklet pages 3 – 7 for a list of the special needs considered under the program. Please send the necessary estimates/receipts/information for an expense to be considered.

| | Amount |
|----|--------|
| 1) | \$ |
| 2) | \$ |
| 3) | \$ |

Section 3 — Authorization

I authorize Special Needs Assistance for Seniors to contact the following person and collect, use or disclose my personal information for the purpose of processing this request:

Name

Relationship — —
Phone No.

Section 4 — Signature

Both you and your spouse must sign here for this request to be accepted. By signing this request form you are agreeing to provide any information needed to assess your request and agreeing to provide an accounting of how any assistance received from the program has been used.

Signature of Applicant Signature of Spouse/Partner (if applicable) Date

Collection of Personal Information
For further information about the collection of your personal information, please refer to page 9 of the *Special Needs Assistance for Seniors Information Booklet*.



