FINANCIAL APPLICATION FORM





Under the Long Term Care (65+) and Disability Support Programs (adults 19 to 64), a person may request a financial subsidy to assist with the cost of services. To request financial subsidy, call your local Social Development office. The local toll free number can be found by looking on the Long Term Care Program page, click here. Press 1 for English or 2 for French. Then press 2 to talk to someone about services for adults. Tell the agent you would like to apply for the Long Term Care or Disability Support Program.

To request a financial subsidy towards the cost of your services, you will need to submit the *Request for Financial Subsidy* application form to your local Social Development office, and follow the steps below. You will need to provide photocopies of the documents listed for the person requiring services and his or her spouse.

- 1. Complete the *Request for Financial Subsidy* application form. Make sure you (and your spouse) sign, witness and date the two places required at the bottom of the form.
- 2. Send copies of your *Notice of Assessment* for the previous 2 years, and send copies of your T3, T4, T4A and T5 information slips for the previous 2 years. You will need to provide photocopies of the documents for yourself and your spouse.
 - ➤ IF you are married AND have reported an 'elected split-pension' amount on your income tax return, please send the full income tax return for the previous 2 years for you and your spouse along with the information stated above.
 - ➤ If you are unable to locate your *Notice of Assessment* or your T3, T4, T4A or T5 information slips contact Canada Revenue Agency at 1-800-959-8281 to request an <u>income tax summary</u>.

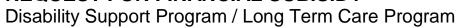
Please check any of the following that applies to you and send photocopies:

<u> </u>	(Please check the boxes that apply)
	Proof of cost of private health insurance premiums (e.g. Medavie Blue Cross)
	Power of Attorney document
	If your private pension amounts have changed since your last income tax, submit a copy of the notification confirming your private pension amounts for the current year
	Proof of income from Veterans Affairs Canada
	Proof of any pensions from any other country
	If you rent out your principal residence, or other property, submit receipts of the rental income you received if it is not declared on your income tax
	Last month's pay stubs (if employed)
	Proof of Long Term Disability payments
	Contact has been made to Social Development to request services prior to submitting this document

<u>Please note</u>: To complete the financial assessment we require you to submit the completed *Request for Financial Subsidy* form and the requested documents within 30 days. If we have not received the required documentation within this time period, you may be required to make a new application.

If you have any questions regarding the financial application, please contact your local Social Development office as described above.

REQUEST FOR FINANCIAL SUBISIDY





INFORMATION (ON PERSON REQ	UIRING SERVIC	ES			
Last Name First Name			Initial	Medicare Number		
Date of Birth			Marital Status			
Year	Month	Day		Divorced		
				separated		
Current Address	s & Postal Code					
Current Address	s & i Ostai Couc		Contact Number	() -		
			Additional Contact Number () -			
			Additional Contact I			
SPOUSAL INFORMATION (if applicable)						
Last Name First Name			Initial	Medicare Number		
Date of Birth						
Year	Month	Day	Contact Number	() -		
			Additional Contact N	umber () -		
DEPENDENT IN	FORMATION (if a	nnlicable)				
Last Name		: Name	Initial	Medicare Number		
Last Name	1 11 30	. Ivailie	iiiitiai			
Data of Diath			Notes A demandant in	10 20 20 20 20 20 20 20 20 20 20 20 20 20		
Date of Birth	Manath	D		under age 19, or under age 25 and		
Year	Month	Day	enrolled full-time in a	an educational institution.		
	SON FOR FINANC					
Last Name		First Name	Initial			
Relationship wit	th the person req	uiring services:				
			Contact Number	() -		
			Additional Contact N	umber () -		
Mailing Address	of Contact Person	on for Financial	Purposes (mandatory)			
I certify that all of the information provided on this form is correct, to the best of my knowledge. I understand that this						
				be used to calculate the amount of		
				ssistance I may receive. I understand that		
				also acknowledge that I am required to amily situation or family income.		
	rson Requiring Se		tness Signature	Date		
Signature of Fer	Son Kequiling Se	ei vices VVI	illess Signature	Date		
Signature of Spo	ouse (if applicable	e) Wi	tness Signature	Date		
N						
_			lutnority to act on behalf	of the named individual(s).		
	N TO SERVICE C					
				tment of Social Development, I hereby		
authorize officials of the Department, as my agents, to receive from Service Canada, information relating to benefits I						
currently receive under any and all programs administered by Service Canada.						
Any information on received by officials of this Department will be used cololy for the numbers of administrative and						
Any information so received by officials of this Department will be used solely for the purposes of administering and enforcing the New Brunswick Family Income Security Act, the Nursing Homes Act, and/or the Family Services Act.						
	rson Requiring Se		ness Signature	Date		
Signature of Per	Son Nequilling 36	PI VICES WIL	ness signature	Date		
Signature of Spo	ouse (if applicable	e) Wit	ness Signature	Date		
		-	-			
NI. (T' '			11 - 26 - 4 4 - 1 - 1 - 25	- (
Note: This may b	e signed by a pers	on naving legal a	iutnority to act on behalf	of the named individual(s).		