

## FINANCIAL APPLICATION FORM

Disability Support Program / Long Term Care Program



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 income tax summary.

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

- (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

**Please note:** 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 SUBSIDY

## Disability Support Program / Long Term Care Program



INFORMATION ON PERSON REQUIRING SERVICES			
Last Name		First Name	Initial
Date of Birth Year                      Month                      Day			Medicare Number 
Marital Status			
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Other _____			
Current Address & Postal Code		Contact Number (    ) -	
		Additional Contact Number (    ) -	
SPOUSAL INFORMATION (if applicable)			
Last Name		First Name	Initial
Date of Birth Year                      Month                      Day			Medicare Number 
Contact Number (    ) -			Additional Contact Number (    ) -
DEPENDENT INFORMATION (if applicable)			
Last Name		First Name	Initial
Date of Birth Year                      Month                      Day			Medicare Number 
Note: A dependent is under age 19, or under age 25 and enrolled full-time in an educational institution.			
CONTACT PERSON FOR FINANCIAL PURPOSES			
Last Name		First Name	Initial
Relationship with the person requiring services:		Contact Number (    ) -	
		Additional Contact Number (    ) -	
Mailing Address of Contact Person for Financial Purposes (mandatory)			
DECLARATION			
I certify that all of the information provided on this form is correct, to the best of my knowledge. I understand that this information will be verified by the Department of Social Development and will be used to calculate the amount of financial contribution I am required to make and the amount of government assistance I may receive. I understand that the amount of my financial contribution will be provided to service providers. I also acknowledge that I am required to inform the Department of Social Development when there is a change in my family situation or family income.			
Signature of Person Requiring Services		Witness Signature	Date
Signature of Spouse (if applicable)		Witness Signature	Date
Note: This may be signed by a person having legal authority to act on behalf of the named individual(s).			
AUTHORIZATION TO SERVICE CANADA			
For the purposes of verifying the data provided by me to officials of the Department 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 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.			
Signature of Person Requiring Services		Witness Signature	Date
Signature of Spouse (if applicable)		Witness Signature	Date
Note: This may be signed by a person having legal authority to act on behalf of the named individual(s).			