

REQUEST FOR FINANCIAL SUBSIDY
 Disability Support Program / Long Term Care Program



If you are seeking residential placement without a subsidy from the Department, and choose not to submit financial information, please check the box below:

Private pay and not seeking financial subsidy for Residential Placement.

If you are requesting a financial subsidy, please note:

- In order to complete the financial assessment, we ask that you submit this form along with the requested documents listed on page 2 within 30 business days of your initial call to Social Development.
- If not received within 30 business days, you may be required to make a new application.
- Please make sure you (and your spouse, if applicable) sign and date the form.
- The “Witness Signature” can be anyone including your spouse.

****In most cases, you will have to pay some towards the cost of service.****

Individual ID #: _____ *Office use only*

INFORMATION ON PERSON REQUIRING SERVICES

Last Name	First Name	Initial(s)
Date of Birth Year Month Day	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed _____ (year) <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	Contact Number () - Additional Contact Number () -	

DEPENDENT INFORMATION (if applicable)

Do you have any dependent? YES _____ NO _____ If so, how many _____

Note: A dependent is under age 19, or under age 25 and enrolled full-time in an educational institution.

CONTACT PERSON FOR FINANCIAL QUESTIONS

Last Name	First Name	Initial
Relationship with the person requiring services:	Contact Number () - Additional Contact Number () -	
Mailing Address of Contact Person (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).

This is to follow up with your request for services through the Department of Social Development. In order to calculate potential eligibility for financial subsidy **we require the following documents.**

Please submit this Request for Financial Subsidy application form signed and include photocopies of the documents below **for the person requiring services and their spouse, if applicable.**

Please read and select the option below that meets your need:

OPTION A

- Submit copies of your **Notice of Assessment from the Canada Revenue Agency** and **T-slips (ex. T3, T4, T4(A), T5, etc.)** from the previous 2 years (including spouse). If unable to locate these documents, refer to **OPTION B**.

OPTION B

- Submit **Proof of Income Statement** from previous 2 years. To request these statements, sign into your **CRA My Account**. If you do not have a CRA My Account, please contact **Canada Revenue Agency at 1-800-959-8281**. You will need to have your Social Insurance Number, Date of Birth and Line 150 (\$ amount) from your most recent tax return.

Along with the information requested in your selected Option:

Please answer the questions below for **the person requiring services and his or her spouse.**

- Do you have a private health insurance premium (e.g. Medavie Blue Cross)? Yes ____ No ____
- Do you have any Private Coverage for Long Term Care Services (i.e. Greenshield)?
Yes ____ No ____
- Do you have an income that is *not declared* on your income tax return (e.g.: Long Term Disability, Veteran's Pension)? Yes ____ No ____ If yes, what is the source? _____
- Do you have a pension from any other country (ex: United States or other)? Yes ____ No ____
- Do you have a private pension? Yes ____ No ____
- Have you or your spouse turned 65 years of age within the last tax year? Yes ____ No ____
- Have you become widowed within the last tax year? Yes ____ No ____
- Are you currently working? Yes ____ No ____ (if yes, please submit the most recent month's paystubs)
- Are you currently receiving Income Assistance from Social Development? Yes ____ No ____
- Do you have rental income from a property that you own? Yes ____ No ____
- Do you have a Power of Attorney? Yes ____ No ____

**** To the questions you answered yes, please submit current proof. ****

Send to:

****If you have any questions regarding the financial application,
please contact the person named above.****