

Thank you for applying for Long Term Care Services/ Disability Support Program.

Social Development and the Canada Revenue Agency (CRA) have a partnership to make it easier to provide financial information needed to assess eligibility for financial support.

All information provided by CRA will remain confidential and will only be used for the purpose of determining eligibility for financial support for services.

This is a **three (3) page application form** for financial help with the cost of these services.

Before sending this document back to Social Development, **please check the following**:

- ✓ **Section A** – check to see that all the correct information has been written down in all required boxes.
- ✓ **Section B** – check that all the questions have been answered.
 - Any questions that have “Yes” as an answer, you may need to submit copies of proof – please check.
- ✓ **Section C** – check to make sure that you are sending this completed form to the Social Development office seen here.
- ✓ **Section D** – check that you have filled out all the boxes as this is the consent for Social Development to request your Income Tax Report from CRA (Canada Revenue Agency)

The Financial Help Calculator is available online.

If you would like to see how much financial support you may be eligible for, please:

1) Scan the QR Code



or

2) Visit online through Social Supports NB:

<https://socialsupportsnb.ca/en/>



Financial Application Form for CRA Process

Disability Support Program / Long Term Care Program



This option allows Social Development (SD) to access Canada Revenue Agency (CRA) information on your behalf.

To complete the financial assessment, we ask that you submit this form along with the requested documents as soon as possible following the day your initial call to Social Development. If not received within 30 days, you may be required to make a new application.

Please make sure you (and your spouse) sign and date the form in all the required places. The "Witness Signature" can be anyone including your spouse.

Section A:

INFORMATION ON PERSON REQUIRING SERVICES			Client ID #: 11111111		
Last Name		First Name		Initial(s)	
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			Contact Number () - Additional Number () -		
Date of Birth: ____/____/____ (dd/mm/year)			Are you or your spouse a Veteran? YES/NO		
SPOUSAL INFORMATION (if applicable)			Spouse's client ID #: 11111111		
**Does the spouse require services? Yes ___ No ___					
Last Name		First Name		Initial(s)	
			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), if so, please provide a copy of the supporting documents (e.g. Power of Attorney)					

Financial Application Form for CRA Process

Disability Support Program / Long Term Care Program



Section B:

You need to provide and sign the attached Consent Form for us to have access to the Canada Revenue Agency (CRA).

We will also need you and your spouse to provide the following amounts that applies to your financial situation. Please note that you may need to provide copies of documents if requested:

- Do you have a monthly payment for health coverage (e.g. Medavie Blue Cross) for medications, optical, dental, or other health needs? Yes ___ No ___
If yes, what is the amount per month? _____
- Do you have an income that is not declared on your income tax return (e.g.: Long Term Disability Insurance, Veteran's Pension)? Yes ___ No ___
If yes, what is the amount per month? _____ What is the source? _____

Please answer the following:

- Do you have a pension from any other country? *Yes ___ No ___
(*If yes, please submit current pension amount)
- Have you or your spouse turned 65 years of age within the last tax year? *Yes ___ No ___
(*If yes, please submit current pension amounts)
- Have you become widowed within the last tax year? *Yes ___ No ___
(*If yes, please submit current pension amounts)
- Are you or your spouse currently working? *Yes ___ No ___
(*If yes, please submit the most recent month's paystubs).
- Do you have a financial or Enduring Power of Attorney or a Trustee? *Yes ___ No ___
(*If yes, please provide a copy)

Section C:

Please send all forms and photocopies to:

Name
Social Development
Street Address
P.O. Box
City, NB Postal Code
Telephone: 506-, Fax: 506-

E-mail:

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

*** If you do not wish to give consent to SD to access your information at CRA, you can request a different option. You will need a copy of the Request for Financial Subsidy application form which can be obtained by contacting the SD representative above. This option will require you to provide photocopies of your financial information such as, but not limited to your: Notice of Assessment, T3, T4, T4A and T5 for the previous 2 years.

Section D:

CONSENT FORM / FORMULAIRE DE CONSENTEMENT

<p>I hereby authorize officials of the Canada Revenue Agency, pursuant to subsection 241(5) of the <i>Income Tax Act</i>, to release my taxpayer information to officials of the Department of Social Development for the purpose of determining eligibility for financial assistance towards the costs of approved long-term care or disability support services. The information will be relevant to and used solely for, the purpose of administering the <i>New Brunswick Family Services Act</i>. This will include using the information to conduct my initial financial assessment and subsequent financial reassessments.</p>		<p>J'autorise par la présente les agents de l'Agence du revenu du Canada, en vertu du paragraphe 241(5) de la <i>Loi de l'impôt sur le revenu</i>, à communiquer les renseignements de mon contribuable aux agents du ministère du Développement social afin de déterminer l'admissibilité à une aide financière pour les coûts des soins de longue durée ou des services de soutien aux personnes handicapées approuvés. Les renseignements seront pertinents et utilisés uniquement aux fins de l'application de la <i>Loi sur les services à la famille du Nouveau-Brunswick</i>. Cela comprend l'utilisation des renseignements pour effectuer ma première évaluation financière et les réévaluations financières subséquentes.</p>	
<p>This authorization is in effect for the taxation year prior to the signature, the year of signature, and each subsequent taxation year for which assistance is requested under the <i>New Brunswick Family Services Act</i>.</p>		<p>La présente autorisation s'applique à l'année d'imposition antérieure à la signature du présent document, à l'année en cours ainsi qu'à chaque année suivante pour laquelle une demande d'aide financière est faite en vertu de la <i>Loi sur les services à la famille du Nouveau-Brunswick</i>.</p>	
<p>I understand that I can withdraw my consent at any time by notifying department officials, in writing, at the following address:</p>		<p>Je comprends que je peux retirer mon consentement à tout moment en avisant par écrit les fonctionnaires du ministère à l'adresse suivante :</p>	
<p>Department of Social Development Attention: Adult Client Services P.O. Box 6000, 551 King Street Fredericton NB E3B 5H1</p>		<p>Ministère du Développement social</p>	
Name / Nom		Date of Birth / Date de naissance	
Social Insurance Number / Numéro d'assurance sociale		SD Office / Bureau du DS	
Address / Adresse		Date	
Signature		YYYY/MM/DD AAAA/MM/JJ	
Name of Power of Attorney or Legal Responsible Person (if applicable) / Nom de la procuration ou la personne responsable légalement (si applicable)		Date	
Signature of Power of Attorney or Legal Responsible Person / Signature de la procuration ou de la personne responsable légalement		YYYY/MM/DD AAAA/MM/JJ	

If Applicable:

<p>As the spouse/common-law partner of _____, I hereby authorize officials of the Canada Revenue Agency, pursuant to subsection 241(5) of the <i>Income Tax Act</i>, to release my taxpayer information to officials of the Department of Social Development for the purposes outlined above.</p>		<p>En tant qu'époux / conjoint de fait de _____, j'autorise par la présente les fonctionnaires de l'Agence du revenu du Canada, conformément au paragraphe 241 (5) de la <i>Loi de l'impôt sur le revenu</i>, à divulguer mes renseignements fiscaux aux fonctionnaires du ministère du Développement social aux fins décrit ci-dessus.</p>	
<p>I understand that I can withdraw my consent at any time by notifying department officials, in writing, at the address provided above.</p>		<p>Je comprends que je peux retirer mon consentement à tout moment en avisant par écrit les fonctionnaires du ministère à l'adresse fourni ci-dessus.</p>	
Name / Nom		Date of Birth / Date de naissance	
Social Insurance Number / Numéro d'assurance sociale		SD Office / Bureau du DS	
Address / Adresse		Date	
Signature		YYYY/MM/DD AAAA/MM/JJ	