

Application

For Office Use Only

File No. _____

Date _____

Special Needs Assistance is available to low-income seniors in Alberta. Please refer to the information booklet *Special Needs Assistance for Seniors* to see if you are eligible to apply. If you are a senior couple (married, common-law or adult interdependent relationship) ensure your spouse/partner completes the appropriate parts of the application.

Section 1 - Personal Information

Applicant's Name _____

Personal Health No. _____

Spouse/Partner's Name _____

Spouse's Health No. _____

Mailing Address _____

Postal Code _____

City/Town _____

Telephone No. _____

Legal land description (if homeowner) _____

Section 2 - Income

Special Needs Assistance for Seniors will use your 2005 income information as reported to the Canada Revenue Agency to assess your application. This income information will be obtained automatically from the Alberta Seniors Benefit program.

If you report **business, farming, or rental income**, you must submit a copy of your tax return. Please refer to the Application Process on page 7 of the Information Booklet.

Section 3 - Special Needs

Report the actual amount of your special need and attach the appropriate documentation. For example: if you are claiming **hearing aids, diabetic costs, home repair, medical expenses, and/or prescription costs**, refer to the Information Booklet to ensure you submit the necessary supporting documents.

If you have any special circumstances that contribute to a difficulty in meeting your special needs, attach an additional sheet.

Please list your special needs.

Refer to *Information Booklet* pages 10-15 for a list of special needs considered under the program. You must send the necessary estimates/receipts/information for an expense to be considered.

Special Need	Amount
Special Need _____	\$ _____
Special Need _____	\$ _____
Special Need _____	\$ _____
Special Need _____	\$ _____
Special Need _____	\$ _____

Note: You and your spouse both must sign the application form in Section 4 where it is indicated for the application form to be accepted.

Section 4 — Declaration of Applicant and Spouse/Partner or Trustee/Power of Attorney (if applicable) and Authorization

Declaration

- I/we declare that the information given in this application is correct and complete.
- I/we understand that the income information in my Alberta Seniors Benefit file will be used to assess my application for Special Needs Assistance under the *Seniors Benefit Act*.
- I/we agree to provide the Minister of Seniors and Community Supports or a representative with any information that will be needed to assess my application for Special Needs Assistance, including receipts for some or all of my expenses.
- I/we understand that we may be asked to provide the Minister of Seniors and Community Supports or a representative with an accounting of how any benefit money received from Special Needs Assistance has been used.

Authorization

I authorize Special Needs Assistance for Seniors to contact about this application:

Name _____ Relationship _____

Telephone No. _____

Signature

Both you and your spouse must sign here for this application to be accepted.

Signature of Applicant

Signature of Spouse/Partner (if applicable) Date

Signature of Witness

_____ Date

(Signature of Witness is only necessary if applicant or spouse/partner signs with an 'X' mark)

To determine whether you need to complete the following section, please refer to page 19 of the *Information Booklet*.

Trustee/Power of Attorney

I agree to the declaration stated in Section 4.

Name of Trustee/Power of Attorney _____

Address _____

Telephone No. _____ Date _____

Trustee/Power of Attorney Signature _____

Personal Information Disclosure Statement

The personal information on this application form is being collected for the purpose of determining eligibility for the Special Needs Assistance for Seniors program. The information will not be disclosed to any other person or organization except as authorized by the *Freedom of Information and Protection of Privacy Act*.

Collection of this information is authorized by the *Seniors Benefit Act*, section 2 and by the *Seniors Benefit Act General Regulation*, sections 2 and 8.

For further information on the collection, use, protection and disclosure of personal information, please write or phone the Freedom of Information and Protection of Privacy Coordinator, Alberta Seniors and Community Supports, PO Box 3100, Edmonton, Alberta, T5J 4W3. Telephone toll-free: 1-800-642-3853 or 427-7876 in Edmonton.