Employment Support and Income Assistance Policy Manual Revisions

Record of Revisions

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
080	07/09/05	12	Appendices	The Nova Scotia Child Benefit

Revised Version:

The Nova Scotia Child Benefit Maximum Annual Benefits

July 2004		July 2005
1 st child	\$ 445	\$ 445
2 nd child	\$ 645	\$ 645
3 rd and each additional child	\$ 720	\$ 720

The National Child Benefit Supplement Maximum Annual Benefits

July 2004		July 2005
1 st child	\$ 1511	\$ 1722
2 nd child	\$ 1295	\$ 1502
3 rd and each additional child	\$ 1215	\$ 1420

The Nova Scotia Child Benefit is combined with the National Child Benefit Supplement to establish a standard benefit for each child as illustrated below:

Combined Benefits July 1, 2004 - June 30, 2005

Children	Nova Scotia	National	Combined
	Child Benefit	Child Benefit	Benefits
		Supplement	

1 st child			
	\$ 445	\$ 1722	\$ 2167
2 nd child			
	\$ 645	\$ 1502	\$ 2147
3 rd and each			
additional child	\$ 720	\$ 1420	\$ 2140

The following chart illustrates the Nova Scotia Child Benefit combined with the Canada Child Tax Benefit:

Nova Scotia Child Benefit and the Canada Child Tax Benefit Families Receiving Maximum Benefits of the Nova Scotia Child Benefit Monthly Benefits - July 1, 2005

Family Size	Nova Scotia and National Child Benefit Combined	Canada Child Tax Benefit Base Amount *	Total Monthly Federal Cheque
1 Child	\$180.58	\$102.33	\$282.91
2 Children	\$359.50	\$204.66	\$564.16
3 Children	\$537.83	\$314.16	\$851.98
4 Children	\$656.16	\$423.66	\$1079.82
5 Children	\$834.49	\$533.16	\$1367.65

^{*} The amounts noted here for the CCTB base do ${\tt not}$ include the additional monthly amount of \$19.91 for children under 7 years old.

Previous Version:

The Nova Scotia Child Benefit Maximum Annual Benefits

July 2003		July 2004
1 st child	\$ 445	\$ 445
2 nd child	\$ 645	\$ 645
3 rd and each additional child	\$ 720	\$ 720

The National Child Benefit Supplement
Maximum Annual Benefits

July 2003		July 2004
1 st child	\$ 1463	\$ 1511
2 nd child	\$ 1254	\$ 1295
3 rd and each additional child	\$ 1176	\$ 1215

The Nova Scotia Child Benefit is combined with the National Child Benefit Supplement to establish a standard benefit for each child as illustrated below:

Combined Benefits
July 1, 2004 - June 30, 2005

Children	Nova Scotia Child Benefit	National Child Benefit Supplement	Combined Benefits
1 st child			
2 nd child	\$ 445	\$ 1511	\$ 1956
	\$ 645	\$ 1295	\$ 1940
3 rd and each additional child	\$ 720	\$ 1215	\$ 1935

The following chart illustrates the Nova Scotia Child Benefit combined with the Canada Child Tax Benefit:

The following chart illustrates the Nova Scotia Child Benefit combined with the Canada Child Tax Benefit:

Nova Scotia Child Benefit and the Canada Child Tax Benefit
Families Receiving Maximum Benefits of the Nova Scotia Child Benefit
Monthly Benefits - July 1, 2004

Family Size	Nova Scotia and National Child Benefit Combined	Canada Child Tax Benefit Base Amount *	Total Monthly Federal Cheque
1 Child	\$162.99	\$100.66	\$263.65
2 Children	\$324.66	\$201.32	\$525.98
3 Children	\$485.91	\$308.98	\$794.89
4 Children	\$647.16	\$416.64	\$1063.80
5 Children	\$808.41	\$524.30	\$1332.71

^{*} The amounts noted here for the CCTB base do ${\tt not}$ include the additional monthly amount of \$19.91 for children under 7 years old.

Rev # 79	Revision Date	Chapter	Chapter Name	Section
79	(07/29/05)	5	Basic Needs	9

Removed from Policy

Previous Version:

Policy: Employability Participation Questions - Recipients Prior to August 1, 2002

A recipient and/or the spouse of a recipient in receipt of Income Assistance or Family Benefits prior to August 1, 2001 and who is not currently involved with Employment Support Services may be referred to Employment Support Services. This referral may be made upon request of the recipient and/or the spouse of the recipient, or upon request of the caseworker during the course of routine case management and must be based on the answers to the employability participation questions located on the application/intake for Income Assistance form.

The answers to these questions will be used to determine the potential requirement for a recipient and/or a spouse of a recipient to participate in employability activity as part of ongoing monthly eligibility for income assistance, and to which employment service(s) the recipient and/or spouse of a recipient will be referred.

Where the results of the employability assessment support involvement of the recipient and/or the spouse of the recipient in employment activity, all policies regarding ongoing eligibility, employment services provided and incentives will be applicable to the recipient and/or the spouse of the recipient.

Procedure

- Ask the employability participation questions of the applicant/recipient and/or the spouse of the applicant/recipient;
- Refer those individuals who demonstrate that there are no current barriers in the areas of physical and/or mental health and/or other life situations that would prevent participation in employability enhancing activities to the appropriate employment service(s);
- Request current documentation from the applicant and/or the applicant's spouse to provide evidence of the presence of a physical and/or mental health barrier and/or other life situation that would preclude participation in employability enhancing activities as part of ongoing eligibility for income assistance; and
- Place any documentation received from the applicant and/or the applicant's spouse on the case file.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
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078	16/06/05	5	Basic Needs	14
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Policy: Quit or Fired From Employment

An applicant/recipient is not eligible to receive or continue to receive assistance when the applicant/recipient and/or the spouse of an applicant/recipient has voluntarily left employment or has been fired within 4 months prior to the application for assistance.

Income assistance will not be granted for a period of six weeks from the date of the application of an applicant and/or the spouse of an applicant who:

- is unemployed by reason of an act of his/her own volition; or
- leaves his/her employment without just cause; or
- is dismissed from his/her job with just cause for non-compliance with reasonable requests, terms, and conditions from their employer.

Income assistance will not be continued for a period of six weeks from the date of quit or fired of an employment situation for a recipient and/or the spouse of a recipient where it has been determined that the reason for leaving or being fired was not justified.

Where an applicant and/or the spouse of an applicant has quit or been fired from an employment situation and the circumstances for leaving or being fired are justifiable, (i.e., the health and safety of the individual was in jeopardy if the employment relationship was to continue), assistance may be provided.

Procedure

The caseworker:

- may request appropriate documentation from both the employer and/or the applicant/recipient to assist in the determination of eligibility; and
- will receive supervisory approval to grant assistance.

Where a recipient and/or the spouse of a recipient has quit or been fired from an employment situation, the caseworker will:

- assess whether the refusal was justified based on a legitimate barrier to employment or unreasonable conditions imposed by the employer (this may include use of an employability assessment or other assessment tools);
- utilize the findings of this assessment to make a decision regarding ongoing eligibility for income assistance;
- enter the findings of the assessment and decision reached using the notes section of the income assistance system.

Revised Version:

Policy: Quit or Fired From Employment

An applicant and/or the spouse of an applicant is not eligible to receive assistance for a period of six weeks from the date of application when the

applicant and/or the spouse of an applicant has quit a job without just cause, was fired with just cause, or quit a job for the purposes of qualifying for assistance within 4 months prior to the application for assistance.

A recipient and/or the spouse of a recipient is not eligible to receive assistance for a period of six weeks beginning with the next service period when the recipient and/or spouse of a recipient has quit a job without just cause, was fired with just cause, or quit a job for the purposes of qualifying for assistance.

Where an applicant and/or the spouse of an applicant or a recipient and/or the spouse of a recipient has quit or been fired from an employment situation and the circumstances for leaving are justifiable, (i.e., the health and safety of the individual was in jeopardy if the employment relationship was to continue), assistance may be provided.

Procedure

Where an applicant and/or spouse of an applicant or a recipient and/or the spouse of a recipient has quit or been fired from an employment situation, the caseworker will:

- assess whether the refusal was justified based on a legitimate barrier to employment or unreasonable conditions imposed by the employer (this may include use of an employability assessment or other assessment tools and/or requesting appropriate documentation from the applicant/recipient and/or the employer);
- utilize the findings of this assessment to make a decision regarding ongoing eligibility for assistance (applicant) or ongoing eligibility for income assistance (recipient) and seek the approval of the supervisor to grant income assistance;
- enter the findings of the assessment and decision reached into the notes section of the income assistance system.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
77	16/06/05	5	Basic Needs	9 - Employability

Previous Version:

Policy: Employment Services Provided

A recipient and/or the spouse of a recipient, upon completion of an employability assessment, will be provided access to the most appropriate and cost-effective services that are available and necessary to implement the Employment Action Plan.

Procedure:

The caseworker will:

ensure that required services can be delivered by the Department or by

community-based partners in a timely manner that is responsive to recipient need and consistent with external demands, such as industry and labour market trends before agreeing to the employment action plan. These services include but are not limited to:

- personal development services which facilitate progression to self sufficiency;
- support for the client in the form of active presentation to appropriate agencies which provide services that address the recipient's needs and goals;
- job preparation and employment entry supports such as job development, resume preparation, workshops, employment referrals, placements etc.
- skills development supports such as skill specific training, placements;
- career development supports consistent with a career/life development model that promotes life long learning and encourages recipient ownership of the process;
- office and technology supports such as Internet access, telephone service, photocopy and mail service;
- literacy/academic upgrading programs up to and including grade 12 that meet standards recognized by the Nova Scotia Department of Education;
- utilize the results of the Employability Assessment to refer the recipient and/or the spouse of the recipient to an appropriate, available and cost effective mix of services that will meet the goals and address the barriers identified within the employment action plan;
- use a case conference approach with other sections of the Department of Community Services and/or community-based partners to ensure that the recipient's and/or the spouse of the recipient's needs are being met;
- request and receive progress reports from community-based partners as required to ensure the recipient and/or the spouse of the recipient is receiving the level of service and is participating;
- provide ongoing reports to the caseworker through continued updating of the notes section of the IA system, the EP code, and case conferencing;
- authorize appropriate financial supports required for the recipient and/or the spouse of the recipient to participate in the employment plan;
- assist the recipient and/or the spouse of the recipient to identify alternate sources of funding and other community resources as required.

Revised Version:

Policy: Employment Services Provided

A recipient and/or the spouse of a recipient, upon completion of a NSEA, will be provided access to the most appropriate and cost-effective services that are available and necessary to implement the Employment Action Plan.

Procedure:

The caseworker will:

• ensure that required services can be delivered by the Department or by

community-based partners in a timely manner that is responsive to recipient need and consistent with external demands, such as industry and labour market trends before agreeing to the employment action plan. These services include but are not limited to:

- personal development services which facilitate progression to self sufficiency;
- support for the client in the form of active presentation to appropriate agencies which provide services that address the recipient's needs and goals;
- job preparation and employment entry supports such as job development, resume preparation, workshops, employment referrals, placements, etc.
- skills development supports such as skill specific training, placements;
- career development supports consistent with a career/life development model that promotes life long learning and encourages recipient ownership of the process;
- office and technology supports such as Internet access, telephone service, photocopy and mail service;
- literacy/academic upgrading programs up to and including grade 12 that meet standards recognized by the Nova Scotia Department of Education;
- utilize the results of the NSEA to refer the recipient and/or the spouse of the recipient to an appropriate, available and cost effective mix of services that will meet the goals and address the barriers identified within the employment action plan;
- use a case conference approach with other sections of the Department of Community Services and/or community-based partners to ensure that the recipient's and/or the spouse of the recipient's needs are being met;
- request and receive progress reports from community-based partners as required to ensure the recipient and/or the spouse of the recipient is receiving the level of service and is participating;
- provide ongoing reports to the caseworker through continued updating
 of the notes section of the IA system, the EP code, and case
 conferencing;
- authorize appropriate financial supports required for the recipient and/or the spouse of the recipient to participate in the employment plan;
- assist the recipient and/or the spouse of the recipient to identify alternate sources of funding and other community resources as required.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
76	16/06/05	5	Basic Needs	1 - Initial and Ongoing Eligibility

Policy: Conducting an Annual Review

The caseworker must conduct a comprehensive review of a client's eligibility at least once a year for all cases except those deemed to be "static".

Procedure

The caseworker will receive a monthly report listing all outstanding reviews. The caseworker shall meet with the recipient and/or spouse to review and complete the following documentation:

- an updated "Authorization to Release Information" form;
- a "Client Personal and Financial Statement";
- verification of income, assets and expenses;
- update living situation;
- any other forms applicable to the client's situation, for example,
 Canada Pension 1613 form, Assignment of Maintenance Agreement.

Upon completion of the Annual Review, the caseworker will update the electronic file as per the review management procedures. This includes the updating of the casenotes.

Revised Version:

Policy: Conducting an Annual Review

The caseworker will **complete** a comprehensive review of **a recipient's and spouse of a recipient's** eligibility at least once a year for all cases except those determined to be "static".

Procedure

The caseworker will receive a monthly report listing all outstanding reviews. The caseworker shall meet with the recipient and/or spouse to review and complete the following documentation:

- an updated "Authorization to Release Information" form;
- a "Client Personal and Financial Statement";
- verification of income, assets and expenses;
- update living situation;
- any other forms applicable to the client's situation, for example, Canada Pension 1613 form, Assignment of Maintenance Agreement.
- where appropriate, update the employability participation questions that are asked on the ESIA application form, and if appropriate, complete the "Understanding of Participation in Employability Activity" form and make a referral for a Nova Scotia Employability Assessment (NSEA);

Upon completion of the Annual Review, the caseworker will update the electronic file as per the review management procedures and the casenotes.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
75	16/06/05	5	Basic Needs	9 - Employability

Policy: Inappropriate Referrals for Employability Assessment

A recipient and/or the spouse of a recipient will be considered to be inappropriate for referral for an employability assessment if he/she:

- is pending verified full time employment which is scheduled to start within thirty days;
- is pending Employment Insurance benefits or another source of income which will make the person ineligible for Income Assistance, with the exception of persons who are considered vocationally handicapped due to a disability or in areas where a co-service agreement with Human Resources Development Canada or another agency has been struck;
- has been determined to be appropriate for participation in employment activity but is relocating outside of the Province of Nova Scotia within the next thirty days;
- has documented attempts to gain working knowledge of one of the official languages of Canada and would receive more appropriate service at an employment support service in another language; and/or
- presents physical and/or mental health and/or life circumstances that indicate any level of participation in employment or employment related activity is not feasible at this time.

Revised Version:

Policy: Inappropriate for Referral to Employment Support Services

A recipient and/or the spouse of a recipient will be considered to be inappropriate for referral for an Employment Support Services if he/she:

- is pending verified full-time employment which is scheduled to start within thirty days;
- is pending Employment Insurance benefits or another source of income within thirty days which will make the person ineligible for Income Assistance;
- has been determined to be appropriate for participation in employment activity but is relocating outside of the Province of Nova Scotia within the next thirty days;
- has documented attempts to gain working knowledge of one of the official languages of Canada and would receive more appropriate service at an employment support service in another language;
- presents physical and/or mental health and/or life circumstances that indicate any level of participation in employment or employment related activity is not feasible at this time; and/or
- exempted from participation in employability related activity for a period
 of twelve calendar months from the date of the birth of a child/adoption of
 a new child unless the recipient or spouse has chosen to participate in
 employability activity.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
74	16/06/05	5	Basic Needs	9 - Employability

Policy: Appropriate Referrals for Employability Assessment

A recipient and/or the spouse of a recipient will be considered to be appropriate for referral for an employability assessment if he/she is:

- in receipt of Income Assistance and deemed potentially appropriate for participation in employability activity through the intake process;
- a person with a disability not in receipt of income assistance and potentially eligible for services under the Employment Assistance for Disabled Persons (EAPD) program;
- mentally and physically stable and is demonstrating that the presence of any emotional, social or other life circumstances will not interfere with participation in employability activities;
- able to demonstrate a working knowledge of one of the official languages of Canada; and/or
- returning to Income Assistance within twelve months of the date of file closure and has had previously documented activity with Employment Support Services while he/she was a recipient of Income Assistance.

Individuals who are reporting casual/part time earnings below the cut off for Income Assistance and meet the criteria for appropriate referral may also be referred for an employability assessment.

Revised Version:

Policy: Appropriate Referrals for Employment Support Services

A recipient and/or the spouse of a recipient will be considered to be appropriate for referral for Employment Support Services if he/she is:

- in receipt of Income Assistance and deemed potentially appropriate for participation in employability activity through the intake process;
- a person with a disability not in receipt of income assistance and potentially eligible for services under the Labour Market Agreement for Persons with Disabilities Program;
- mentally and physically stable and is demonstrating that the presence of any emotional, social or other life circumstances will not interfere with participation in employability activities;
- able to demonstrate a working knowledge of one of the official languages of Canada;
- returning to Income Assistance within twelve months of the date of file closure and has had previously documented activity with Employment Support Services while he/she was a recipient of Income Assistance.

Individuals who are reporting casual/part time earnings and are still eligible for Income Assistance who meet the criteria for appropriate referral, may also be referred to Employment Support Services.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
73	16/06/05	5	Basic Needs	9 - Employability

Policy: Employability Participation Questions at Intake - New Recipients

A recipient and/or a spouse of a recipient who meets the general eligibility criteria for Income Assistance will provide answers to the three employability participation questions located on the application/intake for Income Assistance form. The answers to these questions will be used to determine the potential requirement for a recipient and/or a spouse of a recipient to participate in employability activity as part of ongoing monthly eligibility for income assistance, and to which employment service(s) the recipient and/or spouse of a recipient will be referred.

Revised Version:

Policy: Employability Participation Questions at Intake - New Recipients

A recipient and/or a spouse of a recipient who meets the general eligibility criteria for Income Assistance will complete the employability participation questions located on the ESIA "Intake/Application" form.

This preliminary assessment will be used to determine the potential requirement for a recipient and/or spouse of a recipient to participate in a Nova Scotia Employability Assessment (NSEA) and sign the "Understanding of Participation in Employability Activity" form.

Assistance will be refused where the applicant and/or the spouse of the applicant will not complete the employability participation questions or sign the "Understanding of Participation in Employability Activity" form.

Procedure:

- ask the employability participation questions of the applicant/recipient and/or the spouse of the applicant/recipient;
- refer individuals who demonstrate they have no current barriers in the areas of physical and/or mental health and/or other life situations that would prevent participation in employability related activities for a NSEA;
- review the "Understanding of Participation in Employability Activity" form with the applicant/recipient; ask them to sign the form and then witness their signature and provide them with a copy of the form;
- request supporting documentation, if appropriate, verifying a physical and/or mental health barrier and/or other life situation that would excuse an applicant/recipient and/or the spouse of the applicant/recipient from participating in employability enhancing activities as part of ongoing eligibility for income assistance;

- place any documentation received on the case file;
- record the outcome on the case management system;
- use the results of the employability participation questions to enter the appropriate Employability Participation code (EP) code. At intake there are only three EP codes that can be used:
 - EP 1. Waiting for Assessment the referral for NSEA has been made and the recipient and/or spouse of the recipient is waiting to attend the scheduled appointment;
 - EP 3. Temporarily Excused based on the results of the three employability participation questions it has been determined there will not be a requirement to participate in employability activity at this time. A bring forward date, not to exceed six (6) months, will be set in order to review the circumstances;
 - EP 4. Not Required based on the results of the employability participation questions it has been determined that there will not be a requirement now, nor is there likely to be a requirement in the future, to participate in employability related activity as part of ongoing eligibility.

For recipients that are coded EP 1 the IA caseworker will:

- make a referral for the NSEA;
- record the date of the referral in the client file.

If the referral is for a NSEA, the ESS caseworker will:

- record referral information and appointment date for the NSEA on the case management system;
- notify the recipient in writing of the appointment date and location for the assessment;
- provide the recipient with a list of information that the recipient is to bring with them to the appointment.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
72	16/06/05	5	Basic Needs	9 - Employability

Previous Version:

Policy: Referrals for Employment Services

A recipient and/or the spouse of a recipient who is deemed through the employability questions to be appropriate for referral to employment services will be referred to the appropriate employment service for ongoing support.

Procedure

- make a decision, using consultation with the Employment Support Services as necessary, regarding which service is most appropriate for the recipient and/or spouse of the recipient; and
- make the referral to the appropriate employment service and/or

community-based service delivery agent.

Revised Version:

Policy: Referrals for Employment Services

A recipient and/or the spouse of a recipient who is determined potentially appropriate for participation in employability activity will be referred to the appropriate internal or external employment service for ongoing support as a result of;

- an initial assessment resulting from the employability questions and a Nova Scotia Employability Assessment (NSEA) facilitated by a person certified by the Department of Community Services to use the NSEA; or
- a NSEA facilitated by a person certified by the Department of Community Services to use the NSEA. The Employability Participation Ratings and Service Plans must be approved by the ESIA worker.

Procedure

The caseworker will:

- provide the client with information and guidance, in consultation with ESS as necessary, to determine appropriate employment service referrals;
- assist client to self refer or make referrals to appropriate resource(s)
 within the Department of Community Services and/or community agencies.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
71	16/06/05	5	Basic Needs	9 - Employability

Previous Version:

Policy: Participation in Employability Assessment

A recipient and/or the spouse of a recipient must participate in an employability assessment unless it has been determined that participation in employment related activity will not be required to maintain ongoing eligibility for income assistance, or that referral to another employment service outside of the Employment Support Services section of the Department of Community Services is more appropriate. All employability assessments will be conducted by a staff person certified through the Department of Community Services. Where a recipient and/or the spouse of a recipient refuses to participate in an employability assessment, income assistance will be discontinued.

Procedure

- use the results of the employability participation questions at intake to enter the appropriate Employability Participation (EP) code for all new recipients and/or current recipients being considered for referral for an employability assessment. At intake there are only three EP codes that can be used:
 - 1. Waiting for Assessment
 - 3. Temporarily Excused
 - 4. Not Required

For recipients that are coded EP1 (waiting for assessment),

The caseworker will:

- make a referral for an Employability Assessment;
- · record the date of the referral in the client file.

The staff person responsible for conducting the Employability Assessment will:

- notify the caseworker by e-mail of the appointment date for the employability assessment;
- notify the recipient by telephone or letter of the appointment date and location for the assessment;
- provide a list of information that the recipient is asked to bring to that appointment (i.e., resume, certificates, etc.);
- use the results of the employability assessment appointment to change the EP code from EP1 to one of the following:
 - **EP2.** Required and participating: the employability assessment appointment was attended and an employment plan is being created, or
 - **EP3.** Temporarily excused: the employability assessment appointment was attended and based on the results of that appointment, it has been determined that there will not be a requirement to participate at this time. A bring forward date, not to exceed six (6) months, will be set in order to review the circumstances, or
 - **EP4.** Not required: the employability assessment appointment was attended and based on the results of that appointment, it has been determined that there will not be a requirement now, nor is there likely to be a requirement in the future to participate in employment related activity as a part of ongoing eligibility, or
 - **EP5.** Required and not participating: the recipient did not attend the scheduled employability assessment appointment.
- notify the caseworker of any relevant results of the employability assessment using the notes section of the IA system;
- explain the Employment Action Plan form to the recipient and/or the spouse of the recipient and witness the signature of the recipient and/or the spouse of the recipient on this form;
- begin any referral processes identified as part of the Employment Action Plan.

Revised Version:

Policy: Participation in Nova Scotia Employability Assessment (NSEA)

A recipient and/or the spouse of a recipient will participate in a Nova Scotia Employability Assessment (NSEA) unless it has been determined that employability participation will not be required to maintain ongoing eligibility for income assistance. The employability assessment will be the Nova Scotia Employability Assessment (NSEA) and will be facilitated by a person certified by the Department of Community Services. The NSEA will result in the development of an employment action plan.

Procedure

- use the results of the NSEA to change the Employability Participation
 (EP) code from EP1 to one of the following:
 - EP2 Required and participating: the NSEA was completed and an employment plan is being created; or
 - EP3. Temporarily excused: the NSEA was completed and based on the results of that appointment, it has been determined that there will not be a requirement to participate at this time. A bring forward date, not to exceed six (6) months, will be set in order to review the circumstances; or
 - EP4. Not required: the NSEA was completed and based on the results of that appointment, it has been determined that there will not be a requirement now, nor is there likely to be a requirement in the future to participate in employment related activity as a part of ongoing eligibility; or
 - EP5. Required and not participating: the recipient did not completed the scheduled NSEA or did not participate in the employment plan.
- review the Employment Action Plan with the recipient and/or spouse of the recipient, witness the signature(s) and provide a copy to recipient and/or spouse;
- record the results of the NSEA on the case management system;
- initiate any referral process identified as part of the Employment Plan.

	Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
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70	16/06/05	5	Basic Needs	8 - Job Search
				Requirements

Policy: Satisfying Job Search Requirements as Part of Initial Eligibility

In determining potential eligibility, a review of the applicant's and/or the spouse of the applicant's circumstances will be conducted to determine the potential requirement to participate in employability activity. Where appropriate the applicant and/or the spouse of the applicant will provide evidence of job search activity prior to application and sign an Understanding of Participation form.

Assistance will be refused where the applicant and/or the spouse of the applicant will not provide documentation of job search activity conducted and/or sign an Understanding of Participation form and/or participate in the supported job search activity.

Procedure

The caseworker will:

- □ ask the applicant and the spouse of the applicant the three employability participation questions (page three of the Application form);
- \square make a preliminary determination of the requirement to participate in employability activity.

Where the results of this preliminary review indicate that an applicant and/or the spouse of an applicant appear to have mental, physical, cognitive and/or other life situations that will preclude him/her from being involved in employability activity, there will be no requirement to demonstrate evidence of job search or to sign an Understanding of Participation form as part of establishing eligibility.

Where the results of this preliminary assessment indicate that an applicant and/or the spouse of an applicant appear to be able to participate in employability activity, the applicant and/or the spouse of the applicant will be required to provide documentation of job search activity conducted prior to the intake/application process, and to sign the Understanding of Participation form, as part of establishing initial eligibility.

This documentation can include one or more of the following:

a copy of the applicant's and/or the spouse's resume;

a list of employers contacted prior to the request for assistance
a description (written or verbal) of the job search methods used (i.e., phone calls, resumes dropped off, advertisements answered, visits to employers, use of local employment services, etc.);
results and anticipated results of this job search activity.

The provision of this information will satisfy the applicant's and/or the spouse of the applicant's requirement to demonstrate job search activity, and will not be verified by the caseworker through contacts with employers. Demonstration of inappropriate job search techniques indicates that the applicant and/or the spouse of the applicant requires the services of employment support services, and will not be used to withhold the first income assistance payment should the application be deemed otherwise eligible.

Where the results of this preliminary review indicate that an applicant and/or the spouse of an applicant may be required to participate in employability activity as part of ongoing eligibility for income assistance, and the applicant and/or the spouse of the applicant is not able to provide documentation of job search activity conducted prior to application, the applicant and/or the spouse of the applicant may be required to participate in a supported job search using Department of Community Services resources.

The caseworker will:

- verify that these supports can be offered before the end of the next business day. Failure on the part of the Department to be able to offer these services before the end of the next business day can not result in the applicant being denied assistance.
- make the necessary arrangements for the applicant and/or the spouse of the applicant to participate in a supported job search through the Department before the end of the next business day.

The supported job search can include one or more of the following:

- a meeting with a Job Developer, Facilitator or Employment Counselor to create a job search plan for the applicant to conduct;
- attendance at a labour market information session;
- attendance at a resume creation workshop.

With respect to the Understanding of Participation form, the caseworker will:

- read and explain the form to the applicant and/or the spouse of the applicant;
- witness the signature of this form by the applicant and/or the spouse of the applicant;
- attach the signed form to the applicant's file.

Revised Version:

Policy: Satisfying Job Search Requirements as Part of Initial Eligibility

To determine potential eligibility for income assistance a preliminary assessment of the applicant's and/or the spouse of the applicant's circumstances will be conducted.

The potential requirement for an applicant and/or spouse of an applicant to participate in employability activity will be determined by asking the employability participation questions on the "Intake/Application" form.

Where an applicant and/or the spouse of an applicant are required to participate in employability activity as part of ongoing eligibility for income assistance, where appropriate, they will provide evidence of job search activity as part of the application process and sign an "Understanding of Participation in Employability Activity " form.

When documentation of job search activity prior to application is not provided, the applicant and/or the spouse of the applicant may be required to participate in a supported job search provided by the Department of Community Services and/or available in the community.

The supported job search can include one or more of the following:

- a meeting with a Job Developer, Facilitator or Employment Counselor to create a job search plan
- attendance at a labour market information session
- attendance at a resume creation workshop
- attendance at a career resource center

Assistance will be refused where the applicant and the spouse of the applicant will not provide documentation of job search activity or participate in the supported job search activity and sign an Understanding of Participation in Employability Activity " form.

Where the results of the employability participation questions indicate that an applicant and/or the spouse of an applicant appear to have mental, physical, cognitive and/or other life situations that will not require him/her to be involved in employability activity, there will be no requirement to demonstrate evidence of job search or to sign an "Understanding of Participation in Employability Activity" form as part of establishing eliqibility.

Procedure:

- ask the applicant and the spouse of the applicant the employability participation questions on the "Intake/Application" form ;
- make a preliminary determination of the requirement to participate in employability activity;
- · where it has been determined that the applicant and/or the spouse of the

applicant may be required to participate in employability activity, request one or more of the following:

- a copy of the applicant's and/or the spouse's resume,
- a list of five employers recently contacted preceding the application for assistance,
- a description (written or verbal) of the job search methods used,
- and a statement of the results and anticipated results of this job search activity.

Where the applicant and/or the spouse of the applicant is unable to provide the requested job search documentation, the caseworker will:

- refer the applicant and/or the spouse of the applicant for a supported job search, using resources provided either directly by the Department of Community Services and/or available in the community.
- verify that these supports can be offered before the end of the next business day. Failure on the part of the Department to be able to offer these services before the end of the next business day cannot result in the applicant being denied assistance;
- continue with the income assistance application once the applicant and/or spouse of the applicant completes the supported job search.

When completing the "Understanding of Participation in Employability Activity " form, the caseworker will:

- read and explain the form to the applicant and/or the spouse of the applicant;
- witness the signature of this form by the applicant and/or the spouse of the applicant and provide a copy to the applicant and/or spouse;
- attach the signed form to the applicant's file.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
69	16/06/05	5	Basic Needs	14 - Ineligibility

Previous Version:

New Policy

Revised Version:

Policy: Failure to Participate in the Nova Scotia Employability Assessment (NSEA) or an Employability Plan

A recipient and/or a recipient's spouse who is required to participate in a NSEA and/or an employability plan and fails to participate, will be required to contact the caseworker with a reason or explanation why they did not participate.

A recipient and/or a recipient's spouse is required to provide a reasonable explanation for their failure to participate and if unable to do so, will be ineligible for assistance for a period of six weeks, beginning with the next service period.

Procedure:

The caseworker will:

- review the employability participation questions and/or the NSEA and employment plan to determine if there are barriers to employment that would provide reasons for non-participation;
- notify the recipient and/or spouse of the recipient by letter of any instance of failure to participate and set out in writing the conditions that must be met for the recipient and/or spouse of the recipient to meet the requirements for participation.

In the case where the recipient and/or the spouse of the recipient demonstrates a second instance of failure to participate with employment services/employment activity the caseworker will:

- place the income assistance case in withheld status, and send a letter to the recipient indicating that the recipient must contact the caseworker to provide an explanation for the second instance;
- consult with caseworkers involved in the case to make a decision regarding a third opportunity for participation with the employment action plan;
- determine whether or not to issue the income assistance payment based on the explanation from the recipient and/or spouse of the recipient and a review of the employability participation questions and/or NSEA and employment plan to determine if there are barriers to employment that would provide reasons for non-participation;
- issue the income assistance payment or if a decision is made to not issue the income assistance payment then send a letter to the recipient and/or the spouse of the recipient advising that income assistance will be discontinued for a period of six weeks beginning from the next service period and advise of the right to appeal this decision.

If the recipient and/or the spouse of the recipient demonstrates a third instance of failure to participate with employment services/employment activity without a valid reason, the caseworker will:

• place the income assistance case in ineligible status;

- · record actions and reasons in the case notes;
- send a letter to the recipient and/or the spouse of the recipient advising that income assistance will be discontinued for a period of six weeks beginning from the next service period and advise of the right to appeal this decision.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
68	16/06/05	5	Basic Needs	9 - Employability

New Policy

Revised Version:

Policy: Parental Leave from Employability Activity

Where a recipient or the spouse of a recipient gives birth to a child/adopts a new child, the recipient or the spouse of the recipient will be exempted from participation in employability related activity for a period of twelve calendar months from the date of the birth of the child/or adoption of a new child.

A recipient or the spouse of a recipient may be permitted to split this exemption, based on an approved case plan, to a maximum total of twelve calendar months from the date of the birth of the child/or adoption of a new child. If the exempt recipient or the spouse self identifies as being interested in participating in employability activity within the first twelve months of the new child's life/or from the date of adoption, the appropriate assessment and services will be offered, but ongoing eligibility for income assistance will not be linked to participation in employability activity until the child reaches 13 months of age/or the first year from the date of adoption.

Procedure:

- inform the recipient or the spouse of the recipient that participation in an employability related activity is not required as part of ongoing eligibility for income assistance for the period of twelve calendar months from the new child's date of birth/or adoption of the new child;
- assist the family in determining if the recipient or the spouse will take advantage of this parental leave. In cases where neither recipient and/or the spouse has been assessed for employability activity, refer the other recipient or the spouse for the Nova Scotia Employability Assessment (NSEA), if appropriate and required;

- ensure the splitting of an exemption is based on an approved case plan and will not interfere with the completion of an approved employability activity;
- notify the recipient or the spouse remaining at home with the newborn child /new adoptive child of the date when participation in employability activity will be required.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
67	16/06/05	5	Basic Needs	9 - Employability

Policy: File Closure - Employment Support Services

A recipient and/or the spouse of a recipient who is referred to Employment Support Services will each have a separate file within Employment Support Services. The Employment Support Services file will be closed and the individual will be considered to be no longer satisfying the employment related criteria for ongoing eligibility for income assistance if one or more of the following conditions are met:

- the individual becomes ineligible for income assistance, except in cases where ineligibility has been caused through income generated from an Employment Support Services negotiated wage subsidy placement which requires follow up
- the individual demonstrates that the ability to seek or maintain either employment or other employability enhancing activity is not feasible due to significant barriers in the areas of physical/mental health, personal, social, addiction or family issues, and these issues cannot be addressed through participation in Employment Support Services
- the individual has agreed to participate in services through Employment Support Services and has three documented incidents of missed appointments and/or non-participation in the agreed upon activity
- · consultation with the Income Assistance caseworker indicates that closure is appropriate
- $\boldsymbol{\cdot}$ the individual is currently receiving the same level of service from another agency
- the individual has demonstrated verbal or physical behaviours that have been documented and deemed to be inappropriate by the Employment Support caseworker and the Casework Supervisor

Closure of an Employment Support Services file and a recommendation regarding ongoing eligibility for income assistance will be communicated by ESS to the Income Assistance caseworker by the end of the calendar month within which the file is closed. A decision regarding ongoing eligibility for income assistance will be made within the Income Assistance program.

Persons with disabilities who have a current file with the Employment Assistance for Persons with Disabilities (EAPD) program within the Employment Support Services program section but have no attachment to the Income Assistance program are subject to all conditions except those related to eligibility for income assistance.

A recipient and/or the spouse of a recipient who has had their Employment Support Services file closed for reasons of non-participation or documented incidents of verbal or physical behaviours that have been deemed inappropriate can be refused service within the Employment Support Services section for a period not to exceed six months from the date that the file was closed.

Revised Version:

Policy: File Closure - Employment Support Services

A recipient and/or the spouse of a recipient who is referred to Employment Support Services will have a file within Employment Support Services. The Employment Support Services file will be closed if one or more of the following circumstances exist:

- the recipient/spouse becomes ineligible for income assistance, except in cases where ineligibility has been caused through income generated from an Employment Support Services negotiated wage subsidy placement which requires follow up;
- the recipient/spouse demonstrates that the ability to seek or maintain either employment or other employability enhancing activity is not feasible due to significant barriers in the areas of physical/mental health, personal, social, addiction or family issues, and these issues cannot be addressed through participation in Employment Support Services;
- the individual agreed to participate in services through Employment Support Services and has three documented incidents of missed appointments and/or nonparticipation in the agreed upon activity (ESS file may remain closed for a period of six weeks beginning with the next service period);
- consultation with the Income Assistance caseworker indicates that closure is appropriate;
- the individual is currently receiving the same level of service from another agency;
- the individual has demonstrated verbal or physical behaviours that have been documented and deemed to be inappropriate by the Employment Support caseworker and the Casework Supervisor (ESS file may remain closed for a period of six weeks beginning with the next service period).

Procedure:

When the ESS worker determines that an ESS file will be closed, the ESS worker will:

- notify the recipient and/or the spouse of the recipient that their ESS file will be closed;
- document all reasons for the file closure on the case management system;
- consult with the IA worker to determine the recipient and/or spouse of the recipient's ongoing eligibility to receive income assistance.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
66	16/06/05	6	Special Needs	4 - Employability Related Expenses

Intent

To provide the costs required for participation in employability enhancing activities.

Policy: Employability Related Expenses

A recipient and/or the spouse of a recipient who become employed on a full-time or part-time basis or who is participating in employment services or implementing an employment plan may be eligible for assistance to cover employability related expenses, if the expenses are reasonable and are directly related to and necessary to facilitate employment or participation in an employment plan. Costs may be provided for, but are not limited to, the following goods and services:

- ♦ Work Related Clothing (maximum \$200) e.g., uniforms, work boots, rain gear, coveralls, office appropriate attire;
- ◆ Safety Equipment and Gear (maximum \$300) e.g., hard hat, ear protectors, eye protectors, safety harnesses, safety gloves, masks, helmets, face shields;
- ♦ Tools (maximum \$500) e.g., mechanics tools, carpentry tools, electronic tools, ladders, tool belts;
- ◆ Payment of Fees (maximum \$200) fees that are directly related to a return to employment e.g., drivers licenses, criminal record check, drivers abstract, child abuse registry check, medicals, criminal record pardon, fines;
- ◆ Association/Professional/Licensing Dues (maximum \$500) where not already covered through mandatory employment related costs e.g., union dues, professional membership fees, professional license application and renewal;
- ♦ Work Related Courses (maximum \$200) e.g., First Aid, WHMIS, CPR, traffic control, non violent crisis intervention;

- ♦ Specific Short Term Skills Training (maximum \$500) e.g., computer literacy, GED, upgrading, professional refresher programs, continuing education programs, seat confirmation fees;
- ◆ Personal Hygiene and Grooming Supplies (maximum \$50);
- ♦ Books, Supplies and Deposits (up to a maximum \$700 per twelve month period) e.g., books and supplies required to participate in an approved educational program, tuition deposits to hold a seat in an approved educational program;
- ♦ Approved Personal Development Supports (maximum \$300) e.g., assertiveness training, self-esteem programs, anger management, career development, individual counselling not available through MSI;
- ◆ Equipment and Supports related to Disability (maximum \$500);
- ♦ Other items to return to employment, where the recipient is not eligible for supports through other programs e.g., job coaching, tutoring, ergonomic supports, obus forme, special chairs, medical aids;
- ♦ Psycho-educational Assessments (maximum \$1000) professional assessments that may be required to develop an appropriate employability plan and that cannot be provided directly by the Department of Community Services;
- ♦ Other Employment Related Costs (maximum \$500) other costs associated with participation in employability enhancing activities that are not covered in this list or by other policies and/or programs.

Procedure

The caseworker will:

- ensure that the employability related need can not be met through another program, service or fund;
- receive estimates for goods and services and/or confirmation of employment, where appropriate.

Revised Version:

Intent

To provide support for participation in employability related activities.

Policy: Employability Related Expenses

A recipient and/or the spouse of a recipient who is:

- ♦ employed on a full-time or part-time basis
- ♦ or who is participating in employment services
- ♦ or implementing an approved employability plan

may be eligible for assistance to cover employability related expenses, that are directly related to and necessary to facilitate employment or participation in an employment plan. Actual costs may be provided for the following related expenses up to the allowable maximums:

- ♦ Work Related Clothing (up to a maximum \$200 per twelve month period) e.g., uniforms, rain gear, coveralls, office appropriate attire;
- ♦ Safety Equipment and Gear (up to a maximum \$300 per twelve month period) e.g., hard hat, ear protectors, work boots, eye protectors, safety harnesses, safety gloves, masks, helmets, face shields:
- ♦ Tools (up to a maximum \$500 per twenty-four month period) e.g., mechanics tools, carpentry tools, electronic tools, ladders, tool belts;
- Payment of Fees (up to a maximum \$200 per twelve month period) fees that are directly related to a return to employment e.g., drivers licenses, criminal record check, drivers abstract, child abuse registry check, medicals, criminal record pardon, fines;
- Association/Professional/Licensing Dues (up to a maximum \$500 per twelve month period) - where not already covered through mandatory employment related costs e.g., union dues, professional membership fees, professional license application and renewal;
- ♦ Work Related Courses (up to a maximum \$200 per course) e.g., First Aid, WHMIS, CPR, traffic control, non violent crisis intervention;
- ♦ Specific Short Term Skills Training (up to a maximum \$500 per course) e.g., computer literacy, GED, upgrading, professional refresher programs, continuing education programs;
- Personal Hygiene and Grooming Supplies (up to a maximum \$50 every four months);
- ♦ Books, Supplies and Deposits, seat confirmation deposits (up to a maximum \$700 per twelve month period) e.g., books and supplies required to participate in an approved educational program, which is non-student assistance eligible, e.g. attending upgrading, High School, short term course;
- ♦ Approved Personal Development Supports (up to a maximum \$300 per activity to a maximum of \$600 for a twelve month period) - e.g., assertiveness training, self-esteem programs, anger management, career development, individual counselling not available through MSI;
- ♦ Equipment and Supports related to Disability required to return to employment, where not available through other programs e.g., job coaching, tutoring, ergonomic supports, obus forms, special chairs, technical aids (up to a maximum \$1000 per twelve month period);
- Assessments (up to a maximum \$1000 per twelve month period) professional assessments that may be required to develop an appropriate employability plan and that cannot be provided directly by the Department of Community Services;

♦ Other Employment Related Costs (up to a maximum \$500 per twelve month period) - other costs associated with participation in employability related activities that are not covered in this list or by other policies and/or programs.

Procedure

The caseworker will:

- ensure that the employability related need can not be met through another program, services or fund;
- ♦ receive estimates for goods and services and/or confirmation of employment, where appropriate;
- ensure documentation of purchases are on file and referenced on the case management system.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
65	16/06/05	5	Basic Needs	9 - Employability

Previous Version:

Intent

A recipient and/or a spouse of a recipient who has been deemed potentially appropriate for participation in employability activity will be referred to the appropriate employment service for support.

Revised Version:

Intent

A recipient and/or a spouse of a recipient who has been determined potentially appropriate for participation in employability activity will be referred for completion of the Nova Scotia Employability Assessment (NSEA).

The NSEA will be facilitated by a person certified by the Department of Community Services. Participation in the NSEA and a resulting action plan is a requirement to support ongoing eligibility for income assistance.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
64	24/03/05	4	Definitions	

Addition of a new definition

Revised Version:

(an) "service period" means the calendar month of eligibility for which an ESIA payment is intended.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
63	24/03/05	5	Basic Needs	1 - Initial and Ongoing Eligibility

Previous Version:

Addition of new policy

Revised Version:

Policy: Recipient Moves - Transfer of ESIA Casefiles - Region to Region

Recipients who move from region to region are required to advise their caseworker of their plan to move.

The following definitions apply when transferring ESIA cases between regions:

- Sending office/originating office/caseworker: The office (caseworker) that assisted the recipient prior to the move
- Receiving office/caseworker: The office(caseworker) to which the recipient is applying after his/her move

To ensure timely and effective transfer of casefile(s) for planned, unplanned and other moves between regions the procedures will be as follows:

Procedure: For a Planned Move, Region to Region

The sending office/caseworker will:

- · ensure the case is eligible before transferring to another region
- ensure that special needs related to the move are addressed and/or provided
- ensure the IA and ESS casefile and notebook are up to date including current circumstances budget/special needs information etc.

- create a case summary including documenting other program involvement and indicate any alerts
- update the IA file to include the recipient's new address and circumstance, including new shelter verification/documentation that is currently available
- · identify the receiving office/intake worker/designated person
- notify the intake caseworker, or designated person in the receiving office that the ESIA case is being transferred, providing them with the recipient's name, case number and new address and request an RDA
- complete and fax an "ESIA File Transfer" form to the intake worker/designated person in the receiving office
- notify other applicable program areas that the file is being transferred.
 Eg. FMIS, ER, etc.
- upon confirmation that the client has relocated, attach the "ESIA Casefile Transfer Checklist" signed by the Casework Supervisor and send the hard copy files through inter-office mail
- inform recipient/client of contact information at new location

The receiving office/caseworker will:

- receive notification and/or receipt of the incoming hard copy of the ESIA file
- assign the ESIA case to the appropriate caseworker who will now assume responsibility for the recipient's casefile
- review casefile and prepare for contact with client

Procedure: For Unplanned Move, Region to Region

Recipients who move without notifying their caseworker will be directed to the local office in their new location as soon as possible to prevent delay in receiving assistance.

The receiving office/caseworker will:

- not refer the recipient back to the sending office/caseworker to initiate the file transfer
- contact the office/caseworker where the recipient was receiving assistance (sending office/caseworker) to advise the recipient has relocated and to secure information to assist in determining client's continued eligibility
- establish client's ongoing eligibility

The sending office/caseworker will:

- · ensure the casefile and notebook are up to date
- · provide a case summary including documenting other program involvement
- change the RDA and send the hard copy IA and ESS files through inter-office mail

notify other applicable program areas that the file is being transferred.
 Eq. FMIS, ER, etc.

Procedure: Recipient moves to Emergency Shelter - Region to Region (Likely to be unplanned)

Recipients who move to an emergency shelter in another region shall remain the responsibility of the originating office for the first two service periods, unless permanent residency in the new region is established prior to the end of the first two service periods.

The receiving office/caseworker will:

- refer the client to their sending office upon contact by the shelter or client
- provide emergency services, if appropriate, and advise the sending office of the services provided

The sending office/caseworker will:

- complete an assessment for approval of per diem(if applicable), for the first two service periods or until permanent residency is established
- follow the "Planned Move" transfer policy if the recipient resides in the region of the emergency shelter for more than two service periods

Procedure: Recipient admitted to Residential Rehabilitation Facility - Region to Region (May be planned or unplanned)

Recipients who are admitted to a residential rehabilitation facility in another region will remain the responsibility of the originating office until permanent residency in the new region is established.

The receiving office/caseworker will:

 refer the client to their sending office upon contact by the facility or client

The sending office/caseworker will:

- · provide appropriate assistance until permanent residency is established
- follow the "Planned Move" transfer policy if the recipient establishes permanent residency in the region where the residential facility is located.

Rev #	Revision	Chapter	Chapter Name	Section
	Date (D/M/Y)	#		Section

62	27/10/04	5	Basic Needs	5 - Personal
				Allowances

Policy: Dependent Children Included/Not Included in the Budget

A personal allowance for dependent children in the care and custody of an applicant, under the age of 18, is not included in the budget calculation. The only exception is when an applicant/recipient is not in receipt of the Nova Scotia Child Benefit (NSCB) for a dependent. When this occurs, \$133 is included as a personal allowance for the dependent child until such time as the applicant/recipient becomes a recipient of the NSCB program. (Please see Child Benefit Adjustment Policy for further detail.)

Unearned income being received by or on behalf of the dependent(s)shall be charged as income in the budget.

Income from part-time employment received directly by a dependent child who is attending an approved educational program shall not be considered in determining the family's entitlement.

If a dependent child is working full time, the child will cease to be a dependent child and assistance will be discontinued the last day of the month the child ceases to be a dependent child.

Where a dependent child is attending, on a regular basis, an approved educational program, which is not designated for student loan purposes, assistance may be provided after the dependent child becomes 19 years of age. Under these circumstances the child may continue to be included in the applicant/recipient's budget up to the age of 21.

Revised Version:

Policy: Dependent Children Included/Not Included in the Budget

A personal allowance for dependent children in the care and custody of an applicant, under the age of 18, is not included in the budget calculation.

Unearned income being received by or on behalf of the dependent(s) shall be charged as income in the budget.

Income from part-time employment received directly by a dependent child who is attending an approved educational program shall not be considered in determining the family's entitlement.

If a dependent child is working full time, the child will cease to be a dependent child and assistance will be discontinued the last day of the month the child ceases to be a dependent child.

Where a dependent child is attending, on a regular basis, an approved educational program, which is not designated for student loan purposes, assistance may be provided after the dependent child becomes 19 years of age. Under these circumstances the child may continue to be included in the applicant/recipient's budget up to the age of 21.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
61	27/10/04	5	Basic Needs	5 - Personal Allowances

Previous Version:

Policy: Personal Allowances

An applicant or recipient who is renting, boarding or owns his/her own home will be allowed the personal allowance rates outlined in Schedule A as expenses in the calculation of the budget deficit. For the purpose of calculating entitlement, the expenses of an applicant/recipient shall be deemed to include the expenses of a spouse or person living with the applicant/recipient as a spouse and a dependent child 18 or older.

Revised Version:

Policy: Personal Allowances

An applicant or recipient who is renting, boarding or owns his/her own home will be allowed the personal allowance rates outlined in Schedule A as expenses in the calculation of the budget deficit. For the purpose of calculating entitlement, the expenses of an applicant/recipient shall be deemed to include the expenses of a spouse or person living with the applicant/recipient as a spouse and a dependent child 18 or older.

A personal allowance for dependent children in the care and custody of an applicant, under the age of 18, is not included in the ESIA budget calculation. Benefits for Nova Scotia children in all low-income families, including those in receipt of income assistance, are administered through the tax system. By filing an annual income tax return and completing a Canada Child Tax Benefit (CCTB) application, eligible families may receive these benefits. (Refer to Chapter 8-Children's Benefits)

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
60	27/10/04	5	Basoc Needs	4 - Rates of Assistance - Schedules

SCHEDULE A: Personal Allowances and Maximum Shelter Allowance

PRESCRIBED ALLOWANCES

PERSONAL ALLOWANCE				
Shelter		DEPENDENT	DEPENDENT	
Situation	ADULT	CHILD	CHILD	
		(up to age 18)	(age 18 to 20 inclusive)	
renting, own home, boarding	\$180	\$133	\$180	
in hospital 30 days or more	\$105	Not prescribed	\$105	
in a residential rehabilitation program	\$81	Not prescribed	\$81	

Revised Version:

SCHEDULE A: Personal Allowances and Maximum Shelter Allowance

PRESCRIBED ALLOWANCES

PERSONAL ALLOWANCE				
Shelter Situation	ADULT	DEPENDENT CHILD	DEPENDENT CHILD	
		(up to age 18)	(age 18 to 20 inclusive)	
renting, own home, boarding	\$184	\$133	\$184	
in hospital 30 days or more	\$105	Not prescribed	\$105	
in a residential rehabilitation program	\$81	Not prescribed	\$81	

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
59	38267	12	Appendices	The Nova Scotia Child Benefit

The Nova Scotia Child Benefit Maximum Annual Benefits

July 2002		July 2003
1 st child	\$ 445	\$ 445
2 nd child	\$ 645	\$ 645
$3^{\rm rd}$ and each		
additional child	\$ 720	\$ 720

The National Child Benefit Supplement Maximum Annual Benefits

July 2002		July 2003	
1 st child	\$ 1293	\$ 1463	
2 nd child	\$ 1087	\$ 1254	
$3^{\rm rd}$ and each		\$ 1176	
additional child	\$ 1009	\$ 1170	

The Nova Scotia Child Benefit is combined with the National Child Benefit Supplement to establish a standard benefit for each child as illustrated below:

Combined Benefits

July 1, 2003 - June 30, 2004

Children	Nova Scotia	National	Combined
	Child Benefit	Child Benefit Supplement	Benefits
1 st child			
and abild	\$ 445	\$ 1463	\$ 1908
2 rd child	\$ 645	\$ 1254	\$ 1899
3 rd and each additional child	\$ 720	\$ 1176	\$ 1896

The following chart illustrates the Nova Scotia Child Benefit combined with the Canada Child Tax Benefit:

Nova Scotia Child Benefit and the Canada Child Tax Benefit Families Receiving Maximum Benefits of the Nova Scotia Child Benefit Monthly Benefits - July 1, 2003

Family Size	Nova Scotia and National Child Benefit Combined	Canada Child Tax Benefit Base Amount *	Total Monthly Federal Cheque
1 Child	\$158.99	\$97.41	\$256.40
2 Children	\$317.24	\$194.82	\$512.10
3 Children	\$475.24	\$299.08	\$774.32
4 Children	\$633.24	\$403.33	\$1036.57
5 Children	\$791.24	\$507.58	\$1298.82

^{*} The amounts noted here for the CCTB base do ${\tt not}$ include the additional monthly amount of \$19.00 for children under 7 years old.

Revised Version:

The benefits are:

The Nova Scotia Child Benefit Maximum Annual Benefits

July 2003	July 2004

1st child \$ 445

2 nd child	\$ 645	\$ 645
3 rd and each		
additional child	\$ 720	\$ 720

The National Child Benefit Supplement Maximum Annual Benefits

July 2003		July 2004	
1 st child	\$ 1463	\$	1511
2 nd child	\$ 1254	\$	1295
3^{rd} and each			
additional child	\$ 1176	\$	1215

The Nova Scotia Child Benefit is combined with the National Child Benefit Supplement to establish a standard benefit for each child as illustrated below:

Combined Benefits

July 1, 2004 - June 30, 2005

Children	Nova Scotia	National	Combined
	Child Benefit	Child Benefit Supplement	Benefits
1 st child			
Ond -1-11-1	\$ 445	\$ 1511	\$ 1956
2 nd child	\$ 645	\$ 1295	\$ 1940
$3^{\rm rd}$ and each	·	·	·
additional child	\$ 720	\$ 1215	\$ 1935

The following chart illustrates the Nova Scotia Child Benefit combined with the Canada Child Tax Benefit:

Nova Scotia Child Benefit and the Canada Child Tax Benefit

Families Receiving Maximum Benefits of the Nova Scotia Child Benefit

Monthly Benefits - July 1, 2004

Family Size	Nova Scotia and National Child Benefit Combined	Canada Child Tax Benefit Base Amount *	Total Monthly Federal Cheque
1 Child	\$162.99	\$100.66	\$263.65
2 Children	\$324.66	\$201.32	\$525.98
3 Children	\$485.91	\$308.98	\$794.89
4 Children	\$647.16	\$416.64	\$1063.80
5 Children	\$808.41	\$524.30	\$1332.71

^{*} The amounts noted here for the CCTB base do **not** include the additional monthly amount of **\$19.91** for children under 7 years old.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
58	38327	6	Special Needs	11 - Dental Policy and Rates Schedule

Previous Version:

List of Codes to be Removed:

Procedure	Description	Fee (GP)	Fee (Spec)				
Diagnostic							
1202	Standard Oral Examination or Recall	\$15.20	\$35.20				
1204	Specific Oral Examination	\$27.20	\$34.40				
25711	Posts, Cast Metal (including core) as a Separate Procedure Single Section	\$128.80 + Lab					
33121	Two Canals	\$365.60	\$416.00				
53201	Maxillary (upper)	\$406.40 + Lab					
53202	Mandibular	\$443.20 + Lab					

Revised Version:

Deletion of above codes.

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
57	30/06/04	6	Special Needs	2 - Shelter Expenses

Previous Version:

Policy: Furnishings

Applicants/recipients may be eligible for the following basic household and furniture items:

bed, mattress, stove, refrigerator, table & chairs.

Applicants may also be eligible for new cribs and new car seats which meet current safety standards.

Procedure

The caseworker will:

refer to the approved item and rate list as defined in the Furnishings Rate Schedule.

Furnishings Rate Schedule

Bed	up	to	\$100
Mattress	up	to	\$100
Stove	up	to	\$150
Refrigerator	up	to	\$200
Table/Chairs	up	to	\$125

To ensure compliance with current standards, cribs and car seats are exempt from the Furnishings Rate Schedule.

Revised Version:

Policy: Furnishings

Where no other alternative is available an applicant/recipient may be eligible for the following basic household and furniture items:

♦ bed, mattress, stove, refrigerator, table & chairs, washers.

Applicants may also be eligible for new cribs and new car seats which meet current safety standards.

Procedure

The caseworker will:

ullet refer to the approved item and rate list as defined in the Furnishings Rate Schedule.

Furnishings Rate Schedule

Washer	up	to	\$200
Table/Chairs	up	to	\$125
Refrigerator	up	to	\$200
Stove	up	to	\$150
Mattress	up	to	\$100
Bed	up	to	\$100

To ensure compliance with current standards, cribs and car seats are exempt from the Furnishings Rate Schedule.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
56	30/06/04	6	Special Needs	2 - Shelter Expenses

Previous Version:

Policy: Emergency Shelter Expenses

Applicants who find themselves in need of emergency shelter may be eligible for costs associated with securing such accommodations.

Procedure

- use the most economical alternative;
- where available, refer single persons without dependents to local emergency shelters. Families may be referred to local motels, as preapproved. Families must be housed together and not separated. The

approval is subject to a regular review of the recipient's assistance.

Revised Version:

Policy: Emergency Shelter Expenses

Applicants/recipients who require emergency shelter may receive assistance with shelter and associated cost as approved by their caseworker.

Procedure

The caseworker will:

- consider the most economical accommodations,
- refer single persons to local emergency shelters,
- refer families to local motel/hotels,
- confirm with the shelter provider that ESIA is responsible to pay for prior-approved shelter costs/and associated costs only. Advise the shelter provider and the applicant/recipient any additional expenses incurred by the applicant/recipient that is not prior approved is the responsibility of the applicant/recipient. For example, ESIA is not responsible for damage or stolen items.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
55	30/06/04	8	Children's Allowances	1-Nova Scotia Child Benefit

Previous Version:

Intent

To ensure that a personal use allowance is available to families in receipt of income assistance, but who do not receive a combination of the Nova Scotia Child Benefit and National Child Benefit Supplement equal to \$1,600 annually, or \$133.00 monthly.

Policy: Eligibility

Children must be under 18 years of age.

To be eligible for a child benefit adjustment a family must have a status of

"active" in the IA system and receive an income assistance cheque for basic need.

Adjustments can be made for those children that are recognized for the purpose of Income Assistance. Includes those children that are included for pharmacare, shelter allowances and other items post August 1, 2001.

Child Benefit Amounts:

The allowance for a child adjustment is \$133 monthly, based on an annual allowance of \$1,600 which represents the weighted average of all children's personal allowance prior to August 1, 2001.

Calculations for entitlement are based on each child separately.

In situations where a family is receiving partial payments, but receives more than \$133 for one child and less than \$133 for each subsequent child, the excess for the first child will not be used to reduce the adjustment for the other children.

Operating Framework:

The provision of the Child Benefit Adjustment (CBA) will ensure all families receiving income assistance receive the appropriate personal allowance for their children in a timely manner.

Centrally managed responsibility for the management of child benefit adjustments rest with the office of the Manager of Operations, Employment Support and Income Assistance Division.

The monitoring of child benefit adjustments made through the monthly process will be post cheque issuance.

CBA entitlement will be calculated as part of a CBA daily and monthly overnight batch process. If it is determined through daily data matching with CCRA that a family is not in receipt of NCB-S and NSCB, or is receiving less than \$133.00 per month from a combination of both programs for each child included in the assistance file, an adjustment will be issued of up to \$133.00 per month per child.

Only those families who receive an IA payment from the monthly cheque run will be eligible for a CBA payment from the CBA monthly cheque run. Monthly CBA cheque production follows immediately after monthly IA cheque production.

CBA's calculated in the monthly IA process will be paid by default. Monitoring and audit will be post payment, supported by discrepancy reports.

An office-produced cheque will not trigger a calculation or issuance of a CBA.

CBAs calculated in the daily IA process will not default to payment. These will be reported to the Office of the Manager of Operations to determine if payment should be made and if so what portion of the CBA is paid in cases of prorated assistance, i.e., IA is based on less than a full months assistance.

Cheques for CBA entitlements determined through the daily process will be produced in the Income Assistance and Employment Support Services Division as office cheques.

Adjustments of less than a full month allowance, as provided through the daily process, will be approved before cheque issuance.

Adjustments provided pending receipt of NCB-S/NSCB retroactively will be recovered.

Although caseworkers will have access to child benefit adjustment information, only staff of the office of the Manager of Operations can issue or change information regarding a child benefit adjustment.

Overpayments:

Overpayments of CBA are determined under IA policy and regulations and recoveries are made from IA disbursements.

Overpayments will be established by the office of the Manager of Operations.

T5's:

IA and CBA payments will be included in a single T5.

Grand parenting of NSCB amounts August 1,2001 will be proportionately reduced as children leave a social assistance budget or turn 18 years of age.

Procedure

- ensure CBA eligibility is triggered through charging the recipient's Income Assistance status from "Approved" to "Issued"; and
- notify the Manager of Operations through e-mail advising of the birth date in situations where a child is born during the month and a pro rated allowance is required and a daily cheque will not be issued (i.e., for basics other than a child's personal allowance). The Manager will issue an adjustment cheque for the remainder of the month. If necessary, caseworkers may also issue a purchase order for an initial supply of essential items. Prorating will be based on the commencement dates

provided by caseworkers.

Revised Version:

Intent: Children's Benefits

Benefits for Nova Scotia children in all low-income families, including those in receipt of income assistance, are administered through the tax system. By filing an annual income tax return and completing a Canada Child Tax Benefit (CCTB) application, eligible families may receive these benefits. Income based, the CCTB consists of a base amount plus the National Child Benefit (NCBS) plus the Nova Scotia Child Benefit (NSCB) and if applicable the Child Disability Benefit (CDB).

In circumstances where Income Assistance families are receiving less than \$133 per child through a combination of the NCBS and the NSCB, Income Assistance may provide temporary benefits (up to 3 months or until the family receives the NCBS/NSCB).

Policy: Child Benefit Adjustment

Families in receipt of Income Assistance with children under the age of 18 may request a Child Benefit Adjustment. This payment may be issued by Income Assistance when a family does not receive the NCBS and NSCB equal to \$133.00 monthly per child. An applicant or recipient and spouse may request an assessment to determine eligibility to receive CBA. To receive a CBA payment the applicant or recipient and spouse will:

- request an assessment for CBA eligibility;
- have a status of "IA eligible" and receive a basic income assistance payment for the same month(s) they are requesting CBA;
- ensure their income tax returns are filed up to date with Canada Revenue Agency (CRA) for the applicant or recipient and spouse;
- provide CRA with their current address;
- notify CRA when there has been a change in marital status in excess of 90 days and they have completed a "Marital Status Change" form RC65;
- apply for the Canada Child Tax Benefit (CCTB) for all dependent;
 children. The applicant or recipient and spouse must make application for the Canada Child Tax Benefit. In addition to filing an up to date Income Tax Return, families must apply for children's benefits. Form RC66 Canada Child Tax Benefit Application must be submitted to CRA for application for children's benefit;

- be recognized as the primary care giver with CRA to receive consideration for the children's benefits;
- provide completed and correct information to Canada Revenue Agency to advise changes in family circumstances (i.e., marriage, separation, or a new partner and address);
- advise the worker if they or their spouse and dependent are immigrants and provide information of action taken to secure permanent Canadian Residency;
- advise the worker of any changes in their Social Insurance Number or their spouse's SIN, including status of a temporary SIN number;
- comply with CRA's request for information (i.e., Completing a Questionnaire).

If the applicant or recipient and spouse has requested a CBA assessment and meet the above criteria CBA may be issued according to the following quidelines:

- CBA will be calculated separately for each child, based on the number of children as recorded by CRA, unless the number of children declared for income assistance purposes is lower. In situations where a family is receiving partial payments but receives more than \$133 for one child and less than \$133 for each subsequent child, the excess for the first child will not be used to reduce the adjustment for the other children.
- Payments will be prorated from the date of the child's birth or the date the child returned home to determine the amount of CBA. CBA will be issued for a maximum period of (3) three months.
- Clients may be eligible to receive a CBA payment when a family's income for the prior tax year disqualifies the family for the NCBS and the NSCB.
- A recipient or spouse who has a change in marital status (separation)
 and the family is receiving the NCBS and the NSCB totaling less than
 \$133 per month per child may receive a CBA payment. This payment may be
 issued for a maximum period of nine months from the date of the initial
 CBA payment.
- A family who is not receiving the equivalent of \$133 per month, per child, due to the birth of a child(ren) or a child(ren) returning to the family from an agency/foster parent or from another family situation may receive CBA.

Procedures:

The Caseworker will:

- inform applicant or recipient and spouse of the Federal and Provincial children's benefits available for children under age 18;
- ensure the applicant or recipient and spouse has requested a CBA assessment. This request is recorded on the ESIA application form and/or the Supplementary Children's Benefits form;
- advise the applicant or recipient and spouse that the CBA will be repayable if a retroactive payment from Canada Revenue Agency for the National Child Benefit Supplement and or the Nova Scotia Child Benefit is issued;
- submit an electronic request for CBA assessment via the IA system;
- ensure that the recipient and spouse are eligible to receive IA monthly basic and that a system generated CBA eligibility assessment is conducted. Based on the results of the assessment the system will automatically determine CBA eligibility and issue the adjustment;
- advise the applicant or recipient and spouse that if there is an IA
 direct deposit the CBA adjustment will be included in the direct deposit
 amount and the amount will be noted on the Income Assistance cheque
 stub. As with an IA daily basic payment the CBA amounts will be issued
 as a separate cheque;
- contact IA Operations staff when an IA basic payment is issued as an office cheque. IA Operations staff will initiate payments and notify the caseworker of all action taken;
- advise recipient and spouse that if basic assistance has been pro-rated, the CBA will be pro-rated based on the number of days client was granted assistance. This information will be recorded in the
- advise the recipient that IA and CBA payments will be included in a single T5.
- notify IA Operations via e-mail of changes in circumstances that will impact CBA eligibility i.e., Immigration issues, birth of a new baby, custody issues, etc.

Policy: Child Benefit Adjustment Repayment

 When a IA recipient and spouse, as a result of a CRA assessment is issued a retroactive payment for NCBS/NSCB for the same period a CBA is issued from Income Assistance, an overpayment will be assessed and there will be a requirement for repayment. When a recipient and spouse receive Income Assistance and later found ineligible to receive IA and are assessed with an overpayment, the amount of CBA issued will also be included as an overpayment.

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Procedures:

The Caseworker will:

notify IA Operations of any potential CBA overpayment situations.

IA Operations staff will:

- calculate CBA overpayments;
- notify the recipient and spouse when a CBA overpayment has occurred.
- advise the recipient/spouse that recoveries are made from IA disbursements.
- provide the caseworker with detailed overpayment calculations to be placed on the recipient's file.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
53	38264	5	Basic Needs	19 - Issuing Income Assistance

Previous Version:

Addition of new policy

Revised Verion:

Policy: Non-Receipt of Income Assistance Payment via Cheque

When a recipient reports he/she did not receive his/her Income Assistance cheque, or the cheque has been lost or stolen, Income Assistance may be provided in an emergency situation to provide food or shelter.

Procedure

The caseworker will:

- determine the status of the cheque by reviewing the payment inquiry screen to verify that a cheque was produced;
- review the address screen and confirm the information with the recipient to ensure the address information is accurate;
- provide the recipient with a "Non-Receipt of Cheque" form (ESIA-107) and request that the form be completed;
- ensure that the "Non-Receipt of Cheque" form (ESIA-107) is signed by appropriate parties, a copy is given to the recipient, one is placed on the file and one is given to the financial clerk/designate to forward to Head Office;
- advise the recipient that an Income Assistance cheque cannot be replaced until five (5) working days after the lost, stolen or missing cheque's date of issue.

If the cheque has not been cashed, the caseworker will:

- use the "Non-Receipt of Cheque" form (ESIA 107) to request a stop payment, by the financial clerk/designate specifying the case number, payee number, cheque number, amount and cheque date;
- forward the original "Non-Receipt of Cheque" form (ESIA-107) to Financial Services;
- forward a copy of the "Non-Receipt of Cheque" form (ESIA-107) to the financial clerk/designate and place a copy on the client file;
- issue a replacement cheque and ensure no overpayment is assessed.

If the cheque has been cashed, the caseworker will:

- advise the recipient to notify the police;
- verify with the recipient that the signature on the cashed cheque is not his/her signature;
- provide the recipient with a "Statement of Fact Non-Receipt of Cheque" form (ESIA-108) for completion by the recipient;
- issue a replacement cheque and advise the recipient that any additional monies may be assessed as an overpayment if the money has not been recovered;
- forward the completed and signed "Statement of Fact Non-Receipt of Cheque" form (ESIA-108) to financial clerk/designate for stop payment;
- inform the recipient that the lost or stolen cheque may become an issue for resolution between the recipient and the bank or institution that cashed the cheque and may involve an investigation.

Note: This policy and procedure would apply in those cases where a supplier has indicated non-receipt of a supplier payment.

Policy: Non-Receipt of Income Assistance Payment via Direct Deposit - Funds Returned to Department.

When a recipient reports that he/she has not received his/her monthly entitlement via direct deposit, Income Assistance may be provided in the form of a cheque to replace the funds once it has been verified the funds were returned to the Department.

Procedure

To determine if the funds were returned to the Department, the caseworker will:

- review the payment inquiry screen to verify that the monthly payment was added, the correct cycle was selected, the payee type is correct and the payment was issued via direct deposit;
- review the direct deposit maintenance screen and confirm the information with the recipient to ensure the direct deposit information corresponds with the recipient's direct deposit application;
- contact the financial clerk/designate to confirm if the information is on the "Returned Items Report" or the bank has verified that the funds did not go into the recipient's bank account;
- once verification has been made that the account was closed Financial Services automatically cancel the payment and notify the Financial Clerk/designate via email who advises the worker to re-issue payment.
- advise the recipient that the payment has been returned and that further payments will not be issued via direct deposit until a new direct deposit application has been returned, confirmed and added to the system;
- issue the monthly entitlement as a daily recipient payment and any special needs as a special needs payment .

Policy: Non-Receipt of Income Assistance Payment via Direct Deposit - Funds Deposited into the recipient's bank account.

When a recipient reports that he/she has not received his/her monthly entitlement via direct deposit, and it has been determined that the funds were deposited and received in the recipient's bank account, the income assistance funds will not be replaced.

Procedure

To determine if the funds have been deposited in the recipient's bank account, the caseworker will:

- review the payment inquiry screen to verify that the monthly payment was added, the correct cycle was selected, the payee type is correct and the payment was issued via direct deposit;
- review the direct deposit maintenance screen and confirm the information with the recipient to ensure the direct deposit information corresponds with the recipient's direct deposit application;
- be advised by the financial clerk/designate that the payment had been deposited in the account as requested by the recipient via the direct deposit application;
- contact the financial clerk/designate to confirm the information is on the "File Input Totals Report". The financial clerk/designate will compare the information on the direct deposit application with the direct deposit maintenance screen to ensure accuracy and advise the caseworker that the payment has been deposited in the account as requested by the recipient via the direct deposit application;
- advise the recipient that the funds were deposited into the correct account and that he/she should contact their financial institution regarding the whereabouts of the funds.

Policy: Lost or Stolen Cash

When a recipient reports that the cash received from his/her cashed Income Assistance cheque or direct deposit has been lost or stolen, the cash amount lost or stolen will not be replaced.

The caseworker will:

- review request for emergency assistance and may issue assistance for food/shelter or refer him/her to other appropriate resources depending on their circumstance;
- advise the recipient that any additional monies may be assessed as an overpayment;
- advise the recipient to report the stolen cash to the local police agency;
- encourage recipient to have his/her Income Assistance payment directly deposited into their bank account.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
53	38264	6	Special Needs	3 - Relocation

Previous Version:

Policy: Relocation

Applicants/recipients may be eligible for costs of relocation in the following situations:

- ♦ employment has been secured in another region,
- for health and safety reasons including, but not limited to, confirmed report of family violence and/or confirmed medical report that the client and/or dependents can no longer live in his/her present environment.

Applicants must have exhausted all avenues of relocation funding including finding short-term employment to cover the cost of relocation. Only the most economical cost of travel to the requested location will be considered.

Where a parent requests financial assistance for the purpose of relocating themselves and their children to another jurisdiction, no assistance should be provided, unless the parent provides verification that they may leave the jurisdiction with the child(ren). This involves the parent providing verification which confirms the non-custodial parent's knowledge of the move. This verification may be in the form of a court order/legal agreement/consensual arrangement between the parent and the non-custodial parent. Verification that a non-custodial parent is unknown or whereabouts are unknown must be provided before relocation allowance will be issued. The Family Maintenance Income Support Program may provide assistance in verifying this information.

Applicants must provide all supporting documentation confirming the reasons for relocation prior to determination of eligibility for relocation.

Procedure

- ♦ consider the following factors when determining the appropriateness of providing relocation assistance:
 - reports of family violence, i.e., transition house involvement, police reports, child abuse registry
 - ♦ viability of employment opportunity
 - impact relocating may have on third parties, i.e., family, friends, and other jurisdiction
 - health and safety of client and other third parties
- request applicable supporting documentation:
 - ♦ Employment written confirmation from the employer stating the position for which the employee is hired and start date of employment
 - Health and Safety Report of family violence, confirmation from transition house personnel and/or

police verifying a report(s) of family violence. Record the name, position, company name and/or name of employer of the individual confirming a report of family violence in the case notes

- Environment written confirmation from the client's and/or dependent(s) physician indicating that the client and/or dependent(s), due to health concerns, can no longer live in his/her present environment
- notify the province/region to which the recipient is moving when any concerns exist with respect to the applicants and his/her dependent's well being. In addition, family members and/or friends may be contacted to verify they are aware the individual is relocating to their area.

Revised Version

Policy: Relocation

Applicants/recipients may be eligible for costs of relocation in the following situations:

- ♦ employment has been secured;
- ♦ for health and safety reasons including, but not limited to, confirmed report of family violence and/or confirmed medical report that the client and/or dependents can no longer live in his/her present environment.

Where relocation is for employment, applicants/recipients must have exhausted all avenues of available funding. A cost/benefit analysis must be undertaken that compares the cost of providing Income Assistance for a period of three (3) months, to the cost of relocation and confirms that the cost of Income Assistance payments would exceed the cost of relocation. Only the most economical cost of travel to the requested location will be considered.

Where a parent requests financial assistance for the purpose of relocating themselves and their children to another jurisdiction, no assistance should be provided, unless the parent provides verification that they may leave the jurisdiction with the child(ren). This involves the parent providing verification which confirms the non-custodial parent's knowledge of the move. This verification may be in the form of a court order/legal agreement/consensual arrangement between the parent and the non-custodial parent. Verification that a non-custodial parent is unknown or whereabouts are unknown must be provided before relocation allowance will be issued. The Family Maintenance Income Support Program may provide assistance in verifying this information.

Applicants must provide all supporting documentation confirming the reasons for relocation prior to determination of eligibility for relocation.

Procedure

- consider the following factors when determining the appropriateness of providing relocation assistance:
 - reports of family violence, i.e., transition house involvement, police reports
 - viability of employment opportunity
 - impact relocating may have on third parties, i.e., family, friends, and other jurisdiction
 - health and safety of client and other third parties
- request applicable supporting documentation:
 - Employment written confirmation from the employer stating the position for which the employee is hired and start date of employment and the status of employment; i.e., part-time, casual, term, permanent, etc.
 - Health and Safety Report of family violence, confirmation from transition house personnel and/or police verifying a report(s) of family violence. Record the name, position, company name and/or name of employer of the individual confirming a report of family violence in the case notes
 - Environment written confirmation from the client's and/or dependent(s) physician indicating that the client and/or dependent(s), due to health concerns, can no longer live in his/her present environment
- notify the province/region to which the recipient is moving when any concerns exist with respect to the applicants and his/her dependent's well being. In addition, family members and/or friends may be contacted to verify they are aware the individual is relocating to their area.
- obtain authorization from the District Manager for out of province travel.
- ensure that the payment of for the most economical price; (1) travel purchased and billed by a travel agency to be paid by the IA system; (2) travel purchases via the web may be arranged by contacting financial services.

Rev #	Revision	Chapter	Chapter Name	Section
	Date (D/M/Y)	#		

52	38264	5	Basic Needs	15 - Assets -
				Exclusion

Previous Version:

Policy: Asset Exclusions

The following items are not considered assets:

- a primary residence of an applicant or a recipient that is assessed at less than twice the average assessed value of single family dwellings in the municipality in which the residence is located;
- ♦ a cash surrender value of under \$500 of a life insurance policy;
- a motor vehicle used for basic transportation including transportation related to job-search requirements, training or health and safety requirements;
- tools or equipment directly related to a trade or profession;
- ♦ a registered education savings plan established for the education of a child and intended for use by that child in relation to education expenses;
- any portion of a registered retirement savings plan that is part of an employment pension program at the place of employment where the applicant or recipient is employed, temporarily laid off or on sick leave;
- ♦ a prepaid funeral to the value of \$5,000.

Revised Version:

Policy: Asset Exclusions

The following items are not considered assets:

a primary residence of an applicant or a recipient that is assessed at less than twice the average assessed value of single family dwellings in the municipality in which the residence is located;
a cash surrender value of under \$500 of a life insurance policy;
a motor vehicle used for basic transportation including transportation related to job-search requirements, training or health and safety requirements;
tools or equipment directly related to a trade or profession;
a registered education savings plan established for the education of a child and intended for use by that child in relation to education expenses;

any portion of a registered retirement savings plan that is part of an
employment pension program at the place of employment where the applicant
or recipient is employed, temporarily laid off or on sick leave;
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□ a prepaid funeral to the value of \$5,000;

□ savings from participation in a savings program that is designed to promote self-sufficiency and is approved by the Minister (i.e., Individual Development Accounts).

Definition:

"An Individual Development Account (IDA) is a restrictive savings account held by a low-income person whose regular savings are matched by contributions from government or other sources. The matched contributions can only be put towards specific uses."

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
51	26/03/04	6	Special Needs	11 - Dental Policy & Rate Schedule

Revised Version:

Policy: Dental Policy and Rate Schedule

Addition of new denturists codes effective February 1, 2004.

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
50	26/02/04	5	Basic Needs	6 - Shelter Allowances

Previous Version:

Addition of new policy.

Revised Version:

Policy: Couple Expecting First Child

A couple expecting their first child, and the mother being in her 7^{th} month may qualify for a shelter allowance of up to \$600 to assist in acquiring shelter accommodations for three persons.

Procedure

The caseworker will:

 ensure all pertinent supporting documentation is recorded on file, before adjusting the shelter allowance.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
49	26/02/04	5	Basic Needs	17 - Exempt Income

Previous Version:

Policy: Exempt Income

The income of an applicant or recipient, the spouse or person cohabiting with the applicant/recipient, or income paid to or on behalf of a dependent child(ren) of an applicant/recipient and/or spouse from the following sources shall be exempt and not considered as chargeable income:

- wages of a dependent child(ren) as long as the dependent child(ren) are attending an approved educational program not designated for student loan purposes;
- Foster Child(ren)Allowance(s). The foster child shall be included in the calculation of the shelter amount;
- the National Child Benefit;
- the Child Tax Benefit component of the Canada Child Tax Benefit;
- the Nova Scotia Child Benefit;
- the Goods and Services Tax Credit;
- bursaries, scholarship and stipends received for the purpose of assisting
 with the costs associated with attending an approved educational program or
 persons to whom Section 67 of the Regulations apply;
- honorariums provided to persons serving on a board of an agency or commission.

Revised Version:

Policy: Exempt Income

The income of an applicant or recipient, the spouse or person cohabiting with the applicant/recipient, or income paid to or on behalf of a dependent child(ren) of an applicant/recipient and/or spouse from the following sources shall be exempt and not considered as chargeable income:

wages of a dependent child(ren) as long as the dependent child(ren) are
attending an approved educational program not designated for student loan
purposes;

- Foster Child(ren)Allowance(s). The foster child shall be included in the calculation of the shelter amount;
- the National Child Benefit;
- the Child Tax Benefit component of the Canada Child Tax Benefit;
- the Nova Scotia Child Benefit;
- the Goods and Services Tax Credit;
- the Federal Child Disability Credit;
- bursaries, scholarship and stipends received for the purpose of assisting
 with the costs associated with attending an approved educational program or
 persons to whom Section 67 of the Regulations apply;
- honorariums provided to persons serving on a board of an agency or commission.

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
48	26/02/04	6	Special Needs	8 - Medically Related Services Medical Supplies & Equipment

Previous Version:

Policy: Medical Supplies & Equipment

Applicants may be eligible for prosthetic appliances and other medical supplies and/or equipment not covered by the Pharmacare Plan upon recommendation of a qualified medical doctor, when the requested item is not available from any other health or social service program.

The actual amount of any assistance provided is dependent on whether a budget deficit exists, when the cost of the item of special need is included on the Income Assistance application.

Procedure

The caseworker:

 will verify the need for the requested item through documentation provided by the client from a medical practitioner;

- may refer to medical professional/practitioner to determine if the item/service is required, considered effective and/or if a more economical device, piece of equipment or treatment, considered equally effective, is available;
- consider all other sources of available assistance;
- record on the case file with relevant back-up documentation;
- due to the complexities in such requests, the request must be referred to the Manager, Income Assistance, for review and approval, unless it is requested under the Employability Assistance for Persons with Disabilities (EAPD) program when it should be referred to the Co-ordinator, Program for Persons with Disabilities. The Manager, Income Assistance, may review this with a person qualified to provide advice in respect of the appropriateness, necessity and effectiveness of the medical supply/equipment.

Revised Version:

Policy: Medical Supplies & Equipment

Applicants may be eligible for prosthetic appliances and other medical supplies and/or equipment not covered by the Pharmacare Plan upon recommendation of a qualified medical doctor, when the requested item is not available from any other health or social service program.

The actual amount of any assistance provided is dependent on whether a budget deficit exists, when the cost of the item of special need is included on the Income Assistance application.

Procedure

The caseworker:

- will verify the need for the requested item through documentation provided by the client from a medical practitioner;
- may refer to a medical professional/practitioner to determine if:
 - the item/service is required;
 - considered effective; and/or
 - if an equally effective, more economical device, piece of equipment or treatment, is available;
- consider all other sources of available assistance;
- record on the case file with relevant back-up documentation;

Rev #	Revision	Chapter	Chapter Name	Section
	Date(D/M/Y)	#		

47	26/02/04	5	Basic Needs	14 - Ineligibility
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Previous Version:

Policy: Lawful Confinement

An applicant is not eligible for assistance while the applicant is:

- detained in a lawful place of confinement (see Section 15 ESIA Regulations); or
- is under house arrest

Assistance shall be discontinued where a recipient is imprisoned for more than 30 consecutive days in any penitentiary to which the Prisons and Reformatories Act (Canada) applies, in a jail, lockup or adult reformatory institution, or is under house arrest for more than 30 consecutive days. Dependents of the person under lawful confinement may be assisted.

Procedure

At the time of application or re-application for income assistance, the caseworker will request and receive:

- a copy of the sentence order
- release documents.

Revised Version:

Policy: Lawful Confinement

An applicant/recipient is not eligible for assistance while the applicant is detained in a lawful place of confinement.

Assistance shall be discontinued where an applicant/recipient is imprisoned for more than 30 consecutive days in any penitentiary to which the Prisons and Reformatories Act (Canada) applies, in a jail, lockup or adult reformatory institution.

Applicants/recipients who are under House Arrest, may be eligible to receive assistance based on an assessment of determination for eligibility.

• Request and receive a copy of the sentence order, release documents for the applicant/recipient who is under House Arrest or is imprisoned.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
46	28/05/03	12	Appendices	The Nova Scotia Child Benefit Appendix

Previous Version:

Marginal Tax Back Rates:

The Nova Scotia Child Benefit provides maximum benefits, as noted above, to families with net family annual income up to \$ 15,999.

Effective July 1, 2001 benefits to families with income between \$ 16,000 and \$ 20,921 are determined by the following marginal tax back rates:

Number of Children	Marginal Tax Back Rate
One child	9.041%
Two children	22.1455%
Each additional child add	14.6282%

For families with annual incomes between \$ 16,000 and \$ 20,921 the maximum benefit is reduced by first calculating the difference between a family's actual income and the base income of \$15,999. Depending on the number of children, the appropriate tax back rate is then applied to this amount. The result of this calculation is then subtracted from the maximum benefit for the applicable family size to arrive at a partial benefit entitlement.

For example a family with two children and net annual income of \$ 18,000 will receive a partial annual benefit of \$ 646.87; calculated as follows:

Partial Benefit = Maximum Nova Scotia Child Benefit - [(Annual family income - base income of \$15,999) x (Marginal Tax Back Rate)]

Partial Benefit = $1.090 - (18,000 - 15,999) \times (22.1455)$

Partial Benefit = $1,090 - 2001 \times .221455$

Partial Benefit = 1,090 - 443.13

Partial Benefit = 646.87

The following table provides examples of the annual benefits for different family sizes, at various incomes over \$15,999.

Number of Children

Net	Family						
	Income	1	2	3	4	5	6
Max.to	15,999	445	1,090	1,810	2,530	3,250	3,970
	16,000	441.91	1089.78	1,809.63	2,529.49	3,249.34	3,969.19
	16,500	399.70	979.05	1,625.76	2,272.48	2,919.19	3,565.90
	17,000	354.50	868.32	1,441.90	2,015.47	2,589.04	3,162.61
	17,500	309.29	757.60	1,258.03	1,758.46	2,258.89	2,759.32
	18,000	264.09	646.87	1,074.16	1,501.45	1,928.74	2,356.74
	18,500	218.88	536.14	890.29	1,244.44	1,598.59	1,952.74
	19,000	173.68	425.41	706.42	987.43	1,268.44	1,549.44
	19,500	128.47	314.69	522.55	730.42	938.29	1,146.15
	20,000	83.27	203.96	338.69	473.41	608.14	742.86
	20,500	38.06	93.23	154.82	216.40	277.99	339.57
	20,921	0.00	0.00	0.00	0.00	0.00	0.00

Revised Version:

Information removed - reference can be made to CCRA information on-line.

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
45	20/05/03	7	Pharmacare	1 - Community Services Pharmacare Program

Previous Version:

Intent:

To provide prescription drug coverage as per the Prescription Drug Formulary issued by the Nova Scotia Health Services Insurance Commission to recipients and/or their spouse and/or dependents, or former recipients and/or their spouse and/or dependents who meet the eligibility criteria.

Policy: Continuation of Pharmacare to Clients Ineligible

Due to the Nova Scotia Child Benefit August 1, 2001

Pharmacare may be continued to clients who are ineligible for assistance August 1, 2001 because children's benefits will be paid through the Nova Scotia Child Benefit and not with their monthly income assistance entitlement. Pharmacare will be continued to July 31, 2002.

Revised Version:

Intent

To provide prescription drug coverage as per the Nova Scotia Formulary issued by the Nova Scotia Department of Health to recipients and/or their spouse and/or dependents, or former recipients and/or their spouse and/or dependents who meet the eligibility criteria.

Removal of Policy: Continuation of Pharmacare to Clients Ineligible Due to the Nova Scotia Child Benefit August 1, 2001

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
44	20/05/03	12	Appendices	Nova Scotia Child Benefit

Previous Version:

Policy: The Nova Scotia Child Benefit

Revised Version:

Policy: The Nova Scotia Child Benefit

Please see the Nova Scotia Child Benefit Appendix (revisions to NCB amounts)

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
43	20/05/03	12	Appendices	Information Policy

Previous Version:

No previous version

Revised Version:

Policy: Information Policy

This is a new policy - please see Chapter 12 - Information Policy

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
42	20/05/03	5	Basic Needs	6 - Single Expectant Mother's Shelter Allowance

Previous Version:

Policy: Single Expectant Mother's Shelter Allowance

A single expectant mother, over the age of 19, in her seventh month may qualify for a shelter allowance of up to \$550 to assist in acquiring shelter accommodations for two persons.

Procedure

The caseworker will:

ensure all pertinent supporting documentation is recorded on file, before adjusting the shelter allowance.

Revised Version:

Policy: Single Expectant Mother's Shelter Allowance

A single expectant mother, over the age of 19, in her seventh month may qualify for a shelter allowance of up to \$550 to assist in acquiring shelter accommodations for two persons. A single expectant mother, over the age of 19, in her seventh month with one dependent may qualify for a shelter allowance of up to \$600 to assist in acquiring shelter accommodations for three persons.

Procedure

The caseworker will:

ensure all pertinent supporting documentation is recorded on file, before adjusting the shelter allowance.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
41	20/05/03	7	Pharmacare	1 - Community Services Pharmacare Program

Previous Version:

Title Section: 1 - Atlantic Blue Cross Pharmacare Program

Policy: Exception Drug Status

The Department of Community Services' Pharmacare program drug plan is administered through Atlantic Blue Cross Care. Only those pharmaceutical products prescribed by a physician or a dentist and currently listed on the drug formulary used by the Pharmacare program will be eligible for coverage criteria set down by Atlantic Blue Cross Care. Coverage for an "exception status drug" will be approved according to coverage criteria set down by Atlantic Blue Cross Care.

Revised Version:

Title Section: 1 - Community Services Pharmacare Program

Policy: Exception Status Drugs

The Department of Community Services Pharmacare drug plan is administered by the Department of Health through their program administrator. The Community Services Pharmacare Program follows the Community Services benefit list in the Nova Scotia Formulary. This list provides access to drugs, biological and

related preparations, diabetes, and ostomy supplies. Certain drugs are only eligible for coverage under the Community Services Pharmacare Program when an individual meets criteria developed by the Department of Health. These drugs are referred to as "exception status drugs".

If a client is being prescribed or is requesting a drug that is not a benefit on the Nova Scotia Formulary and/or has not been approved for exception status drug coverage, the client should be advised to have their physician request approval through Pharmacare for coverage.

Those drugs not covered as benefits under the Nova Scotia Formulary, or drugs not approved for exception status drug coverage must not be covered under special needs. Only those pharmacies who have on-line access to the Department of Health's Pharmacare billing system will be utilized.

Reason for Recommending Change: Clarification of exception status drug coverage and that drugs not approved for exception status are not to be covered under special needs. As well change of section name to reflect Community Services Pharmacare Program.

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
40	20/05/03	7	Pharmacare	1 - Community Services Pharmacare Program

Previous Version:

Policy: Extended Pharmacare

Applicants/recipients and/or their spouse and/or dependents may be eligible for extended pharmacare, if a budget deficit exists when the average monthly drug costs are included as an expense in the determination of eligibility for income assistance.

Procedure

- determine the average monthly drug costs required during the six months immediately preceding the date on which the person applied for extended pharmacare, using the following guide:
 - "Average monthly drug costs means the average cost of drugs per month, calculated on the basis of the cost of drugs during the six months immediately preceding the date on which the individual's eligibility for pharmacare is determined". Where the last six month(s) of drug costs appear to be incomplete, the caseworker may use the most up-to-date six month period available. For example, if benefits are discontinued August 1st and drug costs for the month of July are incomplete, the caseworker may substitute January to June for calculation of average drug costs purposes. Where the drug history available is for less than six months, the caseworker may determine the "average monthly drug cost" using the number of months available;
- review pharmacy records and/or prescription receipts to determine eligibility according to the calculation of average monthly drug costs;

Revised Version:

Policy: Extended Pharmacare

Applicants/recipients and/or their spouse and/or dependents may be eligible for extended pharmacare, if a budget deficit exists when the average monthly drug costs are included as an expense in the determination of eligibility for income assistance. The average monthly drug costs are not to be included in the budget calculation when assessing eligibility for any special needs for extended pharmacare cases.

Procedure

- determine the average monthly drug costs required during the six months immediately preceding the date on which the person applied for extended pharmacare, using the following guide:
 - "Average monthly drug costs means the average cost of drugs per month, calculated on the basis of the cost of drugs during the six months immediately preceding the date on which the individual's eligibility for pharmacare is determined". Where the last six month(s) of drug costs appear to be incomplete, the caseworker may use the most up-to-date six month period available. For example, if benefits are discontinued August 1st and drug costs for the month of July are incomplete, the caseworker may substitute January to June for calculation of average drug costs purposes. Where the drug history available is for less than six months, the caseworker may

determine the "average monthly drug cost" using the number of months available;

- review pharmacy records and/or prescription receipts to determine eligibility according to the calculation of average monthly drug costs;
- determine ongoing eligibility, access and print the pay history screen to display the drug costs for the six months immediately preceding the month in which the annual review was completed. The total of these drug costs should be divided by six. The resulting figure shall be used as an expense only for the purpose of determining ongoing eligibility for extended pharmacare coverage.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
39	21/01/03	5	Basic Needs	16 - Chargeable Income

Previous Version:

Policy: Net Profit and Income of a Business

At initial eligibility, net profits of a business are charged against entitlement. Income will be calculated at the current provincial minimum wage for 160 hours per month or \$912. Recipients operating a business as part of an approved employment plan will be eligible for the self-employment and entrepreneurship incentive (see Incentives).

Revised Version:

Policy: Net Profit and Income of a Business

At initial eligibility, net profits of a business are charged against entitlement. Income will be calculated at the current provincial minimum wage for 160 hours per month or \$960. Recipients operating a business as part of an approved employment plan will be eligible for the self-employment and entrepreneurship incentive (see Incentives).

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
38	37601	6	Special Needs	11-Dental Policy and Rates

Previous Version:

Policy: Dental Policy and Rates

Dental and denturist rates schedule

Revised Version:

Policy: Dental Policy and Rates

Addition of new dental codes included in the dental and denturist rates schedule.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
37	22/10/02	6	Special Needs	2 - Shelter Expense

Previous Version:

Policy: Property Tax Arrears

Recipients who have been in receipt of income assistance for twelve consecutive months or longer may be eligible for payment of property tax arrears. The recipient must provide documentation that the property will be sold due to outstanding taxes. Only the amount required to avoid a tax sale will be considered. Assistance can only be provided if the property is solely in the name of the recipient. Arrears will only be considered for the period of time the applicant was in receipt of assistance. The payment may be recovered by a monthly deduction from the person's entitlement.

Procedure

Review the tax arrears documents in the determination of eligibility.

Revised Version:

Policy: Property Tax Arrears

Recipients who have been in receipt of income assistance for twelve consecutive months or longer may be eligible for payment of property tax arrears. The recipient must provide documentation that the property will be sold due to outstanding taxes. Only the amount required to avoid a tax sale will be considered. Assistance can only be provided if the property is solely in the name of the recipient. Arrears will only be considered for the period of time the applicant was in receipt of assistance. The payment may be recovered by a monthly deduction from the person's entitlement.

Procedure

- Review the tax arrears calculations indicating the annual taxes, interest, additional charges and payments.
- ♦ Contact the Municipality to determine the following:
 - if all or any of the interest can be written off;
 - if the Municipality will allow for any retroactive entitlement to annual tax exemptions;
 - if additional costs charged by the Municipality for tax sale etc., may be deducted.
- ♦ Advise the client to provide written authorization to the Municipality to withdraw from his/her account an amount equal to the monthly cost of current annual taxes.
- ♦ In the determination of an overpayment consider the previous efforts and financial ability of the client to pay annual taxes.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
36	22/10/02	6	Special Needs	11 - Dental Policy and Rates Schedule

Previous Version:

Policy: Dental Policy and Rates Schedule

Addition of the ESIA Denturist Rates Schedule

Revised Version:

Policy: Dental Policy and Rates Schedule

ESIA DENTURIST RATES SCHEDULE

Applicants may be eligible for assistance to cover the cost of dentures when recommended by a physician or a dentist. Dentures shall be obtained by the most economical means. If dentures are provided by a denturist, then the denturist must be licensed in the Province of Nova Scotia to do so. Partial dentures must be provided by a dentist.

PROCEDURE	DESCRIPTION	FEE	
CODE			
DIAGNOSTIC			
30010	NEW PATIENT EXAM	\$	36.68
	COMPLETE MAXILLARY		
30020	NEW PATIENT EXAM	\$	40.35
	COMPLETE MANDIBULAR		
30030	NEW PATIENT EXAM	\$	73.37
	COMPLETE MAXILLARY & MANDIBUL	AR	
DENTURES			
31310	COMPLETE STANDARD	\$	422.34
	MAXILLARY DENTURE		
31320	COMPLETE STANDARD	\$	530.38
	MANDIBULAR DENTURE		
31330	COMPLETE STANDARD	\$	857.44

MAXILLARY & MANDIBULAR DENTURE

DENTURE REPAIRS

36110	COMPLETE MAXILLARY REPAIR - NO IMPRESSION	\$ 41.26 to \$ 133.89
36120	COMPLETE MANDIBULAR REPAIR - NO IMPRESSION	\$ 41.26 to \$ 133.89
36210	COMPLETE MAXILLARY REPAIR - WITH IMPRESSION	\$ 66.79 to \$ 159.42
36220	COMPLETE MANDIBULAR REPAIR - WITH IMPRESSION	\$ 66.79 to \$ 159.42

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
35	22/10/02	12	Appendices	Family Violence Protocol

Previous Version:

Policy: Family Violence Protocol

Add Family Violence Protocol as part of the policy manual.

Revised Version:

Policy: Family Violence Protocol

Definition of Family Violence

Family Violence is the abuse or violence that occurs between individuals related by affection, kinship, dependency or trust. It is fundamentally an abuse of power and betrayal of trust. Populations most vulnerable to family violence are women, children, the elderly, and persons with disabilities, although men can be victims of abuse as well.

Family violence can take the form of physical, sexual, psychological/emotional abuse, financial exploitation/economic abuse, and neglect. It is often referred to by terms such as woman/spousal abuse, child abuse or neglect, child sexual abuse, elder abuse, or adults in need of protection.

What is Woman/Spousal Abuse

Woman/spousal abuse is the physical, sexual, psychological and economic abuse of a person by his/her intimate partner whether they are married, common-law, or dating; current or former relationships; or same or opposite sex couples. The abuser exercises control over the victim by inducing fear.

Underlying all abuse is a power imbalance between the victim and the offender. It need not involve physical contact with the victim since acts of intimidation such as punching walls and making verbal threats can achieve the same result. Abuse does not necessarily end when women leave a relationship. Abusive partners may continue to harass and assault women even though they no longer live together. Abuse of women is a crime under the Criminal Code of Canada.

Reporting Procedures

There is no legal obligation to report woman abuse. There is a duty under the Children and Family Services Act to report any suspicions or information related to child abuse including Section 22(2)(i) where the child has suffered physical or emotional harm caused by being exposed to repeated acts of domestic violence by or towards a parent or guardian of the child, and the child's parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence.

Indicators of Woman Abuse

An abused woman may:

- show signs of bruises, welts, burns, or scalds;
- be undernourished or withdrawn; may exhibit shame or fear;
- be accompanied by a male who answers questions directed at the woman;
- give an explanation that does not accurately account for her injuries;
- avoid eye contact or show extreme agitation or anxiety while explaining about the injuries;
- minimize the injury, or blame herself as being "clumsy";
- give an exaggerated denial of violence as the cause of the injury;
- give a quick ready-made response as to the cause of the injury before being asked.

Intervention Guidelines - Woman Abuse

Income Assistance staff may identify the need either in the office or in the field to provide help to women who have experienced abuse. Where there is abuse, whether it is suspected or confirmed, workers should provide an opportunity and atmosphere/environment in which a client feels comfortable to disclose their situation of abuse as follows:

(a) Discuss the Issue with the Client Alone

It is imperative to discuss the issue privately in order to ensure the safety of the client and avoid any escalation of the abuse. It is unlikely a woman will speak about abuse in the presence of the abuser or other family members.

(b) Validate her Experience

Your support for her situation and safety may be the first indication to her that the abuse is serious and is not her fault. She is not to blame for its occurrence.

(c) Educate

Inform her that:

- she is not alone;
- assault is a criminal offence;
- typically, the violence escalates in frequency and severity over time;
- violence in the family adversely affects children. Women need to be informed about the devastating psychological effects on, and high trauma to their children who witness the woman's abuse.

(d) Be Supportive

Be aware of how very difficult and traumatizing this is for her. Because of the devastating psychological effects of physical and emotional harm, abused women frequently require counseling to improve their self-esteem.

(e) Discuss Options for Action

Outline for her the people and agencies who can and will help her and identify these, such as:

- transition houses, outreach programs, youth centres, help-lines, women's centres;
- police;
- support groups;
- legal aid;
- counseling services for herself and her children;
- clergy;
- medical services;
- possibly family and friends;
- make a referral if she wishes.

(f) Encourage Her to Define Her Own Problems and Solutions

Intervention should be aimed not at making decisions for her, but facilitating her ability to think through alternatives and seek an acceptable course of action. You are dealing with an adult and her decisions must be respected.

(g) Leave the Door Open

Abused women frequently choose a course of action that professionals may consider inappropriate. The fact that a woman returns to her partner is not an indication that your intervention has failed. The encounter is successful if:

- the woman is not blamed but is supported;
- she is educated about options;
- she is made aware of existing resources.

If she decides to return or remain with her partner it is acceptable to voice your concern for her safety, but it is important to do so in a nonjudgmental manner.

Freedom of Choice and Confidentiality

Staff should be sensitive to the client's freedom of choice; assisting the women in abusive situations should never go beyond what she wants. The information received from the client must be kept confidential in compliance with policy respecting confidentiality and the Freedom of Information and Protection of Privacy Act. However, if the client discloses abuse of her children, this must be reported as per the Children and Family Services Act.

Documentation

A summary of the situation and interventions should be recorded in the client's file. Supervisors should be consulted and/or apprised on the situation, where appropriate.

Definition of Child Abuse or Neglect

The Children and Family Services Act (1991) is the legislation that deals with child protection, children in care, foster care and adoption. The Act protects children from abuse and neglect and offers services to children and their families. According to Section 3 (1) (e) of the Act, a child is defined as a person under sixteen years of age.

When a Child is in Need of Protective Services:

Child maltreatment refers to a wide range of acts or behaviours by parents, care givers, or others which place children at risk of serious physical or emotional harm. When a child has been abused or neglected, or when they are at substantial risk of harm from abuse or neglect, they are in need of protective services. Section 22(2) of the Children and Family Services Act defines the circumstances in which child protection services are necessary. (See Appendix A)

Physical Abuse:

Physical abuse is defined as a deliberate non-accidental assault on a child that results in physical harm. It may also result from excessive or inappropriate discipline. Injuries may range from bruising, burns, welts, or bit marks to major bone fractures, internal injuries, and death.

Sexual Abuse:

Sexual abuse is a generic term used to describe a range of sexual activity or behaviour perpetrated by an older person toward a child, with or without the child's consent, for the sexual gratification of the adult or older person. The abuse can occur within the family or outside of the family, and can be homosexual in nature.

Emotional Abuse:

Emotionally abusive behaviour ranges from habitual humiliation to withholding life-sustaining nurturing. The abuse is persistent or chronic on the part of the care giver and results in some degree of emotional damage to the child, evidenced by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour.

Neglect:

Child neglect results from a failure on the part of the child's care giver to provide adequately for the child's need for food, shelter, clothing, hygiene, medical care and supervision.

Indicators of Abuse and Neglect

The child:

- describes abusive incidents, or describes witnessing violence by or towards a parent;
- has unexplained injuries on the face, head, torso, buttocks or back of legs where accidental injuries are unlikely to appear, or has injuries inconsistent with the explanation provided;
- has unexplained pain, bruises, lacerations, redness, swelling or bleeding in the genital, vaginal or anal areas;
- has a detailed and age-inappropriate understanding of sexual behaviour and is preoccupied with sex in conversations and in play;
- seeks attention and affection inappropriately;
- is anxious, depressed, or withdrawn, or engages in self-destructive or aggressive behaviour;
- seems afraid to tell parents of minor misdeeds, or is wary of adults in general;
- is very dirty and unkept;
- seems malnourished, or is constantly hungry due to inadequate nutrition (sufficient quality and quantity);
- engages in role reversal with his/her parent;
- is inadequately dressed for the weather;
- is unsupervised or left with an inappropriate caregiver;
- has medical problems which have not been addressed;
- seems to be suffering from developmental lags which have no obvious physical cause;
- has been abandoned.

The parent/guardian/other adult:

- offers an illogical, unconvincing, or contradictory explanation or no explanation for the child's injury;
- is evasive and/or resistant and may show signs of anxiety;
- may exhibit signs of indifference to the extent of the injuries and the need for treatment;
- may blame the injuries on the child's awkwardness or behaviour;
- may make negative comments indicating the child is bad, stupid, clumsy;
- may give rewards and punishments inconsistently;

- openly rejects the child, or is inconsistent in providing affection, attention and stimulation;
- may hold unrealistic and age-inappropriate expectations and make inappropriate demands on the child.

These indicators do not necessarily prove that a child has been abused. They are clues that alert us that abuse or neglect may have occurred. Workers have a legal responsibility to report child abuse and the information upon which the report is based, but they do not have to prove that abuse or neglect has occurred.

Legal Requirement to Report

Every person in Nova Scotia is required under the Children and Family Services Act to report child abuse and neglect. The legislation places an even higher responsibility on persons who provide professional or official duties with respect to the children. The Act requires that if, in the course of their duties, professionals have "reasonable grounds" to suspect that a child is being abused, may be abused or may have been abused, this must be reported immediately.

The child welfare referrals should be given top priority. The duty to report suspected child abuse and neglect overrides the confidentiality requirement of all professional relationships and includes information considered to be privileged.

The Act also sets out the duty to report third party abuse. Section 25 (2) specifies that "every person who has information indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian shall report the information to an agency."

Protection from Liability

The Act provides that, unless the reporting is done falsely or maliciously, legal action cannot be taken against a person who reports a child abuse.

Penalty for Failure to Report

The Act states that a person who fails to report such cases is guilty of an offence. The penalty is a fine of up to \$2,000 and/or imprisonment for a term of up to six months. Persons who provide professional or official duties with respect to children, are liable, under Section 24 (2), to higher penalties if they fail to report; a maximum fine of \$5,000, imprisonment for a period not exceeding one year, or both.

Referral/Documentation

The suspicion and information upon which suspected child abuse and/or neglect is based must be reported to a child welfare agency immediately. These details and the date of the child welfare referral should be documented and placed on file by the worker. At the time of referral, it is the caseworker's responsibility to request of the Child Welfare Agency official to provide a written acknowledgment of receipt of the referral.

Informing your Supervisor

Your supervisor should be informed as soon as possible that a referral to a child welfare agency has been made.

Follow up with Child Welfare Agency

Within one week of making the referral, the caseworker should contact the child welfare authorities to determine whether the agency will be following up on the referral.

Adults in Need of Protection Act

The Adult Protection Act protects from abuse or neglect all persons 16 years of age and over who lack the physical or mental capacity to care and fend for themselves. The criteria for an adult in need of protection, includes the following: a person who is sixteen years of age or over; a person who, in the premise where he/she resides, is a victim of physical abuse, sexual abuse, mental cruelty or neglect; a person who has a physical disability or mental infirmity which renders him/her incapable of protection from the abuse or incapable of providing adequate care; a person who refuses, delays or is unable to provide for his/her protection or adequate care. If you are not sure whether a case falls under the Adult Protection Act, contact the Adult Protection Worker.

Where the case involves a person (male or female) who is subject to abuse but the person does not meet the criteria of the Adult Protection Act, the worker should intervene as outlined in the Woman/Spousal Abuse section of the policy. The Act does not cover cases of financial abuse. These cases are a criminal matter that the police must investigate under the Criminal Code.

Indicators of Abuse/Neglect

The following are just a few of the indicators of abuse or neglect showing that an adult may be in need of protection.

- unexplained injuries such as bruises, burns, swellings, fractures, etc.;
- repeated falls, old injuries;

- rope marks, burns;
- show poor skin condition, pressure sores, abrasions, dirty, dry, etc;
- inability to care for personal needs such as hygiene, toileting, diet, etc;
- malnourished, dehydrated, shows extreme weight loss;
- agitation, unexplained fearfulness, particularly in the presence of the care giver/family member;
- deference to the care giver/family member, e.g., waits for the care giver/family member to respond to questions when no communication impediment exists;
- confused.

Legal Requirement to Report

In a situation where it appears that a disabled, mentally handicapped, and/or infirm adult is in need of protection from abuse or neglect as stated above, it is required by law that the caseworker shall immediately make a referral to the local adult protection worker. All adult protection referrals are to be given top priority.

Consultation with Supervisor

Consultation with your supervisor should take place prior to the referral unless the urgency of the referral combined with time constraints necessitates immediate action. After consultation with his/her supervisor the worker still has an obligation to proceed with the referral, even if this action is not supported by the supervisor. If prior consultation is not possible the worker should proceed with the referral and inform the supervisor at the earliest opportunity.

Documentation

Provide information to Adult Protection Worker that helps them to proceed. When preparing your report include the following:

- the urgency of the referral;
- document the signs of abuse or neglect;
- if there is abuse/care giver abuse/neglect, the relationship of the alleged perpetrator (s);
- who else may have information;
- is there a family doctor available;
- is there need to see the client alone;
- are there any health/safety issues that the worker should be aware of, e.g., dangerous animals, weapons, etc.

The details of the adult protection referral should be documented and placed on file by the worker.

Follow-up with Adult Protection Authorities

Within one week of making the referral, the worker should contact the adult protection authorities to determine whether the case has been accepted for service.

"Appendix A"

Children and Family Services Act Chapter 5 of the Acts of 1990

22 (1) In this Section, "substantial risk" means a real chance of danger that is apparent on the evidence.

Child is in need of protective services

- (2) A child is in need of protective services where
- (a) the child has suffered physical harm, inflicted by a parent or guardian of the child or caused by the failure of a parent or guardian to supervise and protect the child adequately;
- (b) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);
- (c) the child has been sexually abused by a parent or guardian of the child, or by another person where a parent or guardian of the child knows or should know of the possibility of sexual abuse and fails to protect the child;
- (d) there is a substantial risk that the child will be sexually abused as described in clause (c);
- (e) a child requires medical treatment to cure, prevent or alleviate physical harm or suffering, and the childs parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment;
- (f) the child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour and the childs parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

- (g) there is a substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the childs development and the childs parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the condition;
- (i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child, and the childs parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence;
- (j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child, and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (ja) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (j);
- (k) the child has been abandoned, the childs only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the childs care and custody, or the child is in the care of an agency or another person and the parent or guardian of the child refuses or is unable or unwilling to resume the childs care and custody;
- (1) the child is under twelve years of age and has killed or seriously injured another person or caused serious damage to another persons property, and services or treatment are necessary to prevent a recurrence and a parent or guardian of the child does not provide, or refuses or is unavailable or unable to consent to, the necessary services or treatment;
- (m) the child is under twelve years of age and has on more than one occasion injured another person or caused loss or damage to another persons property, with the encouragement of a parent or guardian of the child or because of the parent or guardians failure or inability to supervise the child adequately.

1990, c. 5, s. 22; 1996, c. 10, s. 1.

	Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
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34	22/10/02	5	Basic Needs	1 - Initial and
				Ongoing
				Eligibility

Policy: Conducting an Annual Review

Addition of new policy

Revised Version:

Policy: Conducting an Annual Review

The caseworker must conduct a comprehensive review of a client's eligibility at least once a year for all cases except those deemed to be "static".

Procedure

The caseworker will receive a monthly report listing all outstanding reviews. The caseworker shall meet with the recipient and/or spouse to review and complete the following documentation:

- an updated "Authorization to Release Information" form;
- ♦ a "Client Personal and Financial Statement";
- verification of income, assets and expenses;
- update living situation;
- any other forms applicable to the client's situation, for example, Canada Pension 1613 form, Assignment of Maintenance Agreement.

Upon completion of the Annual Review, the caseworker will update the electronic file as per the review management procedures. This includes the updating of the casenotes.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
33	37537	5	Basic Needs	18 - Incentives

Policy: New Start Allowance

A recipient who becomes employed or whose spouse becomes employed on a full-time basis is entitled to receive a one-time, new-start allowance in the amount of \$400 for full-time employment, or \$200 for part-time employment when the employment begins.

Procedures:

The caseworker will:

- verify that the recipient and/or the spouse of the recipient has not received the one-time payment for either full-time or part-time employment in the past;
- verify with the recipient and/or spouse of the recipient the hours of the employment situation by having a letter of offer of employment or other documentation provided;
- authorize the appropriate one-time payment;
- note the payment and conditions of employment in the file using the notes section of the income assistance system.

Revised Version:

Policy: New Start Allowance

N/A - the policy has been removed.

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
32	24/07/02	5	Basic Needs	9 - Employability

Previous Version:

Policy: File Closure - Employment Support Services

New Policy

Revised Version:

A recipient and/or the spouse of a recipient who is referred to Employment Support Services will each have a separate file within Employment Support Services. The Employment Support Services file will be closed and the individual will be considered to be no longer satisfying the employment related criteria for ongoing eligibility for income assistance if one or more of the following conditions are met:

- the individual becomes ineligible for income assistance, except in cases where ineligibility has been caused through income generated from an Employment Support Services negotiated wage subsidy placement which requires follow up
- the individual demonstrates that the ability to seek or maintain either employment or other employability enhancing activity is not feasible due to significant barriers in the areas of physical/mental health, personal, social, addiction or family issues, and these issues cannot be addressed through participation in Employment Support Services
- the individual has agreed to participate in services through Employment Support Services and has three documented incidents of missed appointments and/or non-participation in the agreed upon activity
- consultation with the Income Assistance caseworker indicates that closure is appropriate
- the individual is currently receiving the same level of service from another agency
- the individual has demonstrated verbal or physical behaviours that have been documented and deemed to be inappropriate by the Employment Support caseworker and the Casework Supervisor

Closure of an Employment Support Services file and a recommendation regarding ongoing eligibility for income assistance will be communicated by ESS to the Income Assistance caseworker by the end of the calendar month within which the file is closed. A decision regarding ongoing eligibility for income assistance will be made within the Income Assistance program.

Persons with disabilities who have a current file with the Employment Assistance for Persons with Disabilities (EAPD) program within the Employment Support Services program section but have no attachment to the Income Assistance program are subject to all conditions except those related to eligibility for income assistance.

A recipient and/or the spouse of a recipient who has had their Employment Support Services file closed for reasons of non-participation or documented incidents of verbal or physical behaviours that have been deemed inappropriate can be refused service within the Employment Support Services section for a period not to exceed six months from the date that the file was closed.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
31	23/07/02	6	Special Needs	1 - Special Needs

Policy: Special Needs - Schedule "A"

Schedule "A"

Items of Special Needs				
Transportation	up to	\$150		
Child care	up to	\$400		
Single vision glasses		\$90		
Dental costs	up to	\$300 per item		
Funeral costs for opening and closing of grave, grave lot, clothing, transportation	up to	\$1000		
Funeral costs for professional services and cremation urn or casket	up to	\$2500		
Special diet	up to	\$150		

Revised Version:

Policy: Special Needs - Schedule "A"

Schedule "A"

Items of Special Needs				
Transportation	up to	\$150		
Child care	up to	\$400		
Single vision glasses		\$90		
Dental costs	up to	\$300 per item		
Funeral costs for opening and closing of grave, grave lot, clothing, transportation	up to	\$1000		

Funeral costs for professional services and cremation urn or casket	up to	\$2500
Special diet	up to	\$150

Note For dental policy and rates schedule refer to Chapter 6, Special Needs, Section 11 - Dental Policy and Rates Schedule.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
30	23/07/02	6	Special Needs	11 - Dental Policy and Rates Schedule

Previous Version:

Policy: Dental Rates Schedule

See Chapter 11 - dental rates schedule

Revised Version:

Policy: Dental Policy and Rates Schedule

See Chapter 11 - revised dental policy added and rates schedule amended

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
29	23/07/02	6	Special Needs	11 - Dental Policy and Rates Schedule

Previous Version:

Policy: Dental Policy

Policy: Dental Coverage

Applicants may be eligible to receive dental coverage under the following circumstances:

- for the relief of pain;
- for control of prolonged bleeding;
- for treatment of swollen tissue;
- for provision or repair of broken dentures;
- for dental problems identified as a barrier to employment by Employment Support staff.

Applicants may be eligible for assistance to cover the cost of dentures, when recommended by a physician or a dentist. Dentures shall be obtained by the most economical means and, if provided by a denturist, the denturist must be licensed. Only one quote will be required, provided the fee is within the fees listed on the Dental Rates Schedule.

The service provider will be authorized to perform services listed in the Dental Rates schedule in Chapter 6, Section 11 up to a maximum of \$300 without prior approval.

The service provider will only be required to provide an estimate of costs when it is expected to exceed the \$300 maximum.

Procedure

The caseworker will:

- verify that the service rendered must be listed as a service in the Dental Rates Schedule in Chapter 6, Section 11 and performed for the approved fee;
- ensure the approval for substitution of similar services shall be provided as long as the fee remains the same;
- when contacted by the service provider, verify, through telephone or fax, or other modes, an individual's general eligibility for income assistance;
- ensure the standard dental billing form listing the procedure codes, and approved fee, has been submitted as the accepted form of billing.

Revised Version:

Intent: To provide emergency dental coverage to eligible clients and their dependents.

Policy: Dental Coverage Provision

Clients and/or dependents may be eligible to receive emergency dental coverage under the following circumstances:

- for the relief of pain;
- for control of prolonged bleeding;
- for treatment of swollen tissue;
- for provision or repair of broken dentures;
- for dental problems identified as a barriers to employment by Employment Support Staff.

Clients and/or dependents who have access to dental coverage under another dental plan, public or private, will be required to use that plan and they will not be eligible for dental coverage from the Employment Support and Income Assistance Program. The Dental Coverage System will utilize the Nova Scotia Health Card Number.

If a client and/or dependents requires dental work to be completed over a period of time and the client is deemed ineligible for a portion of that time the work shall be completed within 30 days.

Clients receiving Extended Pharmacare may be assessed for dental coverage. The average monthly drug cost is not included in the budget calculation when assessing eligibility for dental coverage for extended pharmacare cases.

Those clients in receipt of Transitional pharmacare coverage due to excess income from wages, that request emergency dental assistance, will be assessed in the same manner as an applicant who applies for regular income assistance.

When an individual, not in receipt of income assistance makes a request for a special need for dental coverage, eligibility will be assessed in the same manner and under the same policy criteria and rate structure as is applied to all applicants for income assistance.

Procedure:

When an applicant/ recipient is requesting assistance with dental coverage the Caseworker will:

- verify with the applicant/recipient that they do not have access to dental coverage under any other dental plan;
- request all eligible clients contact their dentist to request they contact the service provider directly for approval as per the Employment Support and Income Assistance Dental program;
- advise eligible recipients and their dependents that dental benefits including request for dentures, may be granted as per the codes and rates covered in the Dental Rates Schedule. These rates are 80% of the Nova Scotia Dental Association fee guide;

- seek approval from their Supervisor for applicants/recipients requesting approval for rates/procedures not listed and/or costs exceeding the dental rates;
- advise recipients that dental coverage may begin following the determination of eligibility for income assistance. When cases are deemed ineligible, dental coverage will be deactivated.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
28	30/04/02	6	Special Needs	13 - Funeral Rate Schedule

Policy: Funeral Rates Schedule

- Professional Services and Merchandise: to maximum \$2,500.00
- Cash Disbursements: to maximum \$1,000.00 and may include one or more of the following:

Cemetery Charges (open, close, clean up grave, burial permits, etc.)

Grave Liner (wooden)

Crematory Fee & Return of Ashes

Cemetery equipment & set up

Radio Notices

Newspaper notices

Clothing for the deceased

Honorariums (Clergy, Music, etc.)

Grave Lot

 Any exceptions requested to the approved funeral cost must be approved by the Supervisor. For example: oversized casket, special-embalming preparations, out-of-province transfer, additional charges for the purchase of a grave lot, etc.

- Mileage over twenty-five kilometers may be paid on a per kilometre basis, based on approved government rates.
- Allapplicable taxes are additional.

Revised Version:

Policy: Funeral Rates Schedule

- 1. Professional Services and Merchandise: to maximum \$2,500.00 + taxes
- 2. Cash Disbursements: to maximum \$1,000.00 + taxes and may include one or more of the following:

Cemetery Charges (open, close, clean up grave, burial permits, etc.)

Grave Liner (wooden)

Crematory Fee & Return of Ashes

Cemetery equipment & set up

Radio Notices

Newspaper notices

Clothing for the deceased

Honorariums (Clergy, Music, etc.)

Grave Lot

- 3. Any exceptions requested to the approved funeral cost must be approved by the Supervisor. For example: oversized casket, special-embalming preparations, out-of-province transfer, additional charges for the purchase of a grave lot, etc.
- 4. Mileage over twenty-five kilometers may be paid on a per kilometre basis at a rate of .60 cents per kilometre

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
27	30/04/02	5	Basic Needs	10 - Post- secondary Education

Previous Version:

Policy: Post-Secondary Education

Persons who are attending or returning to post-secondary educational programs are not eligible for income assistance. Funding from another feasible source of income (i.e., Student Assistance) must be pursued.

Revised Version:

Policy: Post-Secondary Education

An applicant/recipient and/or spouse of an applicant/recipient who is attending or returning to post-secondary educational programs is not eligible for income assistance. Funding from another feasible source of income (i.e., Student Assistance) must be pursued.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
26	30/04/02	5	Basic Needs	9 - Employability

Previous Version:

Rewrite of entire version

Revised Version:

Intent

A recipient and/or a spouse of a recipient who has been deemed potentially appropriate for participation in employability activity will be referred to the appropriate employment service for support.

Policy: Employability Participation Questions at Intake - New Recipients

A recipient and/or a spouse of a recipient who meets the general eligibility criteria for Income Assistance will provide answers to the three employability participation questions located on the application/intake for Income Assistance form. The answers to these questions will be used to determine the potential requirement for a recipient and/or a spouse of a recipient to participate in employability activity as part of ongoing monthly eligibility for income assistance, and to which employment service(s) the recipient and/or spouse of a recipient will be referred.

Policy: Employability Participation Questions - Recipients Prior to August 1, 2001

A recipient and/or the spouse of a recipient in receipt of Income Assistance or Family Benefits prior to August 1, 2001 and who is not currently involved with Employment Support Services may be referred to Employment Support Services. This referral may be made upon request of the recipient and/or the spouse of the recipient, or upon request of the caseworker during the course of routine case management and must be based on the answers to the employability participation questions located on the application/intake for Income Assistance form.

The answers to these questions will be used to determine the potential requirement for a recipient and/or a spouse of a recipient to participate in employability activity as part of ongoing monthly eligibility for income assistance, and to which employment service(s) the recipient and/or spouse of a recipient will be referred.

Where the results of the employability assessment support involvement of the recipient and/or the spouse of the recipient in employment activity, all policies regarding ongoing eligibility, employment services provided and incentives will be applicable to the recipient and/or the spouse of the recipient.

Procedure:

The caseworker will:

- Ask the employability participation questions of the applicant/recipient and/or the spouse of the applicant/recipient;
- Refer those individuals who demonstrate that there are no current barriers in the areas of physical and/or mental health and/or other life situations that would prevent participation in employability enhancing activities to the appropriate employment service(s);
- Request current documentation from the applicant and/or the applicant's spouse to provide evidence of the presence of a physical and/or mental health barrier and/or other life situation that would preclude participation in employability enhancing activities as part of ongoing eligibility for income assistance; and
- · Place any documentation received from the applicant and/or the applicant's spouse on the case file.

Policy: Referrals for Employment Services

A recipient and/or the spouse of a recipient who is deemed through the employability questions to be appropriate for referral to employment services will be referred to the appropriate employment service for ongoing support.

Procedure

The caseworker will:

- make a decision, using consultation with the Employment Support Services as necessary, regarding which service is most appropriate for the recipient and/or spouse of the recipient; and
- make the referral to the appropriate employment service and/or communitybased service delivery agent.

Policy: Appropriate Referrals for Employability Assessment

A recipient and/or the spouse of a recipient will be considered to be appropriate for referral for an employability assessment if he/she is:

- in receipt of Income Assistance and deemed potentially appropriate for participation in employability activity through the intake process;
- a person with a disability not in receipt of income assistance and potentially eligible for services under the Employment Assistance for Disabled Persons (EAPD) program;
- mentally and physically stable and is demonstrating that the presence of any emotional, social or other life circumstances will not interfere with participation in employability activities;
- able to demonstrate a working knowledge of one of the official languages of Canada; and/or
- returning to Income Assistance within twelve months of the date of file closure and has had previously documented activity with Employment Support Services while he/she was a recipient of Income Assistance.

Individuals who are reporting casual/part time earnings below the cut off for Income Assistance and meet the criteria for appropriate referral may also be referred for an employability assessment.

Policy: Inappropriate Referrals for Employability Assessment

A recipient and/or the spouse of a recipient will be considered to be inappropriate for referral for an employability assessment if he/she:

- · is pending verified full time employment which is scheduled to start within thirty days;
- is pending Employment Insurance benefits or another source of income which will make the person ineligible for Income Assistance, with the exception of persons who are considered vocationally handicapped due to a disability or in areas where a co-service agreement with Human Resources Development Canada or another agency has been struck;

- has been determined to be appropriate for participation in employment activity but is relocating outside of the Province of Nova Scotia within the next thirty days;
- has documented attempts to gain working knowledge of one of the official languages of Canada and would receive more appropriate service at an employment support service in another language; and/or
- presents physical and/or mental health and/or life circumstances that indicate any level of participation in employment or employment related activity is not feasible at this time.

Policy: Participation in Employability Assessment

A recipient and/or the spouse of a recipient must participate in an employability assessment unless it has been determined that participation in employment related activity will not be required to maintain ongoing eligibility for income assistance, or that referral to another employment service outside of the Employment Support Services section of the Department of Community Services is more appropriate. All employability assessments will be conducted by a staff person certified through the Department of Community Services. Where a recipient and/or the spouse of a recipient refuses to participate in an employability assessment, income assistance will be discontinued.

Procedure

The caseworker will:

- use the results of the employability participation questions at intake to enter the appropriate Employability Participation (EP) code for all new recipients and/or current recipients being considered for referral for an employability assessment. At intake there are only three EP codes that can be used:
 - 1. Waiting for Assessment
 - 3. Temporarily Excused
 - 4. Not Required

For recipients that are coded EP1 (waiting for assessment),

The caseworker will:

- make a referral for an Employability Assessment;
- · record the date of the referral in the client file.

The staff person responsible for conducting the Employability Assessment will:

- notify the caseworker by e-mail of the appointment date for the employability assessment;
- notify the recipient by telephone or letter of the appointment date and location for the assessment;
- provide a list of information that the recipient is asked to bring to that appointment (i.e., resume, certificates, etc.);
- use the results of the employability assessment appointment to change the EP code from EP1 to one of the following:
 - EP2. Required and participating: the employability assessment appointment was attended and an employment plan is being created, or
 - EP3. Temporarily excused: the employability assessment appointment was attended and based on the results of that appointment, it has been determined that there will not be a requirement to participate at this time. A bring forward date, not to exceed six (6) months, will be set in order to review the circumstances, or
 - EP4. Not required: the employability assessment appointment was attended and based on the results of that appointment, it has been determined that there will not be a requirement now, nor is there likely to be a requirement in the future to participate in employment related activity as a part of ongoing eligibility, or
 - EP5. Required and not participating: the recipient did not attend the scheduled employability assessment appointment.
- notify the caseworker of any relevant results of the employability assessment using the notes section of the IA system;
- explain the Employment Action Plan form to the recipient and/or the spouse of the recipient and witness the signature of the recipient and/or the spouse of the recipient on this form;
- begin any referral processes identified as part of the Employment Action Plan.

Policy: Employment Services Provided

A recipient and/or the spouse of a recipient, upon completion of an employability assessment, will be provided access to the most appropriate and cost-effective services that are available and necessary to implement the Employment Action Plan.

Procedure:

The caseworker will:

 ensure that required services can be delivered by the Department or by community-based partners in a timely manner that is responsive to recipient need and consistent with external demands, such as industry and labour market trends before agreeing to the employment action plan. These services include but are not limited to:

- personal development services which facilitate progression to self sufficiency;
- support for the client in the form of active presentation to appropriate agencies which provide services that address the recipient's needs and goals;
- job preparation and employment entry supports such as job development, resume preparation, workshops, employment referrals, placements etc.
- skills development supports such as skill specific training, placements;
- career development supports consistent with a career/life development model that promotes life long learning and encourages recipient ownership of the process;
- office and technology supports such as Internet access, telephone service, photocopy and mail service;
- literacy/academic upgrading programs up to and including grade 12 that meet standards recognized by the Nova Scotia Department of Education;
- utilize the results of the Employability Assessment to refer the recipient and/or the spouse of the recipient to an appropriate, available and cost effective mix of services that will meet the goals and address the barriers identified within the employment action plan;
- use a case conference approach with other sections of the Department of Community Services and/or community-based partners to ensure that the recipient's and/or the spouse of the recipient's needs are being met;
- request and receive progress reports from community-based partners as required to ensure the recipient and/or the spouse of the recipient is receiving the level of service and is participating;
- provide ongoing reports to the caseworker through continued updating of the notes section of the IA system, the EP code, and case conferencing;
- authorize appropriate financial supports required for the recipient and/or the spouse of the recipient to participate in the employment plan;
- assist the recipient and/or the spouse of the recipient to identify alternate sources of funding and other community resources as required.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
25	30/04/02	12	Appendices	Completing the Consent to Deduction and Payment (1613) CPP Form

Addition

Revised Version:

Consent to Deduction and Payment (form 1613) should be completed as follows:

Section "A" and "B" are to be filled out by the caseworker at the initial visit.

- Name of Applicant (Client's full name)
- Social Insurance Number (SIN of the contributor if applying for Survivor Benefits.)
- Address of Income Security Programs Office Canada Pension Plan - Halifax Branch
- Type of Pension Applied For Disability, Survivor, Retirement, Child Benefit. Be sure to put Survivor/Child Benefit, Disabled/Child Benefit, if children are involved attach a memo with the name of the contributor, names of dependents and their birth dates (note: the name of the contributor may or may not be the identified SA client)
- Date (Date form was initiated and signed by client)
- Signature of Client
- Complete Address of Client

Section"B" - Social Assistance Payments are filled out by the caseworker or administrative staff once social assistance eligibility has been determined.

- Date of Initial Payment Date of granting of social assistance (leave blank)
- Amount of Initial Payment initial funds paid (leave blank)
- Amount of Continuing Payment On-going Entitlement to be paid -Monthly (leave blank)
- Monthly assistance payment is to Cease (leave blank)
- Name and Address of Welfare Agency/Office Department of Community Services, P.O. Box 696, Halifax, NS, B3J 2T7
- Date Section "B" is filled out
- Name of Contact -Head Office Clerk
- Signature Caseworker or Administrative staff signs on behalf of Head Office clerk
- Telephone 902-424-7117 (Head Office)
- Fax 902-424-0721 (Head Office)
- Agency Code Income Assistance
- Reference Number RDA and Program Number (Case Number)
- submit copies one and two of the form to Head Office, Income Assistance for processing. Forms should not be sent directly to the Canada Pension office. Copy 3 should be placed on the recipient's file and copy four given to the recipient.
- notify Head Office when a recipient advises they have been found ineligible for CPP and the reason.
- advise the recipient to appeal to CPP for reconsideration if denied
 CPP for medical reasons only, and provide results of appeal.

Head Office Clerk will:

- maintain a list of all recipients (with a completed 1613 form) and forward Copy 1 of the 1613 form to Canada Pension.
- will advise the caseworker to send a letter to the recipient (letter SA608) when verification is not received that the recipient has applied for CPP.
- upon receiving verification from CPP that the recipient is granted CPP and the Department is owed retroactive monies, Head Office will submit copy 2 of the Consent to Deduction and Payment (form 1613) and IA pay history to CPP for determination of retroactive payments. Canada Pension Plan reimbursements are sent directly to the Department of Community Services, Finance and Administration Division.
- Head Office will e-mail the Worker "Notice of CPP Benefits about to be granted" letter.
- receive a CPP cheque stub from Finance and Administration and forward the cheque stub with all correspondence to the Financial Clerk for processing and to be placed on the recipient's file.

Canada Pension Appeal Process

When it has been determined that the recipient has been denied benefits from Canada Pension Plan, the caseworker will:

- receive a mailbox message from the Head Office clerk advising them to contact the recipient to determine the nature of the denial and advise the recipient of their obligation to appeal the decision within a 90 day period if there is reason to believe the decision may be reversed. (Example. recipient has ample contribution to CPP and disability is being questioned)
- ask recipient to provide written verification from Canada Pension
 Plan that recipient's application has been denied.
- In those cases where the recipient was denied because of <u>insufficient</u> <u>contributions</u>, it would not be necessary to pursue an appeal.
- In those cases where the recipient was denied because of <u>medical reasons</u> only, the client should be encouraged to pursue all three levels of appeal.
- If it has been determined that the recipient should appeal the decision, the caseworker should refer the recipient to Canada Pension to start the process. Staff should be as supportive as possible through this process. In some situations, this may involve a call to Canada Pension to assist the client in launching the appeal.
- review the case file on a three month basis to determine if recipient has received an appeal date and the outcome of the appeal.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
24	30/04/02	5	Basic Needs	1 - Intial and Ongoing Eligibility

Addition of new policy

Revised Version:

Policy: Canada Pension Plan Benefits

Applicants/recipients, who appear eligible for and are not currently receiving Canada Pension Plan benefits must make application. Caseworkers must complete a "Consent to Deduction and Payment" form with the applicant/recipient. Canada Pension Plan benefits will be charged as unearned income following the month Canada Pension was granted, where a client has also been in receipt of income assistance, the initial qualifying month of CPP is exempt.

Procedure

The Caseworker will:

- advise applicants/recipients to apply for CPP Benefits where a recipient appears to be eligible for Canada Pension and are not currently receiving it. If a client is not eligible for CPP Disability and between 60-64 years of age, he/she should apply for Retirement Benefits.
- ♦ complete a Consent to Deduction and Payment (Form 1613) for each applicant/recipient which allows Canada Pension to reimburse Community Services retroactive CPP payments.
- ♦ inform applicants/recipients, when they sign a 1613 Form, that failure to apply for CPP may result in a hold on issuing assistance.
- advise applicants/recipients of their responsibility to provide verification to their caseworker that they have applied for CPP, and the status of their CPP application.
- ♦ advise the recipients/applicants who were denied CPP for medical reasons only, to pursue an appeal.
 - review the case file on a three month basis to determine if recipient has received an appeal date and the outcome of the appeal.

Please see "Completing the Consent to Deduction and Payment (1613) Canada Pension Plan Form, Chapter 12, Appendices.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
23	30/04/02	6	Special Needs	2 - Shelter Expenses

Policy: House Repairs

Recipients who own and occupy their own home may be eligible to receive assistance with housing repairs. Assistance will only be provided when repairs are essential to the health and safety of the recipient and dependents, and where alternative funding or commercial financing is not available. Recipients must provide documentation of health or safety hazard(s). Essential household items, (i.e., furnace, water boiler), shall be provided on a monthly lease/or lease to purchase basis, wherever possible.

Revised Version:

Policy: House Repairs

Recipients who own and occupy their own home may be eligible to receive assistance with housing repairs. This policy only applies to those in receipt of income assistance for six months or longer. Assistance will only be provided when repairs are essential to the health and safety of the recipient and dependents, and where alternative funding or commercial financing is not available. Recipients must provide documentation of health or safety hazard(s). Essential household items, (i.e., furnace, water boiler), shall be provided on a monthly lease/or lease to purchase basis, wherever possible.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
22	30/04/02	6	Special Needs	2 - Shelter Expenses

Previous Version:

Applicants/recipients who own their own home will be eligible for fire/liability insurance as an item of special need. As an item of special need to be calculated at 1/12 for each month of eligibility.

Revised Version:

Applicants/recipients who own and occupy their own home will be eligible for fire/liability insurance as an item of special need. As an item of special need to be calculated at 1/12 for each month of eligibility.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
21	22/01/02	6	Special Needs	2 - Shelter Expenses

Previous Version:

Policy: Fire/Liability Insurance

Applicants/recipients who own their own home will be eligible for fire/liability insurance as an item of special need.

Revised Version:

Applicants/recipients who own their own home will be eligible for fire/liability insurance as an item of special need. As an item of special need to be calculated at 1/12 for each month of eligibility.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
20	22/01/02	6	Special Needs	12 - Special Diet Rates Schedule

Previous Version:

Cystic Fibrosis

Twice Food Rate

Restricted Sodium (includes low salt, low sodium)

Revised Version:

Cystic Fibrosis

The amount of \$133 per month plus the cost of supplement or additional amount as specified by a nutritionist

Restricted Sodium (includes low salt, low sodium)

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
19	37052	6	Special Needs	1 - Special Needs

Previous Version:

Procedure

The caseworker will:

- include one of the following in the calculation of the budget deficit of the applicant or recipient:
 - the lesser of the actual cost of the special need as noted in regulations;
 - the allowed cost of the special need as approved by a supervisor.

Revised Version: Procedure

The caseworker will:

- obtain authorization from a supervisor when the requested item is not specified in policy and an approved fee is not in policy or regulation;
- include one of the following in the calculation of the budget deficit of the applicant or recipient:
 - the lesser of the actual cost of the special need as noted in regulations;
 - the allowed cost of the special need as approved by a supervisor.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
18	37021	10111213	Employment Support Services Administration Appeals, Appendices	

Previous Version:

Chapter 10 - Information on completion date changed from October

2001 to January 2002.

Chapter 11 - Titled Administration. Referenced two places within

the manual. (See File Documentation) from Chapter 5, Basic Needs, Section 2, Role of Intake - under Home

Visit.

(See details chapter - Administration) from Chapter 5, Basic Needs, Section 2, Role of Intake. Final Eligibility Determination.

Chapter 12 - Appeals
Chapter 13 - Appendices

Revised Version:

Chapter 10 - Employment Support Services Programs - This chapter

does not contain policy. The chapter when complete will provide information on the services available through the Employment Support Division. The new

chapter will be available January 2002.

Chapter 11 - Administration (deleted) and replaced with Chapter 11

- Appeals.

Chapter 12 - Appeals is now replaced with Chapter 12 - Appendices

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
17	37021	6	Special Needs	5 - Transportation

Previous Version:

Policy: Transportation

An allowance for transportation shall be provided:

- in instances where the health and safety of an individual would be jeopardized;
- where an individual is participating in employability enhancing activities;
- where an individual with significant mental, physical or cognitive barriers is participating in an approved learning, volunteer or day program.

Applicants/recipients and/or the spouse of an applicant/recipient will be provided with the actual cost, to a maximum of \$150 per month, of the most economical and efficient means of transportation.

Where a client requires transportation by ambulance in a non-emergency situation, prior approval by the caseworker is required.

Procedure

The caseworker will:

- determine the most economical and efficient means of transportation required, taking into consideration:
 - ♦ availability of public transit in relation to the location of the recipient's home and child-care situation, if applicable
 - ♦ other related factors such as disability, destination, hours of activity
 - impact on the recipient's/applicant=s schedule (i.e., public transit requiring very early morning or late evening use and impact on the recipient's child; shift work; etc.)
 - authorize the cost of one of the following two options:
 - the full cost of a monthly bus pass for the recipient and any dependent children requiring the use of public transit; or
 - ♦ a rate to the provincial rate of 31 cents per kilometer for the number of trips required to participate in a calendar month.

Revised Version:

Policy: Transportation

An allowance for transportation shall be provided:

- in instances where the health and safety of an individual would be jeopardized;
- when the transportation is required for the recipient to participate in employment, training, upgrading, volunteer activity, job search, attendance at Employment Services and any other activity deemed appropriate as part of the employment plan;
- where an individual with significant mental, physical or cognitive barriers is participating in an approved learning, volunteer or day program.

Applicants/recipients and/or the spouse of an applicant/recipient will be provided with the actual cost, to a maximum of \$150 per month, of the most economical and efficient means of transportation.

Where a client requires transportation by ambulance in a non-emergency situation, prior approval by the caseworker is required.

Procedure

The caseworker will:

- determine the most economical and efficient means of transportation required, taking into consideration:
 - availability of public transit in relation to the location of the recipient's home and child care situation if applicable;
 - other related factors such as disability, destination, hours of activity;
 - impact on the recipient's/applicant's schedule (i.e., public transit requiring early morning or late evening use and impact on the recipient's child; shift work; etc.)

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
16	37021	6	Special Needs	2- Shelter Expenses

Previous Version:

Policy: Furnishings

Applicants may be eligible for basic household and furniture items, such as stoves, refrigerators, tables & chairs, and beds.

Applicants may also be eligible for new approved cribs and new car seats which meet current safety standards.

Procedure

The caseworker will:

refer to the most current approved item and rate list in each district office, which is based on local needs and resources.

Revised Version:

Policy: Furnishings

Applicants/recipients may be eligible for the following basic household and furniture items:

♦ bed, mattress, stove, refrigerator, table & chairs.

Applicants may also be eligible for new approved cribs and new car seats which meet current safety standards.

Procedure

The caseworker will:

refer to the approved item and rate list as defined in the Furnishings Rate Schedule.

Furnishings Rate Schedule

Bed	up	to	\$100
Mattress	up	to	\$100
Stove	up	to	\$150
Refrigerator	up	to	\$200
Table/Chairs	up	to	\$125

To ensure compliance with current standards, cribs and car seats are exempt from the Furnishings Rate Schedule.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
15	37234	6	Special Needs	6 - Child Care

Previous Version:

Policy: Child Care

Costs for child care will not be provided to the non-custodial parent or legal guardian of the child, or spouses residing at the same address. Child care costs may be provided for children of single parents residing with their parent(s), when that parent(s) is a recipient of income assistance, and is providing care to the single parent=s child for the purpose of the single parent=s return to an approved educational program.

Revised Version:

Policy: Child Care

Costs for child care will not be provided to the non-custodial parent or legal guardian of the child, or an individual who is included in the budget calculation when determining a budget deficit. Child care costs may be provided for children of single parents residing with their parent(s), when that parent(s) is a recipient of income assistance, and is providing care to the single parent=s child for the purpose of the single parent=s return to an approved educational program.

Rev #	Revision	Chapter	Chapter Name	Section
	Date (D/M/Y)	#		

14	37234	6	Special Needs	7 - Special Allowances &
				Provisions

Policy: Residential Rehabilitation Program

A recipient, or spouse of a recipient, involved in a residential rehabilitation program for a period of thirty days or more may be eligible for:

Revised Version:

Policy: Residential Rehabilitation Program

A recipient/applicant, or spouse of a recipient/applicant, involved in a residential rehabilitation program for a period of thirty days or more may be eligible for:

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
13	37234	6	Special Needs	7 - Special Allowances & Provisions

Previous Version:

Policy: Hospitalization

A recipient who is hospitalized for a period of thirty days or more may be eligible for:

Revised Version:

Policy: Hospitalization

A recipient/applicant, or spouse of a recipient/applicant who is hospitalized for a period of thirty days or more may be eligible for:

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
12	37234	6	Special Needs	2 -Shelter Expenses

Previous Version:

Policy: Furnishings

Applicants may be eligible for basic household and furniture items, such as stoves, refrigerators, tables & chairs, beds, and Canadian Standards Association (CSA) approved cribs and CSA approved car seats.

Procedure

The caseworker will:

- refer to the most current approved item and rate list available in each district office, which is based on local needs and resources; and
- provide the applicant with a copy of the CSA pamphlet when issuing monies for a crib.

Revised Version:

Policy: Furnishings

Applicants may be eligible for basic household and furniture items, such as stoves, refrigerators, tables & chairs, and beds.

Applicants may also be eligible for new cribs and new car seats which meet current safety standards.

Procedure

The caseworker will:

refer to the most current approved item and rate list available in each district office, which is based on local needs and resources.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
11	21/09/01	8	Children's Allowance	1-Nova Scotia Child Benefit

Previous Version:

Policy: Eligibility

Children must be under 18 years of age.

To be eligible for a child benefit adjustment a family must have a status of "active" in the IA system and receive an income assistance cheque.

Revised Version:

Policy: Eligibility

Children must be under 18 years of age.

To be eligible for a child benefit adjustment a family must have a status of "active" in the IA system and receive an income assistance cheque for basic need.

Rev #	Revision Date(D/M/Y)	Chapter #	Chapter Name	Section
10	21/09/01	9	Revenue Recovery	6-Eligibility Cohabitation

Previous Version:

(a) Social/Familial

- (i) the couple represent themselves in the community with another person as a spouse;
- (ii) the couple is registered with Medical Services Insurance (MSI) as a family unit;
- (iii) the couple is known by professional practitioners as a couple;

Revised Version:

(a) Social/Familial

- (i) the couple represent themselves in the community with another person as a spouse;
- (ii) the couple is known by professional practitioners as a couple;

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
9	21/09/01	13	Appendices	Acronyms

Previous Version:

CPR - Culinary Pulmonary Resuscitation

Revised Version:

CPR - Coronary Pulmonary Resuscitation

Rev #	Revision Date	Chapter Number	Chapter Name	Section
8	31/08/01	7	Pharmacare	1 - Atlantic Blue Cross Care Pharmacare Coverage

Policy: Extended Pharmacare

Applicants/recipients and/or their spouse and/or dependents may be eligible for extended pharmacare, if a budget deficit exists when the average monthly drug costs are included as an expense in the determination of eligibility for income assistance.

Procedure

The caseworker will:

determine the average monthly drug costs required during the six months immediately preceding the date on which the person's eligibility for income assistance/pharmacare is discontinued or likely to be discontinued, using the following guide:

Revised Version:

Policy: Extended Pharmacare

Applicants/recipients and/or their spouse and/or dependents may be eligible for extended pharmacare, if a budget deficit exists when the average monthly drug costs are included as an expense in the determination of eligibility for income assistance.

Procedure

The caseworker will:

determine the average monthly drug costs required during the six months immediately preceding the date on which the person applied for extended pharmacare, using the following guide:

Rev #	Revision Date	Chapter Number	Chapter Name	Section
7	31/08/01	6	Special Needs	2 - Shelter Expenses

Previous Version:

Policy: Fire Insurance

♦ Applicants/recipients who own their own home will be eligible for

fire insurance as an item of special need.

Revised Version:

Policy: Fire/Liability Insurance

Applicants/recipients who own their own home will be eligible for fire/liability insurance as an item of special need.

Rev #	Revision Date	Chapter Number	Chapter Name	Section
6	17/08/01	5	Basic Needs	6 - Shelter Allowance

Previous Version:

Policy: Pro-rated Mortgage Expense

Where only a portion of a mortgage or re-mortgage of a property has been used for the purpose of purchasing, repairing or renovating the residence of an applicant or recipient, the mortgage payments will be prorated and only that portion which relates to the purchase, repairing or renovating will be included in the calculation of a budget deficit.

Policy: Prescription Drugs

Drug coverage will be provided through the Atlantic Blue Cross Care Pharmacare Program. A Health Card Number (HCN) will be required for all applicants/recipients. See Special Needs Policy for details.

Revised Version:

Policy: Pro-rated Mortgage Expense

Where only a portion of a mortgage or re-mortgage of a property has been used for the purpose of purchasing, repairing or renovating the residence of an applicant or recipient, the mortgage payments will be prorated and only that portion which relates to the purchase, repairing or renovating will be included in the calculation of a budget deficit.

Policy: Prescription Drugs (Deleted)

Rev #	Revision Date	Chapter Number	Chapter Name	Section
5	17/08/01	5	Basic Needs	6 - Shelter Allowances

Previous Version:

Policy: Incremental Shelter Allowance

An incremental shelter allowance as prescribed in Schedule A shall be allowed as an expense for a single person who is disabled; is fleeing an abusive situation; has a chronic mental, cognitive or physical condition that limits participation in employment services; is 55 years of age or over; or is a youth and otherwise meets policy requirements.

Revised Version: (Addition - Policy: Single Expectant Mother's Shelter Allowance)

Policy: Incremental Shelter Allowance

An incremental shelter allowance as prescribed in Schedule A shall be allowed as an expense for a single person who is disabled; is fleeing an abusive situation; has a chronic mental, cognitive or physical condition that limits participation in employment services; is 55 years of age or over; or is a youth and otherwise meets policy requirements.

Policy: Single Expectant Mother's Shelter Allowance

A single expectant mother, over the age of 19, in her seventh month may qualify for a shelter allowance of up to \$550 to assist in acquiring shelter accommodations for two persons.

Procedure

The caseworker will:

• ensure all pertinent supporting documentation is recorded on file, before adjusting the shelter allowance.

Rev #	Revision Date	Chapter Number	Chapter Name	Section
4	17/08/01	7	Pharmacare	1 - Atlantic Blue Cross Care Pharmacare Program

Previous Version:

Policy: Extended Pharmacare

Recipients and/or their spouse and/or dependents may be eligible for extended pharmacare, if a budget deficit exists when the average monthly drug costs are included as an expense in the determination of eligibility for income assistance.

Revised Version:

Policy: Extended Pharmacare

Applicants/recipients and/or their spouse and/or dependents may be eligible for extended pharmacare, if a budget deficit exists when the average monthly

drug costs are included as an expense in the determination of eligibility for income assistance.

Rev #	Revision Date	Chapter Number	Chapter Name	Section
3	17/08/01	5	Basic Needs	4 - Rates of Assistance Schedules

Previous Version:

PERSONAL ALLOWANCE		
Shelter	DEPENDENT CHILD	DEPENDENT CHILD
Situation	(up to age 18)	(age 18 to 20
		inclusive)
renting, own home,	\$133	\$180
boarding		
in hospital 30	Not prescribed	\$105
days or more		
in a residential		\$81
rehabilitation	Not prescribed	
program		

Revised Version:

PERSONAL ALLOWANCE				
Shelter Situation	ADULT	DEPENDENT CHILD (up to age 18)	DEPENDENT CHILD (age 18 to 20 inclusive)	
renting, own home, boarding	\$180	\$133	\$180	
in hospital 30 days or more	\$105	Not prescribed	\$105	
in a residential rehabilitation program	\$81	Not prescribed	\$81	

Rev #	Revision Date	Chapter Number	Chapter Name	Section
2	17/08/01	6	Special Needs	8 - Medically Related Services

Previous Version:

Policy: Dental Coverage

Applicants may be eligible to receive dental coverage under the following circumstances:

- ♦ for the relief of pain;
- ♦ control of prolonged bleeding;
- ♦ treatment of swollen tissue;
- provision or repair of broken dentures;
- dental problems are identified as a barrier to employment by Employment Support staff.

Applicants may be eligible for assistance to cover the cost of dentures, when recommended by a physician or a dentist. Dentures shall be obtained by the most economical means and must be provided by a licensed denturist.

Financial assistance will not be provided for services arranged with a dentist or denturist without having received prior approval.

Procedure

The caseworker will:

- assess each request for dental services and determine if the need is of an emergency nature;
- ensure that determination of services and costs are established prior to the authorization;
- obtain supervisory approval prior to approving dental services for individuals who have been identified by Employment Support staff as having dental problems, which have been identified as a barrier to employment;
- the allowable procedures and rates for dental service/items are listed in the Dental Rates Schedule(Section 11). This list is not intended to represent services, which should or should not be covered under dental policy. It is only a list of frequently performed procedures.

Revised Version:

Policy: Dental Coverage

Applicants may be eligible to receive dental coverage under the following circumstances:

- for the relief of pain;
- for control of prolonged bleeding;
- ♦ for treatment of swollen tissue;
- ♦ for provision or repair of broken dentures;
- ♦ for dental problems identified as a barrier to employment by Employment Support staff.

Applicants may be eligible for assistance to cover the cost of dentures when recommended by a physician or a dentist. Dentures shall be obtained by the most economical means and, if provided by a denturist, the denturist must be licensed. Only one quote will be required, provided the fee is within the fees listed on the Dental Rates Schedule.

The service provider will be authorized to perform services listed in the

Dental Rates Schedule in Chapter 6, Section 11 up to a maximum of \$300 without prior approval.

The service provider will only be required to provide an estimate of costs when it is expected to exceed the \$300 maximum.

Procedure

The caseworker will:

- verify that the service rendered must be listed as a service in the Dental Rates Schedule in Chapter 6, Section 11 and performed for the approved fee;
- ensure the approval for substitution of similar services shall be provided as long as the fee remains the same;
- when contacted by the service provider, verify, through telephone or fax, or other modes, an individual's general eligibility for income assistance;
- ensure the standard dental billing form listing the procedure codes, and approved fee, has been submitted as the accepted form of billing.

Rev #	Revision Date (D/M/Y)	Chapter #	Chapter Name	Section
1	17/08/01	13	Appendices	Acronyms

Previous Version:

HIV - Hepatitis Infected Virus

Revised Version:

HIV - Human Immunodeficiency Virus