

DIRECTORY OF FINANCIAL AID FOR PERSONS WITH DISABILITIES IN NEW BRUNSWICK

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Information contained in this guide has been adapted from *A Guide to Income Security and Workforce Re-Entry for PLWHIV / AIDS in New Brunswick* published by AIDS New Brunswick and also includes information from other sources.

Please note that material contained in this guide is subject to change at any time without notice. Individuals having difficulty finding a specific phone number or address for a program or service can call the Premier's Council on the Status of Disabled Persons for assistance.

The Premier's Council on the Status of Disabled Persons maintains a number of other useful resources which can be accessed online at www.gnb.ca/0048. They include:

- *Directory of Services Offered to Persons with Disabilities in N.B.*
- *Directory of Financial Assistance for Student with Disabilities in N.B.*
- *Sources of Funding Assistance and/or Rehabilitation Equipment Loans Programs*
- *Directory of Career Counselling and Job Placement Services*
- *Funding Sources for Barrier-Free Access*

These are also available in French, print version or in alternate formats on request.

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CANADA PENSION PLAN – DISABILITY BENEFITS

Background and Benefit Amounts

The Canada Pension Plan (CPP), initiated in 1966, pays a monthly pension to people who have contributed to the plan for a number of years and have become disabled. A benefit for children of disabled pensioners may also be provided if each child is under the age of 18, or between the ages of 18 and 25 and attending school or university on a full-time basis. The CPP is a federal program administered by the Department of Human Resources and Social Development Canada (HRSDC). All working Canadians over the age of 18 contribute an amount to the CPP, according to their annual employment income.

The CPP Disability program was designed to provide protection to working Canadians against the loss of earnings due to a disability which prevents them from working at any job, no matter what the cause of the disability. CPP benefit rates are adjusted every January to reflect a rise in the cost of living. As of January 2007, the maximum amount of a CPP Disability pension was \$1053.77 per month. The benefit for dependent children is a fixed amount, and was set at \$204.68 per month in January 2007.

Qualifying for CPP

To qualify for CPP Disability benefits, you must:

- be between the ages of 18 and 65;
- meet the CPP definition of “disabled”;
- have contributed to CPP in four of the last six years; and
- apply in writing, using the HRSDC application kit.

Under Section 2(a) of the *Canada Pension Plan Act*, a person is “considered to be disabled only if ... [they] have a severe and prolonged mental or physical disability...” A disability is considered to be severe if the applicant is incapable of pursuing “any substantially gainful occupation.” A disability is prolonged if the applicant’s condition is likely to be long-term and of indefinite duration, or if it is likely to result in death.

To receive benefits, you must have contributed to the CPP program in four of the past six years. During that time, you must have earned at least 10% of the Year’s Maximum Pensionable Earnings (YMPE). In 2007, for example, the YMPE was \$43,700. To qualify for benefits, you must have earned more than \$4,370 in 2007, if that is one of the four years of work you are using to qualify.

If you do not meet those requirements, or if you have not contributed for enough years, you may still be able to receive benefits. You can still qualify if:

you have delayed in applying, and had enough years of contributions when you first became disabled, but don't have enough now;

- you were medically incapable of applying;
- you stopped or reduced payments to CPP while raising your children, if they were under seven years old;
- you acquired CPP credits from your former spouse;
- you worked in another country with which Canada has a Social Security Agreement and you contributed to that country's pension plan;
- you used to receive CPP disability benefits, and have made the required contributions each year since you stopped receiving benefits.

Applying for CPP

To apply for benefits, you will need to complete the CPP Disability Benefits application kit. You can get this kit at any HRSDC office, or by calling 1-800-277-9914. The kit contains a guide to help you complete the application, as well as the following forms:

- Questionnaire for Disability Benefits;
- Application for Disability Benefits;
- Authorization to Disclose Information/Consent for Medical Evaluation;
- Medical Report (to be filled out by both you and your doctor);
- Child Rearing Dropout Provision (if you cared for your children under the age of seven).

Each of the forms comes with printed instructions and references, to help you complete the application. If you cannot fill in the forms yourself, a relative, friend, caregiver or personal representative can fill them in on your behalf. You must fill in your Social Insurance Number at the top of each page on all of the forms. In addition to these forms, you will need to submit birth or baptismal certificates for you and your children if you have never applied for or received CPP benefits. If you don't have these documents, HRSDC says in their information guide that they will accept a number of other documents, but experience shows that they are quite adamant about wanting a birth certificate. If you don't have one, HRSDC will direct you to the appropriate Vital Statistics office. In New Brunswick, for example, a birth certificate can be obtained from Vital Statistics for a fee of \$25.

Any original document you submit will be returned to you by HRSDC. If you don't want

to submit an original document, you can submit a certified copy. All Canadian Human Resource Centres can certify photocopies, free of charge. In addition, your doctor, lawyer, religious leader, social worker, pharmacist, accountant, bank manager, MP or MLA can certify the required documents. You cannot certify your own documents when applying. The person certifying the document must indicate their official position, the date the document is being certified, and add this sentence to the document: "This photocopy conforms to the original document which has not been altered in any way."

The medical report should be completed by the doctor most familiar with your medical condition. Most doctors will charge for filling out the report. CPP will help pay for the completion of the medical report, by directly paying your doctor up to \$65. You are responsible for any costs over that amount. Ask your doctor if they will be returning the medical report to you, or directly to HRSDC. If the medical report is returned to you, send it to HRSDC with the rest of your documents.

Once your application has been approved, you will be notified by mail of the calculated amount of your benefits and the effective date. The calculation is based on both a flat rate, and a calculation based on how long and how much you contributed to CPP. If your claim for CPP Disability benefits is accepted, there is a three month waiting period. You will begin to receive your benefits in the fourth month after you are considered to be disabled. Your child's payments start at the same time as your disability benefits payments. If you apply sometime after you have become disabled, CPP can make up to one year of retroactive payments. Your payments will usually arrive sometime in the last three banking days of each month. You can get Direct Deposit forms from your bank or local HRSDC office; payments are deposited on the third-last banking day of each month.

Taxing CPP Benefits

On the down side, CPP Disability benefits are taxable income. Unless you ask HRSDC to make a deduction, no taxes are taken from your benefits when they are issued. At income tax time, HRSDC will issue you with a T4A(P) form to include with your income tax return. The children's portion of the CPP Disability benefit is not considered to be taxable income if it is paid directly to the contributor. If it is paid to a dependant over 18 years of age, the benefit is taxable and HRSDC will issue a T4A(P) in the dependant's name.

If you will end up owing taxes at the end of the year, it may be more convenient to have taxes deducted directly from your benefits each time they are paid. You should calculate what your tax liability will be for the year before taking this step; for help in calculating your tax liability, contact your local tax services office. You will be asked to provide your social insurance number, date of birth and the total income amount you reported on line 150 of your last tax return. If you feel you should have tax withheld from your benefits, you will need to fill out a Form TD3, *Request for Income Tax Deduction on Non-Employment Income*, and send it to the Income Security Programs Office at HRSDC (1-800-277-9914).

Appealing a CPP Decision

If your application is not approved, canceled or if you aren't satisfied with the amount of your benefits, you have the right to an appeal. There are three internal levels of appeal:

- **Request for Reconsideration by HRSDC** - this request must be made in writing to your local HRSDC office within 90 days of receiving notice of the decision. Your request for reconsideration will be reviewed by staff members who had no part in the original decision. You are responsible for providing HRSDC with any new information you may have, as well as all other information needed to support the appeal.
- **Appeal to the Commissioner of Review Tribunals** - the Office of the Commissioner of Review Tribunals (OCRT) is an independent agency, completely separate from HRSDC. Again, if you wish to appeal the reconsideration by HRSDC, you must notify the OCRT in writing within 90 days of receiving the HRSDC reconsideration decision letter. You will be given a date, time and location of a hearing. The review tribunal is made up of three people; a lawyer, a health professional in the case of disability appeals, and a member of the community at large. You can bring someone to help you with your case, and HRSDC will also send a representative. This hearing is closed to the public.
- **Appeal to the Pension Appeals Board (PAB)** - the PAB is also an independent organization removed from HRSDC. After the OCRT review, you or HRSDC can appeal the decision to the PAB by providing 90 days written notice. The PAB first decides if there are grounds for an appeal. If there are no grounds, the OCRT decision will stand. The PAB panel is made up of three judges and is open to the public. HRSDC is always represented by legal counsel, and you may wish to hire a lawyer at this stage as well. You may be eligible to claim some of the costs related to the hearing.

If you are still unsatisfied after the PAB decision, and have exhausted all internal forms of appeal, you may request a judicial review of your case at the Federal Court of Appeal.

Reassessing Eligibility

HRSDC warns applicants that CPP Disability benefits are not a permanent pension, and that, from time to time, HRSDC may check to see if you are able to go back to work. If you return to work, or if your medical condition improves to the point where you could return to work, you must advise HRSDC (please see Allowable Earnings exemption on page 6). If you do not, and receive benefits to which HRSDC feels you were not entitled, you will have to pay back the benefits you received. However, you do not have to advise CPP if you take on volunteer work. As a result, you may want to try some volunteer work to test your ability to return to work, increase your confidence, or add to your

resume.

Recently, HRSDC has taken a more active approach to reviewing its files. There are seven triggers to a file reassessment that you should be aware of. These are events which will mark your file for reassessment, and may possibly affect the amount of benefits you receive.

- A voluntary return to work.
- A pre-scheduled reassessment. When your file is opened, HRSDC will set a regular review date for your file. You will not be told of this date until you receive a letter or phone call from your case manager telling you of an upcoming review of your file.
- Third party complaint. Occasionally, neighbours or other people may report you to HRSDC, saying they've seen you conduct activities that lead them to believe you aren't as disabled as you may claim to be.
- Record of Earning match. Both the Canada Revenue Agency and Employment Insurance share information with CPP. Often, this information sharing reveals income or other monies you've received in addition to CPP. Since the money received may be allowed if it is not income, you will be given a chance to explain the unreported funds.
- Referrals from the Vocational Rehabilitation Unit. If you call CPP and ask for help in returning to work or seeking training, your file will be flagged for reassessment.
- Completion of a return to school or vocational training program. You must tell CPP when you've completed such a program. CPP considers going to school or training as equivalent to working, unless your disability forced you to undergo limited training or schooling. They will reassess your file and may revoke your benefits retroactively, forcing you to pay back benefits they feel you weren't entitled to receive.
- Random review. CPP sometimes conducts random reviews of files based on age, location, and the nature of the disability.

If CPP reassesses your file, you will be sent a reassessment kit, which includes a questionnaire, a medical report to be filled in by your doctor, and a consent form. Be aware that if you are working again, the consent form allows CPP to call your employer. They are not allowed to tell your employer why you were on CPP, but unless you have told your employer that you were, this can raise some disclosure issues. You can ask your case worker to not contact your employer, for fear of reprisals, but it is really up to CPP's discretion as to whether or not they will do so.

CPP Disability recipients are eligible for a return-to-work trial period of three months, during which you can earn a salary and still receive benefits. If, during that three months, you are unable to work because of your illness, all you need to get your benefits going again is a medical report stating why you had to stop working. If you work past the three-month trial period, but you are unable to continue working within five years of going off of CPP Disability, you will have your CPP Disability benefits reinstated on a fast-track basis. This means that you can receive benefits again without having to go through the application process a second time. You will be issued benefits a month after you stopped working, skipping the normal three-month waiting period. You must have stopped working because of the same illness that placed you on CPP Disability in the first place. If you suffer from a different illness and must stop work, then you may not be fast-tracked.

Allowable Earnings

You can earn up to \$4,300 from work in 2007 without informing HRSDC and without losing your benefits. This amount may change in future years.

Once you earn \$4,300 from work, HRSDC would like to talk to you to discuss your current work situation and your future work goals. If you can only work once in a while, you may be allowed to earn more than \$4,300 while still receiving CPP disability benefits. It is important to talk to a staff member so that HRSDC can look at your individual situation.

If you believe you are able to work on a regular basis, HRSDC staff may be able to help you achieve your goals through the CPP vocational rehabilitation program. As new technology, medical treatments and skills training are making it possible for some people with disabilities to re-enter the work force, this program is designed to help you return to work.

You may be able to take advantage of a number of tax breaks offered by the Canada Revenue Agency (CRA - formerly Revenue Canada). There are three main options to consider: the Disability Tax Credit, the Medical Expense Tax Credit, and the Attendant Care Tax Deduction. The Disability Tax Credit applies to those who have a “severe and prolonged mental or physical impairment” or for individuals who support qualifying dependants with such an impairment. The Medical Expense Tax Credit applies to individuals who have paid out significant medical expenses for themselves or qualifying dependants, and where eligibility requirements for the Disability Tax Credit are met. Finally, the Attendant Care Expense Deduction is available to those who qualify for the Disability Tax Credit and have incurred expenses for personal care that are necessary to enable them to work.

DISABILITY TAX CREDIT

Background and Eligibility

This is a non-refundable tax credit which reduces the amount of income tax that people with disabilities, or the people supporting them, may have to pay. Eligibility is based not merely on the fact that you may have a disability, but on the effect that disability has on you. Not everyone with a disability will be able to claim this tax credit. You do not automatically qualify, for example, if you receive CPP Disability benefits. To qualify for the Disability Tax Credit, you must have a severe and prolonged physical or mental impairment which markedly restricts your ability to perform at least one basic activity of daily living. While that may sound simple enough, all of these terms have strict definitions which must be met.

A disability is “prolonged” if it has lasted or can reasonably be expected to last for twelve continuous months. “Markedly restricted” means that you are unable to perform a basic activity of daily living (or, if able, that it takes you an inordinate amount of time), all or substantially all of the time, even with therapy and the use of appropriate devices and medication. Experience has shown that it means an individual must be seen as being restricted for about 90% of the time. The “basic activities of daily living” are:

- walking;
- speaking;
- perceiving, hearing, thinking, and remembering;
- feeding or dressing yourself; and
- eliminating bodily waste.

No other activity, including working, household chores, or social or recreational activities, are considered to be “basic activities of daily living.”

Applying for the Disability Tax Credit

To apply for the Disability Tax Credit, you and your doctor must complete Form T2201, *Disability Tax Credit Certificate*, and attach it to your tax return. Be sure to get the latest copy of the form from CRA, or your claim may be delayed. You may have to apply more than once; your doctor will note how long you will be “markedly restricted” and when your file should be re-evaluated. Once you have claimed the credit, and CRA has found you eligible to receive it, you can claim the amount in subsequent years without filing another Form T2201, unless the period on your original application has ended.

You or your representative must fill out Part A of Form T2201. This consists of simple personal information and an authorization to release medical information. A “qualified person” must fill in Part B; in most cases, this means your medical doctor who best knows about your condition. Unlike medical reports filled out for CPP, you are fully responsible for paying any fees related to filling in the form. When the form is completed, attach it to your tax return. CRA will accept a photocopy if the signatures are originals; they will not accept photocopied signatures. It is best to file the original, and keep a photocopy for your personal records. CRA will closely examine your claim to make sure you qualify. To check the accuracy of you claim, they may get their own medical opinion. They may also contact you, your medical doctor, or the supporting person claiming the amount.

Unused Credits

When you complete your return, you may find that you don’t need all of the Disability Tax Credit to reduce your federal income tax to zero. If that happens, your spouse or “supporting person” may be able to claim the unused part of the amount. CRA considers someone to be a “supporting person” if they support someone who is completely dependent on them for support over whom they held custody before they turned 19 years of age, their natural or adopted child, their spouse’s child, or their child’s spouse. More than one supporting person can make a claim for the same dependant, as long as the total amount claimed by those supporting persons is not more than the unused part of the credit amount.

CHILD DISABILITY BENEFIT (CDB)

The Child Disability Benefit is a non-taxable supplement to the Canada Child Tax Benefit (CCTB) and Children’s Special Allowances (CSA). The CDB will provide up to \$195.91 per month (\$2,351 per year) to low- and modest-income families to help them with the costs of raising children under 18 who have a severe and prolonged mental or physical impairment. The CDB starts being reduced when family net income is more than \$37,178 for families with one child. There is a sliding scale for families with more children.

Who can receive the CDB?

Not all children with disabilities will qualify for this benefit. In addition to being eligible to receive the CCTB for your child, the child must also qualify for the disability amount. The disability amount, also known as the Disability Tax Credit, is a non-refundable tax credit that reduces the amount of income tax that an individual has to pay. Form T2201, Disability Tax Credit Certificate, explains the eligibility criteria.

How to apply?

Your benefit will be calculated automatically if you receive the CCTB for your child and you or your current or former spouse or common-law partner has already submitted an approved Form T2201.

If you receive the CCTB for a child with a severe and prolonged mental or physical impairment, but Form T2201 has not been filed on behalf of the child, obtain Form T2201, have it completed and signed by a qualified person, and send it to your tax centre.

If you have not applied for the CCTB for your child, but the other criteria have been met, complete and mail Form RC66, Canada Child Tax Benefit Application, to your tax centre. The CRA will determine whether or not you are eligible to receive the CCTB and the Child Disability Benefit.

When will the CDB be paid?

The CDB will be paid monthly as a supplement to CCTB and CSA payments.

MEDICAL EXPENSE TAX CREDIT

Background and Eligibility

You can claim certain medical expenses which are not reimbursable from another source, such as insurance or your provincial health plan. You are allowed to claim expenses you or your spouse paid for yourself, your spouse, your or your spouse's dependent children or grandchildren, and you or your spouse's dependent parent, grandparent, brother, sister, uncle, aunt, niece or nephew, as long as they lived in Canada for part of the year. Generally, you can claim all amounts paid, even if they paid outside of Canada.

To qualify for the credit, your expenses have to be more than either \$1,926 or 3% of your net income, whichever is less. You must attach your receipts and any other documents relating to the expenses to your tax return. Again, it is a good idea to keep a photocopy of these receipts and documents for your personal records.

Allowable Expenses

The following is a list of possible expenses which can be claimed:

- payments to a doctor, dentist, nurse, or public or licensed private hospital;
- payments for artificial limbs, wheelchairs, crutches, hearing aids or personal assistive listening devices, prescription eyeglasses, contact lenses or personal assistive visual devices, dentures, pacemakers, prescription drugs, and many prescription medical devices;
- the purchase and installation of outdoor or indoor ramps where stairways impede mobility;
- the enlarging of halls and doorways to allow access to the various rooms of your home;
- the lowering of kitchen or bathroom cabinets to access them;
- 20% of the cost of a van that has been adapted or is adapted within 6 months of when you acquire it to be able to transport an individual who uses a wheelchair, to a limit of \$5,000;
- 50% of the cost of an air conditioner, prescribed by a medical practitioner for an individual with a severe chronic ailment, disease, or disorder, to a limit of \$1,000;
- reasonable moving expenses (that have not been claimed as moving expenses on anyone's return) to move an individual who has a severe and prolonged mobility impairment, or who lacks normal physical development, to housing that is more accessible to the individual or in which the individual is more mobile or functional, to a limit of \$2,000;
- reasonable costs of altering the driveway of the primary residence of an individual with a severe and prolonged mobility impairment, to allow easier access to a bus; and
- amounts paid for attendant care, or care in a recognized establishment.

If you are claiming an amount for attendant care, the attendant must have been older than 18 years of age when the amounts were paid and cannot be your own spouse. The person for whom care was paid must have been able to qualify for the Disability Tax Credit, or of such physical or mental infirmity that they require a full-time attendant, as certified in a letter from a medical practitioner.

REFUNDABLE MEDICAL EXPENSE SUPPLEMENT

Low-income working Canadians with disabilities may be able to claim up to an additional \$1,022 for high medical expenses. You may claim this credit for the same medical expenses that you claimed for the Medical Expenses Tax Credit noted above. Calculations can be made on the *Federal Worksheet* in the *Forms* booklet.

Attendant Care Expense Deduction

Instead of claiming attendant care expenses under the Medical Expenses Tax Credit, you may choose to claim attendant care expenses under the Attendant Care Expenses Deduction. You can claim the expenses paid for personal attendant care that allowed you to earn certain income if all of the following conditions apply:

- you are eligible for the Disability Tax Credit;
- you paid the expenses for care in Canada so you could earn income from a business or employment, or to carry out research or similar work funded by a grant;
- the attendant was not your spouse and was at least 18 years of age when you paid them; and
- no one has claimed the payments as medical expenses.

In order to make this claim, you must fill out Form T929, *Attendant Care Expenses*. The form is only a page long, and requires only a few simple calculations.

Other Available Tax Credits

- Travel expenses - If medical treatment is not available locally, you may be able to claim the cost of traveling to get the treatment somewhere else.
- Federal Excise Gasoline Tax Refund Program - If you are medically certified as having a permanent disability due to a mobility impairment that would make using public transportation hazardous to your health, you can apply for a refund of part of the federal excise tax on the gasoline you buy (more information in the vehicle owners sections).
- Tuition and Education Amounts - If you were enrolled in a qualifying education program, not only can you claim your tuition amount, you can also claim \$400 for each whole or partial month that you were enrolled full-time. You can also claim \$400 a month if you were forced to attend part-time because of a disability. If you were enrolled part-time for other reasons, you can claim \$120 a month for the time you were enrolled.

For more information on these and other tax programs, call or visit your local CRA office. You can also visit them on-line at www.cra-adrc.gc.ca. There, you will find the informational bulletin, *Information Concerning People with Disabilities*, as well as printable copies of all the forms you will need to file a claim.

Provincial Income Assistance

Qualifying for Benefits

Under the program, there are a number of ways to qualify for assistance. Persons with disabilities will most likely fall under one of two categories: as applicants with long-term needs or as disabled applicants.

1. Long-Term Needs Category

The regulations under the *Family Income Security Act* define “long-term needs” as:

one or more significant physiological, anatomical or psychological impairments that render a person unable to engage in social or economic activities for a prolonged period of time and that can lead to long term unemployment, but are not so major as to render the person disabled.

The Department of Social Development will designate you as a long-term needs client if you meet at least one of the following conditions:

- you have written verification that you meet the criteria for a long-term client from Mental Health;
- you are assessed by the Department of Social Development as meeting the criteria of the Long-Term Care Strategy, and have written verification to show it;
- you receive a CPP Disability pension or any other disability pension covered by the *Pension Act*; or
- you have medical reports covering a 24-month period stating your condition has existed for 24 months, and the Medical Advisory Board approves the Long-Term Needs designation.

The long-term needs designation serves three main purposes:

- it makes you exempt from the Household Income Policy;

- it guarantees you the Transitional Rate of assistance; and
- it eliminates the need to submit a medical report every six months.

The decision of the Medical Advisory Board as to whether or not you qualify for the long-term needs designation is not appealable. As well, Social Development will not pay for a medical report used to apply for the long-term needs designation. This designation will not raise your benefits level above the transitional rate. All of these factors must be weighed when deciding if you will apply under the disabled or long-term needs categories.

2. Disabled Category (Extended Benefits)

To qualify as disabled, an applicant must meet the following criteria:

- they are in financial need, as determined by the department's regular intake process;
- they have been certified as disabled by the Medical Advisory Board; and
- they are aged 18 years or older.

After going through the regular intake process to determine financial need, a needs assessment specialist will conduct a registration interview and complete a Disability Category - Social Report. You must sign an Authorization to Obtain Information form as part of the application. In addition, you will have to undergo a medical in order to complete the Disability Category - Medical Report. Social Development will pay up to \$50 of the cost of getting this report completed. Staff at Social Development say that this medical is quite thorough, and that they are looking for a major impairment before a disabled designation will be granted. The regulations under the *Family Income Security Act* state that "disabled" refers to:

a person, suffering from a major physiological, anatomical or psychological impairment, as verified by the Medical Advisory Board... that is likely to continue indefinitely without substantial improvement and that causes the person to be severely limited in activities pertaining to normal living.

The Medical Advisory Board is made up of doctors and a departmental representative, the Secretary of the Board. It acts only as an independent advisor to Social Development, reviewing applications and recommending whether or not applicants are eligible for disabled or long-term need status.

The Regular Intake Process

To apply for provincial income assistance, call the nearest Social Development office. Look in the Province of New Brunswick blue pages of your phone book for the number

under “Human Resources Development - NB”. A telephone screener will ask you a few basic questions about your personal situation to determine whether or not you are eligible for assistance. If you appear to be eligible, you will be asked to come in to register in person.

You will be asked a number of detailed questions related to your financial needs. Be prepared to bring copies of the following:

- Social Insurance Number and Medicare cards for each adult member of the household. If you do not have these, Social Development will temporarily accept two other pieces of identification, such as a driver’s license or birth certificate, but if the proper cards are not received within four months, your file will automatically be canceled.
- A Medicare card and birth certificate for each child under 16 in the household. If the child has a SIN card, you must bring it. If the child is a newborn, Social Development will temporarily accept the hospital bracelet or bassinet card, but again, if the proper cards are not received within 4 months, your file will automatically be canceled.
- Verification of address. If you rent, you will need a copy of the lease, the most recent rent receipt (including the landlord’s name, address and phone number, and if heat and lights are included), or a completed Residence Confirmation Form. If you are in a room and board situation, you must complete a Residence Confirmation Form. If you own your home and have a mortgage, you must bring in a copy of your mortgage agreement or a clear and detailed receipt from the mortgage holder. If you own your home without a mortgage, you must bring in a copy of your deed or of your most recent tax bill. If you live on a property and provide maintenance services, you must bring in written verification from the property owner, indicating the owner’s name, address, and phone number, as well as the terms or condition of the applicant residing in the home, such as their responsibilities.
- Statement of non-support, for single-parent applicants or applicants aged 16 - 18 years. Include any separation, divorce or custody papers if you have them.
- Record of Earnings (separation slip) and the last pay stub from your last job.
- Income verification, such as pay stubs, financial statements, or a letter from your employer.
- Asset verification.

In addition, bring in all of your bills and any documentation you may have detailing your expenses. They will want to see everything, including phone bills, heating bills, cable bills, credit card bills, and student loan payments. Any documents which show your income and expenses will be reviewed. If you are giving original documents to Social Development, be sure to make copies for your own files.

The Intake Process: Assets

As part of the intake process, Social Development will look at your available fixed and liquid assets. Fixed assets are those which provide a potential source of income and which are essential for applicants to maintain what Social Development calls “a reasonable level of existence.” They will be noted in your file, but they do not affect your eligibility for assistance. Fixed assets include but are not limited to the following:

- your residence and any associated out buildings;
- a vehicle used for routine transportation, work, medical reasons, or shopping;
- real estate, specifically the property on which your residence is located; or
- assets which you need to maintain your livelihood, such as a woodlot or equipment, fishing or farming equipment, or tools.

You must notify Social Development before selling, transferring or assigning any of these fixed assets, since the money received from these transactions are considered to be income.

Liquid assets include cash and property which does not fall under the fixed asset category. Social Development requires excess assets to be sold at fair market value within a reasonable period of time, so that you will have less of a need for assistance. Liquid assets can include but are not limited to:

- money held as cash or in bank accounts;
- insurance cash value; or
- any investments which can be legally cashed in, even if you are penalized for doing so. This includes GICs and RRSPs.

Your children's registered education trust funds, and any investments which can't be liquidated, even with penalty, are exempt when calculating liquid assets.

In general, applicants must have liquid assets of less than \$1,000 for a single person household and less than \$2,000 for multi-member households, and insurance with a cash surrender value of under \$2,000 to qualify for assistance. There are also some exemptions for disabled clients:

- liquid assets to a maximum of \$3,000 for each person in the household who is disabled, and an additional \$1,000 for each person in the household who is not disabled to a maximum total of \$4,000 for a household of more than one person; and
- Trust funds and accumulated interest up to \$75,000 established for disabled persons.

When you apply for income assistance, Social Development will also look at any income you may have. This does not just include income from any wages you receive. Social Development believes that their applicants should first access any and all resources available to them, such as CPP, EI, child support, student aid, investment income, private insurance, and so on. If you are under 19 years of age, they will ask why your parents are unable to support you. If you are disabled, you must first apply for CPP Disability benefits. They will calculate any income by looking at the gross amount. Again, there are exceptions. They will not look at assistance for rental costs subsidies, child tax benefits, foster home payments, subsidized adoption payments, or GST credits when calculating income.

The Intake Process: The Economic Household Policy

As a further part of their needs assessment, Social Development will look at all of the members of your household to determine the needs of the economic unit. Social Development has defined an Economic Household in very broad terms; two or more persons residing together who share the responsibilities of the household, and benefit economically from the sharing of food, shelter, and/or facilities. This can include a spouse (either married or common-law), parent, child, or roommate. When Social Development has determined that there is an economic household, they will consider it to be one household eligible for only one assistance cheque. This will often result in benefits being refused, canceled or decreased, depending on the individual situation.

There are some exceptions to this rule, two of which most directly apply to people with disabilities. Clients who have been certified as having a disability can share accommodations without their income assistance benefits being affected, with the exception of married or common-law relationships, or children. If the legal or common-law spouse or child is also certified blind, deaf or disabled, then they may be considered as separate cases.

Those with the long-term needs designation are considered as a separate case from all other individuals, essentially making them exempt from the household income policy. They can live with almost anyone, except for a legal or common-law spouse or a dependent child. Thus, if you have declared yourself to be in a common-law relationship, to Social Development or any other agency (CRA, CPP, etc.) you will still fall under the household income policy. Since Social Development will verify your information from other government sources, don't tell them you are not in a common-law relationship if you have told other agencies that you are.

Benefit Rates

The current rate for those receiving transitional assistance is \$521 per month, assuming there is only one person living in the unit. This would be the case for those applying under the long-term needs designation. There is also a provision for the Extended Benefits program, or disability rate, under which recipients would receive \$600 per month, again assuming that there is only one person living in the unit. You can only qualify for this program if you have become severely and permanently disabled, and are assessed as such by the Medical Advisory Board. In addition to direct financial assistance, you will also receive a Health Card and may be eligible for special emergency benefits.

Disability Supplement

The disability supplement is an annual financial benefit provided to social assistance recipients who have been certified as deaf, blind or 'disabled.' The benefit recognizes that people with disabilities face considerable disability-related expenses and require additional support to purchase these essential goods and services. Since 2003, the amount of the disability supplement has been \$1,000 annually.

Wage Exemption Amounts

Depending on the number of people in your household and the level of benefits you are receiving, you are eligible for a wage exemption. This wage exemption allows people to earn a specific amount of money without affecting your benefits.

One-person households receiving extended benefits are entitled to a maximum wage exemption of \$250 per month. One-person households in the Transitional Assistance program are entitled to a maximum wage exemption of \$150 per month. Households of more than one person receiving extended benefits are entitled to a maximum wage exemption of \$300 per month. Households of more than one person in the transitional assistance program or are entitled to a maximum wage exemption of \$200 per month.

Extension of Health Card Benefits

A one-time extension of health card benefits could be available to social assistance recipients who have been on assistance for one year or more and who are making the transition to employment. The health card would be available for a maximum of one year, or less if the employer has a health plan that the employee is eligible to receive.

One-time Transitional Benefit

Up to \$300 may be provided to clients with a case plan who have the potential for long-term/permanent transition into the labour market.

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Health Card Only Applications: Section 4(4)

Background and Application Process

If you don't qualify for income assistance, you may still be able to obtain a provincial Health Card to pay for medical expenses. Most people don't qualify for income assistance because of the needs assessment process. However, subsection 4(4) of the General Regulations under the *Family Income Security Act* allows Social Development to determine an applicant's eligibility without imposing the strict needs assessment limitations. You can use this section to apply for the Health Card or a one-time Special Benefit.

To apply, look in the Province of New Brunswick Blue Pages under "Human Resources Development - NB", and call the number as if you were applying for income assistance. You will then talk to one of Social Development's screening agents. They will ask for your Social Insurance Number, your medicare number and date of birth. As this is a service provided on the basis of your financial needs, they will also consider the following:

- your income;
- your monthly bills (rent/mortgage, power, phone, cable, etc.); and
- how many people live in the "economic unit" (including spouse, children, and roommates).

Application Documentation

When you apply for a health card under Section 4(4), you will require all of the documentation needed to apply for regular benefits. You will also need a letter from your doctor, explaining the nature of your condition and an estimated cost of your treatment, as well as proof of all expenses and income considered for Section 4(4) applicants that aren't normally considered for regular benefit applicants. The following are expenses which may be considered under a Section 4(4) application:

alimony, bank loans, cable, car insurance, car payment/loan, child care, child support, clothing, credit cards, finance companies, loans, food, heat, house insurance, housekeeping, hydro, life insurance, medical expenses, medical transportation (gas), mortgage, NB Power loans, property tax, rent, student loan payments, telephone, transportation for training, and other expenses, such as funeral expenses or room and board.

These expenses are calculated according to the cost of basic services each month, and do not take into account arrears or extra services. For example, only the cost of basic telephone and cable are considered; an exception to this is that Social Development will consider long-distance telephone calls to doctors and hospitals.

Assets and Income

For the Health Card applications, Social Development will look at your real net income, and at your net income for renewals. Again, they will look at some forms of income which they would not consider for regular benefit applicants, such as:

- Child Tax Benefit
- GST Credit
- Foster home payments
- Subsidized adoption payments

They will also consider the following liquid assets, not normally considered:

- Income generated by trust funds established for Blind or disabled persons;
- Lump Sum Payments to HIV/AIDS infected hemophiliacs, thalidomide victims & survivors;
- Lump sum compensation payments to sexual abuse victims; and
- Lump sum compensation payments to Japanese Canadians.

If you receive a health card through this section, it can only be used for the person in the household who requires the services. In addition, the card will only cover those services approved by Social Development, and not all normal health card benefits. If you are approved for a health card only, you are not eligible for any other special benefits. If you are not approved under Section 4(4) for a health card, you can appeal the fact that your application for assistance has been denied, but not the refusal of any benefits under Section 4(4).

Special / Emergency Benefits

Background and Eligibility

There are some specific special and emergency benefits available to recipients of provincial income assistance. These are usually reserved for those in a “priority group,” namely:

- blind or disabled: recipients certified by the Medical Advisory Board or who are also in receipt of a federal disability pension (CPP Disability);
- disaster victims;
- families with dependants under 19 years of age who also have high shelter costs (where the household is paying 40% or more of the household's total income for shelter, not including utilities and heat);
- women who are six months or more pregnant and with infants up to six months old, and their infants;
- women leaving an abusive situation;
- recipients who are part of the deinstitutionalized project; and
- "youth at risk" recipients (16 - 18 year old clients living outside the parental home while still attending school).

Deductions will not be made from your assistance cheque to recover part of the cost of any special benefits. The benefits will only be granted if the applicant has exhausted all other sources of income; for disabled clients, 75% of the income generated by any trust funds set up for them should be applied to special needs benefits.

In cases where items are to be purchased, they should never be purchased from Social Development staff members or their relatives, and Social Development staff are not to recommend or direct clients to a specific vendor.

What is an "Emergency"?

Social Development will review all requests for special benefits to determine if your request will meet a critical emergency need which, if not granted, would cause severe hardship, and if you have other options or means available to obtain the service or items requested. To be considered an "emergency" situation by Social Development, yours must be an unavoidable or unforeseen situation which requires an immediate response, or a situation which would leave you without food, shelter or warmth, or medical services or supplies which you need within two days. If Social Development determines that the benefits you requested are essential, a critical emergency exists, and that you cannot otherwise obtain the benefit by yourself or through help from your family or community, then it is their policy that they cannot refuse your request.

The following table shows special and emergency benefits available through the Department of Social Development:

<u>Special / Emergency Benefit</u>	<u>Availability</u>	<u>Comments</u>
Medical Transportation	Available to any clients under the following situations: a) an emergency situation in which no other options are available; b) frequent scheduled medical attention is required, documented by a physical and/or financial hardship; c) scheduled medical appointments where one-way distance to the doctor is more than 25 km.	Can be used to pay either public or private transportation. However, the amount does not usually cover your actual costs.
Household furnishing	Restricted to the priority groups.	Can cover such items as a new or used refrigerator, stove, washing machine, kitchen table and chairs, box spring and mattress, baby crib and mattress, and smoke detectors. There is quite a time-consuming process involved in getting any of these items.
Funerals	Available to all clients who meet the criteria.	Social Development will first verify if other resources, such as CPP death benefits or family help, are available.
Security Deposits	Restricted to people diagnosed with HIV/AIDS, disaster victims and women in transition.	Social Development will only pay for one security deposit, so it is important not to lose it. When you move from one apartment to another, the security deposit can be transferred.

Property Insurance	Restricted to priority groups.	Payments are made only in situations where non-payment will result in the loss of your property or deny your eligibility for a loan for repairs or a mortgage renewal.
Household Items	Those in priority groups may be granted these items if they have no other financial means available to obtain them.	Can cover such items as bedding, towels, dishes, pots and pans, and cutlery.
School supplement	Available to any clients with a dependent child five years old prior to January 1 st of the next calendar year, and is less than 18 years old as of August 31 st of the current calendar year.	An amount of \$50 per child is added to your cheque in August.
Emergency food	Restricted to priority groups.	
Rent	Rent or mortgage arrears may be paid for members of the priority groups where there is a confirmation of a threat of eviction or foreclosure.	
Water and sewage	Restricted to the priority groups, and further restricted to those who own their own home or carry a mortgage, and where and emergency exists.	
Telephone	Restricted to priority groups.	Social Development will pay the connection costs for a telephone for medical reasons, or in a situation of potential violence.
Incontinence supplies	Available to all clients who meet the criteria.	In general, covers diapers and other supplies for incontinent clients.

Dietary supplements	Available to all clients who meet the criteria.	Can cover the cost of Boost, Ensure and other dietary supplements. Not to be confused with the special dietary supplement.
Special dietary supplements	Individuals can access this item with documentation from a doctor which states your diagnosis and the reasons why you would be placed in a life-threatening situation without the special diet allowance.	Limited to a maximum of \$30 per month.
Clothing	Restricted to priority groups.	
Child-care for medical reasons	Available for all clients who meet the criteria. This is for clients who have children 13 years of age or younger who need child care because the client was in the hospital or has returned from the hospital and needs assistance during recovery.	Social Development will pay a rate of \$2 per hour for the first child, or a maximum hourly rate of \$2.50 per hour for two or more children, to a maximum of \$25 per day.

Fuel Supplements (Heating Supplement)

In addition to these benefits, Social Development will also provide regular and emergency fuel supplements. The Regular Fuel Supplement is generally available to all Social Development recipients who live on their own and pay their own heat. Not all Social Development recipients will qualify, however. The Regular Fuel Supplement is not available to those clients who:

- are receiving the Income Supplement benefit;
- have heating costs included in their rent payment;
- live with their parents;
- are in a rooming or boarding situation;
- have rental costs less than \$100 per month;
- have mortgage costs less than \$100 per month;
- are living in "maintenance only" accommodations;
- are in subsidized housing where heating costs are factored into the rent, mortgage or loan payment;
- live in Public Housing where they do not pay their own heating invoice;
- rent from a Non-Profit Housing group, or;

- are in the Rent Supplement program (if they receive a heat supplement).

Social Development will pay an amount of \$130 per month as an on-going benefit from November to April. They will need to have documents showing the amount of money you pay in rent or mortgage, the type of heat in your home/apartment, and the fact that your heat is not included in the rent or mortgage.

If you get heat from a wood stove or furnace, then you may be better off claiming the Bulk Fuel Supplement. You must first qualify for the Regular Fuel Supplement. The Bulk Fuel benefit is usually used to buy wood before the regular fuel supplement period. Social Development will give a maximum of \$130 for the six months of the fuel supplement, for a total of \$780, as a one-time benefit. Social Development will again need to see documents confirming how much you pay in rent or mortgage, and that heat is not included in that price. They will also need to see an estimate for the cost of the wood you need. You can ask Social Development to refer you to your local Department of Natural Resources and Energy office, where you might be able to get wood from Crown Land at a reduced price.

Social Development can also provide two types of emergency heating supplements. The **Emergency Fuel benefit** can be issued to clients or applicants in an emergency situation. This will only pay for the minimum delivery charge for the type of heat. The second benefit is the **Emergency Fuel Supplement**. This is for social assistance clients (not applicants) who are having a hard time paying their winter heating costs. Clients who heat with electricity can now apply for this benefit. You can only access this once a year, and you can only use it for your current bills, not for any past due amounts. The benefit, which can be as high as \$270, can be given to clients who:

- are in receipt of income support under the Extended Benefits or Transitional Assistance programs;
- live in their own home, that is, do not live with their parents, in rental housing or in a room and board situation;
- are not eligible for the Fuel Supplement or the income supplement;
- do not already receive a heating allowance through a subsidized mortgage or loan; and
- can demonstrate that they are in an emergency situation.

Department of Social Development Appeals

Like most government agencies, Social Development has established an appeal system to review decisions made by the Department with which you may not be satisfied. Upon

appeal, the decision will be reviewed to determine if it was made in accordance to the various Acts, statutes and policies which govern the Department. If you are unable to request or participate in an appeal because of illness, disability or incapacity, then a representative can act on your behalf. You have the right to appeal if:

- the Department is taking too long to make a decision about your assistance;
- your request for assistance was turned down;
- some or all of your assistance was stopped; or
- you have not been granted enough assistance for your needs.

Certain decisions cannot be appealed through the Social Development appeal process. Of greatest relevance to persons with disabilities is the fact that Section 4(4) decisions and decisions of the Medical Advisory Board cannot be appealed. In addition, special need emergency benefits (for items such as shelter, property taxes, household repairs and supplies, and items of basic need) and non-financial issues (such as case planning issues) cannot be appealed, and you cannot appeal your ineligibility for assistance if you have not completed the application process.

There are two levels of internal appeals at Social Development. The first is the “Request for Review”, in which an area reviewer will review your file to see whether or not the *Family Income Security Act* or its regulations have been followed in your case. Your first step is to request a “Request for Review” form, fill it in and return it within thirty days of receiving a Notice of Decision from Social Development, or at any time if you feel there has been an unreasonable delay in reaching a decision over your request for assistance. After the area reviewer receives the Request for Review, they have fifteen working days to review your case and send you a letter letting you know the outcome. The written letter will contain the particulars of the decision, the reasons for making the decision, and if you have the right to appeal to the next level of appeal, a description of how to appeal and the form needed to do so, the “Request for Appeal”.

If you are unhappy with the area reviewer’s decision, your next step is to seek an appeal hearing of the **Regional Family Income Security Appeal Board**. Within twenty days of receiving a decision from the area reviewer, you must fill in and return the Request for Appeal form to the address provided on the form. After the Board receives your request, they will have twenty days to hold an appeal hearing. You will be sent a letter detailing when and where your appeal hearing will take place. The hearing will be held in the same town or city as your Social Development regional office, and if you cannot afford to get to the hearing, you can ask the Board for assistance to help pay some of your travel costs. You can bring someone to the appeal and have them speak on your behalf,

whether it be a family member, friend, caregiver or your lawyer.

On the day of the hearing, you will wait outside of the appeal room until your case is called. At the hearing, besides you and anyone you bring with you, will be the area reviewer responsible for the decision you are appealing, the Chair of the Appeals Board in your region, and two other Board members, at least one of whom is a former recipient of income assistance. To protect your privacy, the hearing is not open to the public. You should bring to the hearing any other information that is important to your appeal, but not already included in your case file. The area reviewer will also be bringing any documents relevant to your appeal.

When you are called into the appeal room, the Chair will introduce you to the other members of the Board and explain the hearing process to you. It is an informal process, where each side gets to tell their story. The Board will ask the area reviewer for the information in your file, and they will ask you about your monthly expenses and anything else that is important to your case. Be sure to tell them everything which could affect your case, no matter how insignificant you feel it may be, because they will be basing their decision on what you have to say to them.

Within 15 days after the appeal hearing, the Board will send a letter to both you and the area reviewer stating the nature and reasons for their decision. The Board may decide that the Department did not make the right decision and rule in your favour, or they may agree with the Department and the original decision will stand.

These are the locations of the province's seven regional Family Income Security Appeal Boards, and where the local Social Development offices are located. Hearings are held in the following communities:

- Region 1 - Richibucto/Sackville/Shediac/Moncton
- Region 2 - Miramichi/Neguac
- Region 3 - Caraquet/Shippagan/Tracadie-Sheila
- Region 4 - Campbellton/Kedgwick/Bathurst
- Region 5 - Edmundston/Grand Falls
- Region 6 - Fredericton/Woodstock/Minto/Perth-Andover
- Region 7 - Saint John/Sussex/St. Stephen