Indigenous and Northern Affairs Canada | Affaires autochtones et du Nord Canada

Social Development Policy and Procedures Handbook

BC Region

Volume 1 of 4

Income Assistance Program

Canada

For any additional information or if you have any questions on the Social Development Policy and Procedures Handbook, BC Region, you may contact the BC Region Band Social Development Worker Policy Support Line, through any of the following:

Telephone (toll-free): 1-888-440-4080
Email: AANDC.BSDWSupportBC-TSDBsoutienCB.AADNC@canada.ca

Please note:

This program handbook is an on-going document and will be updated from time to time. The latest version will be available through the BC Region Band Social Development Worker Policy Support Line.

Hard copy updates will not be distributed to non-Administering Authorities

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The Terms and Conditions of the program are the ultimate authority; the purpose of this handbook is to explain those authorities.

Volume 1 of 4–*Social Development Policy and Procedures Handbook BC Region*, Income Assistance Program

Volume 2 of 4–*Social Development Policy and Procedures Handbook BC Region*, Assisted Living Program

Volume 3 of 4–Appendices

Volume 4 of 4–*Social Development Policy and Procedures Handbook BC Region*,

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Note: See the *Social Development Policy and Procedures Handbook Vol. 2* for Assisted Living policy and program information.

See the *Social Development Policy and Procedures Handbook Vol. 3* for Appendices.

Note: The Program Guide, along with the most recent Recipient Reporting Guide, which contains the DISC reporting forms and instructions, can be accessed on the DISC extranet site at http://www.inac.gc.ca/extranet, password: bc.

To access all Income Assistance & Assisted Living forms, as well as up to date versions of the *Social Development Policy and Procedures Handbook, BC Region*, please contact us at AANDC.BSDWSupportBC-TSDBsoutienCB.AADNC@canada.ca

Definitions
November 2015

General Principle

The definitions contained in this glossary apply only to the *income assistance, disability assistance, hardship assistance* or a supplement.

Definitions

Department of Indigenous Services Canada
[formerly Indigenous and Northern Affairs Canada (INAC), Aboriginal Affairs and Northern Development Canada (AANDC), Indian and Northern Affairs Canada (INAC), or Department of Indian Affairs and Northern Development (DIAND)]

Aboriginal Skills and Employment Training Strategy (ASETS) Agreement Holder means an organization funded by the Government of Canada under the Aboriginal Skills and Employment Training Strategy program to provide employment services to Aboriginal Peoples.

Abuse (from the Family Law Act) Abuse includes:

(a) physical abuse of a spouse or family member, including forced confinement or deprivation of the necessities of life, but not including the use of reasonable force to protect oneself or others from harm,

(b) sexual abuse of a spouse or family member,

(c) attempts to physically or sexually abuse a spouse or family member,

(d) psychological or emotional abuse of a spouse or family member, including

  (i) intimidation, harassment, coercion or threats, including threats respecting other persons, pets or property,

  (ii) unreasonable restrictions on, or prevention of, a spouse or family member's financial or personal autonomy,

  (iii) stalking or following of a spouse or family member, and

  (iv) intentional damage to property, and

(e) in the case of a child, direct or indirect exposure to violence

Administering Authority means the band, association of bands (tribal council) or other organization that is authorized by a funding agreement with Canada to administer the Social Development Program.

Annual Pass means an annual pass to use a public passenger transportation system in a transit service area established under section 25 of the *British Columbia Transit Act*.

Appellant means the person who commences an appeal under Chapter 2.7 Reconsiderations and 2.8 Appeals under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*.

Applicant means the person in a *family unit* who applies, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement on behalf of the *family unit*, and includes:

- the person's spouse, if the spouse is a *dependent,* and
- the person's adult *dependents*.

PWD "Applicant" means a person who is applying for Income Assistance for Persons with Disabilities (PWD) and who:

(a) is 18 years of age at the time of applying for Income Assistance for PWD, and meets the financial eligibility requirements for Income Assistance for PWD in accordance with DIAND's policy handbook; or

(b) is a person under 18 years of age who completes an Application for Social Assistance for PWD up to four months before his or her 18th birthday, and who is likely to be eligible for Social Assistance for PWD in accordance with DIAND's policy handbook at the time of completing the Application and on his or her 18th birthday.

Assets refers to:

(a) cash (see cash assets)

(b) equity in property

(c) equity in investments or other financial instruments

(d) equity in trust where the applicant or recipient has control over disbursements

Assistance Income assistance, disability assistance, hardship assistance, or a supplement.

Assistive device means a device designed to enable a person to perform a *daily living activity* that, because of a severe mental or physical impairment, the person is unable to perform.

Assistance month refers to the month for which the assistance is issued (i.e., assistance for May is issued near the last day of April).

At Home Program Respite Benefits refers to the Ministry of Children and Family Development program providing a range of medical supplies and services that can be accessed by At Home Program participants.
http://www.mcf.gov.bc.ca/at_home/med_benefits.htm

At Home Program Respite Benefits refers to the Ministry of Children and Family Development program allowing parents to choose appropriate care options for their child and family.
http://www.mcf.gov.bc.ca/at_home/respite_benefits.htm

Band Social Development Worker (BSDW) means a person employed by an Administering Authority for the purpose of administering DISC's Social Development Program on reserve.

British Columbia Aboriginal Network on Disability Society (BCANDS means the non-profit society that is authorized via a funding agreement with Canada to adjudicate the *PWD Designation Application* (SA 301) and the *Monthly Nutritional Supplement Application* (SA 401) on behalf of DISC **starting July 1, 2015**.

BC Basic Family Bonus (BCBFB)

BC Earned Income Benefit (BCEIB)

BC Family Bonus (BCFB)

Business Day means a day other than Saturday, Sunday, or a statutory holiday.

Calendar month refers to the month in which a change in circumstance occurs and which the *recipient* is obligated to report. The calendar month is measured from the 1st of the month to the last day of month (30th or 31st).

Canada Child Benefit (CCB is a payment that includes the following: the Universal Child Care Benefit (UCCB), the Basic Child Tax Benefit; the National Child Benefit Supplement; The Child

Disability Benefit, which is payable to families caring for a child under the age of 18, who has severe and prolonged mental or physical impairment.

Canada Pension Plan (CPP)

Canada Revenue Agency (CRA)

Cash Assets in relation to a person means:

(a) money in the possession of the person or the person's dependant

(b) money standing to the credit of the person or the dependant with

a. a savings institution, or
b. a third party

that must pay it to the application or dependant on demand,

(c) the amount of a money order payable to the applicant or dependant, or

(d) The amount of any immediately negotiable cheque payable to the person or dependant.

Child means an unmarried person under 19 years of age.

Child Services Benefits means a Ministry of Children and Family Development program which provides children and youth with special needs, who require significant additional educational, medical/health and social/environmental support, programs and services through MCFD until they are 19 years of age.

Citizenship and Immigration Canada (**CIC)**

Client is an applicant or recipient.

Client Employability Profile An employment planning tool used to examine clients' personal barriers and to establish the nature and severity of each to determine how each may be addressed.

Collapsible Discretionary Trust is a discretionary trust where the beneficiary can collapse the trust and gain control of the assets. The administering authority shall treat these trusts in the same way as a *Non-Discretionary Trust*.

Community Living British Columbia (CLBC) is an independent Authority responsible for delivery of services and supports for individuals with developmental disabilities.

Crime Victim Assistance (CVA) is governed by the *Crime Victim Assistance Act* and the Regulations. Under the Act, victims injured as a result of certain crimes, immediate family members of an injured or deceased victim and some witnesses may be eligible for financial assistance or certain benefits.

Criminal Injury Compensation Act (CICA) The *Criminal Injury Compensation Act* was replaced by the *Crime Victim Assistance Act* on June 30, 2002.

Daily living activity means the following:

- in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:
  - prepare own meals
  - manage personal finances
  - shop for personal needs
  - use public or personal transportation facilities
  - perform housework to maintain the person's place of residence in acceptable sanitary condition
  - move about indoors and outdoors
  - perform personal hygiene and self-care
  - manage personal medication

- in relation to a person who has a severe mental impairment, includes the following activities:
  - make decisions about personal activities, care, or finances
  - relate to, communicate, or interact with others effectively

Dependant - in relation to another person - means anyone who resides with the person and who:

- is the spouse of the person,
- is the dependent child of the person, or
- indicates a parental responsibility for the person's dependent child.

Dependent Child means a child under the age of 19 who resides in the parents' place of residence for more than 50% of each month and relies on that parent for the necessities of life. A *dependent child* does not include a child who is 18 years of age and is a person who has been found eligible for income assistance for persons with disabilities, (See Chapter 8.1, Persons with Disabilities).

Recipients who identify that they have a child(ren) residing with them must indicate on the *Application for Social Assistance* (901-27) form the percentage of time the child(ren) resides with them.

Where parents state that they have sole custody or more than 50 percent custody of the child, there is no requirement for the parents to produce a legal document, unless both parents are claiming the child(ren) as a dependent child(ren) or one of them is also claiming the Shared Parenting Assistance (SPA) [For more information, see chapter 4.4 Family Unit].

Dietitian means a registrant of the College of Dietitians of British Columbia.

Disability assistance means an amount for shelter and support provided under DISC's *Social Development Policy and Procedures Handbook, Volume 1, BC Region.*

Discretionary trust is a trust in which the trustee has absolute authority over payments of capital and income from the trust.

Employment Insurance (EI

Equity refers to the value of an asset over and above the indebtedness against it.

Family unit means an *applicant* or a *recipient* and his or her *dependants* who are:

- married; or
- any persons living in a marriage-like or dependant relationship, with or without dependent children. [For more information, see chapter 4.4, Family Unit]

Fleeing Abuse refers to escaping or being urgently in need of gaining independence from any situation as defined under "Abuse".

Funding/Field Services Officer (FSO) means an officer at Indigenous Services Canada that represents the Minister of the Department of Indigenous Services Canada (DISC). An FSO's primary function is to manage Funding Agreements between the DISC and the Administering Authority.

Funeral services means all services related to burial, cremation and other funerary practices.

Guaranteed Income Supplement (GIS)

Guide Animal means a registered guide animal certified under the *Guide Animal Act*

Health Assistance Branch (HAB

Hardship Assistance is provided on a temporary basis, for only one month at a time. Eligibility for hardship assistance must be re-established each month. The benefit issued may be repaid, see details in DISC's *Social Development Policy and Procedures Handbook, Volume 1, BC Region.*

Health Canada means the department of the federal government of Canada responsible for national public health.

Health professional means a person who is authorized under an enactment in British Columbia to practice one of the following professions:

- *medical practitioner*
- registered psychologist
- registered nurse or registered psychiatric nurse
- occupational therapist
- physical therapist
- social worker

Health Authority means a public body mandated under the Health Authorities Act to govern, manage, and deliver health services within a defined geographical area.

Home visit is an official visit by an administering authority to a client's residence for the purpose of providing assistance or assessing eligibility pursuant to the *Social Development Policy and Procedures Handbook, Volume 1, BC Region.*

Human Resources and Skills Development Canada (HRSDC

Identification (**ID**, means proof of identity

Income assistance means an amount for shelter and support provided under DISC's *Social Development Policy and Procedures Handbook, Volume 1, BC Region.*

Incorporated means duly incorporated as a business under provincial or federal legislation.

Legal Representative means the legal representative is responsible for making decisions (such as burial or cremation) related to the funeral arrangements and arranging for payment of the costs. The legal representative, usually the nearest relative, is determined according to Section 5 (1) of the Province of British Columbia's *Cremation, Internment and Funeral Services Act.* [See Policy]

Legitimate Mitigating Circumstances means the temporary circumstances beyond the client's control, which may interfere with a client's ability to comply with conditions of their client employability profile. Examples may include: family emergencies, documented health crises, attendance at court, temporary lack of childcare etc.

Living cost means the cost of accommodation and meals.

Medical practitioner means a member of the College of Physicians and Surgeons of British Columbia who is entitled to practice under the *Health Professions Act.*

Medical Services Plan (MSP)

Midwife means a registrant of the College of Midwives of British Columbia.

Ministry of Health (MoH)

MSDPR means the BC provincial Ministry of Social Development and Poverty Reduction. It is formerly known as the Ministry of Social Development and Social Innovation (MSDSI).

Monthly Nutritional Supplement (MNS)

Moving cost is the cost of moving a family unit and its personal effects from one place to another.

MSP Premium Assistance is provided under the *Medicare Protection Act* through the Ministry of Health.

Necessary funeral costs means items or services included within Schedule F of the Province of British Columbia's *Cremation, Internment and Funeral Services Act* that are necessary and appropriate.

Non-Discretionary Trust is a trust in which the trustee does not have absolute authority over payments of capital and income from the trust. The beneficiary

may have some control, or the trustee may be required to make certain payments.

Nurse practitioner means a member of the College of Registered Nurses of British Columbia who is entitled to practice under the *Health Professions Act*.

Old Age Security (OAS)
Occupational therapist (OT)

Ophthalmologist is a medical practitioner who practises ophthalmology.

Parenting dependent child is a dependent child who is the parent of a dependent child.

Patient as defined by the *Patients Property Act* is a person who is described as one who is, because of mental infirmity arising from disease, age or otherwise, incapable of managing his or her affairs, in a certificate signed by the director of a Provincial mental health facility or psychiatric unit as defined in the *Mental Health Act*, or a person who is declared under the *(Patients Property Act)* by a judge to be: incapable of managing his or her affairs; incapable of managing himself or herself; or incapable of managing himself or herself or his or her affairs.

Pacific Blue Cross (PBC)

Personal barriers mean barriers that meet all of the following descriptions: are beyond a person's control; exist after all interventions and training have been exhausted; directly prevent the person from maintaining employment now or in the foreseeable future.

Persons with Disabilities (PWD) designation means a designation provided to persons who have reached 18 years of age and have a severe mental (including a mental disorder) or physical impairment that meets all of the following criteria:

- in the opinion of a *medical practitioner*, the impairment is likely to continue for at least two years
- in the opinion of a prescribed professional, the impairment directly and significantly restricts the person's ability to perform daily living activities either continuously or periodically for extended periods
- as a result of those restrictions, the person requires an assistive device, the significant help or supervision of another person, or the services of an assistance animal to perform daily living activities.

Person with Persistent Multiple Barriers (PPMB)

Personal Health Number (PHN) [found on CareCard]

Physical therapist (PT)

Prescribed professional means a person who is authorized under an enactment to practice the profession of:

- *medical practitioner*
- registered psychologist
- registered nurse or registered psychiatric nurse
- occupational therapist
- physical therapist
- social worker
- chiropractor, or
- *nurse practitioner*

Premium assistance is provided under the *Medicare Protection Act* through the Ministry of Health.

Private hospital is a private hospital licensed under the *Hospital Act.*

Reachback client means an unemployed person who meets either of the following criteria:

- has had an EI claim in the three years before he or she applied for assistance
- has received maternity or parental benefits in a period that began no more than five years before he or she applied for assistance

Recipient means the person in a *family unit* to or for whom *income assistance*, *disability assistance*, hardship assistance or a supplement is provided under the *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for the use or benefit of someone in the *family unit*, and includes:

- the person's spouse, if the spouse is a dependant, and
- the person's adult dependants.

Registered Disability Savings Plan (RDSP)

Registered Education Savings Plan (RESP)

Registered Retirement Savings Plan (RRSP)

Reporting period refers to the three-month cycle beginning with the calendar month in which a change in circumstances occurred, the following month in

which the change is reported, and the third month that is affected by the change of circumstance (the amount of assistance the recipient is eligible to receive).

Residency verification is an official visit by an administering authority to a client's residence for the purpose of verifying information pertinent to the recipient's eligibility.

Responsible Persons means, in respect of a deceased person:

a) a spouse of the person,

b) in the case of a minor, a parent of the person, or

c) in the case of a person sponsored to immigrate to Canada, a sponsor.

The costs of the funeral are to be paid for by the responsible person(s).

Respiratory therapist (RT)

Funeral Service Provider means anyone providing *funeral services*, for example: a funeral home (funeral provider), a cemetery, a crematorium.

Shared parenting assistance (SPA)

Shelter allowance is the portion of assistance rates issued for a person's place of residence, for the actual cost of any of the following:

- rent
- mortgage payments, house insurance, property taxes, and pre-approved home maintenance and repairs, if the residence is owned by a person in the family unit
- utilities

SIN means Social Insurance Number issued by Human Resources and Skills Development Canada

Social Development Canada (SDC)

Spouse is defined as two persons, including persons of the same gender, are spouses of each other if they are married to each other, or they reside together and acknowledge they are residing together in a marriage-like relationship, or they have resided together in a marriage-like relationship for at least 3 consecutive months or 9 out of the previous 12 months and the relationship demonstrates both financial and social familial characteristics consistent with a marriage-like relationship.

Special Care Facility is:

a) an adult community care facility *licensed* under the *Community Care and Assisted Living (CCAL) Act*, including:
   - a residential care facility
   - an alcohol or drug residential treatment facility
   - a community living services facility

b) certain specialized adult residential care settings that are *not licensed* under the *Community Care and Assisted Living (CCAL) Act,* including:
   - a family care home contracted by a health authority
   - a community living residential resource contracted by Community Living British Columbia
   - an alcohol or drug residential treatment facility contracted by a health authority

Sponsor means a sponsor or co-sponsor of a person sponsored to immigrate to Canada under the *Immigration Act* (Canada) or the *Immigration and Refugee Protection Act* (Canada), if the undertaking given or co-signed by the sponsor is still in effect.

StudentAid BC is a program administered by the Ministry of Advanced Education and Labour Market Development that provides financial assistance to students.

Suitable employment means available employment, which the person is able to perform, that pays at least the minimum wage.

Support allowance means the portion of assistance rates provided for monthly expenses other than shelter.

Trusted Third Party means a person or agency authorized, through an agreement with the Ministry of Social Development and Social Innovation, to provide services to clients on behalf of the ministry.

Universal Child Care Benefit (UCCB)

Veterans Affairs Canada (VAC)

Voluntary Participation Plan (VPP) A planning tool that outlines the activities, including participation in programs and services, that clients with no employment-

related obligations agree to follow in order to move toward employment, or to increase employability.

WorkBC Employment Services Centre (ESC) refers to the storefront location that the Employment Program of British Columbia (EPBC) service provider uses to deliver EPBC services, and may also refer to alternative channels, arrangements or means of service delivery.

WorkSafeBC formerly Workers' Compensation Board (WCB)

Contacts and Resources

Chapters 1–7

DISC BSDW Policy Support Line*
The BSDW Policy Support line provides policy clarification and support services to the Band Social Development Workers of BC, as it relates to Social Development and Income Assistance.

Department of Indigenous Services Canada (DISC)
BC Region
Toll free 1-888-440-4080
Email: AANDC.bsdwsupportbc-TSDBsoutienCB.AANDC@canada.ca

DISC Website**
Provides users with forms for Recipient Reporting, forms for Proposals/Applications/Workplans as well as relevant Manuals and Guidelines

Reporting Guide - http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677
National Programs Manual:
https://www.aadnc-aandc.gc.ca/eng/1484941779222/1484941844596

The DISC BSDW Policy Support Line and DISC website can provide you with or direct you to the following information:

DISC Program Guide**
Essential program and budget information intended for First Nations administrators, program managers, and Department of Indigenous Services Canada (DISC) staff

Social Development Policy and Procedures Manual Vol 1* *Income Assistance policy and program information*

Social Development Policy and Procedures Manual Vol. 2 *
Assisted Living policy and program information

Social Development Policy and Procedures Manual Vol.3 *
Contains information on:

- *Administering Authorities contact information*
- *Social Development Forms List*
- *Income Assistance On Site Compliance Review Process*
- *Other Programs*

- *Sample Job Description for Band Social Development Workers*
- *Manual Amendment Letters*
- *Policy Directive Letters*
- *Guides, Samples, Instructions and Handouts*

Chapter 5

Canada Mortgage Housing Corporation (CMHC)
For On-Reserve
Offers programs, innovative financing techniques, training tools and information to increase building capacity and address housing needs in First Nations communities.

http://www.cmhc-schl.gc.ca/en/ab/onre/index.cfm

BC Hydro Account Inquiries for Band Administration, Housing Representatives and BSDWs
1-866-266-6366
businessaccountservices@bchydro.com
Account Inquiries for individual clients:
1-800-224-9736

Chapter 8

BC Aboriginal Network on Disability
A provincial, non-profit and charitable organization serving the health and disability resource and client service needs of the First Nation and Aboriginal population of British Columbia
http://www.bcands.bc.ca

BC Coalition of People with Disabilities
An organization that champions issues impacting the lives of people with disabilities through our direct services, community partnerships, advocacy, research and publications
http://www.bccpd.bc.ca

BC Ministry of Children and Family Development (MCFD)

Provides programs and services to ensure that healthy children and responsible families are living in safe, caring and inclusive communities
http://www.mcf.gov.gc.ca

At Home Benefits Program
At Home Program assists parents with some of the extraordinary costs of caring for a child with severe disabilities at home through a range of health supports and services.
http://www.mcf.gov.bc.ca/at_home/

Children and Youth with Special Needs
Services for youth and children with special needs
http://www.mcf.gov.bc.ca/spec_needs/

BC Employment and Assistance
A list of additional assistance for British Columbians in need
http://www.mhr.gov.bc.ca/programs/other.htm

BC Health Assistance Branch
Contact for information for the Persons with Disabilities designation when a PWD client has moved on-reserve

Health Assistance Branch
PO Box 9971 STN PROV GOVT
Victoria BC V8W 9R5
Tel: (250)387-5664 or 1-888-221-7711
Fax: (250)356-7290

PWD Consent to Release Information SAMPLE form HSD 3125 Updated June 2010
Sample of the form to be used when a PWD client moves off-reserve
http://www.hsd.gov.bc.ca/forms/pdf/HR3125.pdf

Minister's Council on Employment for Persons with Disabilities -
In spring 2012, an extensive planning process culminated in an Action Plan Framework for increasing employment for working-age people with disabilities in our province
http://www.eia.gov.bc.ca/pwd/ministers-council/index.htm

First Nations Health Council
Supports First Nations to determine and achieve their own health outcomes and works to implement the Tripartite First Nations Health Plan
http://fnhc.ca/

First Nations Inuit and Aboriginal Health
The Health Canada Branch that supports the delivery of public health and health promotion services on-reserve and in Inuit communities. It also provides drug, dental and ancillary health services to First Nations and Inuit people regardless of residence.

The Branch also provides primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.
http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php

Chapter 10

First Nations Inuit and Aboriginal Health
The Health Canada Branch that supports the delivery of public health and health promotion services on-reserve and in Inuit communities. It also provides drug, dental and ancillary health services to First Nations and Inuit people regardless of residence. The Branch also provides primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.
http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php

First Nations Health Authority
The BC First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada. FNHA assumes the programs, services, and responsibilities currently handled by Health Canada's First Nations Inuit Health Branch – Pacific Region. The vision is to transform the health and well-being of BC's First Nations and Aboriginal people by dramatically changing healthcare for the better.
http://www.fnha.ca/
info@fnha.ca

General Benefits Support Questions: 1-855-550-5454
General Inquiries: 1-866-913-0033

Health Benefits: 1-800-317-7878

Chapter 11

BC Ministry of Social Development

Annual Bus Passes
To inquire on how to apply for a bus pass or request a replacement pass
http://www.sd.gov.bc.ca/programs/bus-pass.html

Ministry of Social Development
BC Bus Pass Program
PO Box 9985 Stn Prov Govt
Victoria BC V8W 9R6

General Enquiries - 1-866-866-0800

Cremation, Interment and Funeral Services Act
To view the Cremation, Interment and Funeral Services Act
http://www.gov.bc.ca/meia/online_resource/general_supplements/funeral/policy.html

Ministry Assistance with Funeral Costs
Brochure with information for clients about the funeral arrangements for a deceased person.
http://www.hsd.gov.bc.ca/publicat/bcea/Funerals.htm

BC Transit
Provides public transportation services primarily outside the Greater Vancouver Regional District
http://www.transitbc.com

Funeral Service Association of British Columbia
Website for consumers, including information on funeral service options, costs, and financial assistance with funeral costs.
http://www.bcfunerals.com/

DISC Monthly Nutritional Supplement
As of July 1, 2015, the DISC Monthly Nutritional Supplement is processed through and adjudicated by BC Aboriginal Network on Disability Society (BCANDS).
http://www.bcands.bc.ca/bcands-monthly-nutritional-supplement-mns-client-bsdw-forms/

Insurance Corporation of BC (ICBC)
Website for recipients locating the nearest ICBC claim centre for information.
http://www.icbc.com/Pages/default.aspx

Service Canada

Canada Pension Plan Death Benefit
http://www.servicecanada.gc.ca/eng/services/pensions/cpp/death-benefit.shtml

Service Canada – Seniors
A listing of seniors' services (aged 65+) such as pensions and other benefits
http://www.servicecanada.gc.ca/eng/audiences/seniors/index.shtml

Last Post Fund
Website for more information about the Last Post Fund, a non-profit organization dedicated to ensuring that no veteran is denied a dignified funeral and burial due to insufficient funds

http://www.lastpostfund.ca/EN/home.php

Translink
Provides public transportation services primarily within the Greater Vancouver Regional District
http://www.translink.ca/

WorkSafe BC
Website for information on WorkSafe BC (Workers' Compensation Board of BC) death benefits.
http://www.worksafebc.com/

If an Administering Authority would prefer the documents on a CD or a printed hard copy, contact the DISC BSDW Support Line at 1-888-440-4080 or email AANDC.bsdwsupportbc-TSDBsoutienCB.AANDC@canada.ca.

Introduction to This Handbook

Welcome to the *Social Development Policy and Procedures Handbook* which has been divided into four binders, the Income Assistance Program under Volume 1, the Assisted Living Program under Volume 2, the Appendices under Volume 3, and the National Child Benefit Reinvestment Initiative under Volume 4.

These handbooks are designed for those involved in administering the Social Development Program in BC. The program is administered by the federal Department of Indigenous Services Canada (DISC), which is also known as Indigenous and Northern Affairs Canada (INAC) and provides financial support to eligible individuals living on-reserve. The handbook may also be useful to others involved in the delivery of socio-economic programs on-reserve.

Online Version of BC Region Handbooks

Electronic copies of these handbooks are available through the BC Region Band Social Development Worker Policy Support Line.

Handbook Amendments

Registered handbook holders are workers that are directly involved in administering the DISC Social Development Program in BC. All registered handbook holders will receive regular amendments or updates to the handbook.

Workers who receive a handbook amendment are expected to read the cover letter describing the changes; then remove the old sections and insert the new ones with the changes marked on each page.

Each handbook amendment package also includes a new table of contents and index. Workers are expected to check and ensure that the handbook contains all the sections listed on the table of contents, and that the date printed on the bottom of each section matches the date shown on the table of contents. The CIDM number and Version number at the bottom of each page refer to the Comprehensive Integrated Document Management (CIDM) System that is used by DISC.

Handbook Administrator

Contact the handbook administrator if:

- The update packages are going to the wrong person.
- A worker is not getting update packages.
- There are missing sections of the handbook, or some of the sections are out of date.
- A worker has found errors in the handbook and is forwarding findings.

SDPP Handbook Administrator
Programs and Partnerships
Department of Indigenous Services Canada
#600-1138 Melville Street
Vancouver, BC, V6E 4S3

What This Handbook Contains

Income Assistance Program, Volume One

The Income Assistance Program handbook, volume 1 is divided into a table of contents, index and12 chapters. Each chapter is divided into a series of sections.

Table of Contents – provides heading for each chapter and section with current policy issue date.

Definitions – contains a list of defintions

Contacts and Resources – provides information on how to access policy handbook on-line, DISC Social Development Reporting forms, and related provincial and federal program information.

Chapter 1, Introduction – serves as an introduction to the policies and procedures that are to be followed in the administration of the Social Development Program in the British Columbia Region.

Chapter 2, Program Administration – covers administration of the program including handling files, recovering overpayments, investigating fraud, appeals, and program monitoring and review.

Chapter 3, Application and Assessment – contains procedures for applying for and assessing eligibility for benefits, including the time frame, forms required and other documentation and identification needed.

Chapter 4, Eligibility – covers the assessment of eligibility including basic eligibility, residency and citizenship, minors, waiting periods, assets, unearned income and exemption eligibility, Persons with Persistent Multiple Barriers, and the rate table.

Chapter 5, Shelter Allowances – outlines allowances for shelter, including utilities, room and board, rent and mortgage payments, home maintenance and repairs, minimum shelter allowance and the *National Housing Act*.

Chapter 6, Children Out of the Parental Home – covers MCFD screening check process, financial assistance to children placed in the home of a relative on-reserve by their parents who have been approved by MCFD, including application and eligibility for assistance, parental responsibility, time frame, required screening check during case review and the rate table.

Chapter 7, Hardship Assistance – covers eligibility for hardship assistance, including awaiting other benefits, income or assets in excess of allowable limits, loss of employment, identification not established, transient applicants, and the rate table.

Chapter 8, Persons with Disabilities Assistance – covers Social Assistance for Persons with Disabilities, including application and eligibility for assistance, adjudication and review procedures, fees and the rate table.

Chapter 9, Special Allowances – covers special allowances, including incentive, special needs, natal, diet, camp fees, school start-up, work clothes and transportation, work force entry, moving costs, special transportation, and guide dogs.

Chapter 10, Non-Status Health Benefits – covers health benefits, including insured or non-insured benefits, dental, orthodontia, optical, health-related travel, medical equipment and supplies, and Hepatitis C Settlement Agreement compensation.

Chapter 11, Other Benefits – covers non-health benefits, including child benefits, family bonus top-up allowance, old age security pension, recipients in special care facility, December supplementary allowance, annual bus pass natal supplement, diet supplements, short-term nutritional supplement, monthly nutritional supplement, tube feed supplement and funeral costs.

Chapter 12, Transition to Employment Programs – covers the Work Opportunity Program.

Policy Overview

This chapter serves as an introduction to the policy and procedures which are to be followed in the administration of the Social Development Program in British Columbia Region.

General Principle

Individuals and families are responsible for managing their own affairs and maintaining themselves to the extent that their resources permit. The Social Development Program provides financial support to eligible adults and their dependents who are unable to meet their basic needs.

Introduction

The federal government believes that First Nations people should benefit from non-federal social services programs, but because these are not always available to residents on reserve the Department of Indigenous Services Canada (DISC) has implemented the Social Development Program (income assistance and social support services) designed to meet certain needs.

The Social Development Program is governed by various federal authorities. The principal authority for the provision of social development programs on-reserve permits DISC to adopt provincial standards and procedures. Thus, the policies and procedures contained in this handbook reflect current British Columbia Provincial Government policies and procedures in the administration of the Social Development Program. However, where possible and permissible, certain provisions exist to reflect the differing circumstances of persons resident on Indigenous reserve land.

The resources to provide these services are secured each year through the Canadian parliament.

Although administrative responsibility for the Social Development Program may be transferred, DISC remains accountable to the Government of Canada and to First Nation communities for ensuring that the social development procedures have been adhered to and that assistance, at authorized rates, is provided to those determined eligible under the *Social Development Policy and Procedures Handbook*.

Program Objectives

The broad objectives of the Social Development Program are:

- to assist persons living on reserves in maintaining a basic standard of living
- to prevent dependency by developing individual and family strengths
- to assist recipients to access services that will enhance their ability to assume primary responsibility for their own affairs

Program Administration

General Principle

The Social Development Program provides financial benefits and services to individuals and families, resident on reserve, who are in need. Need is determined by the application of a means-test, and other applicable eligibility requirements.

In British Columbia an understanding exists between the provincial Ministry of Housing and Social Development (MHSD) and the Department of Indigenous Services Canada (DISC) whereby administrative and financial responsibility for social assistance and social support services to Indigenous and non-Indigenous individuals living off-reserve will be assumed by the province, and responsibility for social assistance and social support services to Indigenous and non-Indigenous living on-reserve will fall to DISC and the bands or tribal councils and organizations that have assumed responsibility for administration of the program.

Band and Tribal Council Administration

A band council or an association of bands (tribal council) may be authorized by a funding agreement to administer the Social Development Program. This body responsible for administration of the program, whether it be band, tribal council or organization is referred to as the *administering authority.* Under such an agreement the administering authority undertakes to ensure that:

- the program is administered in accordance with the DISC *Social Development Policy and Procedures Handbook*
- a competent staff is employed to administer the Social Development Program
- assistance is provided to all persons on the reserve who meet eligibility requirements, without regard to membership status in the band
- all records, forms, and documents that are required by the funding agreement or *Social Development Policy and Procedures Handbook* are maintained and are available to DISC for program reviews and financial audits

- DISC is provided with statistical and other documentation as required by the funding arrangement
- social development staff are encouraged to participate in available training programs that are designed to enhance administrative and service-delivery skills
- other conditions as agreed upon are observed

When a band or tribal council is granted authority to administer the Social Development Program on behalf of DISC, the Chief and Council of the band or tribal council shall appoint a qualified band social development worker and, if provided for in the funding agreement, other social development staff who shall be responsible for administering the Social Development Program on behalf of the administering authority.

The administering authority shall provide the band social development worker and other social development staff with a written statement of current personnel policies and practices and written job descriptions. A sample job description, which the administering authority may adapt for its own use, if it should choose, is located in Volume 3, Appendix 5.

Community Based Welfare Committee

Where a band or tribal council has established a welfare committee, its terms of reference and powers should be defined clearly by the administering authority and may include responsibilities such as program review, development, and other service functions.

A welfare committee has no power to change the *Social Development Policy and Procedures Handbook* and shall not relieve the administering authority, band social development worker, or other social development staff of any direct or assigned duties or responsibilities for administering the Social Development Program on behalf of the administering authority.

Members of a welfare committee serve on voluntary basis and receive no financial compensation under the Social Development Program.

Funding Arrangements

General Principle

A funding arrangement is a document containing terms and conditions by which a transfer payment is made by the Government of Canada through the Department of Indigenous Services Canada (DISC) for the delivery of programs and services by First Nations. Funding authorities are the rules set by the Treasury Board of Canada that DISC must follow when providing funding for a particular program or service.

Funding is provided by either Comprehensive Funding Arrangement (CFA) or Canada/First Nation Funding Agreement (CFNFA).

Comprehensive Funding Arrangement

A band council or an association of bands (tribal council) or organization, may be authorized under a CFA to administer the Social Development Program. First Nations who have signed a CFA with DISC must use the *BC Region, First Nations National Reporting Guide* in meeting the terms and conditions associated with program reporting, and the policies and procedures of the *Social Development Policy and Procedures Handbook.*

The CFA is the basic funding arrangement and may contain one or more funding authorities, such as a contribution or a flexible transfer payment (FTP).

Contributions are allocations subjected to detailed terms and conditions that stipulate the service to be provided, to whom, and what expenses are eligible for reimbursement. Any unspent balance must be returned to DISC.

FTPs, similar to contributions, provide for delivery of specific services of programs, but funding is based on fixed amount (arrived at by the application of funding formulas) rather than the reimbursement of eligible expenses. Program surpluses may be reallocated at the discretion of the recipient. For example, in certain cases unspent balances for capital projects can be applied to other approved projects.

Canada/First Nation Funding Agreement

A band council or an association of bands (tribal council) or organization, may be authorized under a CFNFA to administer the Social Development Program in accordance with the terms and conditions of this agreement including the delivery standards.

The CFNFA is the successor of the pilot Financial Transfer Agreement (FTA) and Federal Transfer Agreement (FedTA). The CFNFA builds upon input received from First Nations and First Nation organizations.

The CFNFA represents the next step in building the foundation to consolidate federal funding into a one window agreement to streamline auditing and reporting, and to reduce red tape.

The CFNFA is based on the following principles:

- standardized common federal terms in the agreement body
- unique departmental terms and conditions in separate schedules of the agreement
- ability to contain multi-year block funding
- ability to contain annual targeted programs
- ability to add other federal departments as schedules (with block or targeted programs)

First Nations who have signed a CFNFA with DISC must use the *BC Region, First Nations National Reporting Guide* in meeting the terms and conditions associated with program reporting.

Rights and Responsibilities of Applicants and Recipients

General Principle

Every person applying for or receiving social assistance has certain rights and responsibilities.

Rights

Applicants and recipients have the following rights:

- to make application when they believe they are in need
- to be given the information and assistance needed for them to make proper application for the program
- to have all personal information treated as private and confidential
- to be free of any consideration of race, gender, colour, creed, or political affiliation in the administration of this program
- to receive prompt, courteous, efficient, and fair treatment
- to have their eligibility determined on the basis of objective evidence as required by program policy
- to receive all assistance and benefits for which they qualify under the policy and procedures established in this handbook
- to be informed of eligibility entitlement in writing if they so request
- to appeal decisions concerning an application for, or provision of a benefit
- to be informed of their responsibilities regarding initial and continuing eligibility

Responsibilities

The responsibilities of applicants and recipients are:

- to disclose any information that is required under the policy and procedures established in this handbook

- to complete all required eligibility forms in a proper manner
- to take maximum personal responsibility for achieving increased or complete independence
- to, if required by policy, seek work at all times, and to be available for all work for which they are qualified
- to, if employable, participate in employability programs that may be available
- to use all available resources and income to support themselves as the preferred alternative to social assistance
- to inform the administering authority promptly of changes in their circumstances that may affect eligibility

Income Assistance Files

General Principle

Individual and family income assistance records are the property of the administering authority. It is important that they be secured and kept current because they contain confidential information relating to applicants and/or recipients, substantiate expenditures of public funds, and are essential to provide counselling and other services to clients.

The administering authority must ensure the confidentiality of personal records of its clientele by restricting access to such records to authorize:

- Department of Indigenous Services Canada (DISC) staff and
- Band social development employees.

Policy

The administering authority shall establish a file for each family or individual in receipt of income assistance.

The file shall be kept up-to-date, and shall contain relevant income assistance documents as follows, and not limited to:

- Application for Social Assistance (901-27)
- Budget and Decision Form (901-25)
- Social Assistance Monthly Renewal Declaration (901-28)
- Consent to Release of Information (901-23)
- PWD Designation and or MNS Approval letter
- Medical Report for Persons With Persistent Multiple Barriers (SA 116)
- Persons with Persistent Multiple Barriers Checklist and Decision Form (SA117)
- Non-Status Health Benefits Request & Authorization (SA 205)
- Nutritional Supplements Request & Authorization (SA 200)
- Bus Pass Eligibility (SA 312)
- any report containing information obtained from Immigration Canada

- any report containing information obtained from Service Canada
- any correspondence, report or other materials containing information from Ministry of Social Development (MSD)
- any report from the local Aboriginal Skills and Employment Training Strategy (ASETS),
- Canada Customs and Revenue Agency Child Tax Benefit notice, and BC Family Bonus entitlement (Child Benefits Cheque notice)
- copies of Request for Administrative Review (SA 140) and other material relating to a review
- correspondence, file notes, interview records, receipts, and other materials related to the case
- rental agreement form
- other shelter documentation (i.e., BC Hydro, oil, propane, wood, etc.)
- identification for each person in the family unit
- Form: General consent for disclosure of client information related to CCB and adjustment to income assistance
- Form requesting end of care related to COPH (see An Information Guide for First Nations Administration, June 1998)

Security Guidelines for Income Assistance Files

All income assistance files must adhere to the security guidelines at all times, as outlined below:

<table>
<tr><th colspan="2">DESIGNATED INFORMATION/ ASSETS

(Means the unauthorized release could cause injury to an individual, organization or department)</th></tr>
<tr><th>Protected “A”</th><th>Protected “B”</th></tr>
<tr><td>Injury: Low

Loss of privacy/embarrassment, such as:

- date of birth,
- home address,
- telephone number,
- S.I.N.,
- etc.

Document Standards:

Marking: Protected A – on top right corner

Storage: Approved security container with approved key lock in operations zone

Disposal: Commercial shredder</td><td>Injury: Serious

Loss of reputation, competitive edge or prejudicial treatment, examples:

- criminal/ethnic/religious/political/performance records,
- evaluation,
- contractual negotiations,
- advice,
- adoption papers,
- health documents,
- PWD application and documents,
- etc.

Document Standards:

Marking: Protected B – on top right corner

Storage: Approved security container with approved combination padlock in operations zone

Disposal: Approved shredder</td></tr>
<tr><td colspan="2">Transportation/Mailing Standards for Protected “A” & Protected “B”

Within building: One unmarked envelope – transport discreetly by hand or using internal mail service

Outside: Single sealed envelope, no security marking, return address – transport discreetly by hand or using trusted mail services (first class)

The handling of Persons with Disabilities (PWD) information and files must adhere to Protected “B” guidelines at all times.</td></tr>
</table>

Procedures

Program	Eligibility	Forms & Documents Required
Income Assistance Disability Assistance Hardship Assistance & All other benefits and supplement allowances.	Depends on the benefit applied for by the applicant and recipient in order to meet eligibility criteria for the specified benefit.	• Application for Social Assistance (901-27) • Budget and Decision Form (901-25) • Social Assistance Monthly Renewal Declaration (901-28) • Consent to Release of Information (901-23) • Persons with Disabilities (PWD) Designation Letter • Medical Report (SA 116) • Persons with Persistent Multiple Barriers Checklist & Decision (SA 117) • Child Out of the Parental Home Application (COPH 01) • Child Out of the Parental Home Screening Consent (COPH 02) • Correspondence from MCFD regarding results of screening check for COPH • Any employment report from the local Aboriginal Skills and Employment Training Strategy (ASETS), • Canada Customs and Revenue Agency Canada Child Benefit notice, and BC Family Bonus entitlement (Child Benefits Cheque notice) • Correspondence, file notes, interview records, receipts, and other material related to the case • Appropriate shelter documentation (i.e., BC Hydro) • Rental agreement • Identification for each person in the family unit • All other required income assistance documents

All required documentation (i.e., prescriptions and invoices) are to be attached to the *Budget and Decision* (901-25) form.

The BSDW shall date-stamp all accompanying documentation (i.e., prescriptions, receipts, etc.) at the time they were received. This will ensure time lines are maintained.

Ensure payments are processed according to type of benefit requested (i.e., health supplement and equipment payments must be made directly to the supplier and **not** to the *recipient).*

Payment of Benefits

General Principle

The band social development worker (BSDW) on behalf of the administering authority shall issue monthly social assistance to applicants meeting eligibility requirements and social assistance is granted from the date on which eligibility was established.

Policy

Under no circumstances is payment to be made for any period that pre-dates the application.

In exceptional circumstances, payments may be made retroactively to the date on which the social assistance application was received at the local office, if in the opinion of the administering authority such issuance would alleviate hardship.

Social assistance will usually be paid by cheque issued in the name of the recipient, with the following exceptions:

- assisted management of benefits
- partial administration of benefits
- third-party administration of benefits

For auditing purposes, there needs to be a clear separation of administration duties and accounting duties (i.e., the person who signs the cheque for the Social Development Program is *not* the same person who determines eligibility, sets up the case, or calculates the budget and requests payment).

The *Budget and Decision Form* (901-25) is used to document all applicant resources and monthly requirements to determine whether the applicant is financially eligible for social assistance and the amount of eligibility.

Prorating of Support Allowance

In the month of application, the monthly support allowance is pro-rated based on the number of days remaining in that month, beginning with the day the applicant completes the application process and eligibility is determined.

Assisted Management of Benefits

Recipients of social assistance have the right and responsibility to manage their own affairs. However, if for any reason social assistance is not used for the purposes for which it was issued, help in managing allowances may be offered as follows:

- social assistance may be issued in the name of the spouse of the recipient
- social assistance may be issued on a weekly or bimonthly basis, rather than monthly

Staff Administration of Benefits

If the methods described in Assisted Management of Benefits above are not effective in assisting the recipient to manage benefits, partial administration of the social assistance may be necessary.

Partial administration of social assistance by the administering authority ensures that essential goods and services are available to the individual or family unit.

Under administration of benefits, the administering authority may issue part of the client's benefits by cheque or purchase order that is:

- payable on behalf of the client, to the supplier of goods or services (e.g., rent, electrical service, fuel, food, clothing, or items approved as special needs)
- payable to both client and supplier

The balance of the client’s entitlement would be issued by separate cheque to the client.

Administration of benefits should be limited to areas in which recipients are having severe problems so that they maintain the maximum responsibility for their own affairs.

Staff should never cash a recipient's cheque or voucher, nor should they make cheques payable to themselves on behalf of a client.

Third Party Administration of Benefits

Clients who are unable to manage their benefits may have those benefits administered by appointment of a third-party administrator.

Third-party administration should be considered only in the most extreme cases, because it completely removes the client's control of income, and eliminates any opportunity to develop money management skills.

Under third-party administration, social assistance benefits are issued in full by cheque, payable in the name of the third party administrator for the recipient (e.g., "John Smith on behalf of Joe Jones").

Care must be taken in the selection of a third party administrator.

The third party must be acceptable to the client and not have any other financial relationship with him.

To protect both recipient and administrator a *Third-party Administration Agreement* (901-19) is to be signed.

The administrator must maintain receipts and records relating to expenditures and must report on the situation every month to the administering authority.

Client Responsibility

Administration of benefits assists the client to manage funds to ensure that basic needs are met.

Administration of a client's social assistance, whether partial or full, should be limited to that period of time during which a need for such help is evident.

Clients must be given every opportunity and assistance to develop the skills for money management so they may resume responsibility and control over their own affairs.

Termination of Benefits

Social assistance payments cease when a recipient no longer meets conditions of eligibility. In most cases this will be because the recipient has secured employment or other means of support (i.e., income or assets in excess of allowable limits). Benefits may also be terminated.

Recipients should be made aware that assistance may be terminated, for the following reasons:

- refusal or abandonment of employment opportunity
- refusal to participate in an appropriate training or rehabilitation program
- recipients' unwillingness to avail themselves of an advantage offered under any law
- failure to provide information and documents required to establish or maintain eligibility.

If it is necessary to terminate assistance, clients should be advised so that the consequences of their decision or inaction, as well as measures that may be taken to prevent loss of benefits, are understood, especially where dependents are involved.

Social assistance shall be terminated with the payment for the period during which the recipient ceases to meet the conditions of eligibility.

Whenever a decision is made to terminate the client's benefits, the client has the right to appeal the decision.

File Closure

Should applicants or recipients cease to be eligible for social assistance, the BSDW may close their case file.

The BSDW must use file recordings to indicate:

- reasons
- date
- signature of BSDW

Overpayments and Recoveries

General Principle

In certain circumstances, social assistance benefits may be recovered from clients by the band social development worker (BSDW) on behalf of the administering authority. Recovery of benefits is required where benefits are issued that the client is not entitled to, or while the client is awaiting other income or benefits.

Client-initiated Overpayment

Where the BSDW becomes aware that clients have initiated an overpayment, and are therefore receiving benefits to which they are not entitled, the following procedures apply:

- The client must be contacted immediately.
- The BSDW must discuss the nature of the overpayment and request an explanation from the client.
- Depending upon the client's explanation and the BSDW's knowledge of the situation, the BSDW may conclude that a fraud has occurred or that the overpayment was not deliberately intended by the client. If the BSDW believes that a fraud has occurred, refer to section 2.5, Fraud.
- Where the BSDW believes that the client's actions were unintentional, pertinent procedures should be reviewed with the client, and the client cautioned as to the legal nature of these procedures. Advise the client of how to proceed in future to avoid overpayment.
- Unintended client-initiated overpayments must be recorded on the client file and recovered by completing a repayment agreement. Discuss with the client a suitable plan of recovery of funds. If the client refuses to enter into a voluntary plan for repayment, recovery may be effected by reducing any allowance payable to the client, or by proceedings in a court of competent jurisdiction to recover the funds. For more information, see section 2.5, Fraud.

- Reimbursement payments should be made to the BSDW.
- BSDW must record the amount of a reimbursement payment and the date on which the payment is made on the client file.
- Deductions made from allowances for recovery of overpayments must be noted on the Budget and Decision Form (901-25), until such time as the overpayment is recovered in full.

Office-initiated Overpayment

Where an overpayment has been made to a client due to an error by the BSDW, the following procedures apply:

- The client must be contacted.
- The BSDW must explain to the client the nature of the office error, and the amount of overpayment. The client's correct entitlement should be re-established, and noted on file and on the *Budget and Decision Form* (901-25).
- Office-initiated overpayments must be recovered.
- The above must be explained to the client.
- The BSDW and the client negotiate the best method of recovery (i.e., cheque or money order, or deduction from assistance).
- The BSDW and the client complete a repayment agreement.
- If the client has spent the overpaid funds on essential items such as food, clothing, or furniture, and receipts are provided, the BSDW may decide to waive recovery if the client would suffer hardship as the result of a reduced allowance. Where such a decision is made, the specific circumstances of the situation, and the reasons for the decision must be recorded on the client's file for auditing purposes.
- The client has the right to appeal a decision that reduces benefits.

Repayment Agreements

General Principle

In addition to repayments that result from client or office-initiated overpayments, repayment agreements must be signed as described below. For circumstances that require repayment of benefits received under hardship assistance, see Chapter 7, Hardship Assistance.

Policy

Repayment agreements may be waived by the Band Social Development Worker (BSDW) in cases where the client has been the victim of family violence, and where the pursuit of repayment would result in the client being placed at risk of further family violence.

A debt cannot be transferred from one file to another.

A repayment agreement is in effect, and recovery will continue until such time as the funds are repaid in full.

Repayments

A repayment agreement is a contract between the administering authority and the client, where the client acknowledges the debt and agrees to commence to repay that debt, and the deduction amount is included in the agreement. An obligation to repay assistance arises in three ways:

1. Where assistance has been issued, and the client has subsequently been deemed ineligible due to non-disclosure of information, false representation, or error.
2. When a client is issued repayable categories of hardship assistance (see Chapter 7, Hardship Assistance).
3. Where a repayable benefit has been issued.

Hardship Assistance

A repayment agreement is to be completed each time a repayable category of hardship assistance is issued.

A repayment agreement is to be completed when the file is converted to regular social assistance benefits or disability benefits.

Monthly deductions will commence, or full repayment of the debt will be obtained, when the client is no longer receiving hardship assistance.

Non-repayable hardship benefits are identified in Chapter 7, Hardship Assistance.

Awaiting Other Benefits

Where a client is granted hardship assistance benefits while awaiting receipt of benefits or settlements from Old Age Security, Workers Compensation Board, Canada Pension Plan, the Department of Veteran's Affairs, the Insurance Corporation of British Columbia, or Employment Insurance benefits, the administering authority shall require the client to sign a repayment agreement.

Recovery shall occur as soon as the benefits or settlements are received.

Repayment agreements shall only be signed if the anticipated benefit is retroactive to any period for which social assistance benefits are paid.

Lost or Stolen, Unendorsed Child Benefit Cheque

To issue a repayable advance if an unendorsed Child Benefits cheque has been lost or stolen with the maximum amount of the advance being limited to that portion attributed to the BC Family Bonus and National Child Benefit Supplement only.

- The client is to be directed to contact the local Canada Customs and Revenue Agency (CCRA) office and apply for a replacement Child Benefits cheque.
- A recoverable amount of up to the maximum value of the family bonus portion (NCBS plus BCFB) of the unendorsed lost cheque for the eligible children in the family unit may be issued to meet the basic needs of the family.
- No replacement is issued for a client who refuses to pursue a replacement through CCRA.
- The BSDW must complete, and have the recipient sign, a repayment agreement for the amount issued in accordance with the above.
- The recipient must be notified that the entire amount is to be recovered from the next month's social assistance entitlement. If not fully recovered, the balance will be recovered from subsequent social assistance entitlement or must be repaid by the recipient.
- There is no replacement for a lost or stolen Child Benefits cheque attributed to a child for whom Children Out of the Parental Home Assistance are being paid.

Lost or Stolen Social Assistance Cheques or Supplier Cheques

Where a social assistance client reports an **unendorsed,** social assistance cheque or supplier cheque has been lost, stolen or not received.

- There is no replacement for lost social assistance cheque that has been endorsed by the payee (client).
- BSDWs must place a stop payment on endorsed cheques that are lost, although no replacement will be issued.
- Lost or stolen social assistance cheques should not be replaced prior to the date noted on the cheque issued.
- Lost or stolen social assistance cheques should not be replaced until two days after the loss or theft is reported. The BSDW may wave the two-day waiting period if it is determined that the recipient would suffer hardship.
- Supplier cheques reported lost or stolen by the recipient must not be stopped or replaced unless the signature of the supplier can be obtained. Confirmation in writing from the supplier (e.g., BC Hydro), indicating that they have not received the cheque, will suffice to support a replacement cheque and/or stop-payment for a lost/stolen cheque.
- In the situations to avoid undue hardship to a new suppler the BSDW may issue a cheque to a new supplier before the original cheque made out to the previous supplier has been recovered.
- The BSDW must ensure the following is completed:
  - Have client sign declaration that states the cheque has been lost or stolen and was endorsed or unendorsed.
  - Check the status of the cheque as being cashed or not through the administering authorities Finance department or local bank.
  - If the cheque has **not** been cashed:
    - issue a replacement cheque, and
    - issue a stop payment on the missing cheque.
  - If the cheque has been cashed:
    - If the client is suspected of cashing the cheque the BSDW must request a copy of the client's signature from the back of the cheque and compare signatures.
    - If the BSDW is satisfied that the client did not cash the cheque, a replacement cheque may be issued.
    - If the BSDW is not satisfied that the client did not cash the cheque then no replacement can be made until the cheque has been recovered.

- If the client admits to the BSDW at a later date that he or she endorsed or cashed the cheque, after receiving a replacement cheque from the BSDW, the BSDW must complete a repayment agreement with the client.
- The recipient must be notified that the entire amount is to be recovered from the next month's social assistance entitlement. If not fully recovered, the balance will be recovered from subsequent social assistance entitlement.

Fraud

General Principle

Applicants or recipients of income assistance who ***knowingly*** make false declaration by signing documents such as the *Application for Social Assistance* (901-27) or *Social Assistance Monthly Renewal Declaration* (901-28) that contain incomplete or incorrect information misrepresenting their situation in order to obtain social assistance, are liable to prosecution under the *Criminal Code of Canada*.

Procedures

Where a band social development worker (BSDW) believes a fraud has been committed the client is to be informed of the allegation.

An “information” may be laid before a Crown attorney alleging the commission of a crime. Whether or not the “information” is acted upon is a matter of discretion of the Crown attorney.

Voluntary reimbursement of the Social Development Program *must never be considered* where prosecution is contemplated (that is, after a referral is made to the Crown attorney). Such action would prejudice legal proceedings.

Income assistance benefits may be terminated when a BSDW believes that fraud has occurred.

The client may re-establish eligibility only by completing a new application, and providing proper supportive documentation.

If the BSDW still finds the client is not eligible, then assistance would be denied.

The client has the right to appeal the decision.

The most common types of social assistance fraud are:

- failure to declare income or assets
- collecting duplicate social assistance
- collecting unemployment insurance and social assistance
- failure to declare change in status, especially employment or family composition

Investigation and Prevention

General Principle

The band social development worker (BSDW) must inform clients of their rights and responsibilities with regard to income assistance benefits.

Policy

Informing clients of their rights and responsibilities will assist them to receive the benefits to which they are entitled, while not incurring overpayments.

At the time of application or annual reviews, the BSDW should remind the client that by signing documents such as the *Application for Social Assistance* (901-27) or the *Social Assistance Monthly Renewal Declaration* (901-28) they make the documents legally binding, and that the information contained in them is subject to verification.

A false declaration on the application or monthly renewal form is an offense under the *Criminal Code of Canada*.

The BSDW should explain to eligible clients, at the time of application or annual reviews, their responsibilities with regard to on-going eligibility for benefits.

Recipients are required to report monthly any change in circumstances that affect eligibility.

The BSDW must investigate and follow up all matters pertaining to suspected or alleged fraud or overpayment of income assistance.

Appeals Overview

General Principle

Individuals have the right to have their circumstances assessed objectively in accordance with the Social Development Program policies and procedures, and to have a forum for reconsideration and redress when disputes arise.

Policy

Applicants or recipients of social assistance must be informed of the reason(s) for a decision, and if applicable, of their right to appeal.

An applicant or a recipient (client) may request an Administrative Review of a decision made by the Administering Authority on the grounds of:

- refusal to grant an allowance or service
- reduction of an allowance or service
- cancellation or suspension of an allowance or service

If the client is not satisfied with the decision resulting from the Administrative Review, the client may request that the case be heard by an Appeals Committee.

Where there is no discretion in the policy to make a decision, there is NO decision that is open to appeal.

The following are examples of some non-discretionary issues:

- General eligibility requirement such as requirements to complete an application and notify the Administering Authority of the changes in circumstances
- Amount of assistance rates
- Rate change resulting from a policy change

Procedures

Request for Administrative Reviews

1) Clients requesting an Administrative Review shall be provided with a *Request for Administrative Review (SA140)* form:
    - For decisions concerning social assistance and other services, the Administering Authority shall complete Section 1 “Decision to be Reviewed” of the form.
    - For decisions concerning the denial of the Persons with Disabilities (PWD) designation, the decision statement is the PWD adjudicator stated reason(s) for determining that the applicant fails to meet the PWD Designation eligibility requirements that is in the initial decision letter.
2) The client shall complete Section 2 “Request for Administrative Review and Reasons for Request” which may also include providing new information that is relevant to the original decision.
3) The completed form and all supporting documents must be mailed or delivered to the Administering Authority within 20 business days of the client being notified of the decision that is to be reviewed.
4) The decision to refuse to grant an allowance, a service or the PWD designation shall stand during the Administrative Review and appeal processes, until it is overturned by the Administrative Review decision or the final decision made with respect to the recommendation of the Appeals Committee.
5) Upon receipt of a completed Request for Administrative Review (SA140) form, the reduction, cancellation or suspension of an allowance or service shall be reinstated at the rate prior to the decision being appealed, and shall not be varied during the review or appeal process, subject to the recipient continuing to meet the conditions of the Administrative Review and appeal processes and all other eligibility requirements.
6) The Administering Authority shall mail the completed form and supporting documentation to the Department of Indigenous Services Canada (DISC) or BC Aboriginal Network on Disability Society (BCANDS) for decisions concerning Persons with Disability and Monthly Nutritional Supplement.

Review

Income Assistance

Upon receipt of the *Request for Administrative Review (SA140)* form, a DISC Field/ Funding Services Officer who was not party to the original decision will conduct a review on all the information provided by the client and the original decision maker and come to a decision respecting the matter within 20 business days.

Attention: Funding Services
600-1138 Melville Street
Vancouver, BC V6E 4S3

Persons with Disabilities Designation/Monthly Nutritional Supplement

Upon receipt of the *Request for Administrative Review (SA140)* form the BC Aboriginal Network on Disability Society, will assign a reviewer, who was not party to the original decision to conduct a review on all the information provided by the client and the original adjudicator and come to a decision respecting the matter within 20 business days.

Attention: British Columbia Aboriginal Network on Disability Society (BCANDS)
PWD - Social Development Program
1179 Kosapsum Cresent
Victoria, BC V9A 7K7

Decision

1) The decision of the Administrative Review may be to:
   - deny the request for Administrative Review or appeal on the grounds that the matter is not appealable
   - confirm the decision
   - revise the decision
2) The reviewer shall complete Section 1 and Section 2 of the *Administrative Review Decision and the Request for Appeals Committee Hearing (SA 142)* form.
3) The decision of the Administrative Review shall be recorded in Section 2 of the form, with detail explanation and clear reference made to the policy upon which the decision is made.
4) The reviewer shall mail the original copy of the completed form to the client.
5) The reviewer shall mail a copy of the completed form to the Administering Authority. This copy shall be placed on the client's income assistance file.

6) DISC shall keep a copy of the completed form for records.
7) If the Administrative Review decision is acceptable to the client, any necessary action shall be taken, and the matter considered concluded.
8) Clients who wish to dispute the Administrative Review decision must:
   - complete Section 3 “Request for Appeals Committee Hearing”of the *Administrative Review Decision and the Request for Appeals Committee Hearing (SA 142)* form
9) return the form within 7 business days of the date the applicant or recipient received the notice of the decision being reviewed to the Administering Authority
10) Upon receipt of Request for Appeals Hearing, the Administering Authority will place the matter, provided that it is open to appeal, before an Appeals Committee.

Appeals Committee

General Principle

To provide an accessible process during which individuals who wish to dispute an Administrative Review decision may present their case to an Appeals Committee and have their circumstances assessed by independent third parties that do not have a conflict of interest with the individual, the Administering Authority nor the Department of Indigenous Services Canada (DISC).

Composition

The Appeals Committee shall comprise of the following members:

1. A person nominated by the appellant (the individual who has filed a request for an Appeals Committee Hearing) in Section 3 of the *Administrative Review Decision and the Request for Appeals Committee Hearing* (SA 142) form. This person must not be related to the appellant.

2. A person nominated by the Administering Authority within 7 business day after the date of receipt of the *Administrative Review Decision and the Request for Appeals Committee Hearing* (SA 142) form. This person must not be an employee of the Administering Authority nor DISC.

3. A chairperson selected jointly by the nominees of the appellant and the Administering Authority within 7 business days after the date the person is nominated by the Administering Authority.

Note: If the appellant's nominee and the Administering Authority's nominee are unable to agree upon a chairperson, the chief of the band in whose community the appellant resides, and the Manager, DISC, shall jointly select a chairperson.

Functions of Chairperson

The chairperson shall:

- convene the Appeals Committee hearing within 10 business days of the chairperson's nomination

- notify in writing the appellant, Manager, DISC and the band Chief and Council of the time, date, and place of the hearing at least 2 business days before the hearing is to take place
- carry out the responsibilities of a chairperson at the hearing, ensuring that the proceedings are conducted and recorded in an appropriate manner
- inform all persons present in the Appeals Hearing that all information shared and collected during the proceedings are confidential
- submit a completed *Recommendation of the Appeals Hearing Committee* (SA 144) form and all relevant documentation (including the appellant's statement of designation of their representative, if applicable) presented in the hearing to the Manager, DISC within 10 business days of the conclusion of the hearing
- inform the appellant of the recommendation of the Appeals Committee

Appeals Committee Hearings

The Appeals Committee may proceed with an Appeals Hearing subject to the following:

- all three members of the Appeals Committee are present,
- the appellant, or in cases where the appellant is unable to attend, an individual who has been designated by the appellant as their representative to attend the Appeals Hearing, is present. The designation must be in the form of a written statement dated and signed by the appellant; and
- a representative of the Administering Authority is present.

Note: The signed statement must be attached to the *Recommendation of the Appeals Hearing Committee* (SA 144) form

Appellants may also attend the Appeals Hearing together with a representative of their choosing.

In situations where neither the appellant nor the duly-appointed representative is present at the scheduled Appeals Hearing:

- the chairperson will contact the appellant immediately to enquire whether they intend to proceed with the matter

- the appellant must resubmit the request for an Appeals Hearing within 10 business days if they intend to proceed
- this would be the appellant's final opportunity to appeal

Appeals Hearing Process

The Appeals Hearing may be held at the office of the Administering Authority, or at a suitable location in or near the appellant's community of residence.

The Administering Authority shall provide the Appeals Committee with copies of the following documents:

- Request for Administrative Review (SA 140) form
- Administrative Review Decision and the Request for Appeals Committee Hearing (SA 142) form
- all related forms, information, records or testimony that are attached to the above forms

Note: DISC shall provide related documentation, information or testimony for Persons with Disabilities designation appeals.

The Administering Authority may withhold sensitive materials (i.e., information relating to fraud, child protection situations, or third parties).

Documents provided to the Appeals Committee remain the property of DISC.

The Appeals Committee may only consider and examine information, records or testimony that are attached to and included in the appellant's request for *Request for Administrative Review* (SA 140) form submitted to dispute the initial decision.

The Appeals Committee may examine the *Social Development Policy and Procedures Handbook BC Region*, and any directives or statements of policy and procedures relating to the Social Development Program.

Representatives for the Administering Authority and the appellant may be called upon to identify and explain any documents that are examined by the Appeals Committee.

Appellants, or their representatives, have the right to explain fully their position with respect to the decision being appealed, to produce witnesses who can provide relevant information.

Representatives for the Administering Authority will be required to explain the decision on the matter in the context of the *Social Development Policy and Procedures Handbook BC Region* and may produce witnesses who can provide relevant information.

The Appeals Committee may question any person present at the Appeals Hearing. Witnesses called upon to give evidence may be present only while giving evidence.

The Appeals Committee may consult or seek information from any individual who can assist in providing relevant information.

When the Appeals Committee is unable to complete the hearing of an appeal, the case may be adjourned for a period not exceeding 20 business days.

Disposition of Appeals

Recommendations of the Appeals Committee shall be determined by majority vote. An Appeals Committee may dispose of an appeal as follows:

- dismiss the appeal in the case of non-appearance of the appellant or duly-appointed representative
- make a recommendation consistent with the policy and procedures of the program with respect to the matter being appealed
- identify and make recommendations respecting policy and procedures which require review

Report of Appeals Committee

Social Assistance

The chairperson shall submit a completed *Recommendation of the Appeals Hearing Committee* (SA 144) form and all relevant documentation presented in the Appeals Hearing to the Manager, Field/Funding Services, DISC by courier.

The proceedings of the Appeals Committee are confidential.

Persons with Disabilities Designation

The chairperson shall submit a completed *Recommendation of the Appeals Hearing Committee* (SA 144) form and all relevant documentation presented in the Appeals Hearing to the Manager, Social Development Unit, Intergovernmental Affairs, DISC by courier.

The proceedings of the Appeals Committee are confidential.

Implementation of Recommendations

Recommendations in accordance with policy

If the recommendations is in accordance with Social Development Program policy and procedures, it will be implemented.

Recommendations not in accordance with policy

If the recommendation appears not to be in accordance with Social Development Program policy and procedures, a meeting between the Manager, DISC and the chairperson will be held to identify and resolve the conflict.

Final Decision

The Manager, DISC shall advise the Appeals Committee chairperson and the appellant of the final decision with respect to the recommendation.

Travel Allowances

DISC shall reimburse the Appeals Committee members for their actual costs of travel, accommodations, and meal allowances in accordance with prevailing treasury board travel regulations, with funds from BC Region.

Program Monitoring and Review

General Principle

The Department of Indigenous Services Canada (DISC) is responsible for monitoring and reviewing the administration of the Income Assistance Program.

BC Region staff monitor the program by verifying financial and statistical reports submitted by First Nation administering authorities and by conducting on-site program compliance reviews.

For on-site program compliance reviews, the BC Region follows the *Income Assistance On Site Compliance Review* Directive provided in the DISC *Income Assistance Program National Manual.*

Purpose

The *Income Assistance On Site Compliance Review* provides national direction to assist the regions and their staff with the conduct of Income Assistance (IA) Compliance Reviews.

This directive helps fulfill the Department of Indigenous Services Canada's (DISC/ the department) accountability requirements to Parliament as well as its obligations under the *Financial Administration Act* (FAA). It provides guidance to departmental staff on the expenditure of public monies, an essential managerial responsibility (e.g., section 34, FAA).

Objective

The objective of IA Compliance Reviews is to determine compliance with rates and conditions as set out in the department's regional Social Development/Assistance Policy and Procedures Handbooks. This includes providing support to First Nations administering authorities in the effective and efficient operation of IA by promoting the utilization of the applicable provincial/territorial rates and conditions for IA, and by identifying the source of non-compliance to ascertain measures that can be taken to eliminate such problems in the future.

Application Process

General Principle

The band social development worker (BSDW), on behalf of the administering authority, shall develop a consistent procedure to collect all relevant information from an applicant in order to determine eligibility for assistance.

All individuals have the right to apply for income assistance, and to receive a written decision, if they so request, concerning their eligibility.

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Applicants for income assistance must apply at the office of the administering authority for the reserve on which they are living.

Applicants and recipients must meet all eligibility requirements (i.e., residency, citizenship, etc.).

The following approved forms must be used in the application process:

- *Application for Social Assistance* (901-27)
- *Children Out of the Parental Home Assistance Application Financial Assistance* (COPH-001)
- *Persons with Disabilities Designation Application (SA 301)*
- *Budget and Decision Form* (901-25)
- *Employment Insurance Information Form* (BCSA 11)
- *Consent to Release Information* (901-23)
- *Social Assistance Monthly Renewal Declaration* (901-28)
- All other required forms

The purpose of income assistance is to ensure that recipients receive the necessary support to become independent. To assist in this, applicants' or recipients' circumstances may be reviewed at any time to ensure that:

- all eligibility requirements are met
- when required, applicants or recipients seek alternative sources of income

Information provided by the applicant or recipient will be subject to a verification process as set out by the BSDW.

Until the information has been verified by the BSDW, applicants have not been determined eligible for income assistance and are not entitled to income assistance, with the following exception:

- When the health and welfare of the applicant or dependent children may be at stake, the BSDW may assess the applicant's application for assistance as presented and subsequently determine eligibility for income assistance or hardship assistance (see Chapter 7, Hardship Assistance).

The administering authority must be committed to ensure that applicants or recipients comprehend the importance of the declaration.

The administering authority staff must not sign documents on behalf of an applicant.

Procedures

Eligibility	Documentation and Forms
Applicant	• *Budget and Decision Form (901-25)* • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration (901-28)* • *Copies of required identification* • *Income Assistance Report (DCI #455897)* • *All other required income assistance documents*
Resources	• Income Assistance Report (DCI #455897) and Income Assistance forms • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Eligibility http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/eligibility

Review existing files and documentation.

Identify information that may be lacking or requires clarification.

Application - Stage 1 - Prospecting

Overview

The application process includes two stages. During the first stage, applicants are assessed as to whether they have already completed a satisfactory work search or are required to complete a work search or if they are exempt from this requirement. Applicants who are not exempt must complete a reasonable work search before their eligibility for assistance can be determined.

New applicants, those who have never been in receipt of *income assistance* or *disability assistance* before, are required to complete or demonstrate that they have completed a satisfactory work search lasting five weeks. Former recipients who have only ever received *hardship assistance* are required to complete a five-week work search.

Former recipients of income assistance or disability assistance reapplying for assistance are required to complete a three-week work search.

Applicants who are exempt from this initial work search requirement can proceed directly to the Stage 2 – Eligibility Interview of the application process.

Applicants assessed as having an immediate need can proceed directly to the Stage 2 – Eligibility Interview of the application process and will be assessed for hardship assistance while they complete their work search as required.

Interview Process

1. Use a consistent procedure to review or complete all sections of the application form with the applicant, and ensure that the information is accurate.

2. If a subsequent occasion arises where the administering authority staff must present evidence in court, staff will be able to testify to an invariable procedure, though the specific details may not be recalled, thereby strengthening the administering authority's position.

3. Ensure that applicants, recipients, and dependants understand both of the following:

    - the content of the application and declaration
    - rights and responsibilities of all parties

4. Review all required documentation with applicants and recipients, and make copies for the file.

5. Ensure all copies of documents are either of the following:

    - initialled and dated by the applicant or recipient, and staff
    - stamped "certified true copy" and signed by the applicant or recipient

6. Explain to the signatories that the declaration makes the application form a legal document, and that it makes the signatories liable for the accuracy of its contents, and that false statements could lead to charges under the *Criminal Code of Canada*. Ensure that this is understood.

7. All forms should be completed by the applicant, and every section on the forms must be answered. Any questions which are not applicable to the applicant's situation must be marked N/A.

8. The BSDW and the applicant or recipient are to initial all changes made to the information on the forms.

9. Observe the signing of the declaration of the applicant and applicable parties—the BSDW signs the declaration as a witness and on behalf of the administering authority.

10. The BSDW must sign all approved forms on behalf of the administering authority.

11. The BSDW will explain to the eligible applicants or recipients how and when assistance will be provided (i.e., when the monthly renewal is due, explain

how the client will be issued continued assistance and when the client will receive assistance each month).

12. The *Budget and Decision Form* (901-25) is used to document all applicant resources and monthly requirements to determine whether the applicant is financially eligible for income assistance, and the amount of that eligibility.

13. The applicant has a right to be informed of the decision, and for this purpose should be given the client's copy of the *Budget and Decision Form* (901-25) which includes information about the appeal process. If applicants disagree with the decision they must be informed of the right to appeal the decision.

14. Explain how the *Social Development Monthly Renewal Declaration* (901-28) form must be placed in each client file along with other required documentation and forms that are used to determine continued eligibility.

15. Explain how changes reported on the *Social Development Monthly Renewal Declaration* (901-28) form must be noted, and any required documentation placed on the file. Some changes may require the completion of a new application (i.e., recipient reunites with spouse or the recipient has employment income, etc.).

16. Any changes in the amount of eligibility require a recalculation using the *Budget and Decision Form* (901-25).

17. Refer the applicant or dependant to suitable services or resources.

18. The administering authority staff must never sign documents on behalf of an applicant or recipient.

19. File recordings showing the date of the application or annual review, decisions made with rationale for decisions, type of contact made to do application or annual review, issues, requests, or concerns raised by client during application or annual review. [For more Annual Review Policy and Procedures see Chapter 3.4, Annual Reviews]

Time Frame and Forms Required

General Principle

All applications for *income assistance, hardship assistance* and *disability assistance* must undergo periodic and regular annual reviews, and appropriate documentation must be maintained on all client files, and in accordance with the criteria set out in the *Social Development Policies and Procedures Handbook, Volume 1, BC Region.*

All recipients are required to report accurately and completely when required to do so. Awareness of obligations will reduce overpayments in cases where inaccurate or incomplete reporting resulted in an overpayment.

Definitions

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region.*

Policy

Time Frame

Applicants and recipients are required to provide shelter, financial, identification, and any other required documents to verify their information and ensure that they continue to be financially eligible for assistance. The following forms are to be used to determine eligibility for assistance, including all other forms and documents as required.

The *Application for Social Assistance* (901-27) form must be completed:

- at the initial application [For more information, see chapter 3.1 Application Process]
- once every 12 months [For more information, see chapter 3.5 Annual Reviews]
- if a significant change has occurred [For more information, see chapter 4 Eligibility]
- at reapplication for assistance

The *Budget & Decision Form* (901-25) must be completed:

- at the initial application [For more information, see chapter 3.1 Application Process]
- once every 12 months [For more information, see chapter 3.5 Annual Reviews]
- if a significant change has occurred [For more information, see chapter 4 Eligibility]
- at reapplication for assistance

The *Social Assistance Monthly Renewal Declaration* (901-28) form must be completed:

- every month
- due by the cheque cut-off day as determined by the administering authority, as a condition of ongoing eligibility (i.e., due 5th of each month)
- provided by the cheque day as determined by the administering authority, as a condition of ongoing eligibility (i.e., last Wednesday of each month)

Ensure all copies of documents and forms are either of the following:

- initialled and dated by the applicant or recipient, and staff
- stamped "certified true copy" and signed by the applicant or recipient
- inaccurate, incomplete or failure to report changes may result in an overpayment and requirement to repay.

Assessment of Social Assistance Monthly Renewal Declaration (901-28)

Reporting Requirements

Recipients of *income assistance, disability assistance* and *hardship assistance* are required to report all or and any employment income or other money received and any changes in their circumstances in addition to requesting further assistance each month.

Changes that MUST be reported

Recipients of *income assistance*, *disability assistance* and *hardship assistance* are required to report changes in their circumstances such as address, shelter/utility costs, number of dependents, changes in employability status, whether they are attending school, and any changes in assets.

They are also required to report all employment income and any other earned or unearned money they received. It must be clearly and completely reported on the 901-28 form and submitted to the administering authority by the established due date or by the end of the calendar month (i.e., paystub provided after established due date).

Clients must report all changes that occurred during the calendar month [For more information, see the Definitions chapter].

The 901-28 will be submitted to the Band Social Development Worker (BSDW) by the cheque cut-off date as determined by the administering authority. The BSDW will review the 901-28 to determine eligibility for next month assistance. For example, changes between January 1 and January 31 must be reported and submitted by the cheque cut-off date [See Policy - Timeframe] [For more information, see Definition section for Assistance Month, Calendar Month and Reporting Period].

When cheques are issued, attach a "blank" 901-28 form or provide the 901-28 form in accordance to the established process by the administering authority.

Inaccurate, incomplete or failure to report changes may result in an overpayment and requirement to repay.

Reporting Requirement Content

The Band Social Development Worker (BSDW) will review all reported changes and update case file information before payment is generated for the next month. If necessary, the BSDW will assess eligibility for an earnings exemption.

The BSDW will review all 901-28 forms and action any changes prior to the next assistance month payment being generated [For more information, see Definition section for Assistance Month, Calendar Month and Reporting Period].

The BDSW must review the 901-28 form each month to ensure that it is completed in full and signed by both applicant and spouse. The applicants' spouse can sign anywhere on the form, for example, above or underneath the applicants' signature. The 901-28 form is a declaration of further need.

In addition, recipients are required to report all income and any changes in circumstances on the 901-28 every month.

Inaccurate, incomplete or failure to report changes may result in an overpayment and requirement to repay.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • *Budget and Decision Form* (901-25) • *Income Assistance Report (DCI #455897)* • Consent to Release of Information (901-23) • All other forms and documentation as required to determine eligibility must be placed in a client's file
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guidehttp://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Monthly reporting requirements dated 2014 http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/mrr/policy.html

Assessing the client information reported on the Social Assistance Monthly Renewal Declaration (901-28)

1. Before the cheque issue date the 901-28 forms are gathered and date stamped, or initialed and dated by Social Development program staff.

2. The BSDW is to ensure the following when reviewing the *Social Assistance Monthly Renewal Declaration* (901-28):

    a. Client (Applicant 1) and spouse (Applicant 2) signatures completed

    b. Date completed

    c. Questions 1 to 6 completed

    d. Explanations provided if any changes indicated

    e. Columns pertaining to the declaration of income for the client and spouse to be completed

    f. Proof of declaration of income attached if applicable (i.e., payslips, receipts and any other supporting documentation)

    g. Review and action any changes to address or shelter costs.

    The BSDW will review the 901-28 to assess eligibility for assistance based on current *Social Development Policy and Procedures Handbook, Vol 1, BC Region*.

3. The BSDW will:

    a. Update the client file with any changes reported on the 901-28.

    b. Record **all income**, earned and unearned, on the *Budget and Decision Form* (901-25).

- For example, if a client attaches a payslip to their 901-28, the notes on the 901-25 should indicate the name of the employer, amount of income received and applicable dates of pay.

c. Note any changes in assets, trusts, or any other kind of money or value received on the 901-25 [For more information, see chapter 4.7 Assets and chapter 4.8 Unearned Income].

4. If an incomplete 901-28 is received, the BSDW will return it to the client. The BSDW will explain what information is missing on the 901-28, and instruct the client to return the completed form to the office along with any required documentation.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (B&D) (901-25) is to be *completed in full* to document the decision to issue, or not issue, the benefit as follows:

1. Under the Comment section – indicate:
    a. The "Monthly Reporting Requirements"
    b. The type of need being provided (i.e., IA benefits, PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family unit portion for each eligible item [For more information, see chapter 5.1 Shelter Allowances Overview].
2. Under Monthly Requirements section – enter the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special only
    b. Items not applicable write N/A or put a strikethrough to show you have reviewed
3. Under the Resources section - enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery. Total all items under (5) Total Monthly Deductions to determine the monthly deduction amount:
    a. Items not applicable write N/A or put a strikethrough to show you have reviewed
    b. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    c. Monthly Entitlement amount to be issued.
4. Under the Temporary Allowance Issued by Administering Authority section - enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).

5. Any section not applicable like Transfer to Band Work Project section, enter N/A or put a strikethrough to show you have reviewed.

6. Signatures of both the recipient and Administering Authority required.

7. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:

    a. the *Social Assistance Monthly Renewal Declaration* (901-28) form must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].

8. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Identification Requirements

General Principle

Effective: August 1, 2014

To be eligible for income assistance or disability assistance, applicants and recipients must meet identification requirements. The identity of each member of the family unit must be established, including verification of the Social Insurance Number (SIN) of each applicant.

Policy

Eligibility

Effective: August 1, 2014

ID requirements consist of both of the following:

- proof of identity for all family members
- a social insurance number for all adult family members

To establish proof of identity, the applicant must provide the original documents at the time of application or there must be copies already on the case file where there is an existing case file. Where a former client reapplies and staff are able to view previously copied documents, that in the Band Social Development Worker's opinion establish the applicant's identity, the identification requirements are considered satisfied. [See Policy – ID on Existing File]

An applicant can meet the requirement to provide a social insurance number by providing an original document or other information which verifies the SIN provided by the applicant. [See Policy – Verification of SIN]

In cases where a couple, with or without *dependent children*, applies for assistance, only the primary applicant in the *family unit* must meet the ID requirements to be considered eligible for *income assistance* or *disability assistance*. The other family members must meet the ID requirements as soon as possible.

Proof of Identity: August 1, 2014

At the time of application for assistance, each applicant must provide **two** pieces of identification (ID). One must be a **photo ID** from the list of primary ID, and the second may be selected from either the primary or secondary ID list. **One** piece of ID from either the primary or secondary ID list is required for each *dependent child*. [See Policy – Table: Primary and Secondary ID]

Photo ID documents are required for all ID in the list of primary ID. Interim documents (for example, interim driver's licence) are not to be accepted as primary ID. In cases where a photo ID has expired, it is acceptable as primary ID as long as the Band Social Development Worker is satisfied that the photo resembles the applicant and therefore proves the applicant's identity.

Table: Primary and Secondary ID

Primary ID (Photo ID)	Secondary ID
• BC Driver's Licence and Services Card (Combined Card) • BC Services Card (Photo Card) • BC Identification (BCID) card • Canadian driver's licence • Passport • Older versions of the Certificate of Indian Status (CIS) issued by AANDC (Laminated Certificate of Indian Status, Certificate of Indian Status "All-in-One," or Certificate of Indian Status "Pilot Project") • Secure Certificate of Indian Status (SCIS) issued by the Department of Indigenous Services Canada (DISC) • original citizenship papers or immigration documents — these include: Record of Landing (IMM1000), Sponsorship Undertaking: Confirmation of Permanent Residence (IMM5292), Permanent Resident Card, Canadian Citizenship Certificate (after February 1, 2012), and a refugee protection claim or Temporary Resident Permit (IMM1442) (See note below) • Canadian Citizenship Certificate issued prior to February 1, 2012 (wallet sized card issued and includes photo) • offender identification card issued by Correctional Service Canada	• BC Services Card (Non-Photo Card) • Birth certificate • Citizenship papers or immigration documents (without photo) • Credit cards • CareCard • Other documents that, by themselves or in conjunction with other documents, would be considered acceptable identification for cheque cashing purposes at banks or other financial institutions

Note: Canadian Citizenship Certificates (issued after February 1, 2012), immigration documents IMM 1000 and IMM 5292 (all are without photos) must be presented with another piece of primary ID that contains a recent photo, in addition to a secondary ID. Applicants holding a Temporary Resident Permit IMM 1442 should obtain a work permit as soon as possible in order to qualify for a SIN and other primary IDs.

Note: All persons holding the Sponsorship Undertaking: Confirmation of Permanent Residence (IMM5292) automatically receive the Permanent Resident Card. There is a $50 fee for the card and the card expires every five years. [See Policy – ID Requirements not Met]

Note: Children receive their own Permanent Resident Card.

Note: Both the SCIS card and CIS care are acceptable as primary ID. The toll-free number may be used to verify the validity of the card in questionable circumstances, or if the photo does not match the applicant. If a call to the automated system indicates that the card's serial number is invalid, return the card to the applicant and inform them to contact AANDC.

Following is an example of the **Secure** Certificate of Indian Status card.

Verification of Social Insurance Number: August 1, 2014

All applicants and adult dependants are required to have a verified and valid Social Insurance Number (SIN). Documents that may be used for verification of a SIN consist of:

- A valid SIN card
- A copy of a valid SIN card on the client's existing case.
- A receipt issued by Service Canada in place of a SIN Card, until the Card arrives, if the receipt verifies the applicant's social insurance number.
- An original Notice of Assessment from Canada Revenue Agency containing SIN and name, or a copy of this document on the client's existing case.

- Other original formal documentation from the Government of Canada that contains social insurance number and name, or a copy of this documentation on the client's existing case.

Note: A valid SIN card refers to a Social Insurance Card issued by Service Canada. Metal cards that have Government of Canada printed on them are not valid SIN cards.

Assuming all other eligibility requirements are met, clients may be eligible for hardship assistance *SIN* required, while they await documentation to verify their SIN. [For more information, see Related Links – Hardship Assistance – SIN Required]

The following applicants and recipients are exempt from meeting the Social Insurance Number (SIN) requirement when determining eligibility for income assistance or disability assistance:

- Refugee claimants,
- Temporary Resident Permit holders,
- Those who qualify for an exemption from citizenship requirements,
- Those with permanent resident status waiting to receive a Social Insurance Number

ID on Existing File: August 1, 2014

Where a former client reapplies and staff are able to view previous copies of ID or SIN documents on the case file and in the Band Social Development Worker's opinion the copies establish the applicant's identity, the identification requirements are considered satisfied.

Exceptions: August 1, 2014

The following are exceptions to *ID* requirements:

- For newborn infants, a copy of the registration of live birth, application for a birth certificate or ankle bracelet from the hospital is sufficient for identification purposes for a three-month period.
- For Grandparented Children out of Parental Home (COPH) recipients, one piece of identification from either the primary or secondary ID list, plus a photograph of the Grandparented *COPH* child is sufficient for identification purposes.
- Where a client is incapable of managing his or her normal daily responsibilities due to health issues beyond his/her control and is therefore unable to obtain ID or a *SIN*, a third party can assist them in obtaining the documents needed to meet the ID requirements.

ID Requirements not Met: August 1, 2014

Until the required identification documents are received, the family unit is not eligible for regular income assistance or disability assistance. Assuming all other eligibility requirements are met, clients may be eligible for Hardship Assistance while they apply for replacement ID. [For more information, see Hardship Assistance, Chapter 7.9 Identification Not Established]

The Band Social Development Worker may issue an ID supplement to assist recipients in obtaining the required ID, with the exception of immigration documents. [For more information, see Chapter 9, Special Allowances]

If it is established that the client has been attempting to obtain the documentation but for reasons outside his/her control has not been successful, an extension may be given with case notes on file. The Band Social Development Worker should assist the client in obtaining identification documents and consider eligibility for an ID supplement as needed. [For more information, see Chapter 9, Special Allowances]

If the client does not produce the required identification documents within six months, their case file must be reviewed to determine continued Hardship Assistance. The client must reapply every month for Hardship Assistance and demonstrate monthly need.

If it has been established that the client has not been pursuing the required identification documents, the requirements for continued eligibility for income assistance are not being met and further assistance should be denied.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form (901-25)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report (DCI #455897)* • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Citizenship and Immigration http://www.cic.gc.ca/english/ • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677

Establishing Proof of Identity: August 1, 2014

To collect identification, follow these steps:

1. Obtain required ID and *SIN* documents for each member of the *family unit* and copy for client file.

Note: Where a former client reapplies and staff are able to view previous copies of ID or SIN documents on the case file and in the Band Social Development Worker's opinion the copies establish the applicant's identity, the identification requirements are considered satisfied.

2. Where identification is questionable or appears altered, do not accept the documentation for any member of the family unit that this applies. [For more information, see Chapter 7.9, Identification Not Established]
3. Applicants who do not have a verifiable SIN number can be considered for Identification Supplement. [For more information, see Chapter 9, Special Allowances]
4. Assist client in obtaining identification documents and consider eligibility for an ID supplement, using the office address as the receiver. [For more information, see Chapter 9, Special Allowances]
5. Once identification documents are received, copy to client file.
6. If the client does not produce the required identification within six months, review their Hardship Assistance.

Replacing Immigration ID: August 1, 2014

If a client loses their immigration documents, Citizenship and Immigration Canada (CIC) will replace the documents for a fee. The administering authority will not pay to replace immigration documents even if the documents are required for the purposes of determining eligibility for assistance.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** Identification Requirement as follows:

1. Comment section - indicate “type of need being provided” and calculate the family units portion for each eligible item if shared shelter;

2. Under Monthly Requirements section –write the amount and sub-total each column A, B, C, and D (Special) and;
    a. For Hardship or Identification Supplement – no recovery required.
    b. Under Resources, enter amount of number 5 in Less Deductions.
    c. Indicate start and end date.

3. Signatures of both the *recipient* and *Administering Authority*.

Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or there is a change in family unit (see Chapter 4, Eligibility).

All expenditures must have the required documentation attached to the form (See “Eligibility, Documentation & Forms” table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2: *Financial Management Report* sections:

    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Citizenship

General Principle

August 2004

Canadian residency and the citizenship or immigration status of the applicant and adult dependant in a family unit are factors in determining eligibility for income assistance or disability assistance.

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Eligibility

August 2004

For a family unit to be eligible for income assistance or disability assistance, one of the following requirements must be met:

- each applicant in the family unit is one of the following:
  - a Canadian citizen
  - a permanent resident
  - a protected person (Convention refugee or person in need of protection)
  - in Canada on a Temporary Resident Permit
  - a refugee claimant [see Policy – Refugee Claimants]
  - under a removal order that has been stayed or cannot be executed; for example, the person's home country no longer exists making it impossible for the person to return, or the person cannot obtain travel documents.
  - a dependent child

In general, the citizenship status of a dependent child does not affect the family unit's eligibility.

Exemption from Citizenship Requirements

April 2015

The Administering Authority is responsible for determining whether a family unit qualifies for an exemption from citizenship requirements. Sole applicant or recipient *family units* may be exempt from citizenship requirements in certain circumstances. To qualify for exemption, the sole applicant or recipient *family unit* must **meet all** of the following criteria:

CRITERION	GUIDELINE
The applicant or recipient has one or more dependent children who are Canadian citizens.	The applicant or recipient should provide evidence that confirms that at least one child in the family unit is a Canadian Citizen (e.g. birth certificate, passport).
The applicant or recipient has separated from an abusive spouse.	The abuse experienced by the applicant or recipient may be one or more types of family violence defined by the *Family Law Act* (see Definitions section).
The applicant or recipient has applied for status as a permanent resident under the *Immigration and Refugee Protection Act* (Canada).	The applicant or recipient should provide evidence that demonstrates that they have applied for permanent resident status (e.g. proof of application fee payment). If documentation is not available, written confirmation from the applicant's lawyer or advocate is sufficient proof to determine eligibility.
The applicant or recipient cannot readily leave British Columbia with the dependent children because: • A court order, agreement or other arrangement with respect to one or more of the dependent children provides custody, guardianship or access rights to another person who resides in British Columbia and leaving British Columbia with the dependent children would likely contravene the provisions of the court order, agreement or other arrangement, ▪ Another person who resides in British Columbia is claiming custody, guardianship, or access rights with respect to one or more of the dependent children and the person's claims have not yet been resolved, or ▪ The applicant or recipient, or a dependent child of the applicant or recipient, is being treated for a medical condition and leaving British Columbia would result in imminent danger to the physical health of the applicant, recipient, or dependent child.	With regard to custody, the Administering Authority determines whether this criterion has been met by examining the available evidence, which includes information provided by the applicant, their lawyer, or advocate (examples of evidence include court orders, private agreements or proof of other arrangements). If documentation is not available, verbal confirmation is sufficient proof to determine eligibility. A medical practitioner or other prescribed professional should provide evidence to help determine whether leaving British Columbia would result in imminent danger to the physical health to a member of the family unit.

Provided that other eligibility criteria are met, families that qualify for this exemption are to be provided with income assistance or disability assistance on account of the applicant and any dependent children in the family unit, regardless of the citizenship status of the children. If a family unit qualifies for an exemption from citizenship requirements, their circumstances must be reviewed every 6 months to determine if the exemption still applies.

Refugee Claimants
April 2015

Refugee claimants include persons who:

- Have made a claim for refugee protection with the Refugee Protection Division of the Immigration and Refugee Board (IRB)
- Have been denied protected person status by the IRB (Convention refugee and person in need of protection) and are appealing
- Are requesting a Pre-Removal Risk Assessment (PRRA) by CIC or are applying for judicial review by the Federal Court of Canada. This includes:
  - PRRA applicants who have exhausted appeals for refugee protection through IRB
  - Refugee claimants whose claim was refused, withdrawn, or abandoned, and
  - Refugee claimants who are inadmissible for referral to the IRB but may still qualify for protection through PRRA or the judicial review by the Federal Court of Canada
- Are subject to a removal order issued by CIC when the order has been stayed or cannot be executed (i.e. no travel documents)

Applicants who are refugee claimants, Temporary Resident Permit holders, and persons under a removal order that cannot be executed must provide the Citizenship and Immigration Canada (CIC) immigration document IMM 1442 that specifies they are in Canada under these categories when applying *for income assistance* and *disability assistance*. The Department of Indigenous Services Canada (DISC) recognizes the IMM 1442 document as primary identification and as the sole piece of identification required from this client group while waiting to receive secondary identification (see Identification Requirements – Proof of Identity). This status should be verified with CIC.

The following applicants and recipients are exempt from meeting the Social Insurance Number (SIN) requirement when determining eligibility for income assistance or disability assistance:

- Refugee claimants
- Temporary Resident Permit holders
- Those who qualify for an exemption from citizenship requirements
- Those with permanent resident status waiting to receive a Social Insurance Number

Ineligible Person

April 2015

The entire *family unit* is ineligible for *income assistance* or *disability assistance* where all adults in a family unit are:

- Visitors, foreign students, and temporary workers who do not have a Temporary Residency Permit
- Persons in Canada illegally
- Persons whose immigration status has not been confirmed by Citizenship and Immigration Canada
- Persons who are subject to removal order that is in force and can be executed.

Note: This policy does not apply to a family unit that qualifies for an exemption. [See Policy – Exemption from Citizenship requirements]

Ineligible Family Member

April 2015

In a family unit where only one applicant meets the citizenship requirements for *income assistance, hardship assistance,* or *disability assistance,* and the other applicant does not, **assistance may only be issued for the family member who meets the citizenship requirements.** However, the excluded family members' income and assets must be included in the income and assets of the family unit for the purposes of determining whether the family unit is eligible for assistance.

Scenario 1
A two parent family with two children applies for income assistance.
The father is a permanent resident.
The mother and children do not have status in Canada.
If all eligibility criteria are met, except the mother does not meet the citizenship requirements, the family unit is eligible for income assistance.
The dependent children would be considered to have their father's permanent residence status.
Issue income assistance based on the family unit size of 3.
Both adults are required to complete and sign the Social Assistance Monthly Renewal Declaration (901-28).

Note: This policy does not apply to a family unit that qualifies for an exemption

Procedures

Requirement	Documentation and Forms
Eligibility & Application	• *Application for Social Assistance* (901-27*)* • Identification for each family member • Proof of immigration status (as per policy) • All shelter documentation, rental agreement, utilities, etc. • *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • *Social Development Financial and Statistical Report* (DCI#455895) • All other required income assistance documents
Resources	• Income Assistance Policy handbooks and resources • Recipient Reporting Guide – IA Report (DCI #455897) http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Citizenship dated 2013 http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/citreq/index.html • Canadian Immigration and Citizenship http://www.cic.gc.ca/english/citizenship/proof.asp

Proof of Status in Canada Requirements
August 2004

To prove their status in Canada, clients **must provide one** of the following:

1. Confirmation of Permanent Residence (IMM5292/IMM5688) or Permanent Resident Card or prior to June 28, 2002: Record of Landing (IMM1000)
2. Canadian Citizenship Certificate (including certificates issued prior to February 1, 2012)
3. Canadian passport
4. Temporary Resident Permit (IMM1442)
5. documentation of claim for refugee protection with the Refugee Protection Division of the Immigration and Refugee Board (IRB) (IMM1442) [see Identification Requirements-Proof of Identity]
6. documentation of claim with CIC's Pre-Removal Risk Assessment (PRRA)
7. documentation from the Federal Court of Canada to place the client's removal order on hold until it decides whether to review the PRRA's decision.
8. documentation of stay of removal order issued by CIC
9. documentation of protected person status (Convention refugee or person in need of protection)

A person that is subject to a removal order that has been stayed or cannot be executed may not have any documents. This status should be verified with CIC.
The status of protected persons who are not landed **must be reviewed at least annually** to determine if they have been granted permanent resident status (landed).

When they have been landed, a copy of the IMM5292/IMM5688 and Permanent Resident Card (prior to June 28, 2002: IMM1000) will be required and the immigration category code updated.

Note: A Social Insurance Number alone is not proof of a person's status in Canada, it only verifies a person is authorized to work in Canada. If there are concerns or questions about a person's status in Canada please verify the client information. [see Procedures – Verifying Client Information]

It is mandatory to verify all client information prior to determining eligibility.

First Nations people should not automatically be deemed to have permanent residency in Canada. Although they may possess a Canadian Native Status Card, **only** those cards issued by the Department of Indigenous Services Canada (DISC) confer the official status in Canada when registered in Ottawa. If the status card was issued by a local band office, the applicant should be asked to provide official evidence of legal status in Canada. The applicant should be asked to provide official evidence if the status card appears altered (for example, confirmation from Band the individual's status number matches). All other identification requirements apply.

After receiving proof of residency, copies of **all** CIC immigration documents are to be scanned to the file.

****Special attention is required to read IMM1442 form**. CIC uses the same form – IMM1442 for different purposes, including claim for refugee protection, Temporary Resident Permit (Minister's Permit), Study Permit, Visitor Visa, Work Permit, etc. *Income assistance* or *disability assistance* is provided to applicants whose IMM1442 is issued as a Refugee Protection Claimant, or Temporary Resident Permit class, which is clearly labelled in the header of the form. The status of clients with the IMM1442 should be verified with CIC.

Verifying Client Information
April 2015

Verification should be conducted in the following circumstances:

1. applicant is living in Canada under a current sponsorship agreement
2. applicant is presenting the IMM1442 Refugee Protection Claimant document. (Administering Authority to obtain confirmation from CIC that the applicant has not been excluded from making a refugee claim, or that their claim has not already been denied)
3. applicant is a Temporary Resident Permit holder
4. applicant is unable to provide proof of immigration status or immigration status is unclear (e.g., unable to determine if the applicant's removal order is in effect
5. immigration documents are expired or appear to be altered
6. immigration documents are unfamiliar

Note: Applicants who are assessed for the exemption from citizenship requirements and who have indicated that they have applied for status as a permanent resident under

the *Immigration and Refugee Protection Act* (Canada), should provide evidence that they have applied for permanent residence status.
Examples include: proof of application fee payment, confirmation from CIC or written confirmation from the applicant's lawyer or advocate. [For more information on assessing criteria for an exemption from citizenship requirements, see Policy – Exemption from Citizenship Requirements – Assessment Guidelines.] [For further information on steps to follow for those applicants or recipients who qualify for the exemption from citizenship requirements, see Procedures – Exemption from Citizenship Requirements.]

Exemption from Citizenship Requirements
April 2015

Provided that all other eligibility criteria are met, families that qualify for this exemption are to be provided with *income assistance* or *disability assistance* on account of the applicant and any dependent children in the family unit, regardless of the citizenship status of the children [see Policy – Payment of Assistance].

If a sole applicant parent with a dependent child does not have citizenship status, staff follow these steps to determine if the family unit may qualify for an exemption from citizenship requirements [see Policy – Exemption from Citizenship Requirements].

1. Administering Authority updates the client's file.
2. Administering Authority is responsible for determining whether a family unit qualifies for an exemption from citizenship requirements [see Authorities and Responsibilities].
3. In assessing criteria for an exemption from citizenship requirements, the Administering Authority should consider the assessment guidelines [see Policy – Exemption from Citizenship Requirements – Assessment Guidelines].
4. If the Administering Authority found the family unit qualifies for an exemption from citizenship requirements, their circumstances must be reviewed **every 6 months** to determine if the exemption still applies.
5. Administering Authority approves exemption from citizenship requirements.
6. BSDW shall notify the family unit to review the case in six months.
7. If there are any changes in circumstance such as obtaining status in Canada or if a child is removed from the case, Administering Authority update the client's file (i.e., person without status no longer fleeing abuse or person without status no longer has Canadian child on file).

Citizenship Requirements and Type of Assistance
April 2015

The following table summarizes the types of assistance that should be considered based on the citizenship status of each applicant in the *family unit*.

Applicants who are refugee claimants or Temporary Resident Permit holders must provide immigration document IMM1442 that specifies they are in Canada under these categories when applying for *income assistance* and *disability assistance*. The status of clients with the IMM1442 should be verified with CIC.

DISC recognizes the IMM1442 document as primary identification and as the sole piece of identification required from this client group while waiting to receive secondary identification [see Related Links – Identification Requirements-Proof of Identity].

Refugee claimants, Temporary Resident Permit holders, and those with permanent resident status waiting to receive a Social Insurance Number (SIN) are exempt from meeting the SIN requirement when determining eligibility for income assistance or disability assistance. Applicants and clients are required to pursue a SIN and secondary identification when eligible.

Table: Citizenship Status and Type of Assistance

Category of each adult	Category A • Citizen • Permanent resident • Protected person (Convention refugee or person in need of protection) • Person with a Temporary Resident Permit • Refugee claimant • Person under a removal order that has been stayed or cannot be executed (i.e. without travel documents) • Applicants or recipients who qualify for an exemption from citizenship requirements	Category B • Visitor Visa holders • Study Permit holders • Work Permit holders without a Temporary Resident Permit or Refugee Protection Claimant document • persons in Canada illegally • persons whose immigration status has not been confirmed by Citizenship and Immigration Canada
Family Unit Eligible for Regular Assistance	X	
Family Unit is Not Eligible for Assistance		X

Assessing Eligibility for Family Units with an Ineligible Family Member
April 2015

For a *family unit* with two applicants, one of whom does not meet the citizenship requirements, follow these steps:

1. Complete all relevant documentation listing both adults.
2. Use the income and assets of both adults to determine eligibility for assistance.
3. Calculate and issue assistance based on the eligible family members.
4. Open the case and remove the ineligible contact. Income & assets from the ineligible contact will need to be manually added to the primary applicant.
5. Have both recipients complete and sign the *Monthly Renewal Declaration* (901-28) form each month, when continuing assistance is requested.

Scenario 1
The family unit has two parents and two children, and one parent is a visitor or foreign student.
Visitors and foreign students are ineligible for assistance.
The income and asset levels would be considered as a unit 4 family (two parents/two children).
The ineligible spouse's income and assets would continue to be considered every time the case is reviewed. They will need to be manually added as records on the key player.
The *Monthly Renewal Declaration* (901-28) form would be completed and signed by the eligible adult and the excluded family member.
Anytime the family unit changes, eligibility must be reassessed and all criteria must be met, including the citizenship requirements.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the head of household, classification of need, amount of basic support, amount of documented shelter costs, supplements, special needs, and all other income assistance expenditures for a family unit as follows:

1. Family Composition section – indicate all members of the family unit including status and non-status,
2. Comment section – write notes based on eligibility or ineligibility and case notes,
3. Under Monthly Requirements, for Current Month – write amount of basic support, documented shelter costs and deduct any income or pro-rate appropriate benefit amounts for the family unit,
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients full entitlement for regular income assistance for basic and shelter for all future months (if necessary deduct income received),
5. Under Temporary Allowance Issued by Administering Authority section, write the month in which the expenditure is paid, expiry date, and *signatures* of both the recipient and Administering Authority,
6. Prepare new *Budget and Decision Form* when a significant change occurs and adjust current and continuing allowance sections.

All required documentation (i.e., identification, rental agreement, utilities, etc. and appropriate case notes) are to be attached to the form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details:
   - Recipient Information, and
   - Applicant/recipient caseload details.
2. Pages 5-6, Section 2: Financial Management Report sections:
   - Income Assistance Expenditures,
   - Shelter Information,
   - Children Out of Parental Home, and
   - Declaration.

Annual Reviews

General Principle

May 1, 2015

To be eligible for income assistance or disability assistance, each person in the family unit must continue to satisfy the conditions of an annual review. Annual reviews may be conducted annually, **or** for Persons with Disabilities (PWD) **or** adults in Special Care Facilities, *every two years*. They may also be completed when family situations change or when there are questions related to the family unit's eligibility.

In addition to applicable reporting requirements, the scheduled annual review confirms recipients' continued financial eligibility by focusing on a review of the following:

- the family unit's income and assets
- the recipient's efforts to pursue all other sources of income, assets, or support
- the recipient's employment status, obligations (where applicable), and progress
- other eligibility-related factors (e.g. residency, post-secondary enrollment, dependents, etc.)

Band Social Development Worker (BSDW) shall conduct annual reviews based on the *Social Development Policy and Procedures Handbook, Vol 1*, BC Region. Completion of an annual review is mandatory.

Recipients who fail to complete an annual review when required by the administering authority cease to be eligible for income assistance, disability assistance or adults in special care facility.

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Eligibility Review

May 1, 2015

An annual review is an administrative process to determine the accuracy of information used to determine current and past eligibility. An annual review updates the information on the recipient's case file. It includes examining and analyzing information on a recipient's case file and comparing it to the information obtained from third-party checks and documents provided by the recipient, gathering additional information, recording

outcomes, and if necessary, adjusting the amount of assistance and/or identifying, calculating, and recording overpayments. Recipients are notified of any changes or debts.

Annual reviews are conducted in accordance with the principles of administrative fairness to ensure the recipient is made aware of eligibility issues and has an opportunity to respond to identified issues. The administering authority may determine whether the client is required to complete the review:

1. "in person" in the office,
2. over the telephone, or
3. by the client completing the annual review documents and submitting them to the administering authority office.

Recipients are required to provide shelter, financial, identification, and any other required documents to verify their information and ensure that they continue to be financially eligible for assistance.

At each interview with a recipient, including an annual review, the BSDW should review all aspects of the recipient's case file, including their employment status, obligations, and progress (if applicable).

A follow-up interview may be required to review an Employment Plan or develop a voluntary participation plan if time scheduled for the annual review is insufficient (if plan is applicable).

A voluntary participation plan is developed with the administering authority or employment service provider like the Aboriginal Skills and Employment Training Strategy (ASETS) holder. Employable recipients who are participating in the enhanced service delivery program will have a signed action plan with a service provider outlining their agreed-to commitment to work with the service provider.

Condition for Continued Eligibility

May 1, 2015

The requirement to complete an annual review when requested is a condition of continued eligibility and is not appealable.

A family unit ceases to be eligible for assistance if the recipient and dependent spouse where applicable, fail to attend the annual review when required or to provide necessary documentation when requested.

Frequency of Annual Reviews

May 1, 2015

Annual reviews must be conducted:

- Annually for *income assistance* recipients.
- Once every two years for *Persons with Disabilities* (PWD) assistance.
- Once every two years for adults in special care facilities.

In addition, annual reviews must be conducted when a spouse is added to a case. Annual reviews may also be conducted in other situations where the BSDW may have questions about a recipient's eligibility, such as when a person moves to a different address on the reserve.

Where a recipient's prior eligibility for a period of more than three months is in question or fraud is suspected, assess current eligibility and complete an annual review.

Recipients are required to provide shelter, financial, identification, and any other required documents to verify their information and ensure that they continue to be financially eligible for assistance.

Verification

May 1, 2015

At the annual review, documents and information provided by the recipient are to be verified for accuracy. This may require further documentation from the recipient or through third party checks.

Third-party checks must not be run unless valid consent is on the case. If consent is on the case, they are run after the recipient submits documents, but prior to the interview. If consent is not on the case, they are run after the *Application for Social Assistance* (901-27) form is signed.

Mandatory verification checks for all annual reviews require copies:

- Canada Revenue Agency – an income tax return, Canada Child Benefit
- Utility bill – with name and/or address of residence
- Rental Agreement – if current agreement has expired
- Occupancy Agreement – if current agreement is outdated
- Private Ownership - verify private landlord as defined in chapter 5
- Identification – if current ID has expired
- Pay stubs – current pay stub
- PWD approval – letter from AANDC, BCANDS, or Health Assistance Branch
- Action Plan – for employable recipients participating in the enhanced service delivery program
- COPH approval – screening checks completed or MCFD After-Hours confirmation documents received and prior eligibility before April 1, 2012
- PPMB approval – if current SA 116 and SA 117 have expired
- Other documents as required for recipients benefits.

Note: Some recipients may not have filed an income tax return for previous years. Filing an income tax return is not a condition of eligibility. However, recipients should be encouraged to file an income tax return annually in order to receive exempt tax credits and benefits, such as the Family Bonus, GST Credit, BC Low Income Climate Action Tax Credit, BC Sales Tax Credit, BC Earned Income Benefit and Working Income Tax Benefit.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • *Request for Administration Review* (SA 140) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Eligibility Reviews dated 2015 http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/er/

Annual Review Process

Annual review interviews may be completed:

1. "in person" in the office, or
2. over the telephone, or
3. by the client completing the annual review documents and submitting them to the administering authority office.

Recipient case files may be selected for annual review based on various factors, including but not limited to:

- Annual Review list (previous date on the application 901-27)
- Adding a Spouse to the case file
- Information or an allegation is received that may affect current eligibility
- Any other situation that leads the BSDW to determine that an annual review is needed

To initiate the annual review the BSDW may:

- create and send an annual review notification letter.
- determine what documents must be verified, renewed and any areas of concerns.
- allow the client 2-3 weeks (3-4 weeks for remote locations) to provide the documents.
- telephone the recipient in advance of sending the annual review notification letter to arrange the date and time of the appointment, but the phone call must be followed by a letter in order to give the recipient a written record of the appointment.

A general guideline is to allow 2-3 weeks for documents for persons who reside in urban/suburban areas, 3-4 weeks for persons who reside in rural areas. Adjust as needed to avoid having the document's due date during cheque issue week.

- **Exception:** If there is a clear eligibility issue (for example, report that client is receiving EI and they haven't provided a copy of EI Report), possible undeclared income, no further assistance may be issued until eligibility has been re-established.

If the recipient does not respond to the first request for documents, attempt to contact the recipient by phone to discuss the request, and send a second request following the same timelines as for the first letter before discontinuing assistance.

When the recipient has difficulty obtaining the documents the BSDW:

- may offer assistance to gather documents
- should assist the client with obtaining documentation where possible, as an alternative to denial for not providing information
- should issue the recipient a second request if no response to the first
- should issue the recipient with letter stating they are no longer eligible for assistance if necessary documents cannot be provided or haven't responded to second request. [See Procedures – Annual Review – Non Attendance.]

When the recipient provides the annual review documents the BSDW should:

- Copy each document to the client file
- Review documents for completeness
- Ensure signatures of family unit, witness and administering authority are complete
- Interview the recipient and spouse to complete annual review documentation

When the recipient does not respond to the annual review notification letter, the BSDW should:

- offered the recipient an opportunity to reschedule
- issue a second annual review notification letter and state non-compliance will result in their file being closed
- attempt to contact the recipient by telephone to arrange the date and time, but the phone call must be followed by the letter in order to give the recipient a written record of the appointment.

Annual Review – Preparing for the Interview

Review all information provided by the recipient and obtained from third-party checks (Note: if consent is not on the case, the third-party checks cannot be run until after the interview has been completed and the *Application for Social Assistance* (901-27) signed).

Review case information and identify any issues to discuss with the recipient, including but not limited to:

- Questions or anomalies resulting from documentation
- Questions or anomalies resulting from third-party checks, or case information
- Action Plan or Voluntary Participation Plan (if required)

Annual Review – Conducting the Interview

To conduct an annual review - In-Person-Appointment, complete the following steps:

1. Update case/contact information:
   - Review and update case file, the contact information, address and other relevant information
   - Review all ongoing supplements to confirm eligibility
   - Ensure appropriate documents to verify all case and contact information, and eligibility for supplements, is on the case (obtain from recipient if needed)
2. Completeness of the Application for Social Assistance (901-27) - In-Person Appointment:
   - Ask all relevant questions, including question on assets, bank accounts, residence, marital status, family unit composition, citizenship/immigration status, and income, assets, address and shelter expenses, personal information such as spelling of names, AKAs, date of birth, SIN.
   - Check documentation provided and forms to ensure each question is captured and verified (do not leave fields blank on any forms). Update all assets, including bank names and all account numbers. If no bank account is declared, enter "no bank acct" in the bank name field on the form. (This confirms the question was verified).
   - Explain the rights and responsibilities, including Monthly Renewal Declaration (901-28) responsibilities, to the recipient and record on the case file that this was done.
   - Explain the consents, notifications, and privacy information.
   - Explain the use of the Monthly Renewal Declaration (901-28) to notify any significant changes.
3. Obtain recipient signature on the *Application for Social Assistance* (901-27) - In-Person Appointment:
   - If the appointment is in person, obtain the recipient's (and spouse's, if applicable) signatures on each place in the general consent
   - Copy all necessary documentation to keep file up-to-date (e.g., CRA income tax, child tax benefit documents, utility bills, etc.). Ensure the location (city) and the dates are current residence.
   - Witness all applicable places on the form.
4. Advise recipient of changes:
   - Notify the recipient in writing if assistance is reduced or discontinued, or if an overpayment is calculated

- Include a copy of the Budget and Decision Form (901-25) highlighting the Appeal Instructions attach a copy of Request for Administration Review (SA 140) form

To conduct an annual review – Telephone Appointment or Client Completing the annual review documents, complete the following steps:

1. Update case/contact information:
   - Review and update case file, the contact information, address and other relevant information
   - Review all ongoing supplements to confirm eligibility
   - Ensure appropriate documents to verify all case and contact information, and eligibility for supplements, is on the case (obtain from recipient if needed).

2. Completeness of the *Application for Social Assistance* (901-27) - Telephone Appointment or Client Completing the annual review documents:

   - Ask all relevant questions, including question on assets, bank accounts, residence, marital status, family unit composition, citizenship/immigration status, and income, assets, address and shelter expenses, personal information such as spelling of names, AKAs, date of birth, SIN.
   - Check documentation provided and forms to ensure each question is captured and verified (do not leave fields blank on any forms). Update all assets, including bank names and all account numbers. If no bank account is declared, enter "no bank acct" in the bank name field on the form. (This confirms the question was verified).
   - Explain the rights and responsibilities, including *Monthly Renewal Declaration* (901-28) responsibilities, to the recipient and record on the case file that this was done.
   - Explain the consents, notifications, and privacy information.
   - Explain the use of the *Monthly Renewal Declaration* (901-28) to notify any significant changes.

3. Obtain recipient signature on the *Application for Social Assistance* (901-27) – Telephone Appointment or Client Completing the annual review documents:

   - If the appointment is on the phone, arrange for the recipient to sign the *Application for Social Assistance* (901-27), either later in the office, or with a Trusted Third Party (TTP) who is a prescribed professional. In exceptional circumstances, where a recipient is unable to attend appointment at the office, the administering authority may accept witness signatures from:
     - Other Band staff, or
     - Prescribed professionals as TTP (see ‘Definition chapter at the beginning of this handbook).
   - Ensure the *Application for Social Assistance* (901-27) is signed and returned within 20 business days.

- The role of the TTP or other non-BSDW witness is solely to verify the person's identity and witness their signature. In cases where the *Application for Social Assistance* (901-27) is completed by phone, the BSDW, not the TTP or other witness, is responsible to advise the recipient of the information contained in the form, and explain their rights and responsibilities.

4. Advise recipient of changes

- Notify the recipient in writing if assistance is reduced or discontinued, or if an overpayment is calculated
- Include a copy of the *Budget and Decision Form* (901-25) highlighting the Appeal Instructions attach a copy of *Request for Administration Review* (SA 140) form

Eligibility Review – Non-attendance

Recipients who do not complete an annual review when required *will cease* to be eligible for assistance.

If a recipient or their spouse does not provide required documents, does not attend the interview, or does not sign the *Application for Social Assistance* (901-27) or other documents:

- Notify the recipient in writing that they are no longer eligible for income assistance, disability assistance or any other benefits
- Provide a copy of the Budget and Decision Form (901-25) highlighting the Appeal Instructions attach a copy of *Request for Administration Review* (SA 140) form
- Cancel all outstanding cheques and prepare to close the client file
- Set a reminder to review after the reconsideration period:
    - urban area recipients allow 4 business days for mailing plus 20 business days for the *Request for Administration Review* (SA 140) form returned, or
    - rural area recipients allow 7 business days mailing plus 20 business days for *Request for Administration Review* (SA 140) form returned.
- If no contact from the recipient by the final date of the reconsideration period, close the case file using one of the close case reasons:
    - "Non-Comply Annual Review"
    - "Non-comply Info Request"

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The “annual review completed”
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the ‘From and To’ date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2: *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Rate Table for Income Assistance

General Principle

October 2017

The support and shelter allowances rates of DISC Income Assistance Program mirror the income assistance and disabilities assistance rates of the provincial Ministry of Social Development and Poverty Reduction (MSDPR) program.

Policy

Amount of Monthly Income Assistance - Calculation

The amount of monthly income assistance that may be provided to or for a family is calculated as follows:

- the total amount of support and shelter allowances stated in the Income Assistance Rates Table, **minus**
- the total amount of non-exempt assets and income determined under Chapter 4.7 Assets, Chapter 4.8 Unearned Income and Chapter 4.9 Income and Exemption Eligibility.

Rate Tables for Other Programs

For income assistance recipients receiving room and board, see Chapter 5.3, Room and Board.

For income assistance for Grandparented Children Out of the Parental Home Assistance, see Chapter 6.2, Rate Table for Grandparented Children Out of the Parental Home (COPH) Assistance.

For income assistance recipients receiving hardship assistance, see Chapter 7.11, Rate Table for Hardship Assistance.

For income assistance recipients with persons with disabilities designation, see Chapter 8.4, Rate Table for Persons with Disabilities.

For income assistance recipients receiving accommodation, comforts allowance and clothing allowance while in a special care facility see Chapter 11, Other Benefits.

For income assistance recipients receiving old age security pension, see Chapter 11.3, Supplementary Assistance for Old Age Security Pension.

Income Assistance Rates - Support and Shelter

October 2017

The following table contains the monthly support rates for recipients in independent living situations and *not* receiving room and board.

A Rates for employable singles, couples, and two-parent families where all adults are under 65 years of age.

B Rates for employable singles, couples, and two-parent families where all adults are eligible for Persons with Persistent Multiple Barriers (PPMB) and all are under 65.

C Rates for employable one-parent families under 65 years of age.

D Rates for singles couples and two-parent families where one adult is aged 65 years or older.

E Rates for couples, and two-parent families where both adults are aged 65 years or older.

F Rates for one-parent families where the parent is aged 65 years or older.

G Rates for one-parent families where the parent is eligible for Persons with Persistent Multiple Barriers (PPMB) and is under 65.

H Rates for couples and two-parent families where one adult meets the Persons with Persistent Multiple Barriers (PPMB) and all are under 65 years of age.

Support Allowance**									Shelter Maximum*
Unit size	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	
1	$335.00	$382.92	N/A	$631.42	N/A	N/A	N/A	N/A	$375.00
2	$407.22	$552.06	$475.58	$800.56	$1049.06	$772.08	$523.58	$496.22	$570.00
3	$501.06	$646.06	$475.58	$894.56	$1143.06	$772.08	$523.58	$590.06	$660.00
4	$501.06	$646.06	$475.58	$894.56	$1143.06	$772.08	$523.58	$590.06	$700.00
5	$501.06	$646.06	$475.58	$894.56	$1143.06	$772.08	$523.58	$590.06	$750.00
6	$501.06	$646.06	$475.58	$894.56	$1143.06	$772.08	$523.58	$590.06	$785.00
7	$501.06	$646.06	$475.58	$894.56	$1143.06	$772.08	$523.58	$590.06	$820.00

**Effective October 1, 2017

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development and Poverty Reduction web site content for Rate Tables dated 2017 http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables/income-assistance-rate-table

Amount of Monthly Income Assistance – Calculation

1) All rates are monthly.
2) On-going need must be documented by the recipient each month using the *Social Assistance Monthly Renewal Declaration* (901-28) [see Chapter 3, Application and Assessment].
3) Shelter increments continue to increase by an additional $35 for each additional dependant after unit size 7 [see Chapter 5, Shelter Allowances].
4) In addition to the support allowance, families receive a monthly payment for each child under 19 years of age. Families receive either:
    - a Federally administered payment that is collectively known as the Canada Child Benefit.
    - A top-up amount, if their Canada Child Benefit is lower than the CCB top-up supplement, as per Chapter 11.2
5) Families of two or more that include someone on Old Age Security (OAS) are entitled to a maximum shelter rate for the family size [see Chapter 11.3, Supplementary Assistance to Old Age Security Pension].
6) Ensure the client file contains the *Budget and Decision Form* (901-25) and all supporting documentation are completed in full.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The “the type of support” being provided (i.e., PWD benefits)
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the ‘From and To’ date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Basic Support Allowance Eligibility

General Principle

Once eligibility has been established, social assistance and benefits may be issued up to the prescribed rates after deducting non-exempt income and assets of the applicant or recipient, and all dependents. The rates, policies, and procedures ensure that consistent objective criteria are applied in all situations.

Basic Support Allowance

Support allowances are those amounts granted to eligible recipients to provide for the essential needs of food, clothing, and personal living expenses.

The proper support allowance amount is established by the rate table contained in Chapter 4.11, Rate Table for Social Assistance, according to unit size, employability status, and family type.

Employability and Eligibility

General Principle

For the purpose of determining eligibility for income assistance or benefits, an applicant is considered to be applying on behalf of the applicant's family, and in accordance with the criteria set out in the *Social Development Policy and Procedures Handbook*.

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Definition of Employable Person

Employable person means a person who is *not*:

- a dependent child
- a person who does not qualify as a Person with Persistent Multiple Barriers (PPMB)
- Sixty-five or more years of age

Policy

Requirement to Seek Work

Employable applicants and spouses must be available for, and actively seeking work at all times. This does **not apply** to:

- family members where one member is a Person with Disabilities (PWD)
- an adult dependant who does not meet the residency requirements
- an applicant who is a single parent with at least one dependent child who:
  - is under three years of age, or
  - has a physical or mental condition precluding the single parent for leaving home for the purpose of employment.

Persons who fail to demonstrate participation in employment-related activities, including employment search, may be found ineligible for income assistance.

Single parents who indicate lack of child care as an impediment to employment search must demonstrate that all reasonable efforts have been made and no form of child care is available in their community.

Applicants are not required to accept employment that pays below minimum wage.

Applicants/recipient's who are able to access the Aboriginal Skills and Employment Training Strategy (ASETS) or Labour Market Agreement (LMA) programs, are encouraged to participate as this will satisfy the job search requirement while in the ASETS program. The administering authority will honour the ASETS holder assessment of client as an Action Plan or training/education plan.

Seasonal Employment

Self-employed persons whose employment or business activities are seasonal are required to seek and accept other employment during off-seasons.

Temporarily Excused

A recipient who is employable, but unable to look for work for a short period of time due to illness or personal circumstances may be temporarily excused from job search activities.

The recipient is still considered employable, and receives assistance at employable rates.

There is no requirement for a recipient who has been designated as PPMB to seek work or participate in employment-related activities during the period when the person qualifies as a PPMB.

Verification of illness, using the *Medical Report (For Persons with Persistent Multiple Barriers)* SA 116 and *Persons With Persistent Multiple Barriers Checklist & Decision Form* SA 117, or other circumstances must be documented on the recipient's file with a date when they are able to resume seeking work.

Proof of Effort

The administering authority may request employable applicants and spouses to prove they are available for and actively seeking work.

Non-Eligibility

Employable persons who quit work, are fired for cause, or refuse work that is in accordance with provincial labour laws, are not eligible for social assistance.

Employable persons who are disqualified from receiving employment insurance (EI) benefits due to quitting work, being fired for cause, or for refusing work, are not eligible for basic social assistance.

Employable persons awaiting EI benefits, or who have been disqualified for failing to submit federal EI program report cards on time are not eligible for basic social assistance.

Employable persons who quit work for health reasons must provide supporting documentation from a physician in order to establish eligibility for basic social assistance.

Employable persons are not eligible for social assistance for a period of 30 days, beginning with the date the employable person or any adult dependant:

- failed to accept suitable employment
- voluntarily left employment without just cause
- was dismissed from employment for just cause

The above does not apply if:

1.) the applicant is a single parents with a dependent under three years of age or a dependent under 19 years of age who has a mental or physical condition that results in the parent being unable to leave the home.

2.) the applicant or adult dependants whose conduct would otherwise have caused the applicant to be ineligible:

- is designated as a qualified PPMB
- is 65 or more years of age
- has separated from an abusive spouse within the previous 6 months and is in a condition that interferes with his or her ability to accept or continue in employment
- is in a condition that interferes with his or her ability to accept or continue in employment
- is receiving or received accommodation and care in a special care facility or private hospital
- is admitted to hospital because he or she requires extended care
- has a drug or alcohol problem or a mental health condition or a temporary medical condition that interferes with his or her ability to accept or continue in employment.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• *Income Assistance Report (DCI #455897)* http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. "Employability and Eligibility"
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016)

4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2: *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Residency

General Principle

An applicant for income assistance must be resident on-reserve at the time of the application. Status and non-status persons shall normally, if eligible, be granted income assistance by the band administering authority (see *Designated Commercial Property* below).

Policy

Residence On-reserve

An understanding exists between the Department of Indigenous Services Canada (DISC), and the provincial Ministry of Social Development (MSD), that eligible status and non-status persons living on-reserve will be granted income assistance by the band administering authority (funded by DISC), and that eligible status and non-status persons living off-reserve will be granted assistance by MSD.

Designated Commercial Property

Where persons are resident on designated commercial property on reserve land, status Indians shall be granted assistance by the band administering authority, and non-status persons shall apply for income assistance from MSD.

Residence Criteria

The following do not meet the on-reserve residency criteria:

- non-status applicants living on designated commercial property on reserve land are not eligible for income assistance through the band administering authority: such applicants should apply for BC Benefits assistance at the local MSD office
- persons who are confined to a federal or provincial corrections institution are not eligible for income assistance during the period of their confinement
- persons who are confined to a hospital, a rehabilitation centre, or a special care facility may be eligible for comforts and clothing allowances, provided that they have permanent residence on-reserve immediately prior to their admission to the facilities. (see Chapter 11.4 Comfort Allowance and Clothing Allowance for Recipients in Special Care Facilities

Procedures

Requirement	Documentation and Forms
Eligibility & Application	• *Application for Social Assistance* (901-27*)* • Identification for each family member • Proof of immigration status (as per above documents) • All shelter documentation, rental agreement, utilities, etc. • *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • *Social Development Financial and Statistical Report* (DCI#455895) • All other required income assistance documents

Assessing Residency

Apply the following guidelines in determining residency:

1. The persons share the same shelter accommodation and all household facilities on a consistent basis.
2. Shelter documentation is for a residence on the reserve of the issuing administering authority.
3. One person supports the other, or they share their income.
4. Each person has proper documentation such as two pieces for adults and one piece for each dependent child (for information see Chapter 3, *Application and Assessment*).
5. Should one person be sponsoring another than citizenship or immigration papers are required as per above policy requirements (also see Chapter 3, *Application and Assessment*).

When any one of the above conditions is present, the administering authority shall consider residency and citizenship satisfied for income assistance purposes.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the head of household, classification of need, amount of basic support, amount of documented shelter costs, supplements, special needs, and all other income assistance expenditures for a family unit as follows:

1. Family Composition section – indicate all members of the family unit including status and non-status,
2. Comment section – write notes based on eligibility or ineligibility and case notes (Example, rental agreement required before shelter payment allowed),
3. Under Monthly Requirements, for Current Month – write amount of basic support, documented shelter costs and deduct any income or pro-rate appropriate benefit amounts for the family unit,
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients full entitlement for regular income assistance for basic and shelter for all future months (if necessary deduct income received),
5. Under Temporary Allowance Issued by Administering Authority section, write the month in which the expenditure is paid, expiry date, and *signatures* of both the recipient and Administering Authority,
6. Prepare new *Budget and Decision Form* when a significant change occurs and adjust current and continuing allowance sections.

All required documentation (i.e., identification, rental agreement, utilities, etc. and appropriate case notes) are to be attached to the form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details:
    - Recipient Information, and
    - Applicant/recipient caseload details.
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Family Composition

General Principle

For the purpose of determining eligibility for income assistance, disability assistance, or hardship assistance, an applicant's or recipient's living arrangements must be determined.

Support and shelter allowance amounts are based on the number of recipients in the family unit.

The administering authority must establish whether other persons residing with the applicant or recipient fit within the definition of family unit. This includes determining whether to provide additional shelter assistance when parents have a shared custody court order or shared parenting agreement filed in court showing that they have a child who is not listed as a dependent child on their file, but who resides with them for no less than 40 per cent of each month.

When establishing whether other persons residing with the applicant or recipient fit within the definition of family unit, an assessment for a spousal, marriage-like or dependency relationship may be necessary in order to determine the applicant's or recipient's living arrangements.

The administering authority intends to ensure that room mates are not treated as couples. For the purpose of assessing for a marriage-like or dependency relationship the administering authority will request information and only make a determination when evidence supports the decision.

As part of determining a family unit's composition, the administering authority takes into account situations where a parent, teenage parent and teenage parent's child live together as a three generation family.

Policy

September, 2017

Eligibility of Family Unit

When determining eligibility for income assistance, disability assistance or hardship assistance, a *family unit* is defined as an applicant or a recipient and his or her dependants.

A *dependent* is a person who resides with the applicant or recipient and who is one of the following:

1) a spouse of the applicant or recipient;

2) a dependent child of the applicant or recipient; or

3) a person who indicates a parental role for the applicant's or recipient's dependent child.

Persons who normally reside together, but who are apart for periods of time because of a *spouse's* employment, are considered to be residing together for the purpose of the definition of "dependent".

To determine whether two persons residing together are *spouses*, including persons of the same gender, consider the following criteria:

1) They are married to each other, or

2) They reside together and acknowledge they are residing together in a marriage-like relationship.

Two persons residing together who are not married and do not acknowledge they are in a marriage-like relationship are assessed based on whether they meet the criteria for marriage-like or dependency relationship.

Note: Persons who are residing with an applicant or recipient and are in a spousal, marriage-like, or dependency relationship but who do not meet the citizenship requirement in Canada, are not eligible to receive assistance, but their income and assets are included when determining the eligibility of the family unit's assistance. [See Chapter 3.4 - Citizenship – Ineligible Family Member].

Determination of Residing Together
January, 2017

The amount of assistance issued is calculated based on a *family unit*'s composition. When determining eligibility, the administrating authority must establish whether two persons *residing with* each other are a family unit.

'Resides with' refers to sharing the same living space, and includes an individual who normally resides with the person, but is away from the home for periods of time for employment.

A person living at the same address, but in a separate living area (such as a self-contained suite) is not considered as *residing with* the individual. In addition to a self-contained suite, a separate living space may also include:

- a finished basement with separate living and/or sleeping quarters with no separate kitchen, but the person intends to maintain a separate living space;

- a separate structure on the same property that the person intends to maintain a separate living space.

Persons, including married persons, may temporarily share accommodation without being considered to be “residing together” if the applicant or recipient confirms they are not in a spousal, marriage-like or dependency relationship and that they are sharing accommodation temporarily due to an emergency situation such as loss of housing due to health and safety concerns, eviction, or house fire. Persons in these exceptional circumstances are not treated as a family unit for the purpose of determining eligibility for *income assistance*, *disability assistance* or hardship assistance.

Assessing for a Marriage-Like Relationship
January, 2017

The nature of the relationship will be assessed for a marriage-like relationship using each of the following three factors:

Factor 1:	Length of time the parties have resided together is greater than 3 consecutive months (or 9 out 12)
Factor 2:	Financial inter-dependence is consistent with that of a marital or "marriage-like" relationship
Factor 3:	Social / familial aspects are consistent with that of a marital or "marriage-like" relationship

For the purpose of the definition of "spouse", when assessing for a marriage-like relationship, the sexual nature of the relationship will not be considered.

For the purposes of assessing the length of time the parties have resided together (Factor 1), if the other person has lived at and uses the address of the shared residence as their primary residence for at least three consecutive months (or nine out of the last 12 months) and is absent from the home primarily for employment the Administering Authority may determine the parties reside together.

Relationship Breakdown
April 2017

Persons, including persons who are married, may temporarily share accommodation without being considered to be “residing together” if the applicant or recipient confirms they are not in a spousal, marriage-like or dependency relationship and that they are sharing accommodation temporarily due to an emergency situation such as loss of housing due to health and safety concerns, eviction, inability to find a new residence, or house fire.

The Administering Authority must ensure that applicants or recipients in these exceptional circumstances are not treated as a family unit for the purpose of determining eligibility for income assistance, disability assistance or hardship assistance.

Note: See 'Procedures' section for details on the assessment for determining whether a marriage-like relationship exists.

Temporarily Reduced Family Unit
November 2017

Support and shelter allowance amounts are based on the number of recipients in the *family unit*.

When one or more recipients leave a family unit, the support and shelter allowances provided must normally be decreased. The change in support takes effect as soon as the person leaves the home.

The shelter allowance may be temporarily maintained at the rate for the full family unit in any of the following instances:

- when there is a death of a member of the recipient's family unit (Deceased Adjustment Supplement) – up to 3 months
- when a member of the recipient's family unit is temporarily hospitalized or participating in traditional, cultural healing practices for an extended duration (eg: longhouse, big house)(shelter)
- when a member of the recipient's family unit is in a residential alcohol or drug treatment facility (shelter)
- when a member of the recipient's family unit is out of the province with the prior approval of the Band Social Development Worker (shelter) [see 'extenuating circumstances' policy]
- when a member of the family unit is a warrant holder and leaves the province to resolve an outstanding warrant (shelter).

The determination to maintain the shelter rate is made on a month-to-month basis for up to three months of shelter allowance. If **extenuating circumstances** occur, the administering authority may provide up to an additional three months of shelter allowance, for a total of six months of shelter top-up allowance.

Extenuating circumstances may include, but are not limited to:

1) A recipient who is hospitalized for three months and is scheduled to be discharged during the fourth month.
2) The duration of the residential alcohol or drug program of 120 days (four months).
3) A recipient who received prior approval from the Band Social Development Worker to leave the province for a prescribed medical

therapy for three months. Health complications resulted in the person requiring care outside of British Columbia for an additional month.

Children Cared for Under the Child, Family, and Community Service Act (CFCSA):

April 1, 2015

Support and shelter allowance amounts are based on the number of recipients in the family unit.

When one or more dependent children leave a family unit, the support and shelter allowances provided must normally be decreased. The change in support takes effect as soon as the dependent child leaves the home.

When a dependent child is temporarily cared for under the Child, Family, and Community Service Act (CFCSA), the **shelter allowance may be maintained**. A Delegated Aboriginal Agency (DAA) or Ministry of Children and Family Development (MCFD) social worker must confirm that the child is being cared for under the CFCSA and that the parent is actively working on the return of the child.

Confirmation is required **every six months** from a social worker that the parent is actively working on the return of the child.

The temporary shelter allowance may continue until **one** of the following occurs:

a) The child will not return to the parent's home
    - For example, a continuing custody order may be granted meaning the Director of Child Welfare becomes the sole guardian of the child. A social worker must provide confirmation.

b) The DAA or MCFD social worker determines that the parent is no longer actively working on the return of the child

c) The child returns to the parent's home
    - The parent has addressed the reasons why the child was being cared for under the CFCSA and the social worker supports the child residing with the parent.

Shared Parenting Assistance

February 1, 2003

Shared parenting assistance (SPA) is available to recipients of *income assistance* and *disability assistance*. Recipients of *hardship assistance* are not eligible for SPA.

To be eligible for *SPA*, the parents must provide a court order or shared parenting agreement filed in court showing that they have a *child* or children who

are not listed as *dependants* under their case but who reside with them for no less than 40 per cent of each month (11 nights in the month of February, or 12 nights in the other calendar months).

In situations where parents have a fifty-fifty custody arrangement under a shared custody court order or a shared parenting agreement, and they cannot agree on designating which parent will claim the child as a dependant for assistance purposes, neither parent may claim the child or children as a *dependent child* or children, but both parents are eligible for SPA.

The amount of SPA equals the amount of increase in shelter allowance attributed to the family when the shared child or children are added to the family unit, based on actual shelter costs. [see Chapter 8 and 4 for Rate Tables: Income Assistance and Disability Assistance]

There is no basic support allowance component in SPA. Parents are expected to make their own arrangements for sharing any portion of the Canada Child Benefit or other tax related benefit.

Three-Generation Families

April 2018

Three-generation family policy applies to families who reside together and include at least:

- A *parent* who is eligible for *income, hardship* or *disability assistance*,
- A parenting dependent child (PDC), and
- A child of a PDC

Note: This policy **does not apply** if the parent has custody or guardianship of the PDC's child. In this circumstance, the PDC's child would be considered a *dependent child* of the parent.

Three-generation families are considered a family unit and are subject to the same eligibility rules and are eligible for the same rates and supplements as other family units.

If a PDC is under 16 years of age and residing with their parent who is on assistance, both the PDC and their child would be added to the parent's case as dependent children.

If a PDC is between the ages of 16 and 18 (inclusive) and is residing with their parent who is on assistance, there are two options:

- Both the PDC and their child can be added to the parent’s case as dependent children, OR

- The PDC could apply for assistance on their own case with the child while continuing to live with the parent.

Factors to Consider for 16-18 year olds

To make an eligibility assessment for PDC applicants 16-19 year olds, consider the following factors:

1. rates
2. client category
3. eligibility for supplements
4. employment obligations
5. income exemptions (including earnings exemptions)

These factors are not exhaustive, ultimately, the Band Social Development Worker (BSDW) and family should work together, with the DAA or the MCFD where required, to determine the most appropriate option for the family unit. Authority for eligibility decisions, including which option to provide, rests with the DAA or MCFD social worker.

A referral to a First Nations Child and Family Services (FNCFS) Agency or Ministry of Children and Family Development (MCFD) is required when:

- there are child protection concerns regarding an applicant for assistance who is under 19 years of
- The applicant for assistance is under 17 years of age (underage assistance)

Three-generation scenarios

The following scenarios for three-generation families are not exhaustive and in the following scenarios, we are assuming:

a) Families include 3 key members that live together: the parent, the PDC, and the PDC's child.

b) The parent is on assistance.

c) The PDC has custody/guardianship of their child.

Scenario 1:

A 15 year old PDC and her child are living with her biological mother. The PDC's mother is on disability assistance. There is no FNCFS or MCFD involvement and no child protection concerns.

- The PDC and her child would be dependent children on the mother's case file.

- Disability assistance and supplements would be provided to all members of the family unit, including the PDC and her baby as a unit 3.

Scenario 2:

A 17-year old PDC and her baby are living with her biological mother. The PDC's mother is on income assistance and has employment obligations. The PDC is attending high school and has a part-time job earning $300/mo. There is no MCFD involvement or child protection concerns. The family states they want the biological mother to care for the PDC's baby while the PDC is in school and at work. They do not want the PDC to be on assistance.

The Administering Authority can provide assistance and supplements for the PDC and baby in one of two ways:

- The PDC and her baby would be dependants on the mother's case file.
    - Family would be eligible for unit 3 support and shelter.
    - The grandmother would have no employment obligations (child under 3).
    - PDC's income would be fully exempt as she is attending school.
- PDC applies as a single parent with one child.
    - The mother would be eligible for unit 1 support and shelter and would be required to seek employment.
    - PDC and her child would be eligible for unit 2 support and shelter.
    - PDC would have no employment obligations while her child is under 3. The PDC would be eligible for up to $400 earnings exemption.

Scenario 3:

A 17-year old PDC and her baby are living with her aunt who has legal custody of the PDC. The MCFD provides the aunt with a monthly payment to care for the PDC, however does **not** provide support for the baby.

The Administering Authority can provide assistance and supplements for the family in one of two ways:

- The baby would be a dependent child on the aunt's case file. When issuing assistance the family unit would be eligible as unit 2. No assistance would be issued for the PDC (as payment is provided by the MCFD).

OR

- PDC applies as single parent.
    - The aunt would be eligible for unit 1 support and shelter.
    - PDC would be eligible for unit 2 support and shelter minus the MCFD payment (paid to aunt).

Scenario 4:

A 17-year old PDC and her baby are living with her biological mother. The 17-year old boyfriend of the PDC is living in the home. The Administering Authority can provide assistance and supplements for the family in one of two ways:.

- The PDC and baby would be dependent children on the mother's case file.
- The boyfriend cannot be added to the case, and could only be eligible for assistance as a single person. The boyfriend can continue to live in the home, or:
- The PDC, the baby and the boyfriend could apply as a unit 3 and continue to live in the home.
- The mother could apply as a unit of 1.

Dependents who Turn 19 While Attending Secondary School

January 2017

A *dependent child* of a *family unit* receiving *income assistance* or *disability assistance*, who turns 19 while attending secondary school, may remain on the family unit for the purposes of determining the monthly income assistance or disability assistance rate for the family unit. This may continue for each calendar month that the student is residing with the family unit and attending school, until the end of that school year. The amount of *support allowance* that may be issued is shown in Rate Tables [see Chapter 11.2 - Family Bonus Top-up Supplement.]

If an applicant's child is 19 years of age or older, that child is not included in the family unit, even if he or she is still attending high school.

Procedures

Requirement	Documentation and Forms
Eligibility & Application	• *Application for Social Assistance* (901-27*)* • Identification for each family member • All shelter documentation, rental agreement, utilities, etc. • *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • *Social Worker documentation* • *Shared custody court order or shared parenting agreement* • *Income Assistance Report (DCI #455897)* • All other required income assistance documents

Resources	• Income Assistance Report (DCI #455897) • Ministry of Children & Family Development http://www.mcf.gov.bc.ca/contact_us.htm • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/dci/dcilog_e.asp • Ministry of Social Development web site content for Family www.gov.bc.ca/meia/online_resource/verification_and_eligibility/livearrange/FamilyCourt • Ministry of Justice (Family Court info.) http://www.gov.bc.ca/justice/

Marriage-like Dependency Relationship

April 1, 2015

Each of the following three factors are applied to determine whether a marriage-like relationship exists:

1. Length of time the parties have resided together is greater than 3 months
2. Financial inter-dependence is consistent with "marriage-like"
3. Social / familial aspects are consistent with "marriage-like"

Completing an Assessment of a Marriage-like Dependency Relationship

April 1, 2015

Indications that an assessment should be done or followed up on after three months may include (but are not limited to) the following:

- applicant is sharing a one-room dwelling with another adult and it is unclear whether a dependency relationship exists;
- during interview client states another adult uses the residence as their main address (example: an ex-spouse who works for periods of time away from town but uses the residence address as a point of contact). The Band Social Development Worker may assess however, the administering authority cannot collect the other adult's information unless that person is also a client;

  Note: A follow-up assessment may be booked if the applicant or recipient advises that they have not resided for more than 3 months (or 9 months out of 12 months in the past) with the person they are residing with.
- applicant is recently separated from spouse with a history of repeated separation and reconciliation or contradictory information provided by applicant regarding the whereabouts of the ex-spouse;
- court order documents express that a dependency relationship existed between the two in the past (e.g. child support court order);

- current roommate has formerly been declared as spouse; and
- family composition is different from previous applications without a reasonable explanation.

  Note: When assessing for a marriage-like relationship, the sexual nature of the relationship is not considered. Stating they do not have an intimate relationship is not an indication that a dependency relationship does not exist. A marriage-like dependency relationship assessment is based on the 3 factors listed above.

- In order for a couple to be assessed to be in a marriage-like relationship, you should be confident that there is sufficient evidence to support your decision that each factor has been met.
- The factors may build on each other and in some cases the documentation that demonstrated financial inter-dependence will also demonstrate social / familial aspects of a marriage-like relationship (example, a credit application form that lists the other person as "spouse", a tenancy agreement that when verified by the landlord indicated it was a marriage-like relationship).
- In making the determination, ensure the evidence when considered in its totality supports your decision that a marriage-like dependency relationship exists.
- When a person with a disability is living with another adult, you should consider whether the person's disability explains the financial, social and family-like aspects of their relationship (example, an applicant or recipient may have joint bank accounts and other joint assets because the applicant or recipient is unable to do the banking or manage finances). The need for assistance from another person due to a disability may also explain why two people spend a significant amount of time together.

Note: You must consider the whole picture once each factor has been demonstrated. If the picture you are left with is that the parties are room mates sharing expenses and babysitting responsibilities then it is not appropriate to determine the relationship is marriage-like.

- If all three factors have been met, add notes on the case detailing how each factor was demonstrated. Copy the necessary documents to the case file.
- Follow process for adding the spouse to the case file or the application.

If the client disagrees with the assessment advise them of their right to appeal.

Adding Dependent Children to a Case

April 1, 2015

Recipients who identify that they have a child who is now residing with them must indicate on the *Social Assistance Monthly Renewal Declaration* (901-28) that there is a change in the number of dependants living in the home, and include the following:

- child's name
- date of birth

- gender
- date child started residing with them
- percentage of time the child is going to reside with them.

Note: This information may be included in the *Social Assistance Monthly Renewal Declaration* (901-28), or provided in an attached note signed by the recipient.

A parent whose child resides with them for more than 50% of the month is eligible for *income assistance*, *hardship assistance* or *disability assistance* that includes the child in the family unit.

When parents state they have custody of the child more than 50% of the time, there is no requirement for the parents to produce a legal document unless both parents are claiming the child or children as *dependants*, or one of them is also claiming the shared parenting assistance (SPA).

If an applicant or recipient does not have a court custody order or shared parenting agreement and the other parent cannot be located, the applicant or recipient with whom the child resides has de facto custody of the child; the child is his or her *dependent child*.

If the parents have a shared custody court order or a shared parenting agreement filed in court that specifies a fifty-fifty custody arrangement, for assistance purposes, they must designate in writing that the child is a dependent child of one parent. Any written confirmation that states the parents' agreement and is signed by both is acceptable.

Six-Month Monitoring

To provide on-going shelter top-up to the parent(s) while the child is temporarily removed from the family under *CFCSA*, the Delegated Aboriginal Agency or MCFD must provide confirmation that the parent(s) are actively working on reunification.

Change to Child Status Prior to Six-Month Confirmation

There may be changes to the child's status prior to the six-month window of confirmation such as:

- Child has been returned to the parental home.
- A court order that the child is to be permanently removed from the family; OR
- Parent is no longer working towards reunification.

In each of these situations, if there is a change to the child's status prior to the six-month window of confirmation, the temporary shelter top-up will be discontinued and the case file will be updated with appropriate information.

When child is returned to parental home:

1. Create a new *Budget and Decision Form* (901-25)

2. Confirm with parent(s) the child has returned to the parental home
3. Discontinue the temporary shelter top-up allowance
4. Update the *Application for Social Assistance* (901-27) form and other case file documentation to include the dependant in the family unit

When child is removed by court order or parent(s) is no longer working towards reunification:

1. Create a new *Budget and Decision Form* (901-25)
2. Confirm with parent(s) the child has been removed by court order
3. Discontinue the temporary shelter top-up allowance
4. Update the *Application for Social Assistance* (901-27) form and other case file documentation to show decreased size of the family unit

Shared Parenting Assistance

December 1, 2003

The onus is on the parents to file a shared parenting agreement with the court or to obtain a court custody order if any of the following apply:

- the parents do not have a court order or agreement concerning custody
- the parents have a shared custody court order but do not agree on amount of time that they each have the *child* or children
- the court order does not specify how much time the child or children spends with each parent

While the parents are resolving the amount of time they each have the child or children:

- if only one parent is in receipt of assistance (and other parent is not requesting assistance on behalf of the same child), Band Social Development Workers have the discretion to determine that the child is a *dependent child* of the applicant or recipient
- if both parents are on assistance, neither may claim the child or children as dependent child or children but both may be eligible to receive *SPA*

Three-Generation Families

April 2018

If a *parent* [see Definition] is in receipt of income assistance, disability assistance, or hardship assistance and has a *parenting dependent child* (PDC) residing with them, Band Social Development Workers are to follow these steps:

1. If required, confirm the birth of the PDC's child. [See Chapter 3.3, Identification Requirements]
2. Assess eligibility under the Three-Generation Families Policy:
    i. When the PDC is under 16 years of age, add the PDC’s child to the parent’s family unit.

ii. When the PDC is between 16-18 years of age, assess which option is the most appropriate:

- Include the PDC's child in the parent's family unit.

OR

- PDC applies on their own case with their child while continuing to live with the parent.

3. Conduct eligibility review, including

   - Confirm receipt of any MCFD payments, and all other eligibility criteria have been met

If there are DAA or MCFD payments being made, the Administering Authority can provide assistance and supplements for the family in one of two ways:

   - o If the PDC and baby are dependent children on the parent's case, remove the PDC as a subject from their parent's case. DO not provide assistance for the PDC as payment is provided by MCFD;

   OR

   - o If the PDC applies as a single parent, issue support and shelter to the parent for unit 1.
   - o Issue support and shelter to the PDC for a unit 2 minus the MCFD payment (paid to parent)

   - Confirm receipt of Canada Child Benefit or other tax related benefit.

4. Set a notification (bring forward) prior to the PDC's 19th birthday to review any changes in the family unit.

   Note: When a PDC turns 19, the PDC will be aging out as a dependent child. At that time, an eligibility review will need to take place to determine whether the parent will have legal custody/guardianship of the grandchild or if the PDC will be leaving the family unit with their child.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the head of household, classification of need, amount of basic support, amount of documented shelter costs, supplements, special needs, and all other income assistance expenditures for a family unit as follows:

1. Family Composition section – indicate all members of the family unit including status and non-status,

2. Comment section – write notes based on eligibility or ineligibility and case notes (Example, rental agreement required before shelter payment allowed),
3. Under Monthly Requirements, for Current Month – write amount of basic support, documented shelter costs and deduct any income or pro-rate appropriate benefit amounts for the family unit,
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients full entitlement for regular income assistance for basic and shelter for all future months (if necessary deduct income received),
5. Under Temporary Allowance Issued by Administering Authority section, write the month in which the expenditure is paid, expiry date, and *signatures* of both the recipient and Administering Authority,
6. Prepare new *Budget and Decision Form* when a significant change occurs and adjust current and continuing allowance sections.

All required documentation (i.e., identification, rental agreement, utilities, etc. and appropriate case notes) are to be attached to the form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Eligibility and Under 19 Years of Age

General Principle

Parents or legal guardians carry the primary responsibility for their dependent children. Children may be eligible for income assistance apart from the family only after reasonable efforts have been made to have the parent or guardian support them.

A referral to the Ministry of Children and Family Development or a Delegated Aboriginal Agency is required when an applicant is under 19 years of age **or** there are child protection concerns.

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance, reunite, or a supplement.

Policy

Eligibility

Children under the age of 19 have the right to apply for *income assistance*. The *Social Development Policy and Procedures Handbook, Vol ,1 BC Region* does not limit eligibility based on age.

Applicants must be 18 years or over to be eligible for disability assistance according to the *Social Development Policy and Procedures Handbook, Vol 1 BC Region*. Children with disabilities who are likely to meet the eligibility criteria when they turn 18, may begin with the Persons with Disabilities Application process up to six months prior to their 18th birthday. [For more information, refer to the website for the British Columbia Aboriginal Network on Disability Society.]

Parents are expected to support their *dependent children* until the children are age 19. If all efforts to **reunite** the children with their parents or legal guardians have failed and the children meet all other eligibility criteria, then income assistance may be granted.

[For information on Three Generation Families - 4.4 - Family Unit]

Referral to the Ministry of Children and Family Development or Delegated Aboriginal Agency

After an applicant has completed all necessary paperwork to apply for *income assistance*, a referral is made to a social worker (SW) with the Ministry of Children and Family Development or Delegated Aboriginal Agency, when at least one of the following situations exists:

- There are child protection concerns regarding an applicant for assistance who is under 19 years of age
- The applicant for assistance is under 19 years of age

[For more information see the DISC National Social Program Manual – Child and Family Services or Ministry of Children and Family Development – Protection of Children]

With the approval of the SW, assistance, including medical coverage from the entity responsible for the First Nation Inuit Health Branch programming, may be issued on a **temporary basis** during the period of review conducted by the SW. Assistance issued during this period **must be approved** by a regional manager at the Ministry of Children and Family Development or equivalent staff position at a Delegated Aboriginal Agency and must be reflected in the child's up to date Plan of Care.

Underage Applicants

The Band Social Development Worker is responsible for documenting and:

- Approving assistance issued to 17 and 18 year old applicants, if there are no protection concerns
- Approving assistance to an unmarried child in a marriage-like relationship who is 17 or 18 years of age
- Approving assistance issued to a child under 17 years of age.

A referral to the Ministry of Children and Family Development or Delegated Aboriginal Agency is required when an applicant is under 19 years of age.

Children in Marriage-Like Relationships

A regional manager must approve assistance issued to either of the following because of potential legal and child protection issues:

- An unmarried child in a marriage-like relationship
- A child under 19 years of age

Employment Obligations

Recipients under 19 years of age have the same employment obligations as for other employable recipients. Recipients under 19 years of age are required to have an Employment Plan. Activities in the plan should first focus on high school completion.

Referrals to the Family Maintenance Worker

Minors in receipt of income assistance **must be referred** to the Family Maintenance Worker (FMW) to pursue maintenance from the parents when all of the following conditions exist:

- There are no child protection concerns
- The parents are not receiving income assistance, hardship assistance, or disability assistance
- The parents of the child are not willing to support the child financially either at or away from home
- FMW documents to be copied to client file

[For information on Family Maintenance Program – 4.4 – Family Unit]

Parental Support Contributions

If the parents of a child are not willing to support a child financially, or if they are willing to support the child away from home but the amount is not sufficient to preclude the need for assistance, the parents must be informed that they will be contacted by a FMW for the purpose of discussing a support agreement.

[For information on Family Maintenance Program – 4.4 – Family Unit]

There is no income exemption on parental support contributions or maintenance payments to recipients under 19 years of age.

Children-in-Care as Parents

Children-in-care (CICs) who are residing in foster homes or in SW approved independent living situations with their dependent infant children may apply for *income assistance*, including medical coverage, from the entity responsible for the First Nation Inuit Health Branch programming, to provide for the infant's needs. The assistance paid to the under-19-year-old parent is based on the family unit support and documented shelter rate minus the basic foster home payment.

Ensure that the underage parent is aware to apply for the Canada Tax Benefit and medical coverage with the entity responsible for First Nation Inuit Health Branch programming.

Right to Reconsideration and Appeal

Applicants and recipients under 19 years of age have the right to reconsideration and appeal in regard to the denial, reduction or discontinuance of assistance.

[For information on Appeals – 2.7 – Appeals Overview]

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • Copy of Family Maintenance documents (see chapter 4.4, Family Unit) • Written confirmation from the child's Social Worker for placement and approval (as required) • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Children and Family Development http://www.gov.bc.ca/mcf/ • Ministry of Social Development web site content for Eligibility Reviews dated 2012 http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/underage/index.html

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The "under 19"
    b. The type of need being provided (i.e., income assistance)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
        ii. Enter amount of Foster Home payment under (3) and copy of cheque or bank statement required to verify payment

   c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
   d. Monthly Entitlement amount to be issued

3. Under Temporary Allowance Issued by Administering Authority section enter:
   a. the unit size (i.e., family unit size)
   b. the amount entitled
   c. the from and to dated (i.e., April 1, 2015 to March 31, 2016)
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
   a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
   a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment]
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
   - Income Assistance Expenditures,
   - Shelter Information,
   - Children Out of Parental Home, and
   - Declaration.

Other Benefits and Waiting Period

General Principle

Applicants for income assistance must make application for any other benefit, settlement, or payment to which they may be entitled. Refusal to do so renders them ineligible for income assistance.

Time-limited hardship assistance may be issued pending the outcome of application for other benefits (see Chapter 7, *Hardship Assistance*).

Refusal to file an income tax return to receive the Canada Child Benefit cheque does not render an applicant ineligible for income assistance. However, there is no Canada Child Benefit top-up allowance available if the family refuses to establish entitlement by filing a tax return, or submitting any required notification to Canada Revenue Agency (CRA). See Chapter 11.2, or CRA web site at: http://www.cra-arc.gc.ca/menu-eng.html.

Waiting Period

Application for assistance is often made by a person immediately following loss of employment.

The administering authority must consider resources, such as final pay cheque, vacation pay, severance pay, or returned pension contributions, that are available to support the applicant during the immediate period.

An applicant does not establish need until the end of a time period, following loss of employment, equivalent to a pay period when last employed, adjusted to take account of severance and vacation pay, and returned pension funds.

Assets

General Principle

Applicants and recipients for *income assistance* and *disability assistance* are expected to use their assets for personal independence purposes if the value of the assets is in excess of specified exemption levels.

Assets are only assets if they can be converted to cash. All assets have an intrinsic monetary value; therefore the term convert refers to the “ability” to sell the asset. The decision as to whether the asset is convertible is the responsibility of the administering authority to make based on the information provided by the applicant or recipient.

In all circumstances the onus rests with the applicant or recipient to provide reasonable documented evidence that the asset could not be sold. Applicants and recipients are required to reasonably determine the value of all assets and provide verification of the value on request. If they do not provide verification, they may be determined ineligible for assistance.

Definitions

Please see Definitions section, *Social Development Policy and Procedures Handbook, Volume 1*, for the definition of *assets* and *cash assets.*

Exempt Assets

The following are exempt assets and not to be included in calculating the amount of assets of an applicant or a recipient for the purposes of applying the policy on *Allowable Assets Limits*:

- clothing and necessary household equipment
- one motor vehicle where the equity does not exceed $10,000 and the vehicle is generally used for day-to-day transportation needs. There is no limit on the value of a vehicle owned by recipients with the PWD designation.
- a family unit’s place of residence
- money received or to be received from a mortgage on, or an agreement for sale of, the family unit’s previous place of residence if the money is

  - applied to the amount owing on the family unit's current place of residence, or
  - used to pay rent for the family unit's current place of residence
- a child tax benefit under the Income Tax Act (Canada)
- a child tax credit under the Income Tax Act (Canada)
- a Canada Child Benefit payment
- a tax refund under the Income Tax Act (Canada)
- a harmonized sales tax (HST) credit under the Income Tax Act (BC)
- a goods and services tax credit under the Income Tax Act (Canada)
- a sales tax credit under the Income Tax Act (BC)
- an uncashed life insurance policy with a cash surrender value of $1500 or less
- business tools
- seed required by a farmer for the next crop-year
- basic breeding-stock held by a farmer at the date of the applicant's submission of the application for income assistance form, and female stock held for stock replacement
- essential equipment and supplies for farming and commercial fishing
- fishing craft and fishing gear owned and used by a commercial fisher
- prepaid funeral costs
- individual redress payments granted by the government of Canada to a person of Japanese ancestry
- individual payments granted by the government of Canada under the Extraordinary Assistance Plan to a person infected by the human immunodeficiency virus
- individual payments granted by the government of British Columbia to a person infected by the human immunodeficiency virus
- individual payments granted by the government of Canada under the Extraordinary Assistance Plan to thalidomide victims
- money from a lump sum settlement paid by the government of British Columbia to persons awarded compensation that is by an adjudicative panel in respect of claims of abuse at Jericho Hill School for the Deaf.
- money paid under the 1986-1990 Hepatitis C Settlement Agreement made June 15, 1999, except money paid under section 4.02 or 6.01 of Schedule A or of Schedule B of that agreement

- an income tax refund, or part of an income tax refund, that arises by reason of a payment made by the government of British Columbia to the government of Canada on behalf of a person who incurred a tax liability due to income received under the Forest Worker Transition Program
- money received from the Common Experience Payment or through the Independent Assessment Process under the Indian Residential Schools Settlement Agreement
- money paid to a person in settlement of a claim of abuse at an Indian residential school, except money paid as income replacement in the settlement
- lump sum payments made to clients as members of the Canadian Pension Plan (CPP) Class Action Settlement are exempt from unearned income up to the allowable asset level for the family unit
- post adoption assistance payments provided under the Adoption Regulation
- assets exempt under Income from Self-employment (see Chapter 4.8, Social Development Policy and Procedures Manual, Volume 1)
- assets held in trust for persons in a special care facility or for persons with the PWD designation
- payments granted by the government of British Columbia as Interim Early Intensive Intervention Funding
- payments granted by the government of British Columbia under section 8 of the Child, Family and Community Service Act agreement with child's kin and others
- payments granted by the government of British Columbia under the Ministry of Children and Family Development's At Home Program
- payments granted by the Government of British Columbia under the Ministry of Children and Family Development's Extended Autism Intervention Program
- payments granted by the Government of British Columbia under an agreement for contributions to the support of a child to a person other than a parent of that child
- funds held in a registered education savings plan (RESP) for which a recipient or a dependent child in a *family unit* is either a named beneficiary of the RESP, the subscriber to the RESP or both
- a travel supplement provided under the authority of *Community Living British Columbia*
- a quarterly Climate Action Tax Credit and the one-time Climate Action Dividend under the Income Tax Act (BC)

- a retroactive compensation awards under, including interest for pain and suffering, made under the Criminal Injury Compensation Act, for claimants who were minor victims of assault and who registered their claim from 1980 to 1992 in which these compensation decisions were deferred
- eviction compensation payments are considered exempt up to the asset level of the family unit.
- money paid by the government of Canada, under a settlement agreement, to persons who contracted Hepatitis C by receiving blood or blood products in Canada prior to 1986 or after July 1, 1990, except money paid under that agreement as income replacement
- funds held in, or money withdrawn from, a registered disability savings plan
- money from a lump-sum settlement paid by the Government of BC to persons awarded compensation in respect of claims of abuse at Woodlands School
- money paid or payable from a fund established by the government of British Columbia, the government of Canada and the City of Vancouver in relation to a recommendation in the final report of the Missing Women Commission of Inquiry
- individual payments dispersed from the BC Institutional Legacy Trust Fund
- a working income tax benefit provided under the Income Tax Act (Canada)
- a BC Early Childhood Tax Benefit
- Compensation paid to children of a deceased worker under section 17 or 18 of the Workers Compensation Act

Allowable Asset Limits

	Income Assistance		Disability Assistance	
	Single	**Couple, and one or two parent families**	**Single/Couple and one or two parent families**	**Couple where both have PWD designation**
Basic Limits				
Cash/Savings	$2,000	$4,000	$100,000	$200,000
Vehicle	One Vehicle - $10,000		No Limit	
Registered Savings and Trust Limits				
Redeemable RRSP	Not Exempt		Not Exempt	
Non-Redeemable RRSP	Exempt		Exempt	
RESP	No limit/exempt		No limit/exempt	
Trusts	Trust asset limits only apply to individuals on IA if they are receiving accommodation or care in a private hospital or a special care facility		Non-Discretionary: $200,000 Discretionary: No limit	
Trust Withdraw			See “Assets Held in Trust for PWD or Special Care Facility Recipients”, Chapter 4.7	
RDSP	Not Applicable		No Limit	
RDSP Disbursement			RDSP disbursement is exempt even if it is converted to a non-exempt asset. It is the client’s responsibility to clearly document that the funds originated directly from an RDSP.	

Asset Limits for Persons Applying for PWD Designation

Persons who intend to apply for Persons with Disabilities (PWD) designation and who are in need of financial support may receive income assistance and retain their assets at the higher limits applicable to recipients of disability assistance, until their PWD designation is determined.

To qualify for income assistance, these applicants are required to meet all eligibility criteria outlined in *the Social Development Policy and Procedures Handbook, Volume 1*, with the exception that their assets are to be tested at the higher limits allowed to recipients of disability as noted above.

Asset-Related Sanctions

Disposing of Property or Assets for Inadequate Consideration

Applicants or recipients may not sell an asset for a value that is less than its intrinsic value. Doing so may result in a period of ineligibility or rate reduction.

This rule applies to disposal of assets within two years prior to application or while the recipient is on income assistance.

Disposing of Property or Assets to Make Oneself Eligible for Income assistance

Applicants and recipients who decrease the value of their assets by giving them to family, or to others with the intent of reducing their assets to make themselves eligible for income assistance may have sanctions applied to their family unit's assistance.

This rule applies to disposal of assets within two years prior to application, or while the recipient is in receipt of assistance.

Failing to Accept or Pursue Assets

Applicants and recipients who fail to accept or pursue assets may be ineligible for income assistance or may have a rate reduction applied to the family unit's assistance.

This rule applies to the failure to pursue or accept assets within two years prior to application or while the recipient is in receipt of assistance.

Assets

Cash Assets

Cash assets are defined as money in hand, money in bank accounts, money orders or cheques that can be immediately cashed.

Lump sum payments received under the Canada Pension Plan (CPP) Class Action Settlement Agreement as approved by the Supreme Court, Kelowna Registry in Action No. S50808 are treated as “other financial awards” and are exempt from unearned income up to the allowable asset level for the family unit. Eligible exempt assets may be purchased and recipients will not be deemed to have inappropriately disposed of property or assets. For example, if a portion of the lump sum payment was used to purchase and RRSP, it would not be considered inappropriately disposed of assets.

Vehicles

When determining eligibility for income assistance, a motor vehicle for the purposes of determining an applicant’s or recipient’s assets if it is generally used for day-to-day transportation needs, and the equity in the motor vehicle does not exceed the allowable amount (see Allowable Asset Limits Rate Table).

If the equity in the first vehicle is above the amount shown, the applicant or recipient is deemed to be ineligible due to assets in excess of the prescribed limit. Equity over the prescribed limit **may not** be added to the total family asset calculation.

The onus rests with the recipient/applicant to provide documentation on the equity of their vehicle. The VMR (Vehicle Market Research) Canada website may be used to verify a vehicle’s wholesale value and NADA (National Automobile Dealers Association) Guides to value other types of vehicles.

When determining the wholesale value of a vehicle, only the year, make, model and mileage will be considered. Additions such as “upgrades” will not be considered.

If the vehicle is older than the most current VMR Canada or NADA Guides listings and the value of a listed vehicle of similar make is less than the amount shown in the Allowable Asset Limits Rate Table, the vehicle is not considered an asset

Once the wholesale value is determined, money owed on the vehicle must be deducted from the value to determine the equity.

A leased vehicle is not considered an asset.

Vehicle equity limits do not apply to persons with disabilities or their dependants, persons awaiting adjudication of the PWD application, parents of disabled dependent children, relative caregivers of disabled children in COPH Assistance program or foster parents of disabled foster children in either Ministry of Children and Family Development (MCFD) or First Nations Child and Family Services Foster Care program.

For caregivers of disabled children, the Band Social Development Worker (BSDW) must be satisfied that the dependent child has a disability and a need for transportation that only the applicant or recipient can provide and for which there are no reasonable alternatives. The BSDW may request written or verbal confirmation from a health care worker confirming these conditions exists. Proof of the child's enrollment in a program is also acceptable as proof of disability.

A vehicle that has been modified for an adult or child with a disability is not considered an asset if:

- a member of the family unit has a disability, and the vehicle modifications are necessitated by the disability
- a member of the family unit is unable to use the vehicle without the modification
- the modifications cannot reasonable be transferred to another vehicle

Joint Ownership/Unavailable Asset

When the BSDW determines an asset is jointly owned and cannot be disposed of because the other owner will not co-operate, the BSDW may deem the asset not available. This decision is valid for a 6-month period and may be extended for a maximum of 2 years.

Sale of Personal Property

Money received from sale of personal property is considered to be an asset.

All or part of the money received from the sale of a home may be exempted as a personal asset for a limited time (ordinarily 3 months) in the following situations:

- the client intends to invest the equity in the purchase of a primary residence
- money is being used for mortgage payments for the family unit's current place of residence.

Compensation Payments

A compensation payment is considered exempt may continue to be exempt if it is converted to a non-exempt asset. It is, however, the responsibility of the client to

clearly document that the funds used to purchase this non-exempt asset originated directly from the compensation payment.

For example, if a client received a Hepatitis C settlement and invested those funds in a RRSP, the funds could still be considered a Hepatitis C settlement (exempt asset) provided the client could clearly document their origin.

Registered Disability Savings Plan (RDSP)

A Registered Disability Savings Plan (RDSP) allows eligible clients to hold funds in an RDSP as an exempt asset and receive disbursements from an RDSP as exempt income. RDSP disbursements can be used for any purpose, and do not impact eligibility for hardship assistance, income assistance or disability assistance.

RDSP disbursements are exempt as an asset. A disbursement from an RDSP remains exempt even if it is converted to a non-exempt asset. It is the responsibility of the client to clearly document that the funds originated directly from an RDSP.

For example, a client withdraws money from an RDSP and keeps the funds as cash while the client shops for a non-exempt vehicle. Both the cash and the non-exempt vehicle could still be considered exempt provided the client clearly documents the origin of the funds used to make the purchase.

Any client can set up an RDSP if they meet the federal government's criteria. (See Procedures section, Resources for link to RSDP application and criteria).

Up to $200,000 can be contributed to an RDSP. The federal government may provide bonds and matching grants for contributions to RDSPs.

Two types of disbursements are permitted from RDSPs: Lifetime Disability Assistance Payments and Disability Assistance Payments. Lifetime Disability Assistance Payments are annual lifetime payments and Disability Assistance Payments are lump-sum payments. The type of payments and the payment amounts depend on how much was contributed to an RDSP and when.

Eligible clients may choose to transfer newly received assets into an RDSP to avoid being over the asset limit in subsequent months.

Reporting Contributions

Clients do not need to report RDSP balances or contributions from outside their family unit, but are required to report personal contributions, contributions from their family unit, and disbursements.

Registered Retirement Savings Plans

Money held in Registered Retirement Savings Plans (RRSPs) is considered an asset for the purpose of determining eligibility for assistance. RRSPs may include any of the following:

- guaranteed income certificates (GICs)
- stocks
- bonds
- treasury bills
- mutual funds

Redeemable RRSPs

Unless an RRSP is “locked-in” (See below), it is redeemable. Money can be withdrawn from a redeemable RRSP before retirement but may be subject to a withholding tax and income tax. Redeemable RRSPs are considered assets for eligibility purposes and may impact eligibility.

Non-Redeemable (locked-in) RRSPs and Registered Retirement Income Funds (RRIFs)

Non-Redeemable RRSPs and RRIFs that are locked-in are not considered assets and do not impact eligibility. Clients are not required to unlock them.

Locked-in pension plans are employer-sponsored Registered Pension Plans (RPPs). When employment ceases, the locked-in funds must be used to provide a retirement income and may not be paid out as a cash lump sum (subject to limited exceptions permitted by the governing legislation, such as financial hardship).

Clients should provide the administering authority confirmation from the financial institution where their RRSP or RRIF is held that their RRSP or RRIF is locked-in and unavailable. Once an RRSP or RRIF is no longer locked-in, it is considered an asset and may impact eligibility for assistance.

Loans

If an applicant or recipient chooses to negotiate a cash loan, the loan amount is not included in the calculation of entitlement, as it is not defined as "earned" or "unearned" income. Once the loan is received, it is an "asset" in the form of cash

and the recipient becomes ineligible if the asset exceeds the asset level for the family. This also applies to funds accessed from a line of credit, credit card or a reverse mortgage. However, to be considered a loan, repayment terms must exist prior to acceptance. If there are no repayment terms, the item may be considered a gift.

Trusts

The following client types may transfer assets into a discretionary trust or a non-discretionary trust, under certain conditions, without affecting eligibility for assistance:

- Clients who have the PWD designation.
- A client who resides in a private hospital or a special care facility (other than a drug or alcohol treatment centre)
- Clients or applicants awaiting a PWD adjudication decision or completing a PWD Application form [for more information

Tax Refund

Tax refunds are exempt as assets for the purposes of determining the assets of an applicant or recipient of income assistance or disability assistance. For example, if an applicant has $3,000 in a bank account from an income tax refund, it would be considered exempt. Tax refunds are fully exempt regardless of how many years of tax refunds are received.

It is the responsibility of the client to clearly document that the funds originated directly from a tax refund. Clients can use tax refunds to purchase other exempt assets and they will not be deemed to have inappropriately disposed of property or assets. If a client purchases a non-exempt asset, it would be considered as part of their general asset limit.

Hardship cases are not eligible for income tax refund exemptions.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of earnings and unearned income (e.g., payslips, cheque stubs, etc.) • Copies of all utility documents • Copy of Rental Agreement • *Income Assistance Report (DCI #455897)* • All other required income assistance documents
Resources	• Income Assistance Report and National Reporting Guide(DCI 455897 FNITP) http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Old Age Security and Canada Pension Plan http://www.servicecanada.gc.ca/en/home.html • Registered Disability Savings Plan (RDSP) or 1-800-622-6232 http://www.hrsdc.gc.ca/eng/disability_issues/disability_savings/index.shtml • Revenue Canada http://www.cra-arc.gc.ca/ndvdls-fmls/menu-eng.html

Procedures

The BSDW shall determine if the value of the assets exceeds specified exemption levels as follows:

1. request an applicant or a recipient report all, including cash assets, family assets,
2. determine which assets are exempt for the purpose of calculating the amount of total assets,
3. determine the value of, and total the amount of all non-exempt assets, and
4. determine if the amount of total asset is in excess of the allowable assets limits for the classification and family unit of the applicant or the recipient by applying the policy outlined in *"Allowable Assets Limits"* chart.

If applicants or recipients have assets in excess of the allowable limit, they are not eligible for income assistance.

The BSDW must place all documentation and appropriate case notes on the client's file.

Budget and Decision Form (901-25)

The BSDW shall enter information regarding assets for applicants and recipients in the *Budget and Decision Form* (901-25) as follows:

1. Comment section, enter the following items under this section for all applicants and recipients:
    i) Amount of total non-excluded assets,
    ii) Amount of assets in excess of allowable limits
    iii) If applicable, indicate that the applicant or recipient is not eligible for income assistance because the asset is over the allowable limits
2. Comment section, enter the following items for new applicants who are not persons with disabilities:
    i) Amount of cash/savings assets
    ii) Amount of cash/savings assets in excess of allowable limits
    iii) If applicable, indicate that the applicant is not eligible for income assistance because the cash asset is over the allowable limits
3. Resources section, enter if an applicant has cash/savings assets over the maximum limit at the time of application, but would otherwise be eligible for assistance:
    i) calculate and enter the amount of the total value of cash assets in excess of the allowable assets limits under Other Income Total on line (3) and
    ii) include in calculating the Total Monthly Deduction on line (5)
4. Monthly Requirements section, calculate and enter the amount of total monthly requirements in the Monthly Requirements box and:
    i) enter the amount from line (5) in the Less Deductions (No 5) From Resources box
    ii) calculate the entitlement (Monthly Requirements minus Less Deductions) and enter the amount in the Entitlement box

The BSDW shall enter all other required information in the *Budget and Decision Form* (901-25) and ensure that the applicant (or recipient) and the BSDW have both signed and dated the completed form before giving the canary copy to the client.

The BSDW shall keep the white copy of the *Budget and Decision Form* (901-25) with original signatures on the client's file.

Unearned Income

General Principle

January 2017

Applicants and recipients are required to use all income not specifically considered as exempt to support themselves before receiving social assistance.

Excess Income

Applicants and recipients whose earned and unearned income (after all allowable exemptions have been applied), exceeds the applicable amount of social assistance benefits, are not eligible to receive social assistance for that month.

Definition of Unearned Income

Unearned income is defined as money, goods, capital gains, or services derived from:

- gifts of money, annuities, stocks, bonds, shares and interest bearing accounts or properties, and other assets (The administering authority may estimate an income from assets when actual income is not known. Annual income from assets may be apportioned equally over a 12-month period for the purpose of determining social assistance benefits.)
- cooperative corporations as defined in the Real Estate Act
- war disability pensions, military pensions, and war veterans' allowances, Department of Veterans Affairs
- insurance benefits, except when paid as compensation for a destroyed asset
- Superannuation (retirement pensions) benefits
- any type or class of Canada Pension Plan benefits
- Employment Insurance (EI) benefits
- union or lodge benefits
- financial assistance given under the *Social Development Policy and Procedures Manual*, or given by another provincial agency or jurisdiction
- worker's compensation benefits, and disability payments or pensions
- widows' or orphans' allowances
- income from a trust or inheritance

- net rental income from tools, vehicles, or equipment, and land, self-contained suites and property apart from the actual residence of the recipient
- interest earned on a mortgage or agreement for sale
- maintenance payments or services received under a court order, a separation agreement or other agreement
- education and training allowances, grants, loans, bursaries, or scholarships
- a lottery or game of chance
- awards of compensation under the *Criminal Injury Compensation Act* or awards of benefits under the *Crime Victim Assistance Act*, other than an award paid for repair or replacement of damaged or destroyed property
- any other financial awards or compensation
- Federal Old Age Security (OAS) and Guaranteed Income Supplement (GIS) payments
- financial contributions made by a sponsor pursuant to an undertaking given for the purposes of the *Immigration and Refugee Protection Act* (Canada) or the *Immigration Act* (Canada)
- Tax Refund
- income from an estate
- specific claims settlements
- other income that is not earned income

Treatment of Unearned Income

Unearned income is deducted from social assistance benefits except as specifically outlined in this section.

Time Limit on Application of Deductions and Exemptions

The deductions and exemptions apply only in the month in which the income is received and must not be applied retroactively or pro-rated prospectively.

Deductions from Unearned Income

The only deductions permitted from unearned income are any income tax deducted at source from employment insurance benefits, and essential operating costs of renting self-contained suites.

Exemptions on Unearned Income

Specific Claims Settlements, Criminal Injuries Awards and One-Time Financial Awards

Awards from specific claims settlements, criminal injuries compensation, and one-time financial awards are deemed to be unearned income.

Any portion of the award specified as compensation for lost or destroyed property is not classed as income.

All remaining income from the above is treated as follows:

- recipients may use the income to build their total assets to the maximum asset exemption level (see section 4.7, Assets)
- any income left after financial assets have reached maximum exemption levels is totally deducted from social assistance benefits

Monthly payments from criminal injuries compensation, WCB, etc., are totally deducted from the recipient's monthly social assistance entitlement.

Department of Veterans Affairs

Income from Department of Veteran Affairs (DVA) is exempt up to $50 for any person in the family unit, and the total value of these allowances does not exceed $50 (see section 4.9, Income and Exemptions).

Disbursements from Trust Funds (Income)

For recipients of regular social assistance benefits, disbursements from discretionary or non-discretionary trust funds are to be considered unearned income in the month in which the disbursement occurs.

The following applies specifically to social assistance recipients designated as Persons with Disabilities (PWD):

Disbursements from either type of trust fund will be totally exempt if they:

- Devices or medical aids that improve the health or well-being of the recipients
- Caregiver or other such disability-related services
- Education or training
- Necessary maintenance on the recipients' home
- Renovations or changes to the recipients home that make it easier for them to live there

There is no limit on the amount that can be spent from the trust recipients' trust on these disability-related items. In addition, using a trust payment to buy a place

of residence, or make a contribution to a Registered Education Savings Plan (RESP) or Registered Disability Savings Plan (RDSP) will not result in assistance being reduced.

PWD clients can also receive up to $8,000 from their trust each year to help them live more independently. If the client spends more than $8,000 in a year on items or services to promote independence, that money will be considered unearned income and will be deducted from the next PWD assistance amount.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of earnings and unearned income (e.g., payslips, cheque stubs, etc.) • Copies of all utility documents • Copy of Rental Agreement • *Income Assistance Report (DCI #455897)* • All other required income assistance documents
Resources	• Income Assistance Report and National Reporting Guide(DCI 455897 FNITP) http://www.aadnc- aandc.gc.ca/eng/1385559716700/1385559777677 • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Disability Assistance and Trusts http://www.eia.gov.bc.ca/publicat/bcea/trusts.htm • Registered Disability Savings Plan (RDSP) or 1-800-622-6232 http://www.hrsdc.gc.ca/eng/disability_issues/disability_savings/index.shtml

Procedures

The Band Social Development Worker shall calculate all monthly income of the applicant or recipient and adult dependants, and apply the appropriate exemptions:

1. A copy of the earned and unearned income used to determine the applicant or recipient eligibility must be attached to the *Budget and Decision Form* (901-25) that is placed on file with appropriate case notes.
2. Applicants and recipients whose net income (earned and unearned) exceeds the applicable amount of income assistance benefits, are not eligible for income assistance benefits. The client will be provided with a copy of the decision documented on the 901-25 form.
3. Applicants and recipients whose net income (earned and unearned) is less than the applicable amount of income assistance benefits, may be eligible for supplementary income assistance benefits as documented on the 901-25 form.

It is the responsibility of the client to provide documents to verify their eligibility for the appropriate benefit.

Details of the verification and original documents or *copies* of originals that are stamped "certified true copy" are to be placed on the client's file. For further details on documentation requirements (see Chapter 3, Application and Assessment).

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** earned and unearned income for applicants and recipients as follows:

1. Comment section - indicate “type of income” and calculate the family units portion for each eligible item if shared shelter;

2. Under Resource section write the:
    a. amount of income under appropriate heading for earned and/or unearned
    b. amount of applicable exemption allowed
    c. total monthly deduction under number 5

3. Under Monthly Requirements section:
    a. calculate and enter the amount of total monthly requirements in the Monthly Requirements box,
    b. enter the amount from line (5) in the Less Deductions (No 5) from the Resources box,
    c. calculate the entitlement (Monthly Requirements minus Less Deductions) and enter the amount in the Entitlement box, and
    d. issue the amount entered in the entitlement box to the client/recipient.

4. Signatures and date to be completed for both the applicant (and recipient) and the BSDW before a copy is provided to the client.

5. Signatures and date to be completed for both the applicant (and recipient) and the BSDW before a copy is provided to the client.

All required documentation (i.e., copy of the income) is to be attached to the 901-25 form.

The applicants/recipients monthly entitlement is charged to the basic needs budget.

Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or when there is a reported change (see Chapter 4, Eligibility).

All income assistance program expenditures must have the required documentation attached to the 901-25 form (see table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 14.Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and

2. Pages 5-6, Part B *Financial Management Report* sections:

    - 14. Income Assistance Expenditures,
    - 15. Shelter Information,
    - 16. Children Out of Parental Home, and
    - Declaration.

Earned Income and Exemptions

General Principle

An applicant or recipient who is an employable person, a Person with Persistent Multiple Barriers (PPMB) or a Person with Disabilities (PWD) who is in receipt of income assistance is required to use all income (earned and unearned) that is not specifically considered as exempt to support themselves before receiving income assistance. Also, to ensure that all possible income and means of support are pursued.

Definitions

January 2017

See Definitions section, Under DISC's Social Development Policy and Procedures Handbook, Volume 1, BC Region.

Qualifying income is either earned income or unearned income that is compensation paid under section 29 or 30 of the Workers Compensation Act (WCB temporary wage loss replacement benefits).

Earned Income is defined as:

- any money or value received in exchange for work or the provision of a service
- pension plan contributions that are refunded because of insufficient contributions to create a pension
- money or value received from providing room and board at a person's place of residence
- money or value received from renting rooms that are common to and part of a person's place of residence

Excess Income refers to applicants and recipients whose net income (earned and unearned) exceeds the applicable amount of income assistance benefits are not eligible for income assistance.

Unearned Income is any income that is not earned income, and includes, without limitation, money or value received from any of the following:

- gifts of money, annuities, stocks, bonds, shares and interest bearing accounts or properties, and other assets (The administering authority may estimate an income from assets when actual income is not known. Annual

income from assets may be apportioned equally over a 12-month period for the purpose of determining social assistance benefits.)

- cooperative corporations as defined in the Real Estate Act
- war disability pensions, military pensions, and war veterans' allowances, Department of Veterans Affairs
- insurance benefits, except when paid as compensation for a destroyed asset
- Superannuation (retirement pensions) benefits
- any type or class of Canada Pension Plan benefits
- Employment Insurance (EI) benefits
- union or lodge benefits
- financial assistance given under the *Social Development Policy and Procedures Manual*, or given by another provincial agency or jurisdiction
- worker's compensation benefits, and disability payments or pensions
- widows' or orphans' allowances
- income from a trust or inheritance
- net rental income from tools, vehicles, or equipment, and land, self-contained suites and property apart from the actual residence of the recipient
- interest earned on a mortgage or agreement for sale
- maintenance payments or services received under a court order, a separation agreement or other agreement
- education and training allowances, grants, loans, bursaries, or scholarships
- a lottery or game of chance
- awards of compensation under the *Criminal Injury Compensation Act* or awards of benefits under the *Crime Victim Assistance Act*, other than an award paid for repair or replacement of damaged or destroyed property
- any other financial awards or compensation
- Federal Old Age Security (OAS) and Guaranteed Income Supplement (GIS) payments
- financial contributions made by a sponsor pursuant to an undertaking given for the purposes of the *Immigration and Refugee Protection Act* (Canada) or the *Immigration Act* (Canada)
- Tax Refund

- per capita distributions from band revenues including oil royalties, natural gas royalties, lease payments, dividends, corporate shares or holdings, land claim settlements, or any other monies distributed to band members from band revenues

- income from an estate
- specific claims settlements
- other income that is not earned income

Eligibility and Treatment of Income

Applicants are required to pursue, accept, and use all possible income and other means of support before income assistance, disability assistance or hardship assistance may be issued.

To be eligible for income assistance, disability assistance or hardship assistance, a family unit's net income must not equal or exceed the amount of income assistance or persons with disability assistance that would be payable to a family unit of that size and composition [For more information, see chapter 4.0 – Rate Table for Income Assistance].

Eligibility may be determined at any time during the calendar month. If the administering authority becomes aware a client has received income that may be in excess of the amount of income assistance, disability assistance or hardship assistance that would be payable to a family unit, the family unit's eligibility will be assessed prior to the next payment of assistance being issued.

Income can be earned, unearned, or exempt from income (not considered income).

Eligibility is determined based on all available income and applicable exemptions. Exemptions on income apply only in the calendar month in which the income is actually received regardless of the date the income is earned or payable or the date the income is reported.

Compensation payments considered exempt may continue to be exempt when converted to a non-exempt asset. For example, if an applicant received a Hepatitis C settlement (exempt income) and invested those funds into an RRSP (non-exempt income), the funds will still be considered exempt as long as the applicant can clearly document the origin of the original funds.

Note: In a family unit containing two recipients, both recipients do not have to be employed to be eligible for the maximum exemption. As long as there are two recipients in the family unit, they are eligible for full exemptions, regardless of who earns the income.

All recipients are required to submit a *Monthly Renewal Declaration* (901-28) form each month, where they must report all income to the administering authority.

Deductions from Earned Income

Any amount garnished, attached, seized, deducted or set off from income is considered income, unless it qualifies for an exemption. The only deductions permitted from earned income are the following when deducted at source for:

a) income tax
b) employment insurance
c) medical insurance
d) Canada Pension Plan
e) superannuation
f) company pension plan
g) union dues

Deductions from Unearned Income

The only deductions permitted from unearned income are any income tax deducted at source from employment insurance benefits, and essential operating costs of renting self-contained suites.

Earnings Exemptions

April 2018

Earning exemptions provided income assistance clients who work with the ability to keep additional income over and above their monthly income assistance payment, offering them an opportunity to build job skills and experience to increase employability, take advantage of part-time or temporary work, and better provide for their families while receiving assistance.

Applicants are now eligible for earning exemptions from the time that they are approved for income assistance or disability assistance. There is no longer a one month waiting period required in order to be eligible for and apply earnings exemptions.

Persons with Disabilities (PWD) designated recipients who have previously received disability assistance in the past and are now applying for assistance (returning PWD clients) do not have a one month wait period.

Earning exemptions **are not** available to recipients of hardship assistance.

The BSDW must indicate on the Budget and Decision Form (901-25) if the client is eligible for monthly or annual Earnings Exemption.

Monthly Earnings Exemption – Income Assistance

Income assistance are eligible for a monthly earnings exemption. The monthly earnings exemption can only be applied to *earned income* (See Definitions Section). The level of exemption is based on family unit size and composition, thus cannot be combined.

Annual Earnings Exemption (AEE) – Disability Assistance

Persons with disabilities recipients are eligible for an annual earnings exemption (AEE). The AEE allows individuals on disability assistance to use their earnings exemption on an annual, instead of monthly basis and without a monthly maximum. The intent of AEE is to better assist PWD recipients whose ability to earn fluctuates during the year, for example, due to medical conditions.

A family unit's annual exemption limit is based on family unit size, composition and number of qualifying months in the calendar year – see table below under AEE limits.
The annual earnings exemption can only be applied to qualifying earned income.

Each calendar year, AEE covers qualifying income received from January 1st to December 31st.

First time disability assistance recipients are required to serve a one month waiting period before being eligible for the exemption unless they received income assistance in the previous month. Family units who were in receipt of either income assistance or disability assistance for the previous month or returning PWD designated clients who have previously received disability assistance, have no wait period.

AEE limits

A family unit's AEE limit is established in the initial qualifying month for the family unit and calculated using the eligible monthly amount for the family unit multiplied by the number of qualifying months remaining in the calendar year.

Under the AEE for PWD recipients, there is only an annual exemption limit – there is no monthly maximum (the monthly amount is only used to calculate qualifying months for the remainder of the calendar year). Once the family unit is eligible for earnings exemptions, the amount of a family unit's disability assistance is not impacted by earnings received up to the family unit's AEE limit. Once a family unit's AEE limit is reached, any additional earnings received will be deducted dollar for dollar from their disability assistance.

Each calendar year is a new exemption year. Any remaining exemption from the previous year does not carry over into the new exemption year.
In a family unit containing two recipients, both recipients do not have to be employed to be eligible for the maximum exemption. As long as there are two recipients in the family unit, they are eligible for the full exemption, regardless of who earns the income.

Income Assistance ***Effective October 1, 2017**	
Eligible Clients	**Earnings Exemption Amount (per month)**
All family units, including individuals eligible for income assistance but are employable	*$400
All family units with a dependent child or caring for a supported child	*$600
A family unit where at least one individual is a Person with Persistent Multiple Barriers (PPMB). If both persons within the family unit have PPMB, the amount remains the same (it is not doubled).	*$700
All family units with a dependent child or who care for a supported child with a severe disability where the disability of the child precludes employment more than 30 hours a week. This includes a child in receipt of COPH assistance, or a foster child.	*$700
Disability Assistance – Annual Earnings Exemption (AEE) Limits	
A family unit with one adult recipient who has the PWD designation	*$1000/month or $12,000/year
A family unit with two adult recipients where only one recipient has the PWD designation	*$1,200/month or $14,400/year
A family unit where both individuals have the PWD designation	*$2,000/month or $24,000/year

Combined Income

Some family units may receive a combination of income where there are two types of qualifying income.

For example: A PWD recipient receives $700 in WCB temporary wage loss replacement benefits and their spouse earns $300 in employment income. The

total combined qualifying income is $1,000. As long as the family unit does not exceed the earning exemption amount for the year ($12,000), they would be eligible for a total exemption of $1,000. Any non-qualifying income would be deducted from their disability assistance.

Exemption and Order of Income

January 2018

An exemption is allowed on certain categories of income only. The amount of exemption is applied to income in the following order:

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
BC Earned Income Benefit	Recipients of income assistance, disability assistance, hardship assistance and CIHR	Not Considered Income	Fully Exempt
BC Institutional Legacy Trust Fund	Individual payments dispersed from the BC Institutional Legacy Trust Fund	Not Considered Income	Fully Exempt
Canada Child Benefit (CCB)	Recipients of Income assistance, persons with disability assistance, hardship assistance or COPH Assistance	Not Considered Income	Fully Exempt
Child Care	Regular child care, part-time or full-time. Costs may be pro-rated over 12 months. (Essential operating costs can be deducted: cost of food provided, a portion of household expenses cost of child care equipment).	Earned Income	See Monthly Earning Exemption Chart
	Occasional babysitting	Earned Income	See Monthly Earning Exemption Chart
Canada Child Benefit	Regular monthly payments Recipients of *income assistance, disability assistance, hardship assistance* and COPH	Not Considered Income	Fully Exempt
	Retroactive payments (other than family bonus portion) Recipients of *income assistance, disability assistance, hardship assistance* and COPH	Unearned Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	Retroactive payments CCB or former Family Bonus (NCBS and BC Basic Family Bonus) payments (other than the portion provided as the Temporary Child Benefits Top-up Supplement or the former Temporary Family Bonus Top-up Supplement) Recipients of *income assistance, disability assistance, hardship assistance* and COPH	Unearned Income	Exempt if Temporary CCB/former Family Bonus (FB) Top-Up Supplement not received. If Temporary Child Benefits Top-Up Supplement (or former FB top-up) was received for the same time period, then the amount of the income exemption will be reduced by the amount paid via the Temporary FB Top-Up Supplement. The maximum reduction will be the lesser of: -The amount of the CCB or FB retroactive payment, and -The amount provided via the temporary CCB/FB top-up supplement -The maximum reduction will not exceed one month's assistance for the family unit.

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	Any portion of Canada Child Benefit received by one parent from the other parent (exception: parents who have the child as "*dependent child*") Recipients of *income assistance, disability assistance, hardship assistance* and COPH	Unearned Income	Fully Exempt
Child Disability Benefit - Canada Child Benefit	Recipients of income assistance, person with disabilities assistance, hardship assistance and COPH	Not Considered Income	Fully Exempt
Canada Pension Plan (CPP) Benefits (All CPP benefit types are considered unearned income).	Clients are required to report the total CPP benefits for which they are eligible. CPP income received by the client in the current month must be reported on the Social Assistance Monthly Renewal Declaration form to impact their income assistance for the month following. For example, CPP received December 17, 2013 to be reported for January cheque issue.	Unearned Income	No Exemption
	Retroactive CPP income will be treated as unearned income and is considered to have been received by the recipient in that month.	Unearned Income	No Exemption
Canada Pension Plan (CPP) Benefits Cont'd.	*CPP Disabled Contributor's Children's (DCC) Benefit.*	Unearned Income	Fully Exempt
	CPP Orphan of Deceased (ORP) Benefit. A monthly payment for a natural or adopted child or a child in the care and custody of the contributor at the time of death	Unearned Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	Lump Sum CPP Class Action Settlement Agreement. Lump sum payments received under the CPP Class Action Settlement Agreement as approved by the Supreme Court, Kelowna Registry in Action No. S50808, are treated as "other financial awards" and are exempt from unearned income up to the allowable asset level for the family unit.	Unearned (Considered other financial awards)	Exempt up to the asset level for the family unit (Eligible exempt assets may be purchased and recipients will not be deemed to have inappropriately disposed of property or assets).
Climate Action Tax Credit and Climate Action Tax Dividend	Quarterly Climate Action Tax Credit	Not Considered Income	Fully Exempt
	One-time Climate Action Dividend	Not Considered Income	Fully Exempt
Criminal Injury Compensation Award	Payment for Criminal Injury Compensation	Unearned Income	Exempt up to the asset level of the family unit
Retroactive Criminal Injury Compensation	Refers to payments made under the Criminal Injury Compensation Act for claimants who were minor (under the age of 19) victims of assault and who registered their claim from 1980 to 1992 in which these compensation decisions were deferred	Not Considered Income	Fully Exempt
Education Grant	An Education Gift from Nisga'a Lisims Government is provided annually to assist Nisga'a citizens with their children's schooling costs. Nisga'a citizens who are also ministry clients can receive the Nisga'a Education Gift and the School Start-up Supplement for the same school year.	Unearned Income	Fully Exempt
Employment Income of Dependent	Employment Income of a dependent child who is a full-time student	Not Considered Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
Children	Dependent child who is **no**t a full-time student	Earned Income	No exemption (add to total earned income of family unit, then apply appropriate earnings exemption)
	Employment Income of a Grand-parented COPH child under the age of 19	Earned Income	Fully Exempt
Employment Insurance (EI)	Employment Insurance (EI) issued by Human Resources and Skills Development Canada	Unearned Income	No exemption after permitted deductions
	Employment Insurance (EI) maternity benefits, parental benefits, and special benefits for Parents of Critically Ill Children.	Unearned Income	Fully Exempt
Energy and fuel tax rebate	Payments provided by the Government of Canada, the Government of British Columbia or any agency of either government (eg: BC Energy Rebates, BC Hydro credits)	Not considered income	Fully Exempt
Eviction Compensation	The Residential Tenancy Act states that clients who are evicted due to the landlord's "use of property" (selling the building, renovating, or occupying it themselves) are entitled to two months' notice and one month's rent as compensation. However, to expedite the transition to a landlord may offer the following: •a certain number of months of rent •compensation for moving costs •a reduction or elimination of utilities costs. •"In kind" free rent Note: Where there is reduction or elimination of costs for utilities, clients must declare this compensation. The BSDW should take this into account when calculating shelter rate.	Unearned Income	Exempt up to the asset level for the family unit
	Compensation for moving costs. Must be used toward cost of moving	Unearned Income	Fully Exempt
Fair PharmaCare Refunds	Fair PharmaCare refunds refer to retroactive payments (refund cheques) issued to reimburse individuals for money paid out of pocket for prescription costs over a one-year period.	Not Considered Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
Family Bonus (FB)	*See Policy above for Canada Child Benefit for information on the Family Bonus*		
Family Related – Child Support	In order for Child support to be considered as exempt from income, a Child Support payment must meet a family maintenance obligation to a child. Note: If a client receives both child and spousal support, payments should be applied to the current month first based on the amounts set out in the client's support order or agreement, with priority given to child support when the reported total support payment is lower than the scheduled payment amount. After the current month is credited, payments are credited to arrears. Child support arrears and spousal support arrears are credited based on the percentage split in the order or agreement.	Unearned Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
Family Related – Spousal Support	Monies received for to support former spouse.	Unearned Income	No exemption
Family Care Payments (On-reserve equivalent to Ministry of Children and Family Development)	***Foster Family Care Rate and One-Time-Only***. Payments made by MCFD to poster parents that are intended to cover all the costs incurred in caring for a child, including basic costs such as food, household needs, transportation, recreation, health and person care, gifts, activities, allowance babysitting, education, clothing, and so on.	Not Considered Income	Fully Exempt
	Foster Care Service. Payments intended to recognize or compensate the foster parents' work, expertise, or experience.	Not Considered Income	Fully Exempt
	Autism Funding Age 6 - 18 Program. Payments to parents of autistic children aged 6 to 18 to assist with the cost of specialized intervention services for their child	Not Considered Income	Fully Exempt
	Autism Funding Under Age 6 Program. Payments provided to parents of children aged 5 and under with Autistic Spectrum Disorder to assist with the cost of specialized treatment or intervention services for their child	Not Considered Income	Fully Exempt
	Three Generation Families. MCFD payments under section 8(2) or 93(1) (g) (ii) of the Child, Family and Community Service Act for a parenting dependent child (PDC) are treated as follows: When the PDC's child is added to their parent's case, no assistance would be provided for the PDC as financial support for the PDC is provided by MCFD When a PDC applies as a single parent while living with their parent, the PDC's eligibility is reduced by the amount of the MCFD payments provided for the PDC		
	Kin and Other. Payments provided to care providers under the Child, Family and Community Service Act (CFCSA), section 8, Agreements with Child's kin and others	Not considered Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	At Home Program. Payments to parents of children with severe disabilities to assist with the cost of respite services or as reimbursement for medical travel expenses or for medical supplies purchased	Not considered Income	Fully Exempt
	Out of Care Payments. Payments provided under section 93(1) (g) (ii) of the CFCSA to a person other than a parent who has custody of a child for the support of that child This section of the CFCSA authorizes MCFD or delegated agency to make payments for the support of a child placed by the court under an interim, temporary, or permanent custody order. The Various types of "out of care" custody orders covered by this section are referenced in part 3 and section 54.1 of the CFCSA.	Not considered Income	Fully exempt
Financial and Other awards	One time awards that are not specifically defined as exempt can be considered "other awards" and exempt up to the family's asset level. Ongoing monthly financial awards are considered unearned income and must be considered when calculating eligibility for assistance. If the payments are from a structured settlement, they are treated the same way as payments from a trust (see below) Examples of such awards include: • CPP Class Action Settlement Agreement • Director of Employment Standards Determinations • Land Claim Settlements • WCB payments awarded for a criminal injury which occurred on the job	Unearned Income	Exempt up to the asset level for the family
Forest Worker Transition Program Tax Refund	Tax refund received by Forest Worker Transition Program (FWTP) participants from Canada Revenue Agency for tax liabilities on FWTP income	Not Considered Income	Fully Exempt

<table>
<tr><th>Income Type</th><th colspan="2">Exemption / Description</th><th>Earned/ Unearned Income</th><th>Treatment</th></tr>
<tr><td rowspan="4">Gifts</td><td colspan="4">Gifts received by a client, include cash or stocks, bonds, shares, and interest-bearing accounts or properties that can easily be converted to cash.

A gift does not have to be directly provided to a client. It could be in the form of payment by another person to pay a debt or obligation. Examples include a parent paying a client’s car insurance or BC Hydro bill.

Non-Recurring Gifts
To determine if a gift is non-recurring, the following should be considered:

• The frequency of the gift. Infrequent, occasional gifts that do not have a regular pattern are considered non-recurring. A gift that occurs regularly once per year, such as a birthday gift, is considered non-recurring.
• The source of the gift. Generally, multiple gifts provided by different sources are considered non-recurring. For example, a person provides a gift to a client and then in the next month another gift is provided to the client by a different person.

Note: Payments from trusts or inheritances are treated separately. See related policy for more information.</td></tr>
<tr><td>A family unit eligible for income assistance or hardship assistance where no one in the family unit has PWD designation</td><td>Non-recurring gifts</td><td>Unearned Income</td><td>Fully Exempt</td></tr>
<tr><td></td><td>Recurring gifts</td><td>Unearned Income</td><td>No Exemption</td></tr>
<tr><td colspan="2">A family unit eligible for disability assistance or hardship assistance where at least one person in the family unit has PWD designation</td><td>Unearned Income</td><td>All gifts are exempt</td></tr>
<tr><td>Goods and Services Tax (GST) Credit</td><td colspan="2">Payment received from Canada Revenue Agency</td><td>Not Considered Income</td><td>Fully Exempt</td></tr>
<tr><td rowspan="2">Government Boards, Commissions & Councils (Honoraria & Per Diem)</td><td colspan="2">Net per diem</td><td>Earned Income</td><td>Exempt up to Exemption Level (see Exemption Types)</td></tr>
<tr><td colspan="2">Expense allowance to cover travel
(payslip/cheque to document breakdown)</td><td>Not Considered Income</td><td>Fully Exempt</td></tr>
</table>

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
Harmonized Sales Tax (HST) Credit	Payment from Canada Revenue Agency. Note: HST credit was a non-taxable payment made quarterly for the period starting July 2010 and ending January 2013 if tax returns were filed. Payments of the HST Credit resulting from filing of back taxes for the 2010 to 2012 are issued directly from Canada Revenue Agency.	Not Considered Income	Fully Exempt
Hepatitis C Virus Settlement Compensation	1986-1990 Settlement Agreement refers to compensation received under the settlement agreement which provides compensation for persons infected with the Hepatitis C Virus through blood or blood products between 1986 and July 1, 1990. Pre-1986-Post 1990 Settlement Agreement refers to compensation received under the settlement agreement which provides compensation for person infected with the Hepatitis C Virus through blood or blood products prior to 1986 and after July 1, 1990.		
	1986-1990 Settlement Agreement •Compensation for loss of income (may be one-time payment or administered monthly); •Compensation to approved dependents for loss of support or loss of service (may be one-time payment or administered monthly). **Pre-1986-Post 1990 Settlement Agreement** •Damages for past loss of income; •Compensation to dependants.	Unearned Income	Exempt up to the asset level for the family unit

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	1986-1990 Settlement Agreement •Fixed payments for damages (amounts may be paid more than once depending on the severity of the condition); •Loss of services in the home; •Costs of care, cost of Hepatitis C Virus (HCV) Drug Therapy; •Compensation for uninsured treatment and medication; •Out-of-pocket expenses; •Compensation to approved family members; •Payment to the approved HCV estate; •Compensation for HIV secondarily infected persons **Pre-1986-Post 1990 Settlement Agreement** •Compensation to approved HCV infected class members; •Past loss of services in the home; •Compensation to approved family members; •Compensation for HCV Infected class members who have died; •Compensation for HIV co-infected persons.	Not Considered Income	Fully Exempt
Human Immunodeficiency Virus (HIV) Compensation	Individual payments granted by the government of BC to a per son infected by Human Immunodeficiency Virus (HIV) or surviving spouse or dependent child of that person Individual payment granted by the government of Canada under the Extraordinary Assistance Plan to a person infected by HIV	Not Considered Income	Fully Exempt
Income Tax Refund	Income tax refund for *income assistance* or *disability assistance* applicant or recipient	Unearned Income	Fully Exempt
	Income tax refund for *hardship assistance*	Unearned Income	No Exemption
	BC Sales Tax Credit Note: BC Sales Tax Credit resulting from filing taxes for the years 2002 to 2009, and for 2013 and later years are paid in conjunction with any income tax refund. The amount of the BC Sales Tax Credit is listed on a separate line on the Notice of Assessment	Not Considered Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	Refundable medical expense supplement	Not Considered Income	Fully Exempt
Indian Residential School settlement	Money paid or payable to a person in settlement of a claim of abuse at an Indian Residential school (**except** money payable as income replacement)	Not Considered Income	Fully Exempt
	Money paid or payable as income replacement in the settlement of a claim of abuse at an Indian Residential school	Unearned Income	Exempt up to family asset level.
	Money received from the Common Experience Payment or through the Independent Assessment Process under the Indian Residential Schools Settlement Agreement	Not Considered Income	Fully Exempt
Inheritance	An *inheritance* is considered money or other value received, by will or as the result of intestacy, from the estate of a deceased person.		
	A family unit eligible for *income assistance* or *hardship assistance* where no one in the family unit has PWD designation	Unearned Income	Not Exempt
	A family unit eligible for *disability assistance* or *hardship assistance* where at least one person in the family unit has PWD designation	Unearned Income	Fully Exempt
Japanese Ancestry Redress Payments	Individual redress payments granted by the government of Canada to a person of Japanese ancestry	Not Considered Income	Fully Exempt
Jericho Hill School for the Deaf Compensation	Lump-sum settlements by the government of BC to person awarded compensation in respect of claims of abuse at Jericho Hill School for the Deaf	Not Considered Income	Fully Exempt
Lottery/Games of Chance	Income from lottery or games of chance	Unearned Income	No Exemption
Loans & Credit	Funds received from a loan, credit card, line of credit or reverse mortgage.	Not Considered Income	See Assets and Exemptions Chapter 4.7
Ministry of Health/Health Authority Therapeutic	Payments made by a health authority, or a designated agency (agency approved by health authority to deliver services on its behalf), to a client with a mental disorder participating in the Therapeutic Volunteer Program	Not Considered Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
Volunteer Program and other Volunteer Stipends	Payments to a person with a mental disorder and/or to a volunteer who has a mental disorder, for the cost of fees for participating in recreation or leisure activities	Not Considered Income	Fully Exempt
	Payments to a person with a mental disorder to cover the cost of participation as a presenter or participant in training and education seminars and conferences, public lectures on mental health/addictions treatment and management, and other related topics	Not Considered Income	Fully Exempt
	Payments to a person with a mental disorder who provides formal or informal peer support, in accordance with the Ministry of Health Peer Support Manual	Not Considered Income	Fully Exempt
	Payments to a person with a mental disorder to cover costs of travel, meals and honoraria for clients who are invited to participate in discussions with health authorities, or who present information regarding the planning, delivery or evaluation of mental health and addiction services.	Not Considered Income	Fully Exempt
Ministry of Social Development and Social Innovation Payments (or on-reserve, paid by the administering authority)	Payments granted by the government of British Columbia under an agreement referred to in section 93(1) g(ii) of the Child, Family and Community Service Act, for contributions to the support of a child to a person other than a parent of that child.	Not Considered Income	Fully Exempt
	Adjustment refunds from a supplier (for example, Hydro) which are to be sent to the client even if the administering authority is administering the recipient funds	Not Considered Income	Fully Exempt
	Payments provided by Community Living BC to assist with travel expenses for a recipient in the family unit to attend a self-help skills program, or a supported work placement program, approved by Community Living BC	Not Considered Income	Fully Exempt
Missing Women Commission Inquiry Fund	Money paid or payable from a fund established by the government of British Columbia, the government of Canada and the City of Vancouver in relation to a recommendation in the final report of the **Missing Women Commission of Inquiry**	Not Considered Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
Mortgage Receivable /Agreements of Sale	Principal portion of the mortgage	Unearned Income	No Exemption
	Interest portion	Unearned Income	Fully Exempt if applied to the actual rent or mortgage cost for a recipient's current place of residence
Old Age Security – Retroactive Payments	Retroactive Old Age Security Payments (if family unit continues to be eligible for assistance)	Unearned Income	No Exemption
Post Adoption Payment	Post-adoption payment provided under section 28(1) or 30.1 of the Adoption Regulation	Not Considered Income	Fully Exempt
Quebec Pension Plan	Clients are required to report the gross amount of all QPP payments that they receive. QPP income received by the client in the current month must be reported on the Social Assistance Monthly Renewal Declaration form to impact their income assistance for the month following. For example, QPP received December 17, 2013 to be reported for January cheque issue	Unearned Income	No Exemption
Registered Disability Savings Plan (RDSP)	Disbursements from RDSP Note: Clients do not need to report RDSP balances or contributions from outside their family unit, but are required to report personal contributions, contributions from their family unit, and disbursements to the BSDW	Unearned Income	Fully Exempt
Registered Retirement Savings Plan (RRSP)	Disbursements from RRSP/RSP income earned by the capital portion	Unearned Income	No Exemption
Rental Income	Rent Subsidy Rent subsidy from the provincial government or a government agency, council, board or society that administers subsidies from the provincial government (may be issued to a tenant or landlord	Not Considered Income	Fully Exempt

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	Boarders Income from boarders after deducting essential operating costs, which are restricted to: •the cost of food, excluding preparation for the boarder; •costs associated with maintaining the room •pro-rated based on the square footage of the home; and •a portion of the property taxes pro-rated as a percentage of the square footage of the room to the square footage of the home.	Earned Income	Exemption up to the asset level for the family unit
	Self-Contained Suites Income from self-contained suites after deducting essential operating costs, which are restricted to: •Costs associated with maintaining the suite, not the home • Utilities cost associated with maintaining the suite and covered by the landlord •A portion of the property taxes, as a percentage of the square footage of the suite to the square footage of the home	Unearned Income	No exemption
	Room Rental Income from renting rooms that are common to and part of the client's residence	Earned Income	Exemption up to the asset level for the family unit
Religious Orders	The combined income and assets of members of a religious order is taken into consideration when assessing eligibility of a member who is applying for assistance. A financial statement of a religious order's income is required. The value set for goods and services (such as board and lodging, clothing, personal care, intermediate care, homemaker service, comforts allowance) received by a member of a religious order must be calculated in assessing eligibility.	Unearned Income	Exempt up to the asset level for the family unit
Self-Employment Program Income	Permitted operating expenses, approved renovations, or income deposited in a cash asset account	Earned Income	Fully Exempt
	All other income	Earned Income	Exempt up to the asset level for the family unity
Sponsorship	Support contribution from sponsor	Unearned Income	No Exemption

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
Student Assistance	Students who exhaust their loans, grants, and bursaries during the course of a semester where a student loan has been provided remain ineligible for assistance, and may be directed to contact their school's student financial aid office or student loan program.		
	Student Financial Assistance Grants Scholarships Training Allowance Registered Education Savings Plan (RESP) disbursements Bursaries	Unearned Income	No Exemption

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	Clients who declare student income must first be assessed for eligibility for assistance. Clients who are eligible for income or disability assistance while participating in a program of studies are eligible up to their total daycare costs and education costs from: • Student Financial Assistance • Training Allowances • RESP Disbursements • Grants • Scholarships • Bursaries Clients who are not eligible for income or disability assistance while participating in a program of study are not eligible for these exemptions. Daycare costs are exempt up to the total difference between a student's actual amount paid for daycare, and the maximum amount of child care subsidy provided to the student's family unit for a period of study. Education costs are intended to include any cost that is reasonably required for a student's participation in a program of study including: • Tuition • Student fees • Books • Equipment, including the purchase of technology such as a laptop/tablet and monthly internet costs, and items needed to accommodate a disability • Supplies • Transportation for commuting to and from a course, as well as transportation costs to relocate for the course Education costs do not include living costs, including income received for food or shelter. Therefore, income received for living costs are <u>not</u> exempt.	Unearned Income	Some costs Fully Exempt (see list to the left) $100 per month for actual expenses is exempt (incidental costs)

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	Student loans are disbursed at the beginning of each semester. Grants and bursaries may be distributed at the beginning of each semester or in one lump sum intended to cover the entire year (August 1 – July 31). Staff should consider the client's educational costs for the period the funding is intended to cover when determining how much of the funding to exempt. However, only education costs for semesters that the client is registered in can be included Education and daycare costs are to be included for any semesters that the funding is intended to cover and in which the student is registered Post-secondary institutions are responsible for providing Student Aid BC with an assessment of student's expected costs for tuition, books, supplies, fees, and miscellaneous education-related expenses. This assessment should show on the grant/loan documentation from Student Aid BC. It is recommended that staff use the assessed amount on the grant/loan documentation instead of requesting individual receipts from clients		
Temporary Education Support for Parents	Individual Payments granted by the government of BC under the Temporary Education Support for Parents Program	Unearned Income	Fully Exempt
Thalidomide Victims' Compensation	Individual payments granted by the government of Canada under the Extraordinary Assistance Plan to thalidomide victims	Not Considered Income	Fully Exempt
Treaty 8 Agricultural Benefits Specific Claims Benefit	Money that is paid or payable from a settlement agreement with the Government of Canada in respect of Treaty No. 8 agricultural benefits	Unearned Income	Fully Exempt
Veterans Affairs Canada	Up to $50 per month exemption (available to each member of a *family unit* who is receipt of this payment)	Unearned Income	N/A
Woodlands School Compensation	Lump-sum settlements by the Government of BC to persons awarded compensation in respect of claims of abuse at Woodlands School.	Not Considered Income	Fully Exempt
Workers Compensation Board (WCB)	Not all Workers Compensation Income is treated the same. Clients must report all *qualifying income* (earned income or WCB temporary wage loss replacement payments) they received every month by completing the Monthly Renewal Declaration Form (901-28) To be eligible for the exemption, PWD clients must have been in receipt of income assistance or disability assistance for the previous month. Returning PWD clients have no wait period.		

Income Type	Exemption / Description	Earned/ Unearned Income	Treatment
	WCB Temporary Wage Loss Replacement Payments: • A family unit with one adult recipient who has the PWD designation - $800 per qualifying months in the calendar year • A family unit with two adult recipients where only one recipient has the PWD designation - $1000 per qualifying months in the calendar year • A family unit with two adult recipients where both recipients have the PWD designation - $1600 per qualifying months in the calendar year • Non-PWD family units – no exemption	Unearned Income	See exemptions descriptions ⇦
	Other payments from Workers Compensation Board (WCB)	Unearned Income	No Exemption
	WCB lump sum or monthly payments awarded as a compensation for a criminal injury which occurred on the job	Unearned Income	Exempt up to the asset level for the family unit
	Compensation paid to children of a deceased worker under section 17 or 18 of the Workers Compensation Act	Unearned Income	Fully Exempt
Working Income Tax Benefit (Including Disability Supplements) received through pre-payments or income tax returns).	The Working Income Tax Benefit is a federal refundable tax benefit provided to low income persons with earned income. The WITB consists of a basic benefit available to all eligible individuals and an additional disability supplement available to eligible individuals who are also eligible for the federal disability tax credit. The WITB can be received in two ways: • In its entirety as part of an individual's *income tax return*; or • Half through *pre-payments* (made quarterly in April, July, October and January) and half as part of an individual's income tax return.	Not Considered Income	Fully Exempt

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of earnings and unearned income (e.g., payslips, cheque stubs, etc.) • Copies of all utility documents • Copy of Rental Agreement • *Income Assistance Report (DCI #455897)* •All other required income assistance documents
Resources	• Income Assistance Report and National Reporting Guide (DCI 455897 FNITP) http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/dci/dcilog_e.asp • MSDPR web site content for Income and Exemptions dated 2015 • http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/incandex/policy.html • Old Age Security and Canada Pension Plan http://www.servicecanada.gc.ca/en/home.html • Registered Disability Savings Plan (RDSP) or 1-800-622-6232 http://www.hrsdc.gc.ca/eng/disability_issues/disability_savings/index.shtml • Student Aid BC Policy http://www.studentaidbc.ca/forms/index.php • Revenue Canada http://www.cra-arc.gc.ca/ndvdls-fmls/menu-eng.html

Procedures

Assessing Eligibility -- Employment and Income Monitoring

In order for Band Social Development Worker (BSDW) to assess a client's eligibility prior to issuing assistance, the client must receive earnings (net income) that are in excess of the amount of assistance payable. The net income should be verified by a payslip, or other formal confirmation from the employer. The copy is then attached to

the *Budget and Decision Form* (901-25) **unless** the client provides verbal confirmation of the amount of income received and states they do not require further assistance.

An overpayment should not be calculated in these cases.

The BSDW will assess eligibility based on the current situation. If the client has not actually received income or the BSDW have not been able to assess eligibility prior to Cheque Issue, the client will then be obligated to report the income on the *Social Assistance Monthly Renewal Declaration* (901-28) form.

The BSDW will identify clients with employment, contact clients, signal cheques, and assess eligibility. The BSDW are not limited to relying on service provider information to assess clients with income. The BSDW may verify or confirm any information received that pertains to a change in a client's circumstance that may affect their eligibility for ongoing assistance.

Due to a short turn around between assessing income and Cheque Issue, BSDW should initiate contact by telephone and immediately send out a letter requesting the client to verify or confirm hourly wage, hours per week (estimated), start date and initial pay dates.

It is important that each client be sent a letter as early as possible so they can prepare and budget accordingly.

If the client has not responded by cheque cut-off, the BSDW will need to send a letter to the client to inform to explain their monthly cheque must be assessed for eligibility at cheque issue. If the client does not contact the office by the due date on the letter (e.g., 5th of the month) the client's cheque is to be cancelled and case file closed.

Procedural Guidelines:

1. Identify those clients who are employed.
2. Contact client by telephone and send letter to acknowledge their employment/job and request information on hourly wage, hours per week (estimated), start date and initial pay dates. Advise client if earnings received are in excess of their assistance rate they will not receive assistance at the end of the month. Advise client to budget accordingly. **Remember:** client may be assessed for special needs supplements if appropriate and special needs budget available.
3. Set a signal/bring forward for the next Cheque Issue to assess eligibility (when it is likely the client will receive a paycheque).
4. Add notes to the case file indicating the details of the signal/bring forward, the contact information, and any employment details confirmed thus far.
5. When client responds to the letter estimate if employment will result in the client's independence of assistance. Consider the sustainability of the employment placement.
    - **Sporadic or unsustainable employment:** If the employment will not lead to independence, the client will continue to report their income on the *Social Assistance Monthly Renewal Declaration* (901-28) form.

- **Employment details unknown:** If the BSDW cannot determine yet if employment is sustainable, BSDW may decide to review the employment income in the following month. Set a signal/bring forward with a due date, review procedural guidelines and ensure the client is aware their employment and income will continue to be monitored.
- **Sustainable Employment Income is verified:** If it is determined that income is in excess, review case information to ensure earnings exemptions have been applied and that the income has not been previously reported. Assess whether to close the case.

6. If the client did not respond prior to Cheque Issue and is seen at Cheque Issue, verify the amount of income prior to releasing the cheque. The client is required to submit the requested information and the *Social Assistance Monthly Renewal Declaration* (901-28) form.

7. If the client is found ineligible, cancel the cheque and assess whether to close the case. Some clients may need to be assessed for special needs and/or fill prescriptions prior to case closure.

8. Add notes to the case file indicating the details of the outcome of the income assessment.

Example: On March 7, BSDW shall review the *Social Assistance Monthly Renewal Declaration* (901-28) and attached paystub. A single employable client has a job that earns $15 per hour at 40 hours per week. The start date is March 13th and pay days are bi-weekly (every second Friday). Income Assistance cheque cut-off is March 24th. The client will receive net earnings prior to cheque issue. Based on the hourly wage and hours worked, the client could receive an estimated $960 net income. The BSDW contacts the client (via telephone or letter) to verify the job and advises the client may not be eligible for further assistance if net income is in excess of assistance rates. The April assistance is held in order to assess income eligibility. The client telephones on March 27 to advise that they have received a deposited paycheque of over $900 in their bank account. The BSDW asks the client if the job will be sustainable. The client states they are satisfied with the stability of the job. The BSDW advises the client is not eligible for April assistance and that the client needs to use the employment income to meet support and shelter needs. The BSDW then cancels the cheque and closes the file.

Case example: What if the client receives only one week's pay and the net income is not over the assistance rate?

The BSDW should not deduct the income from the cheque on Cheque Issue Day or just prior to cut-off. The client must be advised of their obligation to report the earnings on the *Social Assistance Monthly Renewal Declaration* (901-28), and to submit it prior to the administering authorities due date to receive monthly renewal slips (e.g., 15th of the month). If the net income is less than the assistance rate for that family unit, the income will be deducted from the following month's assistance. Only income that is in excess of assistance rates and results in a client being independent of assistance will result in the client being ineligible.

Assessing Eligibility - Income in Excess

The BSDW shall follow these steps when identifying a client who may be income in excess:

1. Ensure all income is reported on the case file describes the appropriate income type (earned and/or unearned) and include notes.
2. Ensure there is supporting documentation for the income on the client's case.
3. Contact the client by telephone or letter to advise that the earned and/or unearned income is more than the amount of assistance payable to the family unit.

All family units with a dependent child, or who care for a supported child - Earnings Exemption

The $700 earnings exemption is extended to all family units with a dependent child, COPH, special needs or foster child where the disability of the child precludes employment more than 30 hours a week.

The child's condition alone will not determine if a client is eligible for an earnings exemption. The impact of the parent's employability is the key factor.

The sole recipient will continue to have employment obligations.

The sole recipient will provide copies of any medical documentation from the child's doctor regarding the medical condition.

For family units that no longer meet the requirements or who are denied the monthly $700 exemption for employment earnings, the BSDW is to determine if the single or couple with dependents is eligible for the monthly $600 earnings exemption (see above policy – Exemption Types).

Maximum annual review date is 12 months.

Assessing Eligibility when Income is Exempt up to Asset Level

When a recipient claims a financial award, a review of the *family unit's* assets is required.

An eligibility review **must** be conducted to determine the family unit's current asset level, including the financial award.

Identifying PWD Eligibility Date

A client's PWD start date is required to be documented on the case file. The BSDW must first ensure the PWD status is approved, and then refer to the PWD Adjudication Date, which is equivalent to the PWD start date.

The BSDW may contact the First Nations Social Development Society if further information is required in determining the PWD start date (see above Resource table).

Canada Pension Plan (CPP) & Quebec Pension Plan (QPP) Eligibility

Record the CPP or QPP income reported upon intake on the application and on the *Social Assistance Monthly Renewal Declaration* (901-28). All adjustments to CPP or QPP income information must be made documented in the case file.

Request CPP or QPP income verification from the client.

The monthly CPP or QPP income assessment will result in:

1. a decrease to the client's income assistance payment, or
2. found ineligible for income assistance because the CPP or QPP income is greater than all allowances.

Note: The BSDW should review cases where clients are 64 years of age and take appropriate action prior to client turning 65 years of age to ensure the client has applied for CPP or QPP (if applicable).

Service Canada may withhold a portion of the client's CPP or QPP benefit for federal income tax or for third party garnishing orders. The withheld amount is not exempt income.

The administering authority is to sign a repayment agreement to recover any income assistance issued as this would be considered a CPP or QPP overpayment. The BSDW would have deducted the total CPP or QPP, including the overpayment, in the month the client received the overpayment.

If the client is found ineligible, cancel the cheque and assess whether to close the case. Some clients may need to be assessed for special needs and/or fill prescriptions prior to case closure.

Add notes to the case file indicating the details of the outcome of the income assessment. Record any amount the client is repaying to Service Canada for a prior CPP or QPP overpayment.

Pension Plan Retroactive Payments

When a retroactive Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) payment is declared or undeclared to the administering authority, the retroactive *CPP* or QPP payment is to be treated in the same manner as other *unearned income* in the month received.

The BSDW shall enter the full amount of the CPP or QPP payment (including the retroactive portion) on the case file. The retroactive payment will affect the next month's eligibility for assistance. The BSDW should review the earned and unearned income and asset policy sections with the client.

The BSDW is to consider the impact of the CPP or QPP income on the asset level for the *family unit* when reviewing eligibility. Following months will be income- and asset-tested with the case possibly being changed to closed file.

Income Tax Refund

1. When a client reports an income tax refund, it is treated as unearned, one-time income in the month it is received.

2. BSDW to indicate an exempt cash asset amount, for the family unit size.

3. In month two, the BSDW will record the previous cash asset record and enters a new amount if any cash asset remaining under the product Income Tax Refund.

Rental Subsidy

When a client receives rental subsidy, follow these steps:

1. Ensure that the client understands that rent subsidies are to be reported during the application or annual review.

2. Request that the client provide verification from the agency providing the rent subsidy.

3. Do not include the amount of the rent subsidy in calculation of a shelter allowance.

Students' Assistance

Follow these steps when determining the amount to exempt:

- Confirm that the client meets the exemption criteria in policy [see above policy – Students' Assistance].
- Request client to provide a copy of the Notification of Assessment from StudentAid BC or other types of documentation, such as letters from the school's Financial Aid Office that provide the assessment information, would also be acceptable.
- Direct client to StudentAid BC or the Financial Aid Office if client does not have any documentation showing the assessment of expected cost. Use the assessment rather than requesting individual receipts from the client.
- Review the expense items in the assessment notification. If daycare costs and/or transportation costs are not included in the assessment and are an additional cost that should be included, they may be added to the assessed cost.

- The following expenses are considered when determining educational costs:
  - Tuition
  - Books / Supplies
  - Student fees
  - Equipment, including the purchase of technology, such as a laptop/tablet and monthly internet costs, and items needed to accommodate a disability
  - Transportation costs to and from a course, as well as transportation costs to relocate for the course
  - $100/month other incidental training related costs for clients enrolled in government programs
  - Daycare costs

For more information on education costs, see above Resource table for Student Aid BC Policy.

- Total amount to be exempted should be the total assessed costs. Any remaining balance of funding received should be considered unearned income.

Example:

A PWD client is starting school in September and receives $2,800 in grants with no student loans. She is currently registered for two semesters covering September to April. Each semester has educational costs of $1,300. Because she is currently registered for two semesters, her educational costs are $2,600. The amount that will be exempted is $2,600 and $200 will be considered unearned income (grant $2,800 less educational costs $2,600 = $200). Her next month's disability assistance will be reduced by $200.

Income Assessment – For all types of income

The Band Social Development Worker shall calculate all monthly income of the applicant or recipient and adult dependants, and apply the appropriate exemptions:

1. A copy of the earned and unearned income used to determine the applicant or recipient eligibility must be attached to the *Budget and Decision Form* (901-25) that is placed on file with appropriate case notes.
2. Applicants and recipients whose net income (earned and unearned) exceeds the applicable amount of income assistance benefits, are not eligible for income assistance benefits. The client will be provided with a copy of the decision documented on the 901-25 form.
3. Applicants and recipients whose net income (earned and unearned) is less than the applicable amount of income assistance benefits, may be eligible for supplementary income assistance benefits as documented on the 901-25 form.

It is the responsibility of the client to provide documents to verify their eligibility for the appropriate benefit.

Details of the verification and original documents or *copies* of originals that are stamped "certified true copy" are to be placed on the client's file. For further details on documentation requirements (see Chapter 3, Application and Assessment).

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** earned and unearned income for applicants and recipients as follows:

1. Comment section - indicate "type of income" and calculate the family units portion for each eligible item if shared shelter;

2. Under Resource section write the:

a. amount of income under appropriate heading for earned and/or unearned
b. amount of applicable exemption allowed
c. total monthly deduction under number 5

3. Under Monthly Requirements section:
    a. calculate and enter the amount of total monthly requirements in the Monthly Requirements box,
    b. enter the amount from line (5) in the Less Deductions (No 5) from the Resources box,
    c. calculate the entitlement (Monthly Requirements minus Less Deductions) and enter the amount in the Entitlement box, and
    d. issue the amount entered in the entitlement box to the client/recipient.

4. Signatures and date to be completed for both the applicant (and recipient) and the BSDW before a copy is provided to the client.

5. Signatures and date to be completed for both the applicant (and recipient) and the BSDW before a copy is provided to the client.

All required documentation (i.e., copy of the income) is to be attached to the 901-25 form.

The applicants/recipients monthly entitlement is charged to the basic needs budget.

Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or when there is a reported change (see Chapter 4, Eligibility).

All income assistance program expenditures must have the required documentation attached to the 901-25 form (see table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 14.Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and

2. Pages 5-6, Part B *Financial Management Report* sections:

    - 14. Income Assistance Expenditures,

- 15. Shelter Information,
- 16. Children Out of Parental Home,
- 17. National Child Benefit Supplement Tracking, and
- 18. Declaration.

Persons with Persistent Multiple Barriers

General Principle

The Persons with Persistent Multiple Barriers (PPMB) category provides assistance to clients who have long-term barriers to employment that are not expected to be overcome in the short term despite all reasonable steps by the client.

PPMB clients are exempt from employment obligations.

An earnings exemption is available to encourage clients who want to work to try employment, gain experience, participate more fully in the community as they are able, and earn more income.

Clients may be assessed for PPMB if they have been on assistance for at least 12 of the past 15 months and are unable to achieve financial independence. Family units where one or both clients are eligible for PPMB may be provided the higher support rate and additional supplements.

It is recognized that some clients in this category may overcome their barriers over time and improve their employability while others may not. Some may have medical conditions that worsen over time and require additional supports. This is why the PPMB category provides clients with time and supports to overcome their barriers and move towards independence, or transition to other client categories, including PWD designation.

Policy

Recipients who qualify for Persons with Persistent Multiple Barriers (PPMB) are those who have received assistance for at least 12 of the past 15 months and meet **one** of the following criteria:

- has severe multiple barriers to employment and has taken all reasonable steps to overcome these barriers and has a medical condition (excluding addictions) that has lasted for at least one year **and** is likely to continue or recur frequently for at least two years, and which is a severe barrier that **seriously impedes** the person's ability to search for, accept, or continue employment;

OR

- has a medical condition (excluding addictions) that has lasted for at least one year and is likely to continue or recur frequently for at least two years, **and in itself, precludes** the person from searching for, accepting, or continuing employment.

PPMB will be reassessed at least once every two years.

Definition of 'Seriously Impedes'

A medical condition is considered to seriously impede the recipient's ability to search for, accept, or continue in employment when, as a result of the medical condition, the recipient is unable to participate in any type of employment that would enable independence form income assistance.

When determining if the medical condition seriously impedes employment, the following factors should be taken into consideration:

- number of hours a recipient can work
- hourly rate a recipient could earn
- skills and experience of the recipient
- impact of the medical condition on the recipient's ability to work full-time or only part-time
- impact of the medical condition on the recipient's ability to work on a regular or sporadic basis

Definition of 'Precludes'

A medical condition is considered to preclude the recipient from searching for, accepting or continuing in employment when as a result of the medical condition, the recipient is unable to participate in any type of employment for any length of time, except in a supported or sheltered-type work environment.

When determining if the nature of the employment is as minimal or insignificant as to effectively "preclude" the recipient form employment, the following factors should be used when assessing eligibility:

- is the focus of the work on socialization where the activities are highly supported or supervised (e.g., recycling workshop)
- is the recipient limited by the medical condition to very minimal hours on an infrequent basis (e.g., 1-2 hours of babysitting once or twice a month)
- is the recipient's involvement very sporadic or casual (e.g., occasional lawn mowing or housekeeping)

- is the work more likely to be considered volunteering and compensation, if any, minimal (e.g., covers the costs of volunteering)

Note: Recipients who are precluded from any type of employment may also require assistance with daily living activities and could qualify for Persons with Disabilities (PWD). Recipients should be informed of the option of applying for designation as a PWD.

In a family unit where one adult is eligible for PPMB may be eligible for the following:

- Higher social assistance rate (see Chapter 4, Rate Table for Social Assistance);
- Enhanced medical coverage for **eligible non-status clients** (see Chapter 10, Health Benefits);
- Dental care for **eligible non-status clients** (see Chapter 10, Health Benefits); and
- Earnings exemptions (see Chapter 4.9, Earnings and Exemptions)

Note: Enhanced medical benefits are only available to non-status income assistance recipients who meet the BC Medical Services Plan requirements for coverage. If applicable, see Chapter 10, Health Benefits.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• Persons with Persistent Multiple barriers (PPMB) Form (SA 116) • *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • Copy of Family Maintenance documents (see chapter 4.4, Family Unit) • Written confirmation from the child's Social Worker for placement and approval (as required) • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) • BC Aboriginal Network on Disability Society http://www.bcands.bc.ca/ • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Children and Family Development https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/children-and-family-development • Ministry of Social Development and Poverty Reduction on-line resource https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual • Fees for Health Professionals & Service Providers Rate table (as per Province of BC) https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables/fees-for-health-professionals-and-service-providers-rate-table

Application using the Medical Report – Persons with Persistent Multiple Barriers (SA 116) form

The Band Social Development Worker (BSDW) shall:

1. Determine that the person has received income assistance for at least 12 of the last 15 months from ISC, BC Region or BC MEIA, and continues to be eligible for income assistance.

2. Determine whether the recipient wishes to apply for the PPMB category or the Persons with Disabilities (PWD) designation. It may be useful to review with the client the definitions and criteria for PPMB and PWD to determine which program is the most appropriate.

3. If the client appears to be a candidate for PPMB based on an assessment of the information above, provide the client with the *Medical Report – Persons with Persistent Multiple Barriers (*SA 116) form for completion by a physician. The form requires information on the diagnosis and duration of the client's

medical condition and any employment restrictions that are specified by the physician.

4. Once the recipient has returned the completed *Medical Report – Persons with Persistent Multiple Barriers (*SA 116) form, process up to $50 payment to the physician for completion of the report (as per invoice). The form completion fee is charged to the Basic Needs budget (not Special Needs budget)

5. Review the returned SA 116 form to determine if the physician has confirmed:
   - the recipient has a medical condition (excluding addiction); and
   - the condition has lasted for at least one year and is likely to last for at least another two years, and the condition seriously impedes or precludes and is likely to occur frequently in the next two years.

6. In reviewing the medical condition and information, the following should be considered:
   - the impact of the recipient's medical condition (seriously impedes/precludes) on his/her ability to achieve independence through employment. This will vary based on the severity of the medical condition, frequency of occurrences (if episodic), and extent of employment restrictions; and
   - the existence of employment restrictions, of itself, may not seriously restrict the recipient from searching for, accepting or continuing employment if suitable referrals, placements, training or employment supports can be provided within the community.

7. Determine the recipient's eligibility for PPMB, based on the documentation and file review.

8. Place the *Medical Report* (SA 116) in the recipient's file after the assessment.

9. Complete the *PPMB Checklist & Decision* (SA 117) form and advise the recipient of the decision (approve or denial).

   - if approved, advise the recipient of the PPMB category expiry date.
   - the expiry date is usually the end of the expected duration of the medical condition as stated by the Physician in the *Medical Report*. However, this cannot exceed two years.
   - if denied, explain the reason(s) for the denial to the recipient and advise the recipient of their right to appeal the BSDW's decision.
   - provide a copy of the *PPMB Checklist & Decision* (SA 117) form to the recipient.

10. Keep the original *PPMB Checklist & Decision* (SA 117) form in the recipient's file to indicate the recipient qualifies or does not qualify for the PPMB category.

PPMB benefits from BC MEIA – Moving On Reserve

Individuals moving on-reserve who were receiving PPMB assistance from the BC MEIA the month prior to applying for social assistance will be assigned the PPMB category, provided all other eligibility criteria are met.

Applicants who were receiving PPMB income assistance from the BC MEIA the month prior to applying for ISC's social assistance may be assigned the PPMB category. They are required to provide the Band Social Development Worker (BSDW) with a written confirmation of their PPMB category and the expiry date, from MEIA.

Reviews

1. Reviews for the PPMB category must be conducted at least once every two years or on the expiry date, whichever is sooner.

2. Set up a Bring Forward (BF) system to track the expiry dates of PPMB clients on the caseload.

3. Send a notification letter to clients two months before the expiry date to inform them that their eligibility for PPMB benefits may be discontinued in two months and advise them to contact the BSDW to set up a review appointment.

4. Send a second notification letter one month before the expiry date if the client has not responded to the first letter.

5. If a review is not completed within the two-month period because the client fails to attend a review, additional assistance and benefits associated with the PPMB category will be discontinued effective the month following the expiry date, based on failure to provide information to support continuing eligibility for PPMB.

6. Reviews are conducted based on the client's individual situation.

7. If the BSDW determines the client no longer meets the criteria for PPMB, the client must be notified (in writing) that they are no longer eligible for the PPMB category, however may be found eligible for regular income assistance.

Returning to Social Assistance

For former income assistance clients who reapply for social assistance within 12 months after the file closing date and who were in the PPMB category before the file was closed, it must be determined if they were in receipt of income assistance for 12 of the last 15 months. This means that if they did not receive income assistance benefits for more than 4 months in a 15 month period, they are required to be on regular income assistance for an additional 12 months before they can re-apply for PPMB.

Documentation Required

The following documents and forms must appear in the client's file:

- Application for Social Assistance (901-27);
- Budget and Decision Form (901-25);
- PPMB Medical Report (SA 116);
- Invoice for physician for completing the form
- Persons with Persistent Multiple Barriers (PPMB) Checklist & Decision Form (SA 117);
- Copies of any correspondence, reports or documents, (e.g. BC MEIA confirmation of PPMB, that directly relate to the application for PPMB benefits);
- Social Assistance Monthly Renewal Declaration (901-28); and

Continuing Eligibility

In order to continue to receive social assistance, applicants and recipients must continue to meet all eligibility requirements for social assistance.

Persons in continuous receipt of PPMB benefits shall have their financial eligibility reviewed annually, or upon any change in circumstances.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. "PPMB"
    b. The type of need being provided (i.e., income assistance)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
        ii. Enter amount of Foster Home payment under (3) and copy of cheque or bank statement required to verify payment
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016)
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment]
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
    - Income Assistance Expenditures,

- Shelter Information,
- Children Out of Parental Home, and
- Declaration.

Student Eligibility

General Principle

A family unit is not eligible for income assistance when an adult in the family unit is a full-time post-secondary student enrolled in a funded program of studies or an unfunded program of studies. Full-time students would not be able to meet the employment obligations and may be able to access alternative sources of funding including bursaries, Band sponsored education funding, and student loan [see Chapter 4.9, Earned Income and Exemption Eligibility for treatment of student income].

This does not apply to dependent children or part-time students. Part-time students may remain eligible for income assistance provided they meet other eligibility requirements, including employment obligations.

The eligibility requirement applies to family units under the *Social Development Policy and Procedures Handbook, Vol. 1, BC Region.*

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region.*

Policy

Full-time Students

A family unit is **not eligible** for income assistance when an adult in the family unit is a **full-time student** enrolled in one of the following:

- a funded program of post-secondary studies
- an unfunded program of studies, with the exception of education being sponsored by the Labour Market Agreement (LM) or the Aboriginal Skills and Employment Training Strategy (ASETS) training/education plan.

The family unit becomes ineligible on the first day of the month following the month in which classes begin. Ineligibility continues until the last day of the month in which exams in the relevant program of studies are held.

If a student has a semester break in the summer where they cannot find work, they may be eligible for income assistance beginning the month after exams were completed if they meet all eligibility criteria, including employment obligations.

The eligibility rule does not apply to dependent children.

Recipients, who have applied for and are awaiting student financial assistance, are eligible for continued assistance until they enter into the post-secondary program, provided all eligibility criteria has been met.

There are no exceptions for loans, grants, or allowances issued through the BC Student Assistance Program (BCSAP), except as indicated in the Flat Rate Exemption and Order of Income table in Chapter 4, Eligibility.

Income assistance will not be provided for the month after student financial assistance is received.

Students who exhaust their loan, grants and bursaries during the course of a semester, where a student loan or allowance has been provided, they remain ineligible for income assistance, and may be directed to contact their school's student financial aid office or student loan office.

"*A full-time student"* means a person who, during a confirmed period within a period of studies:

- is enrolled in courses that constitute at least 60 percent of a course load recognized by the designated educational institutional as constituting a full-time course load; and
- whose primary occupation during the confirmed periods within that period of studies is the pursuit of studies in those courses.

Part-Time Students

Part-time students remain eligible for income assistance provided other eligible requirements are met, including employment obligations. In these cases, the recipients' educational goals must be outlined in the person's Action Plan or Voluntary Participation Plan, as required.

Unfunded Programs of Study

Unfunded programs of study include:

- high school completion
- Adult Basic Education (ABE)
- those whose post-secondary education is being sponsored under a federal or provincial government training/education plan
- English as a Second Language (ESL)
- Developmental Programs

Students whose training/education plan is being sponsored by either a Labour Market Agreement (LMA) or Aboriginal Skills and Employment Training Strategy (ASETS) training/education plan remain eligible for income assistance.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • StudentAIDBC https://studentaidbc.ca/ • Labour Market Agreement (LMA) http://www.esdc.gc.ca/eng/jobs/training_agreements/lma/bc_agreement.shtml • Aboriginal Skills and Employment Training Strategy (ASETS) http://www.esdc.gc.ca/eng/jobs/aboriginal/asets/index.shtml • First Nations Education Steering Committee (for Band sponsored education funding) http://www.fnesc.ca// • Ministry of Social Development web site content for Student Eligibility dated 2013 http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/students/

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. "Student Eligibility"
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1, Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements (i.e., funds for student assistance see chapter 4.9)
    d. Monthly Entitlement amount to be issued

3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016)
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration

Shelter Allowances Overview

General Principle

The Department of Indigenous Services Canada (DISC), through the on-reserve housing program, makes funds available to First Nations communities for housing construction, improvements, and repairs. The chief and council of each band are expected to allocate housing and housing repairs to band members, giving priority to the most needful families. [For additional Shelter policy see other sections in Chapter 5].

Income assistance families may be eligible to receive a shelter allowance to cover eligible *documented* shelter costs. Shelter documents and expenditures are reviewed during an Income Assistance Program Review by DISC officials (see Chapter 2, Program Administration and Volume 3, Appendices handbook).

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Eligibility

Eligibility for Shelter Allowance

A shelter allowance may only be issued to ***meet actual, documented*** **shelter costs** (up to maximum shelter variable) if the following conditions apply:

- the applicant meets social assistance eligibility requirements
- the applicant occupies the dwelling
- in the event that a significant change occurs, the change must be documented, and evidence must be placed on the client file
- evidence of actual costs, in the form of billings, receipts for fuel, utility, etc., and rental agreements
- a rental agreement is to be copied and placed on the client file, a shelter allowance may only be issued when documentation is placed on the recipients file to show actual shelter costs.

Shelter Maximums

In no case may the total shelter allowance issued for all shelter costs (rent, heat, hydro, phone, mortgage payment, home maintenance and repairs, etc.) exceed the maximum shelter rates.

Proof of shelter costs

Shelter costs may include the following in the recipient's name or member of the family unit (in situations of shared shelter, documentation may appear in either family unit's name who occupies the home):

- rent receipt, intent to rent, lease, rental agreement showing the applicant's name, Ministerial Loan Guarantee number *or* Personal Mortgage Number *or* CMHC Reference number, the house address, total mortgage, landlord's name, start and end date, landlord's phone number, landlord's address, signature of landlord and recipient,
- recent utility bills
- home maintenance and repair receipts or agreement with band
- mortgage agreement showing monthly mortgage payments
- water and garbage disposal provided by a company on a regular weekly or biweekly basis (only the applicable portion of the First Nation User Fees for Municipal Type Service Agreement (MTSA) and/or Capital Asset Inventory System (CAIS) for each home);
- mobile home pad rental agreement
- receipts or billings for other eligible shelter costs
- shared parenting assistance (see Chapter 4.4 Family Unit)
- room and board agreement
- shared shelter calculation
- temporary reduced family unit (see Chapter 4.4 Family Unit)

No shelter allowance is to be issued when an applicant or recipient has already paid all shelter costs for that month.

If partial shelter costs have been met by an applicant or recipient, a shelter allowance for only the remaining shelter costs may be issued.

Refinancing

The shelter allowance will not be increased if the home of a recipient is remortgaged and the mortgage payments are increased, unless the previous mortgage term had expired.

Shared Shelter

In situations where two or more people (neither of who is the spouse nor dependent of the other), or two or more families share a common dwelling, the administering authority will divide the documented allowable shelter costs by the number of people occupying the common dwelling.

When calculating a recipient's shelter costs for two or more families who occupy the same place of residence, the allowable documented shelter costs of any one of them will be accepted.

The smaller of the following amounts will determine shelter costs:

- the allowable documented shelter amount calculated by:
    - dividing the actual costs for all the families by the number of persons occupying the place of residence
    - multiplying the result by the number of persons in each family
- the amount declared by that family as the shelter costs for that family

Equal Payment of Utility Bills

Wherever possible, recipients are to be referred to utility suppliers to have utility bills averaged over a 12-month period. Equal payment or other utility averaging accounts will have an annual adjustment to ensure these payments are in line with costs.

The administering authority must ensure these are taken into account when establishing a recipient's eligible shelter costs.

Adjustment refunds by the supplier are to be sent to the recipient, even if the administering authority is administering the recipient's funds. The refund is not to be considered income.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of all utility documents • Copy of Rental Agreement • *Income Assistance Report* (DCI #455897) • All other required income assistance documents

Resources
• Interim Shelter Agreement information is found through the BC Region Band Social Development Worker Policy Support Line • Information regarding First Nation User Fees for Municipal Type Service Agreement (MTSA) and/or Capital Asset Inventory System (CAIS) can be found at: www.inac.gc.ca/extranet • CMHC Housing information at: www.cmhc-schl.gc.ca/en/ab/onre/index.cfm

It is the responsibility of the client to provide documents to verify their eligibility for the appropriate benefit.

Details of the verification and original documents or *copies* of originals that are stamped "certified true copy" are to be placed on the client's file. For further details on documentation requirements (see Chapter 3, Application and Assessment).

Shared Shelter

When two or more families occupy the same dwelling the Band Social Development Worker will calculate shelter costs based on documents received from the recipient that has any of the names found on the recipients *Application for Social Assistance* (901-27) form.

Example of Shared Shelter	
A total of six people share the same home (family unit of four and family unit of two):	
Step 1	Document allowable shelter costs: Mortgage $460 + Hydro (E.P.P.) $120 + Basic Phone Rental $20 = $600
Step 2	Divide total $600 actual shelter costs by number of individuals: Mortgage $460 ÷ 6 = $76.67, Hydro $120 ÷ 6 = $20, Phone $20÷ 6 = $3.33
Step 3	Multiply individual amounts by each family unit size: Mortgage $76.67 x 2 = $153.34 (x 4 = $306.68) Hydro $20 x 2 = $40 (x 4 = $80) Phone $3.33 x 2 = $6.66 (x 4 = $13.32)

Step 4	Complete B&D form (901-25) for each family unit, include copy of shelter documents and indicate which portion is for income assistance family. The remaining amount is the responsibility of the other family unit.

Equal Payment of Utility Bills

When utility costs are based on seasonal utility suppliers that do not issue utility bills averaged over a 12-month period. The Band Social Development Worker may determine the seasonal utility cost by averaging the amount paid over last few years to calculate an amount. The calculated seasonal cost would then be applied to the recipients monthly shelter cost and in no case may the amount exceed the maximum shelter rate.

Example of Equal Payment of Utility Bills	
A total of six people share the same home (family unit of four and family unit of two):	
Step 1	Documented shelter cost for wood heat for past two years: November – February 2013 = 6 cords of wood @ $100 each/total $600 November – March 2014 = 8 cords of wood @ $125 each/total $1000
Step 2	Calculate all shelter costs for family unit and include seasonal wood: Mortgage $460 + Hydro (E.P.P.) $120 + Basic Phone Rental $20 + Wood x 2 cords per month $125 = $725
Step 3	Divide total $850 actual shelter costs + wood amount by number of individuals: Mortgage $460 ÷ 6 = $76.67, Hydro $120 ÷ 6 = $20, Phone $20÷ 6 = $3.33 Wood $125 ÷ 6 = $20.83
Step 4	Multiply individual amounts by each family unit size: Mortgage $76.67 x 2 = $153.34 (x 4 = $306.68) Hydro $20 x 2 = $40 (x 4 = $80) Phone $3.33 x 2 = $6.66 (x 4 = $13.32) Wood $20.83 x 2 = $41.66 (x 4 = $83.32)
Step 5	Complete B&D form (901-25) for each family unit, include copy of shelter documents and indicate which portion is for income assistance family. The remaining amount is the responsibility of the other family unit. - Family Unit of 2 total shelter allowance $241.66 (max. rate $570) - Family Unit of 4 total shelter allowance $483.32 (max. rate $700)
Step 6	The monthly payment calculated for wood must be identified on client file case notes for each month (e.g., April $41.66, May $41.66, June $41.66, July $41.66, August $41.66, September $41.66, October $41.66 total $291.62). The wood payment is to be issued for the recipient's portion based on the number of cords delivered. Notify the recipient that the other family is responsible for their shared shelter (issue remaining balance if other family is receiving assistance).

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** Shelter Costs as follows:

1. Comment section - indicate “shared shelter or single family” and the family units portion for each eligible item if shared shelter;

2. Under Basic section – write amount under Monthly Requirements, for Current Month (e.g., pro-rate as per date of application) and Continuing Month (e.g., PWD designation approved but benefit issued following month);

3. Under Shelter section – write amount of each eligible shelter expenditure under Monthly Requirements, for Current Month and Continuing Month [For additional Shelter policy see other sections in Chapter 5];

4. Signatures of both the *recipient* and *Administering Authority*; and

5. Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or change in family unit (see Chapter 4, Eligibility).

All required documentation (i.e., copy of the bills and rental agreement) is to be attached to the form.

Shelter costs are reported on Section 2 on the *Income Assistance Report* (DCI#455897).

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2 *Financial Management Report* sections:

    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Utilities

General Principle

If utility services are not provided by a landlord, certain utility costs may be included as eligible components of the shelter allowance. Shelter allowances, inclusive of all components, may never exceed established shelter maximums.

Fuel

An allowance may be issued to cover reasonable, actual costs of adequate fuel supply for heating and cooking, (i.e., natural gas, oil, naphtha gas, electricity, cord wood, or other fuel).

To assist the client in budgeting, and to ensure adequacy of the allowance, fuel costs may be averaged out on the basis of previous actual costs and adjusted seasonally.

Recipients should be encouraged to apply to utility suppliers, such as BC Hydro, to have utility bills placed on a 12-month, equal payment plan.

Where recipients use fuel wood, and have access to a supply, they may be issued a reasonable allowance for fuel for a power saw for cutting their own wood. In this situation, no allowance is to be issued for purchase of wood.

Administering authorities may establish standard community rates for fuel allowances if they are:

- universally applied
- based on average expenditures
- adjusted seasonally
- reasonable, and differentiated in relation to family unit size

Electrical Services

Subject to the band signing a contribution agreement for community infrastructure and services:

- Where the electricity is generated by the band or by the Department of Indigenous Services Canada (DISC), payment for actual, reasonable electrical costs based upon rates set in accordance with prevailing rates of the provincial authority in the area (e.g., BC Hydro).

- Where electrical services are provided by a private or provincial authority (e.g., BC Hydro), monthly payments may be made based on actual, reasonable costs.

Water Supply, Sewage Disposal, and Garbage Pick-up

These services are considered a component of the shelter allowance only if all users in the community pay for them whether or not they are in receipt of income assistance.

Subject to the band signing a contribution agreement for community infrastructure and services:

- payment for actual water costs may not exceed $7.10 per month
- payment for actual sewer costs may not exceed $5.50 per month
- payment for actual garbage disposal costs may not exceed $6.20 per month

Where contribution agreements are not in effect, payment for these services may be based on reasonable, actual monthly costs.

Telephone Service

Only monthly rental of basic residential single line service, and monthly rental of a basic telephone through the telephone company may be considered as components of the telephone service when calculating shelter costs.

Installation costs of a telephone may be covered by a special needs allowance.

House Insurance Premiums

An allowance for house insurance premiums may be granted provided that the following apply:

- the house is owned, lived in, and insured by the recipient
- the allowance is averaged over a 12-month period
- the insurance is not included in a monthly housing loan payment

The house insurance premium may also include the contents of the house.

Room and Board

General Principle

Room and board may be issued to income assistance recipients, within maximum rates in accordance with the family unit size set out in this Handbook and on the basis of actual documented costs.

It is the responsibility of the client to provide documents to verify their eligibility for the appropriate benefit.

Policy

Room and board may only be issued to meet actual, documented costs if the following conditions apply:

- the applicant meets income assistance eligibility requirements,
- the applicant occupies the dwelling, and
- the applicant provides evidence of actual costs, in the form of billings, receipts for fuel, utility, etc. for room and board expenses, or rental agreement for room and board.

The administering authority shall maintain *copies* of the original documents stamped “certified true copy” on the client file.

The room and board amount must not exceed the combined total of support and shelter for the family unit.

In the event that a significant change occurs, the change must be documented, and evidence must be placed on the client file.

Room and Board – Private Arrangement

A family unit that is living in a room and board situation (other than in a special care facility or with a parent or child of a person in the family unit) is eligible to receive the smaller of the following two amounts and shall not exceed the total support and shelter for the family unit size:

i. the sum of
   - the sum of the actual cost of room and board, plus
   - $60.00 per calendar month for each adult applicant or recipient, plus
   - $40.00 per calendar month for each dependent child in the family unit.

or

ii. the sum of the family unit's monthly
   - income assistance entitlement for support and documented shelter costs.

Room and Board with Parent or Child

A family unit living in a room and board situation with a parent or child of a person in the family unit is only eligible to receive the *support allowance* applicable to the family unit size (that is, the family is not eligible for shelter allowance).

The family unit is *not* eligible for shelter allowance, *except* if they meet the criteria found in Chapter 5.6, Minimum Shelter Allowance.

Note: Shared shelter may be available when two or more people share the same dwelling, see Chapter 5.1, Shelter Allowances Overview.

Procedures

Room and Board type	Documentation and Forms
With Parent or Child	• *Budget and Decision Form* (901-25), and • *Room and Board agreement.* • *Verification of Minimum Shelter Allowance (if eligible under Chapter 5.6).*
Private Arrangement	• *Budget and Decision Form* (901-25), and • *Documented shelter costs, or* • *Room and Board agreement.*

It is the responsibility of the client to provide documents to verify their eligibility for the appropriate benefit.

Details of the verification and original documents or *copies* of originals that are stamped "certified true copy" are to be placed on the client's file. For further details on documentation requirements see Chapter 3, Application and Assessment.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the expenditure of the room and board allowance for the client as follows:

- Comment section:
  - Room and Board type and Minimum Shelter Allowance if eligible
- Monthly Requirements section:
  - Room and Board expenditure
  - if eligible, Minimum Shelter Allowance in the Utilities section
- Temporary Allowance section:
  - month in which the expenditure is paid

The recipient and administering authority must sign the completed form.

Support and shelter expenditures are reported on the monthly *Social Development Financial and Statistical Report* (SDFSR).

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) by reporting the:

- room and board expenditure under the support section for the appropriate family unit, and
- if eligible, minimum shelter allowance under the Fuel/Utilities/Other section.

For more information see the *Recipient Reporting Guide - BC Region.*

Rent or Personal Mortgage Payments

General Principle

Because of departmental assistance for housing, the provision of rental allowances to persons residing on reserves or crown lands is subject to certain conditions.

Policy

Rent may only be considered an eligible component of shelter allowance when:

- rent is customarily charged for the accommodation and is not being charged simply because the occupant is in receipt of social assistance
- the amount of rent is reasonable in terms of family needs, size and condition of housing, and prevailing rental practices in the community

Subject to the above, rent may be issued to eligible social assistance recipients in an amount not exceeding the actual rent payment or provincial maximums, whichever is less, if an eligible social assistance applicant or recipient resides in one of the following:

- a house that has been built without government funds, including a non-repayable grant or transfer of funds
- a house built with such funds supplemented by funds from another source that must be repaid, rent may be considered in an amount deemed necessary to cover the actual cost of supplementary funding (when the loan is repaid, rent may no longer be charged)
- a home that is privately owned (see Definition of Privately Owned later in this section), by another, rent may be considered where both of the following apply:
  - the community has established and maintains a registry of private home ownership identifying homes which are privately owned, the name of owner, and records transfers of ownership

- the privately owned home is rented from the registered owner, and proper documentation in the form of a rental or tenancy agreement is provided
- the total shelter allowance issued for all shelter costs (rent, heat, hydro, phone, etc.) may not exceed the provincial maximum shelter rates

Definition of Privately Owned

For the purposes of establishing the registered owner, and to determine eligibility for social assistance shelter allowances, private ownership means homes that are owned under:

- Locatee or Certificate of Possession (CP) holdings
- Cardex holdings
- Custom holdings that are duly recognised in writing by council

Personal Mortgage Payments

Where eligible social assistance applicants or recipients own the home in which they reside, and have a mortgage loan outstanding (excluding those loans provided under the Social Housing Program through Canada Mortgage and Housing Corporation):

- an allowance may be granted in an amount which may not exceed either the actual monthly mortgage payment or the provincial maximum shelter rates, which ever is less, if:
  - payment is made on principal and interest, actual insurance premium, and actual administration costs only, and does not include payment towards contingency, maintenance, or replacement costs
  - the amortization period of the loan is not less than 10 years in the case of a mobile home, and not less than 25 years for a permanent structure
- the total shelter allowance issued for all shelter costs (personal mortgage payments, heat, hydro, phone, etc.) may not exceed the provincial maximums (see Chapter 5, Shelter Allowances)

Home Maintenance and Repairs

General Principle

Home maintenance and repair costs are only applicable to a home privately owned and lived in by the recipient. Private ownership for the purposes of establishing the registered owner, and to determine eligibility for social assistance shelter allowances is deemed to mean homes that are owned under:

- Locatee or Certificate of Possession (CP) holdings
- Cardex holdings
- Custom holdings that are duly recognized in writing by council

Policy

Home maintenance and repairs are not considered as eligible shelter costs for social housing units or other types of homes that are rented. In these cases the landlord is responsible for the maintenance and repair.

Home maintenance and repairs refers only to essential items of protection, replacement, and repair that are part of the physical structure of the recipient's home, and will *not* include replacement of, or repairs to appliances or decorative items.

Procedures

The recipient or owner must have made application and been denied all other home maintenance programs available through the band housing authority (i.e., R.R.A.P.), and provide documentation to that effect.

The total estimated cost of the essential physical structure repairs must be attached to the loan agreement that is signed between the recipient and the loaning agency.

Only the actual monthly loan payment amount stated on the loan agreement may be considered, using any available shelter allowance.

The total amount considered for repayment may not exceed the total documented costs of the essential physical structure repairs.

All documentation of actual costs and the loan agreement must be placed in the applicant or recipient file

The total shelter allowance issued for all shelter costs, including utilities (heat, hydro, phone, home maintenance and repairs, etc.) may not exceed the provincial maximum shelter rates.

THIS SECTION REMOVED

National Housing Act

General Principle

Section 56.1 of the *National Housing Act* allows bands to borrow funds from Canada Mortgage and Housing Corporation (CMHC) for the construction of CMHC Social Housing rental projects.

Eligible social assistance recipients who are residing in this type of project may be issued shelter allowance not exceeding the established rent for the home or provincial maximums, whichever is less for their CMHC home.

Eligibility

The applicant must provide the administering authority with a copy of a rental agreement with the following information for the CMHC home:

- amount of established rent for the home
- address of the CMHC home
- start and end date of the rental agreement
- signature of the band housing officer and the applicant or recipient
- list of occupants in the home that includes the name, age, relationship, income source
- the ministerial guaranteed number or CMHC master reference number

The total shelter allowance issued for all eligible shelter costs, including utilities (CMHC rent, heat, hydro, phone, etc.) may not exceed the maximum shelter rates.

Eligible recipients may begin to receive shelter allowances when they take up residence in the housing project.

Under no circumstances is an advance allowance to be issued for any period of time beyond the current month.

THIS SECTION REMOVED

THIS SECTION REMOVED

Eligibility for Grandparented Children Out of the Parental Home (COPH)

General Principle

AS OF MARCH 31, 2012, THE COPH PROGRAM STOPPED ACCEPTING NEW APPLICATIONS.

Persons who applied for COPH on or before March 31, 2012 were assessed and grandparented upon acceptance based on policy existing as of that date. The Band Social Development Workers (BSDW) shall continue to administer the COPH program for these grandparented clients.

The Ministry of Children and Family Development (MCFD) expanded its out-of-care (not in foster care) options for families (and their relatives) when children are temporarily unable to live with their parents. MCFD and local Aboriginal Child and Family Services Agency offer many programs and services for families who voluntarily request assistance. For more information, see the Extended Family Program (EFP) on MCFD's website [see Resources for Clients]. Alternatively, phone or visit the nearest MCFD or local Aboriginal Child and Family Services Agency office and for more information call, 250 387-7027, elsewhere in B.C., call 1 877 387-7027.

Note: MCFD's Extended Family Program is not a replacement for COPH. EFP offers enhanced supports for children and families with a focus on family reunification.

There are supports for families other than COPH and the Extended Family Program. Relatives looking after dependent children may be eligible for the Canada Child Benefit or the Canada Child Disability Benefit.

Parents, legal guardians and persons with legal custody of a child who require financial support may qualify for income assistance through the administering authority with the child as a dependent provided the family unit meets all eligibility criteria.

After March 31, 2012, any clients whose COPH is discontinued may pursue assistance through community-based services. Contact MCFD or local Aboriginal Child and Family Services Agency for assistance under one of its programs, or clients may apply for income assistance with the BSDW with the child as a

dependent. (To qualify for income assistance, the family unit must meet all eligibility criteria.)

The administering authorities shall provide assistance to COPH applications received on or before March 31, 2012 and only if the following apply:

- The child resides in the relative's home,
- The child's parent placed the child with the relative,
- The child's parent does not reside with the relative, and
- The Ministry of Children and Family Development (MCFD) determines that there is no evidence of a level of risk to the child in the home that compromises the home as an appropriate place for the child.

The parents are expected to contribute toward the cost of caring for the child.

The administering authorities will continue to administer the COPH program and work with the MCFD After Hours office.

Policy

Definitions

The following definitions apply only to the Children Out of the Parental Home (COPH) Program:

Child – An unmarried person under 19 years of age who is not a person with disabilities.

Relative – In relation to a child, does not include the child's parents. A relative may include a person connected with the child by blood, marriage, or who has a significant cultural or traditional responsibility to the child.

Eligibility

July 2015

AS OF MARCH 31, 2012, THE COPH PROGRAM STOPPED ACCEPTING NEW APPLICATIONS.

Persons who applied for COPH on or before March 31, 2012 were assessed and grandparented upon acceptance based on policy existing as of that date. The administering authorities continue to administer the COPH program for these grandparented clients.

After March 31, 2012, any clients whose COPH is discontinued may pursue assistance through community-based services, contact the *Ministry of Children and Family Development (MCFD)* or local Aboriginal Child and Family Services Agency for assistance under one of its programs, or apply for income assistance through the local administering authority with the child as a dependent (to qualify for income assistance, the family unit must meet all eligibility criteria).

A *child* may continue to be eligible for COPH assistance only if all of the following apply:

- the child resides with his or her *relative,*
- the child's parent placed the child with the relative,
- the child's parent does not reside with the relative, and
- MCFD determines that there is no evidence of a level of risk to the child in the home that compromises the home as an appropriate place for the child.

COPH is not available to relatives who have a kith and kin agreement with MCFD. When COPH clients sign an agreement with MCFD under the Extended Family Program (or other agreements such as a Section 8, a Child's Kin and Others or a Kith and Kin agreement), MCFD will advise this administering authority of the agreement and COPH assistance will be discontinued [see Procedures: Notification by MCFD of Extended Family Program or Other Agreements].

Eligibility for Supplements

July 2015

Recipients of grandparented COPH assistance may be eligible for:

- a school start-up supplement, if a non-status child eligible for COPH is attending school full-time (See Chapter 9.6, School Start-up Allowance)
- additional health supplements if equivalent payment for the services is not available through the non-status child's parents (See Chapter 10, Non-Status Health Benefits)

Recipients of grandparented COPH assistance are **not** eligible for any of the following:

- December Supplement Allowance (See Chapter 11.5, December Supplement Allowance)
- Supplement for lost, stolen, delayed or suspended family bonus cheques (See Chapter 11.2, Family Bonus Top-up Allowance)

Determining Risk

Beginning of June 1, 2012, all grandparented COPH files are required to complete the ***enhanced*** screening criteria as a condition of eligibility for grandparented COPH assistance to determine if there is evidence of risk to the child in that placement.

To determine that there is no evidence of a level of risk to the child in the home that compromises the home as an appropriate place for the child, MCFD will conduct enhanced screening checks on behalf of the administering authority on the following persons:

- the relative who is receiving grandparented COPH assistance on behalf of the child;
- any other person age 18 years or older who lives in the relative's home, either full-time or part-time.

The enhanced screening checks will consist of:

- a Prior Contact Check: a review of any records of previous involvement that MCFD or a Delegated Aboriginal Agency may have had with the individual;
- a criminal record check conducted by Public Safety and Solicitor General (PSSG)

Each person age 18 or over living in the relative's home must provide written consent for MCFD to conduct the enhanced screening checks. If any person age 18 or over refuses consent, the child (ren) will be ineligible for further grandparented COPH assistance and MCFD After Hours Office may be contacted to determine next steps.

Enhanced Screening Results

Based on the results of the enhanced screening checks, MCFD will determine whether or not concerns exist. MCFD will inform the administering authority with one of two statements:

- no evidence of risk, or
- risk determination is not possible, the child is not residing with the COPH care provider.

If MCFD informs the administering authority that the screening checks show "no evidence of risk" and the grandparented recipient meets the other eligibility criteria for COPH assistance, the COPH assistance will continue.

If MCFD determines that concerns exist within the household, MCFD informs the administering authority that "risk determination is not possible, the child is not residing with the COPH care provider" the COPH benefits will not continue for the child (ren).

If COPH is discontinued, MCFD determines whether or not there is evidence of risk to the child, the administering authority will know only the results of MCFD's screening, not the information that led to those results. If the relative disputes or disagrees with the findings from the MCFD screening, or wants more information about the screening results, the relative should be directed to contact the COPH Screening Information Contact at the MCFD After Hours Office, or appropriate Delegated First Nations Child and Family Services (FNCFS) agency.

The decision to deny or discontinue COPH assistance based on MCFD determination of “evidence of a level of risk to the child in the home that compromises the home as an appropriate place for the child” is not open to appeal.

Relatives caring for a COPH must record information about a change in the household composition on the *Children Out of the Parental Home Monthly Renewal Declaration* (COPH 04) form. If another person age 18 or over moves into the home or a dependent child in the home turns 18, that person must consent to be screened by MCFD for continued eligibility. If any person age 18 or over refuses consent MCFD After Hours Office must be contacted to determine next steps.

Relative Employment Obligations

There is no requirement to seek employment for a grandparented COPH relative who is a single person and who is in receipt of income assistance,

when the COPH child meets either of the following criteria (See Chapter 3, Application and Assessment and Chapter 4, Eligibility):

- has not reached three years of age, or
- has a physical or mental condition that, precludes the relative from leaving home for the purposes of employment.

Treatment of Income

Financial Contributions by the Parents

Parents have the primary responsibility for, and are expected to contribute toward the support of their children. There is **no** exemption on parent's financial contribution toward the cost of caring for the child in the relative's home and it must be deducted from the grandparented COPH income assistance monthly entitlement.

Canada Pension Plan (CPP) Orphan Benefits and Child of a Disabled Contributor Benefits

Both CPP paid to orphans and benefits for a Child of a Disabled Contributor are not considered parental contributions and therefore do not affect the COPH assistance payments.

Canada Child Benefit (CCB)

The relative may apply for the Canada Child Benefit (See Chapter 11.1, Categories of Child Benefits). If eligible, all CCB program benefits including BC Family Bonus and BC Earned Income Benefit will automatically be directed to the relative.

CCB program benefits payments, including retroactive payments,do not affect the grandparented COPH assistance payments.

Determining if a person age 18 or older is living part-time in the relative's home

The purpose of the screening requirement is to ensure the child's safety. If the below factors suggest a person age 18 or older is **living** in the relative's home **part-time,** that person should be included in the Screening Check.

The following factors should be considered to determine whether a person age 18 or older is living in the relative's home part-time:

- whether the person's living arrangement is consistent with aspects of occupying the relative's home as a place of residence;
- the frequency and duration the person is residing in the relative's home;
- if during periods of residing in the relative's home, the person is unsupervised with the child.

Some examples where the person **may be considered** living part-time in the relative's home are:

- the person receives mail at the address of the home, indicates it as their place of contact, or contributes to duties associated with living in the home;
- the person is attending school where commuting between two residences is necessary and is staying overnight at the relative's home on a regular basis such as five nights per week for six months; or
- the person is employed where commuting between two residences is necessary and is staying overnight at the relative's home on a regular basis such as two nights per week for an indefinite amount of time.

Some examples where the person **may not be considered** living part-time in the relative's home are:

- the person does not receive mail at the address of the home, does not indicate it as their place of contact, or does not contribute to duties associated with living in the home;
- the person is staying overnight at the relative's home on a temporary basis such as one night per month; or
- the person is visiting the relative's home for a three week vacation.

Eligibility of Grandparented Files

COPH assistance shall continue to be provided to the grandparented COPH recipient until the administering authority has received correspondence from the MCFD After Hours Office to confirm that the screening checks result shows "no evidence of risk that compromises the home as an appropriate place for the child to reside."

File Management

Information and documents collected during the administration of the COPH program are the property of the administering authority. The administering authority must ensure that the documents are up-dated with current information to support eligibility and program compliance review.

Administering authority must ensure that records containing personal or confidential information on their clients are kept in a secured area and protected by restricting their access to authorized Department of Indigenous Services Canada (DISC) staff, and to the administering authority's authorized employees who administer the COPH Program (See Chapter 2, Social Assistance Files).

Duty to Report Child Welfare Concerns

As in all other cases where there are child welfare concerns, any administering authority employee who has reason to believe that a child has been, or is likely to be, abused or neglected has a legal duty to report the matter to MCFD, or to the appropriate First Nations Child and Family Services (FNCFS) agency under the *Child, Family and Community Service Act*. See the following reference links for details:

- Appendix 4.1, Protection of Children – Duty to Report Suspected Child Abuse and Neglect, in Volume 3 "Appendices" of the *Social Development Policy, and Procedures Handbook, BC Region* for procedures
- MCFD's *The B.C. Handbook for Action on Child Abuse and Neglect for Service Providers* at
  http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf

Procedures

Requirement	Documentation and Forms
Eligibility & Screening Check	• Identification for the child • BC Medical Services Plan Care Card for the child • *Fax Cover Sheet* (COPH 03) • *Annual Review for Grandparented* COPH (COPH 01-G) • *Enhanced Screening Consent Children Out of the Parental Home* (COPH 02-G) **NOTE: COPH 02-G will be released in May 2012 for implementation beginning June 1, 2012**
Approval, Denial, Discontinue, or Reduce COPH	• *MCFD result of the screening checks* • *Correspondence to client (see Sample Letter Templates for COPH):* - *No Evidence of Risk – Approve COPH* (COPH SL1) - *Refuse to Consent - Deny New and Inform Discontinue Existing* COPH (COPH SL2) - *Refuse to Consent - Inform Discontinue Existing COPH* (COPH SL3) - *Evidence of Risk - Deny New and Inform Discontinue Existing* COPH (COPH SL4) - *Evidence of Risk Screening Result - Inform Discontinue Existing COPH* (COPH SL5) - Not Screening Related – Inform Deny, Discontinue, Reduce COPH (COPH SL6) • *Budget and Decision Form* (901-25) • *Children Out of the Parental Home Monthly Renewal Declaration* (COPH 04)

It is the responsibility of the client to provide documents to verify their eligibility for the appropriate benefit.

Details of the verification and original documents or copies of originals that are stamped “certified true copy” are to be placed on the client’s file. For further details on documentation requirements (See Chapter 3, Application and Assessment).

Processing an Application for COPH Assistance

AS OF MARCH 31, 2012, COPH STOPPED ACCEPTING NEW APPLICATIONS.

Persons who applied for COPH on or before March 31, 2012 were assessed and grandparented upon acceptance based on policy existing as of that date. The administering authority continues to administer the COPH program for these grandparented clients only.

After March 31, 2012, any clients whose grandparented COPH is discontinued may pursue assistance through community-based services, contact MCFD or local First Nations Child and Family Services Agency for assistance under one of its programs, or apply for income assistance through the administering authority with the child as a dependent. (To qualify for income assistance, the family unit must meet all eligibility criteria.)

Eligibility Reviews

Eligibility reviews should be completed whenever there are changes in the household composition. This includes when a child in the household turns 18 or another person age 18 or over moves into the grandparented COPH home either full-time or part-time. Eligibility reviews may also be conducted at the discretion of the Band Social Development Worker or the administering authority office. [See the Eligibility Review for Income Assistance for COPH Forms and Letters.]

When eligibility reviews are conducted for a grandparented COPH client, the parental signature on the Annual Review for Grandparented COPH (COPH 01-G) form is ***optional***. Parents should have provided the information collected by this form on the original application for COPH. Where this is not the case, parents may be required to complete the form, at the discretion of the Band Social Development or the administering authority office.

Parents *should* be required to complete the Annual Review for Grandparented COPH (COPH 01-G) form when there is any question as to whether the parent is living in the home in which the child is being cared for.

Notification by MCFD of EFP or Other Agreements

Eligibility for COPH assistance ends when COPH clients sign an agreement with MCFD under the Extended Family Program (EFP) or other agreements such as a Section 8, a Child's Kin and Others or Youth Agreement. When this occurs, MCFD will advise the Band Social Development Worker of the agreement and COPH assistance will be discontinued. The MCFD social worker will fax or e-mail notification to the administering authority office noting the child's name and the fact that they have signed an agreement for benefits.

Upon receipt of confirmation that a COPH client has signed an EFP or other agreement, keep the email or fax, document the information in the COPH file, and follow the procedures for "COPH Discontinued for Reason Other Than the Screening" below.

Enhanced Screening for Risk

COPH relative-caregivers are required to report the changes in the child's circumstances and any changes in the household composition by completing the Children Out of the Parental Home Monthly Renewal Declaration (COPH 04) form on behalf of the child every month. If the monthly renewal declaration indicates that the household composition has changed, the BSDW shall contact the relative for more information. The BSDW may contact MCFD After Hours Office to determine next steps if the relative fails to report changes in the household composition.

When a dependent child living in the COPH home turns 18 or another person age 18 or older moves into the COPH home and resides there either full-time or part-time, that person must consent to the enhanced screening as a condition of ongoing eligibility for COPH assistance.

When a COPH Annual Review is being done, check to ensure there is a completed Enhanced Screening Consent Children Out of the Parental Home form (COPH 02-G) from each person 18 years of age or older who resides either full-time or part-time in the relative's home.

Complete the following steps when a person age 18 or older joins the COPH household or when a review finds that a person 18 years of age or older in the household has not already been screened, complete the following steps:

1. Provide the relative with a Enhanced Screening Consent Children Out of the Parental Home form (COPH 02-G) for each person residing in the home who is age 18 or older who has **not** yet gone through the enhanced screened and inform the relative that they must return the completed form(s) to the administering authority in order to continue receiving COPH assistance.
2. Advise the relative to ensure the form is completed accurately and signed, and that two pieces of identification are required when dropping off the form. Explain that if the consent form is not submitted, a hold may be placed on their next cheque.
3. Hold the cheque until the screening consent form(s) are returned fully completed back to the BSDW.
4. Check 2 pieces of identification of the person submitting the consent form to establish proof of identity. At least one piece of identification must be photo ID. Acceptable ID includes:

Primary Photo ID	**Secondary ID**
Driver's Licence*	Birth Certificate
Passport	Provincial Health Card
Secure Certificate of Indian Status	Citizenship Papers

Original Citizenship Papers	
Immigration Documents	
Provincial Identification	

Note: The preferred form of ID is a driver's licence. The driver's licence can be expired.

5. Fax all completed screening consent forms (for the same home) to the *Fax Cover Sheet* (COPH 03) form package to MCFD After Hours office at: (604) 739-3741.

6. Keep a set of all completed screening consent forms and fax cover sheet on each corresponding COPH file for records.

No Evidence of Risk

If the result of the enhanced screening shows no evidence of risk, including a copy of the email result in the COPH file and continue COPH payments if all other eligibility criteria are met.

No longer eligible for assistance

If MCFD notifies the administering authority that "risk determination is not possible, the child is not residing with the COPH care provider" the household is no longer eligible for COPH assistance for the relevant child. If there is more than one grandparented COPH child living in the same home, the discontinuance of COPH assistance may apply to just the relevant child and not all COPH children of the household.

An example of this kind of situation might be a household wherein a youth who is a COPH recipient is involved in high-risk activities and moves out of the care provider's home as a result of MCFD's screening and involvement. There are other COPH recipients in the household who can continue to live in the home (because the youth no longer resides there) and the other COPH recipients should continue receiving COPH benefits.

Complete the following:

a. Review the MCFD email result and identify the relevant child to whom the ineligibility applies. Include a copy of the email in the file.

b. Inform the relative that COPH assistance is being discontinued and provide a discontinuance of assistance letter. [See Documents & Forms Table on page 9 of Procedures Section]

COPH Discontinued For Reason Other Than the Screening

If the COPH assistance is discontinued based on any criteria other than the screening results, follow these steps inform the relative the assistance is being discontinued, indicating reason(s),and send the client the appropriate Denial Letter [see Forms and Letters].

If the COPH moves to the home of a new relative, this would be considered a new application for COPH. The program stopped accepting new applications as of March 31, 2012, so no further COPH assistance would be available in this case. Clients whose COPH is discontinued for this or any other reason may choose to contact MCFD for assistance under the Extended Family Program or other programs, or apply for income assistance through this ministry with the child as a dependant.

Reconsideration

The decision to deny or discontinue COPH assistance based on MCFD determination of “evidence of a level of risk to the child in the home that compromises the home as an appropriate place for the child” is not open to appeal.

Duty to Report

If there are child protection concerns at any point after COPH assistance has been approved, immediately refer the case to a Social Worker (SW) at MCFD or Designated Aboriginal Children and Family Services Agency. Assistance may be issued pending the SW’s review providing the screening is complete and approved.

Rate Table for Grandparented Children Out of the Parental Home (COPH)

General Principle

February 2010

The assistance rates for the Income Assistance Grandparented Child Out of the Parental Home (COPH) mirror the rates of the provincial Ministry of Social Development and Poverty Reduction (MSDPR) program.

Policy

February 2010

The following amounts of Grandparented COPH Assistance (inclusive of basic maintenance and clothing) are to be paid to the relative on behalf of each eligible child according to their age:

Age of Child	Monthly Maximum Rate
Birth to 5 years	$257.46 minus financial contributions by the parents
6-9 years	$271.59 minus financial contributions by the parents
10-11 years	$314.31 minus financial contributions by the parents
12-13 years	$357.82 minus financial contributions by the parents
14-17 years	$402.70 minus financial contributions by the parents
18 years	$454.32 minus financial contributions by the parents

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Annual Review for Grandparented COPH* (COPH 01-G) • *COPH Monthly Renewal Declaration* (COPH 04) • *Enhanced Screening Results (see chapter 6.1 for more information)* • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guidehttp://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Rate Tables dated 2007 http://www.sdsi.gov.bc.ca/mhr/rates.htm

Amount of Monthly Income Assistance – Calculation

1) All rates are monthly.
2) On-going need must be documented by the caregiver for the child each month using the COPH Monthly Renewal Declaration (COPH 04)
3) Ensure the client file contains the *Budget and Decision Form* (901-25) and all supporting documentation are completed in full.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The " Grandfathered COPH support" being provided

2. Under Monthly Requirements section – sub-section (C) write the COPH benefit amount and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. One (1) for COPH child
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016)
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the caregiver and Administering Authority required.
6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *COPH Monthly Renewal Declaration* (COPH 04) must be provided each month and describe all changes (i.e., child birthday for high benefit rate).
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Eligibility for Hardship Assistance

General Principle

Hardship assistance is a distinct category of social assistance with its own eligibility criteria. Assessment for hardship assistance is undertaken only after an eligibility test for basic social assistance benefits has been applied, and the applicant has been determined to be ineligible for income or disability assistance.

Hardship assistance is intended to meet basic needs only, up to the maximum rates as set out in Chapter 7.11, Rate Tables for Hardship Assistance. Hardship assistance may be provided only where no other alternatives are available to meet basic needs.

Applicants are expected to use any and all resources available to them before hardship assistance is issued.

Policy

Applicants who are *not* eligible for regular social assistance benefits may be assessed for hardship assistance.

A person may not be in receipt of regular social assistance and be found eligible for hardship assistance at the same time.

Applicants for hardship assistance must demonstrate that all alternatives for meeting basic needs have been exhausted. These efforts must be documented on the file.

If available income or assets have been used for purposes other than meeting basic needs, there is no eligibility for hardship assistance.

Applicants who have been denied regular social assistance benefits must meet the eligibility criteria for each applicable hardship category before being issued hardship assistance.

Hardship assistance is provided for one month at a time, and eligibility must be re-established each month.

Any available income or assets will be deducted from hardship assistance issued.

Basic support is to be pro-rated to arrive at the correct benefit.

If shelter costs have already been paid for the month, no shelter allowance may be issued.

Once the hardship reason no longer exists, applicants may be re-assessed to determine if the family unit meets the eligibility criteria for income assistance or disability assistance.

Requirement to Pursue Alternatives to Hardship Assistance

Applicants for hardship assistance must demonstrate that all other alternatives to meeting basic needs have been exhausted. In order to be considered for hardship assistance, adult members of the family unit must show that they have:

- applied for and accepted any other available income or assets including loans and credit, final pay cheques, holiday pay, etc., and used them to meet support and shelter needs (if such monies were used for other than meeting these basic needs, the applicant is not eligible for hardship assistance)
- sought help from other organizations, family, and friends
- exhausted all available income and assets (for income and assets which are exempt for hardship recipients, see section 7.8, Exemptions)

The applicant's efforts with regard to the above must be documented on the file.

Income and Assets Exemptions for Hardship Assistance

Please refer to Chapter 7.8 – Income and Assets Exemptions for Hardship Assistance for detailed listing of exemptions.

Circumstances in which Hardship Assistance May be Considered

Hardship assistance may be considered when all alternatives to assistance have been exhausted and where:

Hardship Category	Situation	Duration Limit (max)	Repayable
Awaiting Employment Insurance	Persons who HRDC has confirmed as having applied for EI, including those who have completed the two-week waiting period for EI.	No	Yes
Awaiting Other Income	Persons awaiting other income, including retroactive benefits from CPP, OAS, DVA, and WCB.	Yes – 3 consecutive months	Yes
Assets in excess	For family units with assets in excess of the specified exemption level when the family unit includes dependent children or where all applicants are over 65 years old or a Person with Persistent Multiple Barriers (PPMB).	Yes – 3 consecutive months	Yes
Income in excess	For families with dependent children, who have received income in excess of the maximum rate for their family unit and the excess income could not have been reasonably expected to meet basic needs. Requires plan to resolve their situation	Yes – 3 consecutive months	Yes
Strikes or Lockouts	Persons involved in labour disputes, on strike, or locked out	No	Yes
Immediate Needs – work search requirement	Persons with an immediate need for food, shelter or urgent medical attention who have not satisfied the 3 or 5 week work search requirement.	Yes – 3 consecutive months	Yes
Sponsorship verification or Breakdown	Persons awaiting verification of a sponsorship, or breakdown of a sponsorship	No	No

Identity Not Established	Persons awaiting identification documents.	Yes – 6 consecutive months	No
Social Insurance Number (SIN) required	Applicants awaiting SIN	Yes – 6 consecutive months	No

Each of the preceding categories has its own special eligibility requirements (refer to appropriate sections in Chapter 7, Hardship Assistance).

Repayment of Hardship Assistance

Repayment agreements *must be completed each month* hardship is issued in the following situations:

- where an applicant, adult dependant, or spouse in the family unit is awaiting another benefit including employment insurance (EI), Canada Pension Plan (CPP), old age security (OAS), Department of Veterans Affairs (DVA), Insurance Corporation of British Columbia (ICBC), Workers' Compensation Board (WCB), etc.
- where an applicant, adult dependent, or spouse in the family unit is awaiting income from any other source
- where a person in the family unit, whether adult or child, has income in excess of that allowed under policy
- where a person in the family unit, whether adult or child, has assets in excess of the limits allowed under policy
- where employable applicants, adult dependants, or spouses in the family unit have quit work or been fired for cause, do not accept work within their capabilities, or are not looking for work

When repayment is necessary, the recipient would not be expected to repay more than the value of the income or asset that caused the ineligibility or regular social assistance benefits.

When issuing repayable hardship, the following types of assistance or supplements are not to be included in the repayment/assignment:

- hardship assistance issued where a person has been determined to have suffered spousal violence and may be faced with further violence if required to pursue excess assets or excess income
- health supplements

- identification (ID) fees paid directly to the government or agency supplying the ID
- supplements for moving and transportation
- guide dog and service dog supplement
- school start-up supplement

Non-Repayable for Hardship Assistance

The following are not repayable:

- hardship issued for sponsorship breakdown
- hardship issued for a person or family who have insufficient identification

Overpayments from Hardship Assistance

Overpayments are not to be actioned while clients are in receipt of hardship assistance. The benefit plans and case can be updated, but no automatic deductions will be made from hardship assistance. Any existing overpayments will be deducted once a recipient becomes eligible for income assistance or disability assistance.

Amount of Hardship

The maximum amount of *hardship assistance* is the sum of the support allowance, Transportation Support Allowance (for those with the *Persons with Disabilities (PWD) designation*), and shelter allowances that apply to the applicant's family unit.

Hardship assistance is intended to meet basic needs and should be issued to a maximum level based on those basic needs. Issuing the maximum hardship assistance rate may not be appropriate in all situations.

Awaiting Other Benefits

General Principle

Persons who are awaiting other income or benefits, including retroactive benefits, are not eligible for regular income assistance benefits, but may be assessed for eligibility for hardship assistance on a repayable basis.

Policy

When an applicant, or anyone in the family unit is awaiting other benefits including retroactive benefits from:

- Employment Insurance (EI)
- Canada Pension Plan (CPP)
- Old Age Security (OAS)
- Department of Veterans Affairs (DVA)
- Insurance Corporation of British Columbia (ICBC)
- Worksafe BC
- Wills or Estates

The applicant or the family may be assessed for eligibility for hardship assistance only if they have exhausted all other resources.

A repayment agreement must be taken monthly for hardship assistance provided under this section.

If the benefits or income are payable for the current time period or retroactively (i.e., creating a dual payment period), the applicant will remain on hardship assistance until the income is received.

The person awaiting the benefits/expecting the income must sign the hardship assistance application.

Recipients and dependants are required to complete the appropriate repayment agreement form, but are eligible for continued assistance while awaiting other income.

When an individual is awaiting other benefits, and the value of the anticipated income is known, the completion of a repayment agreement

may stop once the hardship assistance issued is greater than the value of the anticipated income.
Once the hardship reason no longer exists, cases must be re-assessed to determine if the family unit meets the eligibility criteria for income assistance.

Arrears, Retroactive Department of Veterans Affairs, or Employment Insurance Benefits

A repayment agreement must be taken monthly when an applicant is awaiting benefits.

A copy of the Employment Insurance Information Form (BCSA 11) must be on file to confirm EI has been applied for before any hardship assistance is issued.

Recipients are required to repay income assistance benefits issued for any time period for which they subsequently receive another benefit (i.e., retroactive benefits).

Dependent children awaiting EI do not affect the family unit for regular income assistance, or Persons With Persistent Multiple Barriers (PPMB) or Persons With Disabilities (PWD) benefits.

If benefits are already in pay they are treated as income.

WorksafeBC Benefits

After a claim is "filed," a repayment agreement must be taken monthly for hardship assistance issued.

Monthly benefits already in pay are treated as income.

Once a WCB claim is denied, the applicant may be assessed for regular income assistance benefits, even if they are appealing the WCB claim.

Retroactive Old Age Security or Canada Pension Plan Benefits

Complete a repayment agreement for hardship assistance issued when the applicant is awaiting benefits or retroactive benefits.

ICBC Settlement

If, at the time of application, **applicants have been awarded a settlement and are waiting to receive this income,** hardship assistance may be issued, and a repayment agreement must be completed.

Wills or Estates

This category of hardship applies only when the probate process has been completed and applicants are waiting to receive the pending income or assets. A repayment agreement must be signed.

Persons with Disabilities

Applicants with the *Person with Disabilities designation* who are awaiting other income should be issued *disability assistance* rather than *hardship assistance*.

Once Benefit Payment is received by Client

Once applicants, or anyone in the family unit starts receiving benefits, one of two things may happen:

- if their benefit entitlement before any deductions is less than the basic rates for income assistance, they may be considered for basic assistance and the benefit amount will be deducted as unearned income
- their benefit income is greater than the basic income assistance rates, the person is no longer eligible for hardship assistance.

Income in Excess of Allowable Limits

General Principle

Applicants who have been denied regular income assistance benefits because of income in excess of income assistance benefit rates may be assessed for repayable hardship assistance depending on their circumstances, for up to three months.

Policy

Applicants must provide full documentation of all income that they received.

When an applicant is determined ineligible for hardship assistance, applicants should be encouraged to make arrangements with landlords, banks, or other creditors.

Where an applicant or family has received income, and could reasonably have been expected to use it for basic food and shelter, there is no eligibility for hardship assistance.

It is expected that individuals will buy food and pay for shelter before paying debts, loans, or making other purchases.

Where an applicant or family has received income that could not reasonably have been expected to meet basic needs, the administering authority may grant hardship assistance.

A repayment agreement must be completed for each month hardship assistance is issued.

Assets in Excess of Allowable Limits

General Principle

Hardship assistance may be provided to meet the essential needs of any of the following applicants who meet all conditions of eligibility except they have assets in excess of specified exemption levels, and the assets are not immediately available:

- family units with dependent children
- family units where all adults are over 65 or all adults have Persons with Persistent Multiple Barriers status

This category of hardship assistance is called Assets in Excess.

Hardship assistance is provided on a temporary basis, for only one month. If further hardship assistance is required, eligibility must be re-established each month.

Hardship assistance in this category is limited to three consecutive months, during which time clients are expected to sell assets in excess. Once a family unit has received hardship assistance for three consecutive months and have not been able to sell their asset(s), they are not eligible for any additional hardship assistance for three consecutive months

Policy

The applicant is responsible, on application, to provide documentation of all assets.

Examples of assets in excess that need to be disposed of include, but are not limited to:

- bank deposits
- registered retirement savings plan deposits
- term deposits
- shares and bonds

Applicants are expected to make efforts to dispose of assets in excess of allowable limits at fair market value, and upon sale use the proceeds to meet their own needs.

Hardship assistance may be issued under this category in cases where all of the following apply:

- undue hardship would otherwise occur
- the *assets* caused the family unit to be ineligible
- the assets are not immediately available to meet the family's needs
- every effort has been made and continues to be made to gain access to the excess assets

Hardship assistance is provided on a temporary basis, for only one month. If further hardship assistance is required, eligibility must be re-established each month.

Hardship assistance issued under this category is repayable.

Immediate Needs – Work Search Required

General Principle

This type of hardship assistance is provided to applicants for income assistance who have an immediate need for food, shelter or urgent medical assistance and they haven't completed the required work search requirements.

Policy

Hardship Assistance issued under Immediate Needs – Work Search Required is available to an applicant or any person in the family unit who has an immediate need for food, shelter, or urgent medical attention and has not met the work search requirement.

Hardship assistance is provided on a temporary basis, for only one month. If further hardship assistance is required, eligibility must be re-established each month.

Hardship assistance in this category is limited to three consecutive months during which time clients are expected complete a work search. If the family unit fails to complete the required work search within 3 months or refuses acceptable employment, they are ineligible for continued hardship assistance and their case will be closed.

Hardship assistance issued under this category is not repayable.

Once the work search requirement for the family unit has been completed, cases must be re-assessed to determine if the family unit meets the eligibility criteria for income assistance.

Applicant is a pre-release prisoner

As part of pre-release planning, prisoners may be assessed for hardship assistance as having an immediate need for food, shelter or urgent medical attention upon release. Once eligibility is determined, an appointment should be booked to review the work search with the recipient to ensure it is completed within three months.

Sponsorship Breakdown

General Principle

Applicants with valid sponsorship agreements in place are not eligible for regular income assistance benefits until the breakdown of the sponsorship agreement has been verified. Hardship assistance may be granted pending such verification.

Policy

Hardship assistance for sponsorship breakdown is non-repayable.

If an applicant or family member is a Canadian citizen or a sponsored immigrant, the administering authority *must* determine if there is a party obligated under an agreement with Immigration Canada to provide support for the applicant or family member.

If there is a valid sponsorship agreement still in effect the applicant must make all efforts to obtain support from the responsible party.

Where there are concerns about possible abuse, no contact is to be made with the sponsor, including by letter. Regular income assistance may be issued if all other eligibility criteria are met.

Should the sponsor be in receipt of income assistance, or it is determined that the sponsorship has broken down (the sponsor is unable or unwilling to fulfil the agreement), the applicant may be eligible for regular income assistance benefits, provided that all other eligibility requirements have been met.

The administering authority may wish to contact the social development operations specialist for consultation in determining if a sponsorship has broken down.

Where the applicant resides with the sponsor, the shelter allowance must not be issued unless the sponsor is in receipt of income assistance. In this case, shared shelter calculation is required.

Strike or Lockout

General Principle

Hardship assistance is provided to meet the essential needs of family units who meet all conditions of eligibility for assistance, except they are on strike or locked out and the union is unable to meet their needs.

Policy

The applicant or family must demonstrate that all other sources of assistance to meet basic needs have been exhausted.

Confirmation from the union that it is unable to meet its members' needs for food, shelter, and other essentials must be received before hardship is issued.

If eligible, benefits may be provided for a temporary period.

Hardship assistance issued under this category is repayable.

Note: An applicant or adult dependant who is a member of a union not on strike or locked out, but honouring a picket line or otherwise unable to go to work because of labour dispute, may be eligible for regular income assistance, provided they meet all other eligibility criteria.

Income and Assets Exemptions for Hardship Assistance

General Principle

Hardship assistance is intended to meet basic needs of food and shelter only, and is to be issued based on actual need up to the maximum allowable rate in accordance with the tables in Chapter 7.11, Rate Tables for Hardship Assistance. Applicants must use all available resources towards meeting their own needs prior to hardship assistance being issued.

Policy

Any available income or assets will be deducted from hardship assistance issued.

Support is to be pro-rated to arrive at the correct benefit.

If shelter costs have already been paid by the applicant for the month, no shelter allowance may be issued.

Exemptions

Only the following incomes are considered to be exempt in the assessment and calculations for hardship assistance:

- any earned income of a *dependent child* attending school on a full-time basis
- income assistance paid for a Child out of the Parental Home (COPH)
- Family Bonus payment
- Canada Child Benefit (CCB)
- the Basic Child Tax Benefit
- child disability benefit
- a goods and services tax credit under the Income Tax Act (Canada)
- a harmonized sales tax credit under the *Income Tax Act* (British Columbia)
- a sales tax credit under the *Income Tax Act* (British Columbia)
- a refundable medical expense supplement
- benefits paid as Employment Insurance Maternity and Parental Benefits under the *Employment Insurance Act* (Canada)
- benefits paid as Employment Insurance Special Benefits for Parents of Critically Ill Children under the *Employment Insurance Act* (Canada)

- individual redress payments granted by the government of Canada to a person of Japanese ancestry
- individual payments granted by the government of Canada under the Extraordinary Assistance Plan to a person infected by the human immunodeficiency virus
- individual payments granted by the government of British Columbia to a person infected by the human immunodeficiency virus or to the surviving spouse or dependent children of that person
- individual payments granted by the government of Canada under the Extraordinary Assistance Plan to thalidomide victims
- money from a lump-sum settlement payable by the government of British Columbia to persons awarded compensation by an adjudicative panel in respect of claims of abuse at Jericho Hill School for the Deaf
- money paid or payable under the 1986-1990 Hepatitis C Settlement Agreement made June 15, 1999, except money paid or payable under section 4.02 or 6.01 of Schedule A or of Schedule B of that agreement
- money paid by the Government of Canada under a settlement agreement, to persons who contracted Hepatitis C by receiving blood or blood products in Canada prior to 1986 or after July 1, 1990, except money paid under that agreement as income replacement
- money received from the Common Experience Payment or through the Independent Assessment Process under the Indian Residential Schools Settlement Agreement
- money paid or payable to a person in settlement of a claim of abuse at an Indian residential school, except money paid or payable as income replacement in the settlement
- post adoption assistance payments provided under section 28 (1) or 30.1 of the Adoption Regulation
- a rebate of energy or fuel tax provided by the government of Canada, the government of British Columbia, or an agency of either government
- payments granted by the government of British Columbia under child's kin and others agreement under the *Child, Family and Community Service Act*
- payments granted by the government of British Columbia under the Ministry of Children and Family Development's At Home Program
- payments granted by the Government of British Columbia under an agreement referred to in section 93 (1) (g) (ii) of the *Child, Family and Community Service Act*, for contributions to the support of a child
- an education gift from Nisga'a Lisims Government provided annually to assist Nisga'a citizens with their children school start-up costs
- a working income tax benefit, including a disability supplement under the *Income Tax Act* (Canada)
- a quarterly Climate Action Tax Credit and the one-time Climate Action Dividend under the *Income Tax Act (BC)*

- a retroactive compensation awards under, including interest for pain and suffering, made under the *Criminal Injury Compensation Act,* for claimants who were minor victims of assault and who registered their claim from 1980 to 1992 in which these compensation decisions were deferred.
- an eviction compensation payment (considered exempt up to the asset level of the family unit)
- Fair PharmaCare refunds (retroactive payments (refund cheques) issued to reimburse individuals for money paid out of pocket for prescription costs over a one-year period)
- Funds held in, or money withdrawn from, a Registered Disability Savings Plan (RDSP)
- payments granted by the government of British Columbia under the Ministry of Children and Family Development's Family Support Services program;
- payments granted by the government of British Columbia under the Ministry of Children and Family Development's Supported Child Development program;
- payments granted by the government of British Columbia under the Ministry of Children and Family Development's Aboriginal Supported Child Development program; [B.C. Reg. 85/2012 effective May 1/12]
- money paid or payable from a fund established by the government of British Columbia, the government of Canada and the City of Vancouver in relation to a recommendation in the final report of the **Missing Women Commission of Inquiry**
- payments granted by the government of BC under the Temporary Education Support for Parents program
- a BC Early Child Tax Benefit
- child support
- CPP Orphan's Benefit (also known as a surviving child's benefit for the child of a deceased contributor)
- CPP disabled contributor's child benefit
- An *inheritance* received by a family unit that includes a person with the Persons with Disabilities designation
- Non-recurring gifts received by a family unit that does not include someone with the Persons with Disabilities designation.
- All gifts received by a family unit that includes a person with the Persons with Disabilities designation.
- All student funding received by a family unit that includes a person with the Persons with Disabilities designation from RESP withdrawals, bursaries, scholarships, grants and education and training allowances, except those from *Student Financial Assistance*.
- Compensation paid to children of a deceased worker under section 17 or 18 of the *Workers Compensation Act*

- money paid or payable by the government of British Columbia to a person in accordance with an award or settlement in respect of a claim for injury, loss or damage caused by the minister, the ministry, an employee of the ministry or a person retained under a contract to perform services for the ministry
- money paid or payable by Community Living BC (CLBC) to a person in accordance with an award or settlement in respect of a claim for injury, loss or damage caused by CLBC, an employee of CLBC or a person retained under a contract to perform services for CLBC
- money paid, or payable by the Public Guardian and Trustee in respect of a child
- foster care payments to clients for the care of children
- money that is paid or payable from a settlement agreement with the Government of Canada in respect of Treaty No. 8 agricultural benefits.

There is no exemption for liquid assets for persons assessed for hardship assistance. Liquid assets would include cash, bank accounts, registered retirement savings plans, stocks, and bonds.

The same exemptions on real assets (i.e., household goods, primary residence, first vehicle, etc.), apply to hardship assistance as to regular social assistance.

Identification Not Established & Social Insurance Number (SIN) Required

General Principle

To provide hardship assistance to meet essential need for persons who are awaiting identification or SIN required.

Policy

Identification Not Established

Hardship assistance may be issued under Identity Not Established to an applicant and their family unit who has insufficient identification (ID), when all of the following conditions are met:

- there is no reason to believe the applicant is not who they claim to be
- the applicant meets all other eligibility criteria
- the applicant makes every effort to obtain the missing ID

Hardship assistance under Identity Not Established is provided on a temporary basis, for up to six months.

Hardship assistance issued under this category is not repayable.

Social Insurance Number (SIN) Required

Hardship assistance may be issued to an applicant and their family unit who has sufficient identification (ID) on their case, but no verifiable Social Insurance Number (SIN), provided that the person makes every effort to obtain the missing SIN.

Applicants who do not have SIN cards but can provide verifiable SINs (previous tax assessments, Government of Canada documentation with SIN number) meet the identification requirements for income or disability assistance and should not be issued Hardship assistance under this category.

Transient Applicants

Definition of Transient

For the purposes of this policy, *transient* is defined as single persons and childless couples who are travelling through an area and have no intention of establishing permanent residency on-reserve.

Temporary residence in a hotel, motel, in the home of a relative or acquaintance, or camping does not necessarily constitute establishment of residency on reserve.

Payment of Support and Shelter

Support to transient individuals is limited to the cost of food.

If there is a hostel in the community, shelter allowance may be issued to cover the cost of the hostel.

Individuals and Childless Couples Seeking Work and Desiring to Stay On-Reserve

Transient applicants who wish to take up permanent residency on-reserve should be assessed for eligibility for basic income assistance, provided that confirmed accommodation is available within the community.

Rate Tables for Hardship Assistance

General Principle

January 2018

The support and shelter allowances rates of DISC Income Assistance Program mirror the income assistance, hardship assistance and disabilities assistance rates of the provincial Ministry of Social Development and Poverty Reduction (MSDPR) program.

Policy

Amount of Monthly Hardship Assistance - Calculation

The amount of monthly hardship assistance that may be provided to or for a family is calculated as follows:

- the total amount of support and shelter allowances stated in the Hardship Assistance Rates Table or the Hardship Assistance Rates Table for Persons with Disabilities,

minus

- the total amount of non-exempt assets and income determined under Chapter 4.7 Assets, Chapter 4.8 Unearned Income and Chapter 4.9 Income and Exemption Eligibility.

Rate Tables for Other Programs

For income assistance recipients receiving room and board, see Chapter 5.3, Room and Board.

For income assistance for Grandparented Children Out of the Parental Home Assistance, see Chapter 6.2, Rate Table for Grandparented Children Out of the Parental Home (COPH) Assistance.

For income assistance recipients with persons with disabilities designation, see Chapter 8.4, Rate Table for Persons with Disabilities.

For income assistance recipients receiving accommodation, comforts allowance and clothing allowance while in a special care facility see Chapter 11, Other Benefits.

For income assistance recipients receiving old age security pension, see Chapter 11.3, Supplementary Assistance for Old Age Security Pension.

Hardship Assistance Rates - Support and Shelter

October 2017

A Rates for singles, couples, and two-parent families where all adults are under 65 years of age.

B Rates for singles, couples, and two-parent families one adult is under 65 years of age and eligible for Persons with Persistent Multiple Barriers (PPMB).

C Rates for singles, couples, and two-parent families where one adult is aged 65 years or older.

D Rates for couples, and two-parent families where both adults are aged 65 years or older,

E Rates for couples and two-parent families where both adults are under 65 years of age and both eligible for Persons with Persistent Multiple Barriers (PPMB).

F Rates for one-parent families where the parent is under 65 years of age.

G Rates for one-parent families where the parent is age 65 years or older.

H Rates for one-parent families where the parent is under 65 years of age and eligible for Persons with Persistent Multiple Barriers (PPMB).

Hardship Support Allowance									**Shelter Maximum***
Unit size	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	
1	$335.00	$382.92	$631.42	N/A	$523.58	N/A	N/A	N/A	$375.00
2	$407.22	$496.22	$800.56	$1049.06	$552.06	$475.58	$772.08	$523.58	$570.00
3	$501.06	$590.06	$894.56	$1143.06	$646.06	$475.58	$772.08	$523.58	$660.00
4	$501.06	$590.06	$894.56	$1143.06	$646.06	$475.58	$772.08	$523.58	$700.00
5	$501.06	$590.06	$894.56	$1143.06	$646.06	$475.58	$772.08	$523.58	$750.00
6	$501.06	$590.06	$894.56	$1143.06	$646.06	$475.58	$772.08	$523.58	$785.00
7	$501.06	$590.06	$894.56	$1143.06	$646.06	$475.58	$772.08	$523.58	$820.00

* Add up to an additional $35 per month shelter maximum for each family member in excess of a unit size of seven.

Hardship Assistance Rates – for Persons with Disabilities

January 2018

Persons with Disabilities (PWD) benefits are paid in the month following designation. In cases where designation occurs prior to the individual's eighteenth birthday, payments begin in the month of the eighteenth birthday.

A Rates for singles, couples, and two-parent families where one family member is a Person with Disabilities (PWD) and all are under 65 years of age.

B Rates for couples, and two-parent families where both adults are Persons with Disabilities (PWD)

C One-parent families where the parent is eligible for Persons with Disabilities (PWD)

D Rates for couples, and two-parent families where one adult is eligible for Persons with Disabilities and one adult is age 65 years or older.

Hardship Support Allowance for Persons with Disabilities					**Shelter Maximum***
Unit Size	**A**	**B**	**C**	**D**	
1	$758.42	N/A	N/A	N/A	$375.00
2	$ 927.56	$1403.06	$899.08	$1176.06	$570.00
3	$1021.56	$1497.06	$899.08	$1270.06	$660.00
4	$1021.56	$1497.06	$899.08	$1270.06	$700.00
5	$1021.56	$1497.06	$899.08	$1270.06	$750.00
6	$1021.56	$1497.06	$899.08	$1270.06	$785.00
7	$1021.56	$1497.06	$899.08	$1270.06	$820.00

* Add up to an additional $35 per month shelter maximum for each family member in excess of a unit size of seven.

Note: **Each PWD client is eligible for the Transportation Support Allowance in addition to their basic allowance which can be provided as $52/month in cash or as an in-kind bus pass.**

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Rate Tables dated 2017 • http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables

Amount of Monthly Income Assistance – Calculation

1) All rates are monthly.
2) On-going need must be documented by the recipient each month using the *Social Assistance Monthly Renewal Declaration* (901-28) [see Chapter 3, Application and Assessment].
3) Shelter increments continue to increase by an additional $35 for each additional dependent after unit size 7 [see Chapter 5, Shelter Allowances].
4) In addition to the support allowance, families receive a monthly payment for each child under 19 years of age. Families receive either:
    - a Federally administered payment that is collectively known as the Canada Child Benefit.
    - a top-up amount from the administering authority if their Canada Child Benefit payment is less than the CCB top-up supplement rates found in Chapter 11.2.
5) Families of two or more that include someone on Old Age Security (OAS) are entitled to a maximum shelter rate for the family size [see Chapter 11.3, Supplementary Assistance to Old Age Security Pension].
6) Ensure the client file contains the *Budget and Decision Form* (901-25) and all supporting documentation are completed in full.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The "the type of support" being provided (i.e., PWD benefits)
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016)
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A case load details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Persons with Disabilities

General Principle

Department of Indigenous Services Canada (DISC) Persons with Disabilities provides disability assistance and supplements to provide greater independence for people with disabilities, including security of income, enhanced well-being, and participation in the community.

To be eligible for disability assistance, a person must meet the criteria for the Persons with Disabilities (PWD) designation and be designated as such by the British Columbia Aboriginal Network on Disability Society (BCANDS) on behalf of DISC. PWD may not be a permanent designation, and DISC has the authority to rescind an individual's designation in exceptional circumstances.

Definitions

July 1, 2015

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region.*

Policy

Eligibility

A person may be designated as a *Person with Disabilities* (PWD) if they have reached 18 years of age and have a severe mental (including a mental disorder) or physical impairment that meets all of the following criteria:

- in the opinion of a *medical practitioner* or *nurse practitioner*, the impairment is likely to continue for at least two years
- in the opinion of a *prescribed professional*, the impairment directly and significantly restricts the person's ability to perform *daily living activities* either continuously or periodically for extended periods
- as a result of those restrictions, the person requires an *assistive device,* the significant help or supervision of another person, or the services of an assistance animal to perform *daily living activities*.

Recipients retain the PWD designation whether or not they continue to be financially eligible for disability assistance. They are *not required* to apply for the designation on reapplication for assistance.

Persons with Disabilities Designation Application (SA 301)

The *Persons with Disabilities Designation Application* (SA 301) is used to collect information pertaining to the *applicant's* disability that will allow DISC to make evidence-based decisions consistent with policies and procedures as laid out in DISC's *Social Development Policy and Procedures Handbook, Vol.1, BC Region*. The *Persons with Disabilities Designation Application* (SA 301) has four-parts:

- **Section 1** is to be completed by the **Administering Authority's Band Social Development Worker (BSDW**)
- **Section 2 is applicant** information to be completed by the applicant
- **Section 3** is a **Medical** Report to be completed by a *medical practitioner* ***or nurse practitioner***
- **Section 4** is an Assessor Report to be completed by a *medical practitioner* or other *prescribed professional*

A PWD Designation Application (SA 301) is provided only to new applicants or recipients of income assistance who intend to apply for disability assistance.

> **Note:** Applicants who want to apply for the PWD Designation to access other programs or benefits should *not* be provided with a PWD Designation Application (SA 301) unless they also intend to apply for disability assistance. Collection of personal information in the absence of any intention to apply for assistance is not authorized under the *Federal Privacy Act* or collected in accordance to standards set out in the *Social Development Policy and Procedures Handbook, Vol.1, BC Region*.

A PWD Designation Application (SA 301) should only be provided where the applicant is financially eligible (meets the income and asset test) or is likely to be financially eligible within 6 months of the date the application is requested, including those who are in the process of transferring assets into a trust or Registered Disability Savings Plan (RDSP). If the eligible client or applicant has assets in excess of the PWD limit, the client/applicant must be informed of the trusts program and RDSP exemption limits for clients. The administering authority staff cannot provide legal or investment advice to applicants or clients.

If an applicant *meets the eligibility* criteria for income assistance under the *Social Development Policy and Procedures Handbook, Vol.1, BC Region,* with the exception that their assets are tested at the PWD level (including assets over the PWD level in the process of being transferred into a trust or RDSP), the applicant may receive income assistance while they are completing their PWD application and awaiting the outcome of their application for PWD designation. While an applicant is not required to be determined eligible for income assistance before being provided the PWD designation application form, the applicant must first complete the intake process, sign the *Application for Social Assistance* (901-27) form and have an open case (whether in pay or not) before a PWD application can be adjudicated by BCANDS.

> **Example 1:** An applicant is applying for disability assistance but has assets over the PWD limit that the applicant is transferring into a non-discretionary trust. The applicant may be provided a PWD application and may be eligible for income assistance while completing the

PWD application and while the trust is being reviewed by the administering authority. If the client is denied the PWD designation, the non-discretionary trust will be considered an asset and the client will not be eligible for further assistance while their assets are over the income assistance limit.

Example 2: An applicant is applying for disability assistance but has assets over the PWD limit. The applicant does not intend to transfer the excess assets into a trust or RDSP. The applicant may not be provided a PWD application until such a time as his or her assets are likely to be under the PWD asset limit within 6 months.

A decision to refuse to provide a PWD Designation Application (SA 301) may be appealed. [see Chapter 2.7 Appeals]

Applicants may start the Persons with Disabilities (PWD) designation application process six months prior to their 18th birthday to ensure they can be adjudicated for the designation prior to requiring assistance. [For detailed information, see chapter 8.2 17-Year-Old Applicants]

Persons with Disabilities – Prescribed Class

A person may be designated as a *Person with Disabilities* (PWD) without going through the standard application process if the individual has reached 18 years of age and has already been approved for another prescribed government program or benefit. The classes of people eligible to use this streamlined process to become designated as a Persons with Disabilities are:

- People enrolled in BC PharmaCare Plan P (Palliative Care Benefits);
- People who have been determined by the Ministry of Children and Family Development (MCFD) as eligible for the At Home Program – Medical Benefits and Respite (a program that helps a family with the costs of caring for a severely disabled child);
- People determined by Community Living British Columbia (CLBC) as eligible to receive its support and services (Developmental Disability or Personal Supports Initiative); and
- People determined as disabled by the Government of Canada and eligible for the Canada Pension Plan Disability Benefit

A person may also be designated as a PWD if they have reached 18 years of age and are confirmed to be a member of a prescribed class.

Recipients retain the PWD designation whether or not they continue to be financially eligible for disability assistance. They are *not required* to apply for the designation on reapplication for assistance.

People applying for PWD designation as a member of a prescribed class must still meet all other eligibility requirements (ID, financial, residency, etc.) to be found eligible for disability assistance.

Persons with Disabilities - 17-Year-Old Applicants: Youth with an Intellectual Disability

May 2017

Youth with an Intellectual Disability who are eligible to receive services and supports from either Community Living British Columbia or the Ministry of Children and Family Development's At Home Program can apply for the Person with Disabilities (PWD) designation as a member of a prescribed class. [See Policy and Procedures - Persons with Disabilities Designation - Prescribed Class].

For individuals who do not meet the prescribed class criteria, specific PWD designation procedures and a consent form have been developed for 17-year-old youth diagnosed with an Intellectual Disability (Intellectual Developmental Disorder) to streamline their transition to disability assistance with DISC.

Youth with a diagnosis of an Intellectual Disability (or their parent/guardian) may consent to the sharing of relevant portions of their psychological assessments (or psycho-education reports) in order to determine PWD designation eligibility, as an alternative to completing a PWD Designation Application (SA 301).

If the psychological assessment information submitted does not contain sufficient information to confirm eligibility, the Youth Consent form (SA 301 C) also gives permission for DISC / BCANDS to request copies of the client's psychological assessments or psycho-education reports from the applicant's School District or, where appropriate, the Ministry for Children and Family Development.

Trusts or RDSPs

July 1, 2015

Eligible clients who receive assets that they intend to transfer into a trust or Registered Disability Savings Plan (RDSP), or who have a trust that has not yet been reviewed by the administering authority, will be provided a PWD application. For clients applying for PWD designation who have a valid trust or who are transferring assets into trust, in making the decision whether a PWD application is to be provided, it is to be presumed that the trust will provide an exemption for the assets held there. The client should be provided a PWD application if the client meets all of the following requirements:

- The client intends to apply for disability assistance
- The client is likely to be financially eligible (within six months of the date the application is requested) taking into account the presumption that the asset is or will be in a valid trust and will be exempt.

The PWD designation decision must be made in response to the client's application, and will ultimately take into account the administering authority's review of the trust to determine the validity of the trust and whether exempt.

If the eligible client or applicant has assets in excess of the PWD limit, the client/applicant must be informed of the trusts program and RDSP exemption and referred to an appropriate agency because the administering authority staff cannot

provide legal or investment advice to applicants or clients. [For further information on trusts, please see related Policy – Trusts]

Receiving Income Assistance While Waiting for PWD Designation

Persons who intend to apply for the Persons with Disabilities (PWD) designation and who are in need of financial support may receive income assistance and retain their assets at the higher limits (including assets over the PWD level in the process of being transferred into a trust or Registered Disability Savings Plan) applicable to recipients of disability assistance, until the outcome of their PWD Designation Application. To qualify for income assistance, these *applicants* are required to meet all eligibility criteria under Chapter 3, Application and Assessment, and Chapter 4, Eligibility, in DISC's *Social Development Policy and Procedures Handbook, Vol.1, BC Region,* with the exception that their assets are to be tested as the higher limits allowed to recipients of disability assistance as noted above.

Both clients and applicants are expected to make every effort to collect the information necessary to determine their medical condition and to return the completed *Persons with Disabilities Designation Application* (SA 301) within a reasonable period of time of approximately three months after receiving a *PWD Application* (SA 301) form.

Clients or applicants who are *denied* the PWD designation and have submitted new medical information, continue to have their assets tested at the asset levels set out under those listed in Chapter 4, Eligibility, in DISC's *Social Development Policy and Procedures Handbook, Vol.1, BC Region,* while awaiting the outcome of the a PWD administrative review by BCANDS, as applicable.

Applicants who are found *ineligible* for the PWD designation are *not* required to repay income assistance already received, but can retain assets only at or below the asset limits under those listed in Chapter 4, Eligibility, in DISC's *Social Development Policy and Procedures Handbook, Vol.1, BC Region*.

Applicants who are found *eligible* for the PWD Designation are also eligible for other supplements in addition to disability assistance.

Disability Assistance and Supplements

PWD status is effective the first of the month *following* designation. A *recipient* with the *Persons with Disabilities designation* may be eligible for:

- higher assistance rates [see chapter 8.4, Rate Table for Persons with Disabilities]
- general health assistance [see chapter 10, Non-Status Health Benefits]
- earnings exemption [see chapter 4, Eligibility]
- a low cost annual bus pass [see chapter 11.6 BC Buss Pass Program] or
- a Special Transportation Allowance [see chapter 11.8 Special Transportation Allowance]

Note: ***A client must be at least 18 years old to receive disability assistance.***

Employment Obligations

July 1, 2015

A *Persons with Disabilities (PWD) designation* does not preclude some recipients from being required to seek employment. Recipients with the PWD designation and their adult *dependants* will be assisted to achieve independence to the extent they are able, through an Employment Plan or voluntary participation plan that may include employment or volunteer-related activities. [For more information see related Policy – Community Volunteer Supplement]

Returning to Assistance

Persons with the *Persons with Disabilities (PWD) designation,* who return for *disability assistance,* will be required to complete the same financial application process as all enquirers. Persons with PWD designation at the time of application are exempt from completing the work search. Once financial eligibility has been established, disability assistance and health supplements can be provided.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • *Persons with Disabilities Designation Letter (DISC, MSDSI, or BCANDS)* • *Budget and Decision Form* (901-25) • *PWD Application (SA301) or PWD Prescribed Class Application (SA301B) or PWD Youth with Intellectual Disabilities (SA301C)* • *Income Assistance Report (DCI #455897)* • Consent to Release of Information (901-23) • Copy of physician invoice for PWD • All other forms and documentation as required to determine eligibility must be placed in a client's file
Resources	• BC Aboriginal Network on Disability Society (BCANDS) www.bcands.bc.ca • Income Assistance Report (DCI #455897) • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca • Ministry of Social Development web site content for PWD dated 2013 http://www.gov.bc.ca/meia/online_resource/persons_with_disabilities_designation/

Application Process for the Persons with Disabilities Designation - Regular

July 2015

Step 1 - Eligibility to Apply

Determine if the applicant or recipient of income assistance intends to apply for disability assistance. A *PWD Designation Application* (SA 301) should *not* be provided where it is established that the individual has no intention to apply for disability assistance.

A *PWD Designation Application* (SA 301) should *only be provided* where the client is financially eligible (meets the income and assets test) or is likely to be financially eligible within 6 months, including eligible clients who are in the process of transferring assets into a trust or Registered Disability Savings Plan (RDSP). (Six months is the approximate combined length of time it takes for an individual to complete the *PWD Designation Application* (SA 301) form and BCANDS to adjudication and issue a decision letter.)

Examples of where the Band Social Development Worker (BSDW) may determine a situation for a client may change within 6 months include, but are not limited to:

- individuals on EI or EI medical, whose benefits will expire within that time period
- individuals whose employment is seasonal or intermittent

Providing a *PWD Designation Application* (SA 301) within 6 months will allow for a streamlined transition for these individuals.

If the applicant is *not* currently receiving income assistance, the BSDW must ensure the applicant meets the eligibility criteria for income assistance, signed the *Application for Social Assistance* (901-27) form and has an open case file (whether in pay or not) in order for the PWD application to be adjudicated by BCANDS. If the applicant is currently in receipt of income assistance, no additional financial assessment is required.

If the applicant is not already receiving income assistance and meets the eligibility criteria for income assistance under the *DISC Social Development Policy and Procedures Handbook, Vol.1, BC Region,* with the exception that their assets are tested at the PWD level (including assets over the PWD level in the process of being transferred into a trust or RDSP), the BSDW may provide income assistance pending the outcome of the applicant's application for PWD designation. [See Procedures – Providing the Application to Persons Exempted from Asset Limits]

If the eligible client or applicant has assets in excess of the PWD limit, the BSDW must inform the client/applicant of the trusts limits and RDSP exemption and refer the client/applicant to an appropriate agency. The case file should have notes as to the date the client was informed and referral made.

Step 2: Provide the *PWD Designation Application* (SA 301) to the Client

A *PWD Designation Application* (SA 301) is *not provided* if the applicant does *not meet* the financial eligibility requirements as determined in Step 1. The BSDW must advise the client/applicant that they have the right to appeal the decision. [see chapter 2.7 Appeals]

If a PWD Designation Application (SA 301) is provided, the BSDW must complete the following procedure:

BSDW

1. Complete the *PWD Request for Application* (SA 331) form and fax or email to BCANDS.
2. Review with the applicant the *PWD Designation Application* (SA 301) and the application process. Offer the Persons with Disabilities brochure. [see BCANDS web site]
3. Complete section 1, Administering Authority Information. Stamp or print office address and sign the application to validate it for fee payment. Only applications with the issuing office address and signature are validated for payment. Payments of fees are provided by the administering authority and not the Medical Services Plan. [see Procedures – Fees for Medical Practitioners and Prescribed Professionals]
4. Advise the applicant to notify the physician/prescribed professional that invoices for their fees must be mailed to the BSDW at the address on Section 1.

Applicant 5. Have the applicant complete Section 2, Applicant Information and Section 2C, Declaration and Consent.

BSDW 6. Advise the client to have the form completed by a *medical practitioner, nurse practitioner* and/or a *prescribed professional,* as denoted on the application form.

7. Advise the client to review the checklist once the application is complete and return by mail to BCANDS at the address on the application form within three months.

8. If the client is receiving regular Income Assistance pending the outcome of the adjudication of their PWD Application, set a due date of three months. Make case notes to provide details and reasons for issuing while regular IA pending notification of PWD application decision.

9. If, after three months, the applicant hasn't returned their application to BCANDS, update case notes of reason "PWD application request has been abandoned (or refused)."

Application Process for Persons with Disabilities Designation – Prescribed Class
January 2017

Step 1 – Eligibility to Apply

Determine if the applicant or recipient of income assistance intends to apply for disability assistance. A *PWD Designation Application – Prescribed Class* (SA 301B) should *not* be provided where it is established that the individual has no intention to apply for disability assistance.

A *PWD Designation Application – Prescribed Class* (SA 301B) should *only be provided* where the client is financially eligible (meets the income and assets test) or is likely to be financially eligible within two months, including eligible clients who are in the process of transferring assets into a trust or Registered Disability Savings Plan (RDSP). (Two months is the approximate combined length of time it takes for an individual to complete the *PWD Designation Application – Prescribed Class* (SA 301B) form and BCANDS to adjudicate and issue a decision letter.)

Examples of where the Band Social Development Worker (BSDW) may determine a situation for a client may change within 2 months include, but are not limited to:

- Individuals on EI or EI medical, whose benefits will expire within that time period
- Individuals whose employment is seasonal or intermittent
- Individuals who are 2 months away from their 18th birthday

Providing a *PWD Designation Application – Prescribed Class* (SA 301B) within 2 months will allow for a streamlined transition for these individuals.

If the applicant is *not* currently receiving income assistance, the BSDW must ensure the applicant meets the eligibility criteria for income assistance, signed the *Application for Social Assistance* (901-27) form and has an open case file (whether in pay or not) in order for the PWD application to be adjudicated by BCANDS. If the applicant is currently in receipt of income assistance, no additional financial assessment is required.

If the applicant is not already receiving income assistance and meets the eligibility criteria for income assistance under the *DISC Social Development Policy and Procedures Handbook, Vol.1, BC Region,* with the exception that their assets are tested at the PWD level (including assets over the PWD level in the process of being transferred into a trust or RDSP), the BSDW may provide income assistance pending the outcome of the applicant's application for PWD designation. [See Procedures – Providing the Application to Persons Exempted from Asset Limits]

If the eligible client or applicant has assets in excess of the PWD limit, the BSDW must inform the client/applicant of the trusts limits and RDSP exemption and refer the client/applicant to an appropriate agency. The case file should have notes as to the date the client was informed and referral made.

Step 2: Provide the *PWD Designation Application – Prescribed Class* (SA 301B) to the Client

A *PWD Designation Application – Prescribed Class* (SA 301B) is *not provided* if the applicant does *not meet* the financial eligibility requirements as determined in Step 1.

If a PWD Designation Application – Prescribed Class (SA 301) is provided, the BSDW must complete the following procedure:

BSDW

1. Complete the *PWD Request for Application (SA 331) and select the Prescribed Class 301 B form* and fax or email it to BCANDS. The SA 331 form is available on their website at www.bcands.bc.ca. BCANDS will send you the *Persons with Disabilities Designation Application – Prescribed Class (SA 301B) form to complete with the client.*

2. On the 301 B application form, complete Section 1 on page 1 of 2 - Administering Authority.

Applicant

3. Have the applicant complete Section 2 – Applicant Information and the Declaration and Notification on page 1 of 2, and sign the Authorization and Consent on page 2 of 2. If the applicant does not have the necessary capacity to sign the Application, their power of attorney (or otherwise) may sign on page 2, with supporting documentation.

BSDW

4. Once the form has been completed, advise the client to review the form. The BSDW must then return the completed application by mail to BCANDS at the address on the application.

5. If the client is receiving regular Income Assistance pending the outcome of the adjudication of their PWD application, make case notes to provide details and reasons for issuing while regular IA pending notification of PWD application decision.

6. If the applicant has not returned their application, update case notes of reason "PWD application request has been abandoned (or refused)."

Application Process for Youth Transition Consent – Youth with Intellectual Disabilities - Persons with Disabilities Designation

May 2017

Step 1 – Eligibility to Apply

Disability assistance applicants who are 17 ½ to 19 years old with a diagnosis of an Intellectual Disability (Intellectual Developmental Disorder) will self-identify as meeting this criteria on the Application for Assistance.

Note: Youth with an Intellectual Disability who are eligible to receive services and supports from either Community Living British Columbia or the Ministry of Children and Family Development's At Home Program can apply for the Person with Disabilities (PWD) designation as a member of a prescribed class.

The following process is for applying for the PWD designation:

Determine if the applicant or recipient of income assistance intends to apply for disability assistance. A PWD Designation Application – Youth with Intellectual Disabilities (SA 301C) should not be provided where it is established that the individual has no intention to apply for disability assistance.

A PWD Designation Application – Youth with Intellectual Disabilities - Persons with Disabilities Designation (SA 301C) should only be provided where the client is financially eligible (meets the income and assets test) or is likely to be financially eligible within two months, including eligible clients who are in the process of transferring assets into a trust or Registered Disability Savings Plan (RDSP). (Three months is the approximate combined length of time it takes for an individual to complete the PWD Designation Application – Prescribed Class (SA 301C) form and BCANDS to adjudicate and issue a decision letter.)

Examples of where the Band Social Development Worker (BSDW) may determine a situation for a client may change within 2 months include, but are not limited to:

- Individuals on EI or EI medical, whose benefits will expire within that time period
- Individuals whose employment is seasonal or intermittent

- Individuals who are 2 months away from their 18th birthday

Providing a PWD Designation Application – Youth with Intellectual Disabilities - (SA 301C) within 2 months will allow for a streamlined transition for these individuals.
If the applicant is not currently receiving income assistance, the BSDW must ensure the applicant meets the eligibility criteria for income assistance, signed the Application for Social Assistance (901-27) form and has an open case file (whether in pay or not) in order for the PWD application to be adjudicated by BCANDS. If the applicant is currently in receipt of income assistance, no additional financial assessment is required.

If the applicant is not already receiving income assistance and meets the eligibility criteria for income assistance under the DISC Social Development Policy and Procedures Handbook, Vol.1, BC Region, with the exception that their assets are tested at the PWD level (including assets over the PWD level in the process of being transferred into a trust or RDSP), the BSDW may provide income assistance pending the outcome of the applicant's application for PWD designation. [See Procedures – Providing the Application to Persons Exempted from Asset Limits]

If the eligible client or applicant has assets in excess of the PWD limit, the BSDW must inform the client/applicant of the trusts limits and RDSP exemption and refer the client/applicant to an appropriate agency. The case file should have notes as to the date the client was informed and referral made.

Step 2: Provide the *PWD Designation Application – Youth with Intellectual Disabilities* (SA 301C) to the Client

A *PWD Designation Application – Prescribed Class* (SA 301C) is *not provided* if the applicant does *not meet* the financial eligibility requirements as determined in Step 1.

If a PWD Designation Application – Prescribed Class (SA 301C) is provided, the BSDW must complete the following procedure:

BSDW 1. Complete the *PWD Request for Application (SA 331) and select the Youth with Intellectual Disabilities - Persons with Disabilities 301C form* and fax or email it to BCANDS. The SA 331 form is available on their website at www.bcands.bc.ca. BCANDS will send you the *Persons with Disabilities Designation Application – Youth with intellectual Disabilities (SA 301C) form to complete with the client.*

2. On the 301C application form, complete Section 1 on page 1 of 2 - Administering Authority.

Applicant 3. Have the applicant complete Section 2 – Applicant Information on page 1 of 2, and sign the form on page 2 of 2. If the applicant does not have the necessary capacity to sign the Application, their power of attorney (or otherwise) may sign on page 2, with supporting documentation.

BSDW 4. Once the form has been completed, advise the client to review the form. The BSDW must then return the completed application, including the psychological assessment, by mail to BCANDS at the address on the application.

5. If the client is receiving regular Income Assistance pending the outcome of the adjudication of their PWD application, make case notes to provide details and reasons for issuing while regular IA pending notification of PWD application decision.

6. If the applicant has not returned their application, update case notes of reason “PWD application request has been abandoned (or refused).”

Step 3: PWD Adjudication

BC Aboriginal Network on Disability Society (BCANDS) adjudicates the PWD Designation Application on behalf of Indigenous and Northern Affairs Canada as of July 1, 2015.

Adjudication Outcomes When a Client is Approved for the PWD designation:

BCANDS 1. BCANDS sends the decision letter to the client and copy to the Band Social Development Worker (BSDW) at the administering authority office indicating PWD approved.

BSDW 2. BSDW shall update the status of the client file and complete a new *Budget and Decision Form* (901-25) in full and indicate the issue date for disability benefits for the month following the approved designation.

BCANDS 3. PWD status is effective the first of the month following designation.

When a client is denied the PWD designation, or if a client's designation is rescinded, BCANDS will:

1. Send a decision letter and decision summary to the client to advise the client of the reasons for the denial and their right to submit a new psychological assessment or request an appeal. BCANDS will send a copy of the decision letter to the BSDW at the administering authority office, however will not forward any medical information to the BSDW without the applicants prior consent.
2. BCANDS will update the PWD status (all documents will be available) and review the new medical information or complete an appeal and close the file.
3. If new psychological assessments are submitted to BCANDS, a decision letter and decision summary will be sent to the client and copy to the BSDW at the administering authority office**,** as outlined under point 1.

4. BSDW will update case file to indicate the decision and review the decision summary with the client.

Providing the Applicant with Exemptions and Assets Limits

An eligible client or client in receipt of income assistance and who has applied for or intends to apply for the PWD designation, may retain their assets up to the limits allowable in Chapter 4.7, Assets, in *DISC's Social Development Policy and Procedures Handbook, Vol.1, BC Region.*

When a Review is Required

May 2017

As of December 2016, a five-year review of PWD designation is no longer required. Once an eligible recipient has been designated as Persons with Disabilities, they will maintain that designation. However, DISC and BCANDS may review any PWD designation and rescind the PWD designation as warranted or assign a review to any newly approved PWD designation.

BCANDS determines whether or not a review is warranted due to exceptional circumstances (i.e., BCANDS has been supplied with inaccurate or new information or the information provided indicates the disability may improve over time) and ensures that all criteria are met for the PWD designation.

When a recipient's *Persons with Disabilities (PWD) designation* is approved upon review due to exceptional circumstances, BCANDS will send a decision letter to the recipient.

PWD Designation Rescinded

When a recipient's *Persons with Disabilities (PWD) designation* is rescinded, follow these steps:

BCANDS

1. To send the decision letter to recipient to advise of the reasons for the rescindment, and the effective date of the rescindment, and the right to provide new/updated information or appeal.

BSDW

2. Will assess the recipient for continued eligibility for *income assistance* prior to the end of the period.
3. Adjust the income assistance file if the recipient has other disability-related supplements or if supplier cheques are set up on the file.

Note: A copy of the *Persons with Disabilities Designation Application* (SA 301) form and copies of any correspondence, reports, and documents that relate directly to the application which are sent to BCANDS, are <u>not</u> to be kept in the applicant's file as these documents contain medical information.

Fees for Medical Practitioners and Prescribed Professionals

1. Fees for *medical practitioners* completing Section 3 - Medical Report and

Section 4 - Assessor Report are:

a) paid by the administering authority

b) upon submission of an invoice

c) under the Basic Support budget

d) recorded on the Budget and Decision Form (901-25)

2. Fees for non-medical practitioner *prescribed professionals* completing Section 4 - Assessor Report are:

e) paid by the Administering Authority

f) upon submission of an invoice

g) under the Basic Support budget

h) recorded on the *Budget and Decision Form* (901-25)

Note: *Medical practitioners, nurse practitioners and Prescribed professionals* complete the Assessor's Invoice included on the last page of the Designation Application or Review booklets. The invoice is removed from the booklet and mailed to the Administering Authority.

Note: *Medical practitioners, nurse practitioners* and other *prescribed professionals* may call BCANDS at the number included in the *Persons with Disabilities Designation Application* (SA 301), with any questions regarding completion of the forms and payment of fees.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (B&D) (901-25) is to be *completed in full* to document the decision to issue, or not issue, the benefit as follows:

1. Under the Comment section – indicate:
    a. The "Monthly Reporting Requirements"
    b. The type of need being provided (i.e., IA benefits, PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family unit portion for each eligible item [For more information, see chapter 5.1 Shelter Allowances Overview].

2. Under Monthly Requirements section – enter the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special only
    b. Items not applicable write N/A or put a strikethrough to show you have reviewed

3. Under the Resources section - enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery. Total all items under (5) Total Monthly Deductions to determine the monthly deduction amount:
    a. Items not applicable write N/A or put a strikethrough to show you have reviewed

   b. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements

   c. Monthly Entitlement amount to be issued.

4. Under the Temporary Allowance Issued by Administering Authority section - enter:

   a. the unit size (i.e., family unit size)
   b. the amount entitled
   c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).

5. Any section not applicable like Transfer to Band Work Project section, enter N/A or put a strikethrough to show you have reviewed.

6. Signatures of both the recipient and Administering Authority required.

7. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:

   a. the *Social Assistance Monthly Renewal Declaration* (901-28) form must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].

8. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
   - Income Assistance Expenditures,
   - Shelter Information,
   - Children Out of Parental Home, and
   - Declaration.

17– Year – Old Persons with Disabilities

General Principle

The Department of Indigenous Services Canada (DISC) Persons with Disabilities provides disability assistance and supplements to provide greater independence for people with disabilities, including security of income, enhanced well-being, and participation in the community.

To be eligible for disability assistance, a person must meet the criteria for the Persons with Disabilities (PWD) designation and be designated as such by the British Columbia Aboriginal Network on Disability Society (BCANDS) on behalf of DISC. PWD is not a permanent designation and DISC has the authority to rescind an individual's designation in exceptional circumstances.

Definitions

July 1, 2015

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region.*

Policy

17-Year-Old Applicants

A person must meet the PWD designation criteria and financial eligibility criteria as outlined in DISC's *Social Development Policy and Procedures Handbook, Vol.1, BC Region* and must be 18 years of age, to receive disability assistance.

Children with disabilities who are likely to be financially eligible for disability assistance when they turn 18, may begin the application process up to six months prior to their 18th birthday. Starting the application process early will allow children with disabilities sufficient time to schedule appointments with *medical practitioners* and *prescribed professionals,* and to have their PWD application completed and adjudicated so they can start receiving disability assistance as soon as they turn 18.

17-Year-Old Applicants: Process for At Home Program Medical Benefits

Special *Persons with Disabilities (PWD) designation* procedures and a consent form have been developed for 17-year-old At Home Program Medical Benefits (AHP) recipients to streamline their transition to disability assistance.

These applicants (or their parent/guardian) may consent to the sharing of relevant portions of their AHP files (such as medical reports and therapists' assessments) in order to determine PWD designation eligibility, as an alternative to completing a PWD Designation Application (SA 301), allows the AHP to share information that will enable BC Aboriginal Network on Disability Society (BCANDS) to assess an applicant's needs for continuing medical supplies prior to the applicant's 18th birthday.

If the AHP file information does not contain sufficient information to confirm eligibility, the consent form also gives BCANDS permission to verify information with professionals who completed the AHP assessments. In some cases, BCANDS may contact the applicant/family to have part or all of a *PWD Designation Application* (SA 301) completed to determine eligibility, or to discuss alternate medical supplies covered by the AHP that are not covered by disability assistance. BCANDS will contact the applicant directly in those cases to assist with alternative resources and referrals.

The At Home Program assists parents with some of the extraordinary costs of caring for a child with severe disabilities at home through a range of health supports and services. For more information about At Home Program eligibility, call Toll-free: 1-888-613-3232 or Victoria: 250-387-9649.

18-year old Child Services Clients

July 1, 2015

Youth with special needs receive programs and services through the Ministry of Children and Family Development until they are 19 years of age. These individuals may delay applying for PWD designation while they are still eligible for those services.

These youth may apply for a PWD designation within 6 months of their 19th birthday. Starting the application process at that time will allow youth with disabilities sufficient time to schedule appointments with *medical practitioners* and *prescribed professionals*, and to have their PWD application completed and adjudicated so they can start receiving disability assistance when they turn 19, if determined eligible.

Youth who are:

- In government care (under the care of the Ministry of Children and Family Development),
- approved for PWD designation prior to their 19th birthday, **and**
- eligible for disability assistance as of their 19th birthday

Youth are eligible to receive the shelter allowance for the full month in which they turn 19, as per chapter 8.4 Disability Assistance Rate Table for any rent owing, and the support allowance pro-rated from the day they turned 19 to the end of that month.

Any payments made by the Ministry of Children and Family Development for service up to the day the person turned 19 are exempt when calculating assistance.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • *Persons with Disabilities Decision Letter (AANDC, MSDSI or BCANDS)* • *Budget and Decision Form* (901-25) • *Income Assistance Report (DCI #455897)* • Consent to Release of Information (901-23) • PWD Application Request Form (SA 331) • Copy of 'Age-Out' letter from At Home Program (if applicable) • All other forms and documentation as required to determine eligibility must be placed in a client's file
Resources	• BC Aboriginal Network on Disability Society (BCANDS) www.bcands.bc.ca • Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for PWD dated 2013 http://www.gov.bc.ca/meia/online_resource/persons_with_disabilities_designation/

17-year-old Applicants

During the first appointment, the following steps must be completed by the Band Social Development Worker (BSDW):

1) Regardless of whether or not the 17-year-old applicant is on the parents' income assistance file, an *Application for Social Assistance* (901-27) is completed and signed by the *applicant*. If the *applicant* does not have the capacity or cannot attend the office due to a physical or mental impairment, the parent/guardian may complete and sign the application on the *applicant's* behalf. Completion of an application ensures that the child's basic financial eligibility can be determined and, if the child is eligible, an income assistance file can be opened. The BSDW can proceed to issue a PWD Designation Application.

2) If the *applicant* is on the parents' income assistance file, the child will remain a *dependant* on the parents' file and a second income assistance file is opened in their name while the PWD application decision is pending.

3) The 17 year old's personal file must indicate the *applicant* must not receive assistance on his/her case file *until they turn 18 years of age* and are removed from the parents' income assistance file.

4) If it appears that monies have been set aside by the parents for the child, or if a settlement is pending to provide for the child's disability costs, explain that a trust can be created for the child which exempts the monies as assets. Explain when and how disbursements may be exempt as income. [For more information on asset limits – see chapter 4, Eligibility]

This also allows sufficient time for a review of a discretionary trust before the *applicant's* 18th birthday [see Chapter 4, Eligibility].

5) Follow steps as outlined in Application process for the Persons with Disabilities Designation. Advise the applicant that the PWD Designation Application needs to be completed by a medical practitioner and/or a prescribed professional and returned within two months to ensure a determination of the application by the applicant's 18th birthday. [see Chapter 8.1, Persons with Disabilities]

6) Book an intake appointment for the last week of the month prior to the applicant's 18th birthday.

Following first appointment

1) *Applicant* must have the *PWD Designation Application* (SA 301) completed as soon as possible and forwarded to BCANDS.

2) *BCANDS* will fast track the adjudication of PWD Designation Application for underage clients and provide:

   - a decision letter to the applicant and copy to the Band Social Development Worker (BSDW) at the administering authority office indicating PWD decision.
   - If denied the applicant will be notified to submit new medical information or request an appeal. BCANDS will update the PWD status (all documents will be available) and review the new medical information or complete an appeal and close the file.

3) The *applicant* must review the decision letter with their physician and/or a *prescribed professional* and provide BCANDS with new medical information as soon as possible.

4) BSDW will update case file to indicate the decision.

Intake appointment immediately prior to 18th birthday

An intake appointment should be scheduled for the last week of the month prior to the month of the *applicant's* 18th birthday, if the PWD designation is approved by BCANDS.

During the intake appointment, the following steps must be completed by the Band Social Development Worker (BSDW):

1) Complete an *Application for Social Assistance* (901-27). This will include verifying the financial criteria, address, rental information, etc.

2) If all eligibility criteria are met, including the PWD designation being approved by BCANDS, complete the following steps:

   - On the date of the client's 18th birthday, issue disability assistance to the *applicant*. The amount of disability assistance issued will include the pro-rated support and any outstanding shelter for the portion of the month remaining.

   - If the *applicant* has been on his or her parent's income assistance file, remove the *applicant* from the parent's file before the cut-off date in the month the person turns 18.

3) Explain the *Social Assistance Monthly Renewal Declaration* (901-28) and that it must be submitted on the cut-off date and must indicate any change in circumstances that affects the applicant's eligibility.

4) Explain rates, health and other supplements relevant to the applicant's needs and explain eligibility requirements as needed. Provide all relevant brochures to the applicant or the applicant's parent/guardian explaining the full range of the supplements available to Persons with Disabilities (e.g. Bus passes).

17-year-old Applicants: At Home Medical Benefits Recipients

First Appointment

During the first appointment, the Band Social Development Worker must complete the following steps:

1) *Applicants* should identify themselves as a recipient of Ministry of Children and Family Development's At Home Program Medical Benefits (AHP) by presenting an "Age-Out" letter explaining AHP Medical Benefits will cease on the youth's 18th birthday.

Regardless of whether or not the applicant is on the parents' income assistance file, an *Application for Social Assistance* (901-27) is completed and signed by the *applicant*.

2) Completion of an application ensures that the child's basic financial eligibility can be determined and, if the child is eligible, an income assistance file can be opened. If the *applicant* is on the parents' income assistance file, the child will remain a *dependant* on the parents' file and a second income assistance file is opened in their name while the PWD application decision is pending. The 17 year old's personal income assistance file must indicate the *applicant* cannot receive assistance on his or her lone file until they turn 18 years of age and are removed from the parents' income assistance file.

3) If it appears that monies have been set aside by the parents for the child, or if a settlement is pending to provide for the child's disability costs, explain that trust can be created for the child that exempts the monies as assets. Explain when and how disbursements may be exempt as income. This also allows sufficient time for a review of a discretionary trust before the applicant's 18th birthday.

4) Review the information and determine PWD eligibility. If the AHP file information is not sufficient to confirm eligibility, contact professionals to clarify information. As a last resort, request the applicant to have a section or all of the PWD application completed to confirm eligibility.

5) If the designation is approved, send a copy of the approval letter to the *applicant*.

6) The effective date should be set to the *applicant's* 18th birthday.

7) If the designation application is denied, explain the reasons for the denial and notify the *applicant* of the decision. The decision effective date should be set to the applicant's 18th birthday. Send copies of the decision letter and decision summary to the applicant.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (B&D) (901-25) is to be *completed in full* to document the decision to issue, or not issue, the benefit as follows:

1. Under the Comment section – indicate:
    a. The "Monthly Reporting Requirements"
    b. The type of need being provided (i.e., IA benefits, PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family unit portion for each eligible item [For more information, see chapter 5.1 Shelter Allowances Overview].
2. Under Monthly Requirements section – enter the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special only
    b. Items not applicable write N/A or put a strikethrough to show you have reviewed
3. Under the Resources section - enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery. Total all items under (5) Total Monthly Deductions to determine the monthly deduction amount:
    a. Items not applicable write N/A or put a strikethrough to show you have reviewed
    b. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    c. Monthly Entitlement amount to be issued.
4. Under the Temporary Allowance Issued by Administering Authority section - enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).
5. Any section not applicable like Transfer to Band Work Project section, enter N/A or put a strikethrough to show you have reviewed.
6. Signatures of both the recipient and Administering Authority required.
7. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Social Assistance Monthly Renewal Declaration* (901-28) form must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].
8. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Applicants Moving Off/On Reserve

General Principle

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for disability assistance in BC, applicants must be granted designation under the *EAPWD Act* through the Ministry of Social Development and Poverty Reduction (MSDPR) or the Department of Indigenous Services Canada (DISC) through the British Columbia Aboriginal Network on Disability Society (BCANDS).

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for the on-reserve Persons with Disabilities (PWD) designation in British Columbia, all *applicants* must be granted a designation through BCANDS on behalf of DISC BC Region.

Definitions

July 1, 2015

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region,* for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Applicants with DISC PWD Designation Moving off Reserve

A Department of Indigenous Services Canada (DISC) designated PWD recipient who leaves a reserve and subsequently applies for assistance with MSDPR may **not** be required to complete a provincial *PWD Designation Application* (HSD2883) form. With the applicant's signed consent on the *Consent to Release of Information* (HSD3125), BCANDS will forward a copy of the applicant's *Persons with Disabilities Designation Application* (SA 301) and any information or documents relating to the designation for PWD directly to MSDPR.

The MSDPR will conduct a file review using the information in the DISC *Persons with Disabilities Designation Application* (SA 301) form and other related documents to determine if they meet the criteria for the PWD designation through MSDPR. If the ministry is unable to make a decision based on the information in the DISC *Persons with Disabilities Designation Application* (SA 301) form, the applicant will be required to submit a completed MSDPR PWD application form.

Persons with MSDPR PWD Designation Moving on Reserve

A Ministry of Social Development and Poverty Reduction (MSDPR) designated PWD recipient who moves on a reserve and subsequently applies for assistance with the local administering authority may **not** be required to complete an DISC *Persons with Disabilities Designation Application* (SA 301) form. With the *applicant's* signed consent on the *Consent to Release of Persons with Disabilities (PWD) Information by BC MSDPR* (SA 320) form, MSDPR will forward a copy of their *PWD Designation* (HSD2883) or *Designation Review* (HSD2883R) Application form and any information or documents relating to the designation for PWD directly to BCANDS.

The British Columbia Aboriginal Network on Disability Society (BCANDS) on behalf of DISC BC Region will conduct a file review using the information in the MSDPR *PWD Designation Application* (HSD2883) or *Designation Review* (HSD2883R) Application form and other related documents to determine if they meet the criteria for the PWD designation through DISC.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • *Persons with Disabilities Decision Letter (AANDC, MSDSI or BCANDS)* • *Budget and Decision Form* (901-25) • *Income Assistance Report (DCI #455897)* • Consent to Release of Information (HSD3125) or Consent to Release of PWD Information by BC Ministry of Housing and Social Development (SA 320) • PWD Designation (HSD2883) or Designation Review (HSD2883R) • All other forms and documentation as required to determine eligibility must be placed in a client's file
Resources	• BC Aboriginal Network on Disability Society (BCANDS) www.bcands.bc.ca • Income Assistance Report (DCI #455897) ~~http://www.aadnc-aan~~dc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for PWD dated 2013 ~~http://www.gov.bc.ca/meia/online_resource/persons_with_disabilities_designation/~~

DISC PWD Designated Moving off Reserve

Persons with the PWD designation through the Department of Indigenous Services Canada (DISC) who leave a reserve and subsequently apply for income assistance with the ministry will be required to complete the same financial application process as all enquirers.

However, the applicant may not be required to complete a new PWD Designation Application as their PWD designation information on file with the British Columbia Aboriginal Network on Disability Society, can be made available for adjudication for the PWD designation by Health Assistance Branch (HAB).

To initiate the release of the client's DISC PWD designation information, the **Employment and Assistance Worker (EAW)** will complete the following steps:

1) Have the applicant complete and sign the *Consent to Release Information* (HSD3125).

2) Send completed consent form to the British Columbia Aboriginal Network on Disability Society (BCANDS) at the fax number or address noted on the consent form. When faxing, EAWs must adhere to guidelines concerning transmittal of confidential information.

3) Place a copy of the consent form on the client's file.

4) Note that the signed consent form has been completed and sent to BCANDS.

Upon receipt of the completed consent form, BCANDS will forward a copy of the client's DISC PWD application and any related documentation directly to Health Assistance Branch (HAB) within 12 business days.

HAB will complete a review of the DISC PWD documentation to determine if the information is sufficient to proceed with PWD designation adjudication.

If HAB is unable to make a decision based on the information received, the applicant will be required to submit a completed *PWD Designation Application* (HSD 2883) form.

MSDPR PWD Designated Moving on Reserve

Individuals who are moving on-reserve and who have received the PWD designation from the ministry may request that their PWD designation information be released to the Department of Indigenous Services Canada (DISC) and BC Aboriginal Network on Disability Society (BCANDS) for the purpose of a file review to confirm their eligibility for the DISC PWD designation.

Prior to the release of the ministry's PWD documentation, the client must complete and sign the *Consent to Release of Information* (SA 320) which is available through their Band Social Development Worker (BSDW). The consent form must be sent by the BSDW directly to Health Assistance Branch (HAB), as HAB is responsible for releasing the requested documentation.

To initiate the release of the client's ministry PWD designation information, the **BSDW** will complete the following steps:

1) Have the applicant complete and sign the *Consent to Release of Information* (SA 320).

2) Send completed consent form to HAB at the fax number or address noted on the consent form. When faxing, Band Social Development Workers must adhere to guidelines concerning transmittal of confidential information.

3) Place a copy of the consent form on the client's file and record date sent to HAB.

Upon receipt of the completed consent form, HAB will forward a copy of the client's *PWD Designation* (HSD2883) or *Designation Review* (HSD2883R) application form and any related documentation directly to BCANDS for a file review within 12 business days.

BCANDS will complete a review of the ministry's PWD documentation to determine if the information is sufficient to proceed with PWD designation adjudication.

If BCANDS is unable to make a decision based on the information received, the applicant will be required to submit a completed *PWD Designation Application* (SA 301) form.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (B&D) (901-25) is to be *completed in full* to document the decision to issue, or not issue, the benefit as follows:

1. Under the Comment section – indicate:
    a. The "Monthly Reporting Requirements"
    b. The type of need being provided (i.e., IA benefits, PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family unit portion for each eligible item [For more information, see chapter 5.1 Shelter Allowances Overview].
2. Under Monthly Requirements section – enter the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special only
    b. Items not applicable write N/A or put a strikethrough to show you have reviewed
3. Under the Resources section - enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery. Total all items under (5) Total Monthly Deductions to determine the monthly deduction amount:
    a. Items not applicable write N/A or put a strikethrough to show you have reviewed
    b. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    c. Monthly Entitlement amount to be issued.
4. Under the Temporary Allowance Issued by Administering Authority section - enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).
5. Any section not applicable like Transfer to Band Work Project section, enter N/A or put a strikethrough to show you have reviewed.

6. Signatures of both the recipient and Administering Authority required.

7. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:

    a. the *Social Assistance Monthly Renewal Declaration* (901-28) form must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].

8. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Rate Table for Persons with Disabilities

General Principle

January 2018

The support and shelter allowances rates of DISC Social Assistance Program mirror the social assistance and disabilities assistance rates of the provincial Ministry of Social Development and Poverty Reduction (MSDPR) program.

Policy

Amount of Monthly Social Assistance - Calculation

The amount of monthly social assistance that may be provided for family units that include a person with disabilities designation is calculated as follows:

- the total amount of support and shelter allowances stated in the Persons with Disabilities Rates Table,
  minus
- the total amount of non-exempt assets and income determined under Chapter 4.7 Assets, Chapter 4.8 Unearned Income and Chapter 4.9 Income and Exemption Eligibility.

Rate Tables for Other Programs

For income assistance rates for recipients receiving Income Assistance, see Chapter 4.0, Rate Table for Income Assistance.

For income assistance recipients receiving room and board, see Chapter 5.3, Room and Board.

For income assistance for Grandparented Children Out of the Parental Home Assistance, see Chapter 6.2, Rate Table for Grandparented Children Out of the Parental Home (COPH) Assistance.

For income assistance recipients receiving hardship assistance, see Chapter 7.11, Rate Table for Hardship Assistance.

For income assistance recipients receiving accommodation, comforts allowance and clothing allowance while in a special care facility see Chapter 11, Other Benefits.

For income assistance recipients receiving old age security pension, see Chapter 11.3, Supplementary Assistance for Old Age Security Pension.

Persons with Disabilities Rates - Support and Shelter

January 2018

Income assistance for Persons with Disabilities (PWD) is paid in the month following designation.
In cases where designation occurs prior to the individual's eighteenth birthday, payments begin in the month of the eighteenth birthday.

A Rates for singles, couples, and two-parent families where one family member is eligible for Persons with Disabilities (PWD) and all are under 65 years of age.

B Rates for couples and two-parent families where both adults are eligible for Persons with Disabilities (PWD).

C Rates for one-parent families where the parent is eligible for Persons with Disabilities (PWD).

D Rates for couples and two-parent families where one adult member is eligible for Persons with Disabilities (PWD) and the other adult is 65 years or older.

Support Allowance					Shelter Maximum*
Unit size	**A**	**B**	**C**	**D**	
1	$758.42	N/A	N/A	N/A	$375.00
2	$927.56	$1,403.06	$899.08	$1176.06	$570.00
3	$1021.56	$1497.06	$899.08	$1270.06	$660.00
4	$1021.56	$1497.06	$899.08	$1270.06	$700.00
5	$1021.56	$1497.06	$899.08	$1270.06	$750.00
6	$1021.56	$1497.06	$899.08	$1270.06	$785.00
7	$1021.56	$1497.06	$899.08	$1270.06	$820.00

Add up to an additional $35 per month shelter maximum for each family member in excess of a unit size of seven.

Transportation Support Allowance					
Unit Size	**A**	**B**	**C**	**D**	
All	$52	$104	$52	$52	

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *PWD Approval letter from BCANDS, AANDC or MSDSI (see 8.1 and 8.3 for further details)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Rate Tables dated 2007 http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables

Amount of Monthly Income Assistance – Calculation

1) All rates are monthly.
2) On-going need must be documented by the recipient each month using the *Social Assistance Monthly Renewal Declaration* (901-28) [see Chapter 3, Application and Assessment].
3) Shelter increments continue to increase by an additional $35 for each additional dependant after unit size 7 [see Chapter 5, Shelter Allowances].
4) In addition to the support allowance, families receive a monthly payment for each child under 19 years of age. Families receive:
    - a Federally administered payment that is comprised of the British Columbia Basic Family Bonus and the National Child Benefit Supplement, which are collectively known as the Canada Child Benefit.
5) Families of two or more that include someone on Old Age Security (OAS) are entitled to a maximum shelter rate for the family size [see Chapter 11.3, Supplementary Assistance to Old Age Security Pension].
6) Ensure the client file contains the *Budget and Decision Form* (901-25) and all supporting documentation are completed in full.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The "the type of support" being provided (i.e., PWD benefits)
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].

7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Community Volunteer Supplement

General Principle

March 2014

To provide a community volunteer supplement for clothing, transportation and other expenses required for a recipient's participation in a community volunteer placement.

Policy

Eligibility

Community volunteer supplements (CVS) are intended for income assistance recipients who are unable to enter an employment or training plan at the present time, but who wish to pursue a volunteer placement and engage in community service to enhance their future employability. More than one member of a family may receive a community volunteer supplement provided they are eligible recipients. Eligible persons may continue to receive the community volunteer supplement as long as they are participating in a community volunteer activity.

Community volunteer supplements may be issued to recipients participating in voluntary and non-compensatory employment. Placements may be made in non-profit organizations, private agencies, government offices, and private sector businesses. Such placements must not displace regular staff. Union officials are to be consulted when appropriate.

Minors on income assistance, dependent children of income assistance recipients, and grand-parented COPH Assistance children may participate in this program provided that they are of legal working age in the province of British Columbia, or they have obtained the written consent of their parent or guardian.

A monthly community volunteer supplement may be provided to eligible persons who have reached 15 years of age, are participating in volunteer placement and meet one of the following criteria:

1. A recipient receiving person with disability assistance;
2. A recipient on Income Assistance in one of the following categories:

a) Persons who are “temporarily excused” from employment obligations;
b) Single parents with a child under 3 or with a physical or mental condition which precludes the parent from being employed;
c) Persons receiving accommodation and care in a special care facility or private hospital;
d) Persons admitted to hospital because they require extended care; or
e) Persons in a family unit that includes only persons who have separated from an abusive spouse or relative within the previous six months and, as a result, are unable to search for, accept or continue in employment.

Not Eligible

Persons are not eligible for CVS if they are:

- taking part in training or educational programs (i.e., Aboriginal Social Assistance Recipient Employment Training (ASARET) Initiative), or
- participating in Work Opportunity Programs (WOP).

Maximum Supplement Amount

The CVS provides up to $100 for each calendar month for clothing, transportation or other expenses that are needed by the eligible person to participate in a community volunteer program.

Only six (6) monthly payments may be made for a family unit in respect of an applicant, recipient, or dependent youth over any period of 36 consecutive calendar months, beginning with the calendar month the family unit first received the supplement. An additional six (6) monthly payments may be issued based on placement details.

Minimum Volunteering Requirement

Ten hours per month is a recommended minimum, but a lower number may be allowed in exceptional cases due to factors such as illness, medical appointments, capacity of client to participate, etc.

Reconsiderations and Appeals

The CVS is provided under the authority of the *Social Development Policy and Procedures Handbook* and availability is based on the special needs budget. Therefore, there will be no appeals process as it is provided under the fixed budget of the special needs budget.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form (901-25)* • *Social Assistance Monthly Renewal Declaration* (901-28) • *Income Assistance Report* (DCI #455897) • All other required income assistance documents • *Community Volunteer Supplement Contract* (SA 135)
Resources	• Income Assistance Report (DCI 455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • MSD web site content for Community Volunteer Supplement dated 2011 http://www.gov.bc.ca/meia/online_resource/general_supplements/cvsupp/policy.html

Starting Clients on a Community Volunteer Supplement

1. BSDW needs to determine if eligible clients meet the eligibility requirements for this supplement.
2. When the client has found a placement, the BSDW will complete the appropriate information on the *Community Volunteer Supplement Contract* (SA 135) and give it to the client to take to the volunteer agency.
3. The *Community Volunteer Supplement Contract* (SA 135) form needs to be completed and signed by the client and the agency. The form must be fully completed since it requires specific information pertaining to the agency (supervisor, location, contact information).
4. If the volunteer is under 19 years of age ensure that the parent or legal guardian has signed for the underage client.
5. When the client returns the form the BSDW and the client review the information together to assess degree of participation, the amount of CVS required based on client's costs (up to $100) and a start date.
6. Eligibility limitations should be reviewed with clients such as single parents, and PPMB clients, in that their eligibility for the supplement is contingent upon their NEO status. For example, when a single parent's youngest child turns three years of age the parent may no longer be eligible for the program as they are now expected to work.

Community Volunteer Supplement Contract (SA 135)

Requests for community volunteer placement shall be made with a *Community Volunteer Supplement Contract* (SA 135*)* form, which is to be completed as follows:

1) The band social development worker (BSDW) shall complete Section A: Applicant Information before providing the form to the client.
2) The client shall provide the form to the agency supervisor, who shall complete Section B: Agency Information before returning the form to the client.
3) The client shall provide the form to the BSDW, who shall complete Section C: Authorization information before authorizing placement.

The BSDW shall ensure time lines are maintained.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** Community Volunteer Supplement expenditure as follows:

1. Comment section - indicate “type of special needs being provided” and calculate the family units portion for each eligible item if shared shelter;

2. Under Monthly Requirements section – under Other Special Needs write the amount and sub-total in Column D (Special) and;
    a. For Community Volunteer Supplement, under Resources section
    b. Indicate start and end date for the Community Volunteer Supplement

3. Signatures of both the *recipient* and *Administering Authority*.

Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or there is a change in family unit (see Chapter 4, Eligibility).

All expenditures must have the required documentation attached to the form (See “Eligibility, Documentation & Forms” table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 10.Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The community volunteer supplement is wholly exempt when calculating basic income assistance entitlement.

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2 *Financial Management Report* sections:

    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Special Needs Allowance

General Principle

The special needs allowance is intended to provide financial assistance on a one-time, exceptional basis to recipients who face emergency needs they could not have planned for, to prevent imminent danger to their physical health, or for the immediate protection of a child.

Policy

Special needs allowances are not intended to supplement monthly benefits.

Applicants for special needs allowances must be eligible to receive income assistance.

The existence of the special need must be established to the satisfaction of the administering authority.

Recipients must exhaust all resources including liquid assets and the assistance of community agencies before eligibility can be determined.

Where eligibility is determined, the least costly way to meet the need may be authorized.

All issuances of special needs allowances must have documentation attached to a completed *Budget and Decision Form* (901-25), including signatures of both the client and administering authority.

Reasons for the decision must be documented on the recipient's file.

Purpose

Special needs allowances may be issued to qualified applicants for the purposes in this section, and subject to the noted special conditions.

Rent Arrears

Rent arrears payment may not exceed one month's rental arrears to prevent eviction that will cause serious harm to an individual or family.

Utility Arrears

Utility arrears payment may only be issued once for any individual or family, to a maximum of $200 to prevent discontinuance of an essential utility service.

Utility Security Deposit

January 2014

Overview of Utility Security Deposit

A special needs allowance may be provided to assist recipients of income assistance, hardship assistance and persons with disability assistance with the cost of securing service for electricity or natural gas.

Eligibility for a Utility Security Deposit

A utility security deposit may be provided when a utility provider of electricity or natural gas services requires a utility security deposit to enable connection or prevent disconnection of electricity or natural gas services and, when there are no alternative methods for enabling connection or preventing disconnection of the service. The amount must be the minimum amount required by the utility provider. The administering authority may provide a utility security deposit to or for a family unit that is eligible for income assistance, hardship assistance, or persons with disability assistance if all of the following conditions are met:

- the utility security deposit is necessary to enable the family unit to obtain the services of the electricity or natural gas utility.
- the recipient agrees to repay the amount paid under this section, and
- the utility security deposit is the minimum amount required by the utility provider to secure utility services.

The administering authority does not assume liability or legal responsibility for utilities payments or for any breach of utilities agreements. Utility security deposit interest is not recoverable, nor is it considered income.

Payment of Utility Security Deposit

The amount of the utility security supplement is the minimum amount required by the utility provider as a security deposit. Some providers require a higher deposit if a recipient does not wish to enroll in an equal payment plan. The administering authority will only pay the minimum amount required by the utility provider.

A utility security deposit may not be required and a utility security deposit should not be issued, if there is an alternative method for enabling access or preventing disconnection. For example BC Hydro will waive the utilities security deposit if the applicant enrols in the 'equal billing' or 'Pay-As-You-Go' programs.
A recipient may be provided with a utility security deposit for both electricity and natural gas concurrently.

A utility security deposit is issued only for security deposits required by the utility provider and not for arrears in payment or connection fees. See above, utility arrears for arrears and reconnection utility costs.

For information on BC Hydro's procedures for handling the collection of past-due accounts of customers, contact BC Hydro and Power Authority Credit and Collection at: www.bchydro.com.

Pattern of Reliance for a Utility Security Deposit

If a recipient has been issued a utility security deposit for a provider and that utility security deposit has not been repaid, and the recipient requests an additional utility security deposit, the recipient's assistance will be administered (i.e., the administering authority will make ongoing payments directly to the utility provider on behalf of the recipient). Where more than one utility security deposit is issued to the same utilities provider, the Band Social Development Workers rational for approval must be noted on the case file.

Repayment of Utility Security Deposit

If a utilities security deposit is required by a client, the amount is repayable by deducting $20.00 for each calendar month, or a greater amount, with consent of the client. The repayable amount can be deducted from social assistance provided to the client for the calendar month following the calendar month that the security deposit was paid. Not more than 2 utility security deposits can be provided to or for a family unit unless:

(a) only one of the utility security deposits has not been recovered or repaid,

(b) the family unit requires up to one more utility security deposit to change rented residential accommodation,

(i) because the recipient is separating from an abusive spouse, or

(ii) because the family unit rental accommodation is being sold or demolished and a notice of vacate has been given, or the accommodation is being condemned.

If the recipient leaves assistance, repayment must be made until the debt is recovered.

Security Deposits
April 2017

Security deposits can only be issued in tenancy situations when a deposit is required by the landlord to secure residency. The security deposit cannot exceed one-half the monthly rent, or monthly housing charge. If entering into a shared shelter arrangement, the client may be provided with their portion of the security deposit.

The Administering Authority may provide a security deposit to a family unit that is eligible for *income assistance, hardship assistance,* or *disability assistance* if all of the following conditions are met:

- the security deposit is necessary to enable the family unit to rent residential accommodation
- the recipient agrees in writing to repay the amount paid
- the security deposit does not exceed 50 per cent of one month's rent for residential rental accommodation

Applicants/recipients are limited to two outstanding security deposits only. Once the security deposit has been repaid in full, applicants/recipients may be considered eligible for an additional security deposit, if required by their landlord.

Exceptions for Security Deposits

Recipients who have two or more outstanding *security deposits*, but require an additional security deposit, may be eligible for an additional deposit if they meet one of the following criteria:

- are fleeing domestic violence
- are required to move within a community because the recipient's rental premises are being sold, demolished or condemned
- are homeless or at imminent risk of homelessness

When assessing eligibility for an additional security deposit for a client who is homeless or at imminent risk of homelessness, consider whether the client is living in:

- public spaces without legal claim (e.g., on the streets);
- a homeless shelter;
- a public facility or service (e.g., hospital, care facility, rehab or treatment centre, correctional facility) facing immediate discharge and cannot return to a stable residence;
- temporary accommodation where they do not have control over the length and conditions of tenure (e.g., couch surfing, name not on lease);
- inadequate accommodation (e.g., no running water, no heat, substandard housing conditions);
- accommodation where tenancy will be terminated within three months of application (e.g., given notice by landlord).

Repayment of Security Deposits

A repayment agreement must be signed by the applicant/recipient. The security deposit becomes repayable immediately. Security deposits not repaid in a lump sum must be recovered through monthly cheque reduction. Reduction starts on

the second cheque issued after the security deposit is provided. The recovery amount must be a minimum $20 per month, or more with the client's consent.

Security deposits are charged to the special needs budget based on annual available resources.

Debt Arrears

The social development program is *not* responsible for debts incurred by an individual or family, and income assistance allowances may not be pledged or otherwise encumbered to secure loans. Special needs allowances may not be issued to cover debt arrears except as identified in Rent Arrears, and Utility Arrears earlier in this section.

Essential Household Appliances and Furnishings
April 2017

Repair or Replacement

A recipient of income assistance may be granted an allowance to repair or replace essential household appliances or furniture.

Social Housing

A recipient moving into new social housing who is without essential household furniture may be granted a special needs allowance to purchase such furniture.

Note: CMHC funded social housing projects provide for basic major appliances (refrigerator, stove, washer, dryer).

Essential appliances are defined as:

- stove
- refrigerator
- washer
- freezer
- dryer

Note: No other items may be included as essential appliances.

Essential household furniture is defined as:

- box spring, mattress, and bedding
- kitchen table and chairs
- sofa
- lamps (where no overhead lighting is present)
- dressers (where no built-in bedroom cupboards are present)

- essential cooking utensils

Exceptional Household Items

In exceptional circumstances, and with the written recommendation of a qualified medical practitioner, an allowance may be granted for the following items:

- vacuum cleaner
- humidifier
- dehumidifier

An applicant for special needs allowance for essential household appliances and furnishings must:

- have explored all other reasonable, available alternatives including other financial resources and charitable or religious organizations
- provide at least two estimates for the required furniture or repair
- give due consideration to the purchase of used or second-hand items where this is appropriate

If goods must be shipped in from outside the community, transportation costs should be included in the application if they are not part of the purchase price.

Special needs allowance may be issued based on the lowest estimate submitted.

Home Maintenance

Special needs allowances may be issued to cover the material cost of essential minor repairs and normal maintenance (paint, putty, weatherstripping, etc.), provided that:

- the repair is necessary to reduce a safety or health hazard
- no other source of assistance is available through other band, departmental, federal, or provincial programs, nor through family or other organizations
- the occupant is on income assistance and owns the house either by certificate of possession or its equivalent
- a minimum two estimates are provided of which the lowest will apply

An additional allowance to cover the costs of labour may be issued if the recipient or dependents are unable to perform the work.

Structural modifications, additions, and major repairs are excluded. Individuals making application for assistance of this type should be referred to the band administration authorities responsible for housing programs.

Recipients who rent their accommodation are *not* eligible for this allowance. It is the responsibility of the landlord to pay for repairs of this nature.

Copies of estimates for both materials and labour; and receipts for all expenditures must be placed on the recipient's file along with the completed *Budget and Decision Form* (901-25).

Exceptional Special Need

Other special needs may be authorized by the administering authority if deemed necessary to prevent imminent danger to the health or safety of a income assistance recipient individual, or family, and not already provided for by basic or other special allowances. All exceptional allowances must be authorized within the limits of available resources.

Disaster Aid

To assist with the replacement of basic and essential household furnishings, food, and clothing lost to fire, flood, or other disaster.

Special needs allowances are charged to the special needs budget.

The special needs budget is a limited, fixed budget allocation and all expenditures must be within annual available resources.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form (901-25)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of all utility documents • Copy of Rental Agreement • Copy of Repayment Agreement (for Utility Security Deposit only) • *Income Assistance Report (DCI #455897)* • All other required income assistance documents
Resources	• Income Assistance Report (DCI 455897) http://www.fnsds.org/wp/wp-content/uploads/2013/09/2013-2014-INCOME-ASSISTANCE-REPORT-DCI455897-v1-02.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • MSD web site content for Supplement to Pay a Utilities Security Deposit dated 2007 http://www.sdsi.gov.bc.ca/PUBLICAT/VOL1/Part3/3-3.htm#4 • BC Hydro www.bchydro.com

Procedures

Establishing Whether Recipient is Eligible for a Utility Security Deposit

January 2014

To establish whether a recipient is eligible for a *utility security deposit*, follow these steps:

1. Review request with recipient.
2. Determine if the situation meets the requirement for a utility security deposit, as set out in policy.
3. Contact the utility service provider and confirm the circumstances with the utility provider and options available to the recipient.
4. Determine if the recipient is eligible for the “pay-as-you-go” plan or if the recipient can be set up on direct payment which may negate the need for a utility security deposit.
5. Recipients will be advised when requesting the first utility security deposit for non-payment of utilities that their benefits will be administered if they request a second utility security deposit for the same service provider.

6. If recipient has other options and does not meet the requirements, ensure the recipient clearly understand the reasons for the denial and explain clearly the options available.
7. Recipient must be provided with a written decision using the Budget and Decision (901-25) form.

Repayment Agreement for Utility Security Deposit

January 2014

The administering authority will recover *utility security deposits* using a Repayment Agreement.

Repayments are applied consecutively but not concurrently. Minimum monthly payment of $20 is made after security deposits for accommodations are all repaid. The repayment agreement should include a start and end date with amount stated to ensure administering authority cancels the reduction of recipient's benefits on schedule.

Hardship recipients are not required to repay until receiving *income or persons with disability* assistance.

There is a limit to the number of utility security deposits that can be issued. The BSDW must have documentation and case notes in the following circumstances:

- where a recipient currently has an outstanding utility security deposit and is requesting a second utility security deposit for the same utility provider; or
- where a recipient requires a utility security deposit over $500.

If the recipient leaves assistance, repayment must be made until the debt is recovered.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** Special Needs Costs as follows:

1. Comment section - indicate “type of special needs being provided” and calculate the family units portion for each eligible item if shared shelter;

2. Under Monthly Requirements section – under Other Special Needs write the amount and sub-total in Column D (Special) and;
    a. For Utility Security Deposit, Under Resources section – under Recovery write the repayment amount and total in under number 4 and add total monthly deductions under number 5.
    b. Under Resources, enter amount of number 5 in Less Deductions.
    c. Indicate start and end date for repayment of Utility Security Deposit as per above.

3. Signatures of both the *recipient* and *Administering Authority*.

Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or there is a change in family unit (see Chapter 4, Eligibility).

All expenditures must have the required documentation attached to the form (See “Eligibility, Documentation & Forms” table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 14.Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and

2. Pages 5-6, Part B *Financial Management Report* sections:
    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Guide Animal Supplement

General Principle

February 2014

A guide animal supplement may be issued for the maintenance of a certified guide animal used by a recipient or dependants.

Policy

February 2014

A Guide Animal Supplement of $95 per calendar month may be issued to assist with the maintenance of a guide animal certified under the Guide Animal Act. The supplement is available to recipients of income assistance, hardship assistance and persons with disabilities when the guide animal is used by a member of the family unit.

The Guide Animal Supplement is not intended to help care for pets.

Procedures

February 2014

Eligibility	Documentation and Forms
Application or Recipient	• *Budget and Decision Form (901-25)* • *Income Assistance Report (DCI #455897)* • *Copy of Certificate for Guide Animal* • *All other documentation*
Resources	• Income Assistance Report (DCI 455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • MSD website content for Animal Guide Supplement: http://www.gov.bc.ca/meia/online_resource/general_supplements/guideanimal/ • MSD contacts • Ministry of Justice website content for *Guide Animal Act: http://www.pssg.gov.bc.ca/guideanimal/*

To issue a guide animal supplement, the administering authority verifies that the family unit has a guide animal that is certified under the *Guide Animal Act*. This supplement is to be reviewed at each eligibility review.

The guide animal supplement is charged to the special needs budget. The special needs budget is a limited, fixed budget allocation and all expenditures must be within annual available resources.

All issuances of special needs allowances must be documented on the *Budget and Decision Form* (901-25), including signatures of both the client and the administering authority.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** monthly payment for the Guide Animal Supplement as follows:

1. Comment section - indicate “type of special needs being provided” and calculate the family units portion for each eligible item if shared shelter;

2. Under Monthly Requirements section – under Other Special Needs write the amount and sub-total in Column D (Special) and;

3. Signatures of both the recipient and Administering Authority.

Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or there is a change in family unit (see Chapter 4, Eligibility).

All expenditures must have the required documentation attached to the form (see “Eligibility, Documentation & Forms” table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 10.Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2 *Financial Management Report* sections:

   - 10. Income Assistance Expenditures,
   - 11. Shelter Information,
   - 12. Children Out of Parental Home, and
   - Declaration.

THIS SECTION REMOVED

Camp Fee Supplement

General Principle

May 2014

Subject to the availability of Special Needs funding, the camp fee supplement may be provided to fully or partially cover the cost of attendance at a recognized camp for children of *income assistance* and *disability assistance* recipients and adult recipients of *disability assistance*.

Policy

May 2014

Eligible Individuals:

Children of *income assistance* recipients or *disability assistance* recipients, or adult recipients of *disability assistance* may be eligible for a supplement to fully or partially cover the cost of attendance at a recognized camp.

Priority is given to assist in the following order:

- children with mental, physical or developmental disabilities;
- *dependent children* of long-term assistance recipients;
- adults with developmental disabilities who are living in a residential care facility.

Eligible Expenditures:

Only one camp fee supplement for each eligible child or adult in the *family unit* may be provided within any fiscal year.

The camp fee supplement is limited to registration costs only.

The following principles must be applied when determining whether a camp is "recognized" or not:

1. The camp must exist in the province of British Columbia (excludes camps located out of province).
2. Camps can be day or overnight and may be offered by community centres, neighbourhood houses or other.
3. Themed camps are acceptable and may relate to faith-based, music, arts, sports or other similar camps.

4. Camping experiences where parents accompany children will **not** qualify for a camp fee supplement.

Maximum Funding Available:

The amount of payment issued is subject to the availability of Special Needs funding. The Special Needs budget is a limited, fixed budget allocation. Expenditures must not exceed annual available resources.

The amount of payment for each eligible child or adult will be limited to the actual cost of the camp fee or $200 maximum per individual, whichever is the lesser amount.

Only one camp fee supplement for each eligible child or adult in the family unit may be provided within any fiscal year.

Procedures

May 2014

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Income Assistance Report* (DCI #455897) • Camp fee supplement documentation (i.e.: a copy of the registration/application form from the camp, camp invoice) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • MSDPR web site content for Camp Fees http://www.gov.bc.ca/meia/online_resource/general_supplements/camp/

Steps to Issue a Camp Fee Supplement:

Step 1: The Band Social Development Worker reviews requests for the camp fee supplement. Examples of questions for the review include:

- Does the applicant meet the eligibility criteria noted in the Policy section?
- Does the camp meet the eligibility criteria noted in the Policy section?
- Has the applicant confirmed the actual cost for their camp fee?
- Can the Special Needs budget accommodate the funding request?

Step 2: The Band Social Development Worker explores other potential sources of funding:

Before issuing a camp fee supplement, the Band Social Development Worker should explore other funding sources. For example, a local service organization may cover part of the cost of the fee. When a partial payment is made from an alternate source (e.g. local organization, etc.) payments must be coordinated to ensure clear expenditure responsibility.

Step 3: The Band Social Development Worker confirms their decision with the applicant:

Communicate the decision on the funding request to the applicant. Examples of decisions include:

- Approve: To fully fund, or partially fund, the actual cost of the camp fee as per the "Maximum Funding Available" section noted on Page 2.

- Not approve: To not fund because the request is incomplete or does not meet the eligibility criteria; or because funding is not available.

Step 4: The Band Social Development Worker assigns charges. The camp fee supplement is charged to the Special Needs budget.

Step 5: The *Administering Authority* completes the reporting requirements noted in the table above and described below:

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full*. Document the **approved** camp fee supplement costs as follows:

1. Comment section: Indicate the "type of special needs being provided" and calculate the family unit's portion for each eligible item if shared shelter;
2. Under Monthly Requirements section – under Other Special Needs: Write the amount and sub-total in Column D (Special) and;
3. Signatures are required for both the *recipient* and the *Administering Authority*.

Prepare a new *Budget and Decision Form* (901-25) when the number of persons occupying the home change or there is a change in family unit (see Chapter 4, Eligibility).

All expenditures must have the required documentation attached to the form (see table above for examples of documentation).

DCI #455897 – INCOME ASSISTANCE REPORT

Camp fee supplement expenditures are reported under number 10. Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI #455897) for eligible children of *income assistance* recipients or *disability assistance* recipients; or eligible adult recipients of *disability assistance*.

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:

- 10. Income Assistance Expenditures,
- 11. Shelter Information,
- 12. Children Out of Parental Home, and
- Declaration.

School Start-up Supplement

General Principle

A school start-up supplement is intended to assist recipients of income assistance, persons with disability assistance and hardship assistance with the extra costs associated with a dependent child's schooling.

Policy

An annual school start-up supplement may be issued to:

- a family unit eligible for income assistance, hardship assistance or persons with disability assistance if the family unit includes a dependent child who is attending school full-time.
- a child out of the parental home (COPH) who is attending school full-time.

Among those recipients eligible for this supplement are:

- children who are enrolled full-time in kindergarten, even though attendance may be for less than a full day
- children who, because of individual circumstances, may be taking less than a full course load
- children who are participating in a recognized home schooling program
- children who are attending an alternative school program

Status children on reserve may receive school start-up supplement from their band education program. The benefit may be available to those status children who are not eligible for a school start-up supplement from their band education department. The recipient must provide verification the supplement is not being provided by their band.

The amount of the school start-up allowance is:

- $100 for children aged 5–11 years
- $175 for children aged 12 -18 years

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form (901-25)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of all relevant documents • Confirmation of eligibility for school start-up supplement • *Income Assistance Report (DCI #455897)* • All other required income assistance documents
Resources	• Income Assistance Report (DCI 455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • MSD web site content for School Start-up Supplement dated 2012 http://www.gov.bc.ca/meia/online_resource/general_supplements/schoolsupp/

The annual school start-up supplement may be paid on the income assistance entitlement for September.

All issuances for the school start-up supplement must be documented by using the *Budget and Decision Form* (901-25), including signatures of both the client and the administering authority.

The school start-up supplement payments are charged to the special needs budget.

This is a one-time grant charged to the special needs budget.

When Supplement Should be Issued

February 2014

In most cases the supplement will be included in a family's July cheque for the August benefit month to help cover expenses for a child who is entering or returning to school in September. However, in cases where the child is entering or returning to school later in the school year, the supplement may be issued at that time. If the child received a school start-up supplement in September, he or she would not be eligible for another supplement.

A child must be attending school to be eligible for this supplement.

Establishing Whether Recipient is Eligible for a School Start-up Supplement

February 2014

To establish whether a recipient is eligible for a *school start-up supplement* follow these steps:

1. Review request with recipient.
2. Determine if the situation meets the requirement for a school start-up supplement, as set out in policy.
3. Obtain confirmation of the eligibility for the supplement.
    a. For status children, obtain confirmation from their Band Education worker whether a school start-up benefit issued, ensure no duplication of funding provided.
4. Complete all paperwork outlined in the documentation and forms box above.
5. If recipient has other options and does not meet the requirements, ensure the recipient clearly understand the reasons for the denial and explain clearly the options available.
6. Recipient must be provided with a written decision using the *Budget and Decision* (901-25) form.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** one-time annual payment for the School Start-up Supplement as follows:

1. Comment section - indicate “type of special needs being provided” and calculate the family units portion for each eligible item if shared shelter;

2. Under Monthly Requirements section – under Other Special Needs write the amount and sub-total in Column D (Special) and;

3. Signatures of both the recipient and Administering Authority.

Prepare a new *Budget and Decision Form* (901-25) when number of persons occupying the home change or there is a change in family unit (see Chapter 4, Eligibility).

All expenditures must have the required documentation attached to the form (see “Eligibility, Documentation & Forms” table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 10.Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2 *Financial Management Report* sections:

    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Confirmed Job Supplement

General Principle

Where no other resources are available to cover the cost, a confirmed job supplement may be provided to recipients with a **confirmed** offer of employment to purchase the essential transportation and work-related items they need to begin a job that will enable the family to leave assistance.

Policy

Eligibility

A Confirmed Job Supplement (CJS) may be provided to or for a recipient who is eligible for *income assistance, disability assistance*, or *hardship assistance* if all of the following apply:

- a recipient in the *family unit* **obtains confirmed** employment that will enable the family to leave *income assistance*, *hardship assistance*, or *disability assistance*
- the recipient requires a specific employment-related item in order to start work
- no resources are available to the family unit to cover the cost

Although usually issued on a one-time basis, the CJS may be provided more than once where circumstances warrant (such as seasonal employment).

Recipients who ultimately do not accept the job that the CJS was issued for may be subject to employment-related recovery. Any decision on CJS recovery is **not** subject to an appeal [For more information, see chapter 2.3 Overpayments and Recoveries].

Confirming Employment

The BSDW is responsible for verifying the information submitted by each client. Each Administering Authority may develop procedures around this policy.

A job offer letter submitted by the client should be on the business letterhead (if possible) or at minimum should provide the name, address and telephone number of the employer, and a contact person.

Types of items that may be purchased

The CJS may be used to purchase an essential employment-related item such as the following:

- transportation to the job (such as a bus pass)
- supplies required for occupational health and safety (such as work gloves, goggles, safety work boots)
- work clothing and other essentials (such as uniforms, rain gear, rubber boots, tools not normally provided by the employer, and haircuts)

The CJS **is not** to be used for relocation costs, training, tools, or other implements normally provided by an employer, nor is it to be used to purchase disability-related technical aids or workplace accommodations.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents • A job offer letter on business letterhead or the name, address, and telephone number of the employer, and a contact person • Specific details about required items, and demonstrate that alternative sources of funding were fully explored but were unavailable
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Confirmed Job Supplement dated 2013 http://www.gov.bc.ca/meia/online_resource/general_supplements/confjob/index.html

A one-time allowance of up to $1000 may be granted to cover **all essential** employment-related items.

At least two estimates are required for each essential employment-related item such as:

- work clothing and other essentials,
- supplies required for occupational health and safety, and
- a thorough assessment of essential costs for local transportation for the first month of employment.

Recipients are responsible to provide all documentation including written confirmation of the start of employment.

Reasons for the decision must be documented on the recipient's file.

All issuances of special needs allowances must have documentation attached to a completed *Budget and Decision Form* (901-25), including signatures of both the client and the administering authority.

All essential employment-related items are charged to the special needs budget.

The special needs budget is a limited, fixed budget allocation and all expenditures must be within annual available resources.

Assessing Eligibility for the Confirmed Job Supplement

1) Confirm that the recipient has:
    - provided verification of the confirmed job (for example, job offer letter or contact person) [see Policy – Confirming Employment]
    - provided specific details about required items, and demonstrated that alternative sources of funding were fully explored but were unavailable
2) Evaluate whether the confirmed job is likely to lead to financial independence, and review the case history.
3) Review the case to determine if a CJS was previously issued.
4) Record the following information on the case as part of the approval process:
    - confirmed job verification [see Policy – Confirming Employment];
    - employer information, including name, address, and telephone number;
    - job title or brief description, starting wage, and number of hours per week;
    - amount of supplement requested and the specific need;
    - alternative financial resources explored.
5) For clients who are not eligible for CJS, provide the client with a denial letter that explains why the client is not eligible.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (B&D) (901-25) is to be *completed in full* to document the decision to issue, or not issue, the benefit as follows:

1. Under the Comment section – indicate:
    a. The "confirmed job supplement"
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under the Monthly Requirements section – enter the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special only:
        i. Items not applicable write N/A or put a strikethrough to show you have reviewed

3. Under the Resources section - enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery. Total all items under (5) Total Monthly Deductions to determine the monthly deduction amount:
        i. Items not applicable write N/A or put a strikethrough to show you have reviewed
    b. Enter the amount of (5) from Resource section to Less Deductions under the Monthly Requirements section
    c. Total the monthly Entitlement amount to be issued

4. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).

5. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strikethrough to show you have reviewed

6. Signatures of both the recipient and Administering Authority are required.

7. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Social Assistance Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].

8. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Moving, Transportation, and Living Costs

General Principle

February 2014

A supplement to cover necessary moving, transportation, and living expenses may be provided to recipients of income assistance, hardship assistance, or persons with disability assistance who have no other resources. The supplement may be provided to cover costs such as:

- moving costs of recipients who are moving to a confirmed job or who must move because of threats to their physical safety
- transportation and living costs of recipients required to attend a child protection hearing
- transportation, living, and child care costs of recipients to attend a court hearing, a DNA paternity testing collection site, or an office of a notary public when the recipient is obligated as part of the Family Maintenance Program
- fees resulting from requirements of the Family Maintenance Program, such as notary public fees when completing *Interjurisdictional Support Orders Act* applications

The recipient is required to obtain **prior approval** before incurring costs and demonstrate legitimate reasons for moving or travel.

Policy

Eligibility

February 2014

It is the responsibility of the client to provide documents to verify their eligibility for the appropriate benefit. Details of the verification and original documents or copies of originals that are stamped “certified true copy” are to be placed on the client’s file. For further details on documentation requirements (see - Application and Assessment).

A moving, transportation and living costs supplement may be provided to assist with the cost of the least expensive mode of moving or transportation, or the least expensive appropriate living costs.

Storage fees can be considered a moving cost and paid by the administering authority when a family’s possessions must be stored for a limited period of time. Clients are only eligible to have their storage locker fees paid if they are eligible for the supplement.

A Moving, Transportation and Living Costs Supplement are provided to assist with one or more of the following:

- moving costs required to move anywhere in Canada, if a recipient in the family unit is not working but has arranged confirmed employment that would significantly promote the financial independence of the family unit and the recipient is required to move to begin that employment

Note: Eligible recipients may use chapter 9.7, Work Clothes and Work Transportation policy instead to pay for the first month of transportation costs for a confirmed job (e.g., to purchase a bus pass).

- moving costs required to move to another province, if the family unit is required to move to improve its living circumstances
- moving costs required to move within a Reserve because the family unit's rented residential accommodation is being sold or demolished and notice to vacate has been given, or has been condemned
- moving costs required to move within a Reserve if the family unit's shelter costs would be significantly reduced as a result of the move
- moving costs required to move to another area in British Columbia to avoid an imminent threat to the physical safety of any person in the family unit
- transportation costs and living costs required to attend a hearing relating to a child protection proceeding under the Child, Family and Community Service Act, if a recipient is given notice of the hearing and is a party to the proceeding
- transportation costs, living costs, and child care costs when recipients are obligated as part of their Assignment of Family Maintenance to attend any of the following:
  - court hearings, when a recipient is given notice of the hearing and is a party to the proceeding
  - DNA paternity testing collection sites
  - office of a Notary Public
- Notary Public fees for notarizing Interjurisdictional Support Orders Act (ISO) application packages

A family unit may be eligible for this supplement only if both of the following apply:

- there are no resources available to the family unit to cover the costs for which the supplement may be provided, and
- a recipient in the family unit receives approval from the administering authority before incurring those costs.

Transients are **not eligible** for a moving, transportation and living costs supplement.

Moves Within BC
February 2014

Recipients who must move from rental accommodation because the home is being sold, demolished, or condemned are required to demonstrate this reason to be eligible for assistance with moving and transportation costs.

Recipients who are evicted due to their own actions are *not eligible* for assistance with moving costs. However, another special needs supplement may be considered.

When recipients are required to move because of damage to the home they own and have insured, they must submit an insurance claim for moving expenses.

Recipients who are not working, are required to demonstrate they have confirmed employment, and are required to move to begin that employment in order to be eligible for this supplement.

Recipients must obtain a minimum of two estimates from licensed cartage firms to move their belongings or the cost of a rental truck or the least expensive mode of moving if the recipients are willing and able to move their belongings themselves.

Moves Outside of BC
February 2014

Recipients wishing to obtain funds for a move outside of BC are required to demonstrate that the move will significantly improve their living circumstances (i.e., move to a permanent, supportive, positive environment that is not available in this province). Prior approval, an action plan for at least temporary accommodation in the receiving jurisdiction, and verifying documentation are required.

Recipients who move on their own initiative will not be reimbursed.

The administering authority may pay for the transportation of individuals and regular baggage allotment expenses. Shipping costs for personal assets, such as heavy furniture or household goods, will not be paid for recipients moving out of province. Exceptions may be approved by the administering authority where demonstrated need for the item(s) can be attributed to a family unit member's disability.

Recipients who are in the latter stages of pregnancy, in a medically precarious situation or in a care facility must provide written assurance from the attending physician that they are well enough to travel.

If an escort is required, the administering authority may pay the transportation, meal and minimum essential accommodation costs of the escort if the costs cannot be met by other means. Administering authority staff are not to act as escorts.

The administering authority does not pay for a person to move to BC.

Expenses Related to Child Protection Hearings
February 2014

Transportation costs and *living costs* may be provided to recipients who are required to attend a hearing related to child protection.

Recipients who are obligated to attend a hearing related to child protection issues may be eligible for funds to travel to the hearing only in cases where they have been given notice of a child protection action pursuant to the *Child, Family & Community Services Act.*

Assistance with transportation/living costs is limited to hearings within BC.

If a person is brought to court for a hearing and is unable to return home due to lack of funds, assistance may be provided to assist with transportation costs.

[see Procedures – Payment of Expenses Related to Child Protection Hearings]

Expenses Related to the Family Maintenance Program
February 2014

Family Maintenance Related Court Hearing

Transportation costs, living costs, and child care costs may be provided to recipients who are obligated to attend a court hearing when the action is being represented by the Family Maintenance Program.

Assistance with transportation costs, living costs and child care costs is limited to hearings within BC.

If a person is brought to court for a hearing and is unable to return home due to lack of funds, assistance may be provided to assist with transportation costs.

For information on Family Maintenance Program, please see the following Ministry of Social Development and Poverty Reduction (MSDPR) link at:
http://www.gov.bc.ca/meia/online_resource/family_maintenance_program/

DNA Paternity Testing

Transportation costs, living costs, and child care costs may be provided in cases where medical tests for DNA paternity testing required by the Family Maintenance Program cannot be collected locally.

[For procedures on providing payments for expenses related to attending a family maintenance court hearing or for DNA paternity testing, see Procedures – Payments for Expenses Related to the Family Maintenance Program.]

Interjurisdictional Support Orders Act Applications

In order to secure child and spousal support, the Family Maintenance Program may require clients to travel to attend offices of notary publics or contract legal counsel for the swearing of documents and applications. (e.g., *Interjurisdictional Support Orders Act* (ISO) applications require clients to have their signatures witnessed by a Notary Public or contract legal counsel).

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• Budget and Decision Form (901-25) • Social Assistance Monthly Renewal Declaration (901-28) • Income Assistance Report (DCI #455897) • All other required income assistance documents • Notary Public fees for notarizing Interjurisdictional Support Orders Act (ISO) application packages • a minimum of two estimates from licensed cartage • Invoices (eg. Storage locker fee)
Resources	• Income Assistance Report (DCI 455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • MSDPR web site content for Supplement to Moving, Transportation and Living Costs dated 2004 http://www.gov.bc.ca/meia/online_resource/general_supplements/mtl supp/policy.html • MSDPR website content for Family Maintenance Program dated 2006 http://www.gov.bc.ca/meia/online_resource/family_maintenance_pro gram/ • Ministry of Children and Family Development (MCFD) Child Care Expenses http://www.mcf.gov.bc.ca/childcare/index.htm

The administering authority must be assured that the applicant lacks resources to cover the moving costs, in whole or in part.

All issuances of special needs allowances for moving, transportation, and living costs must be documented on the form *Budget and Decision Form* (901-25), including copies of documents to verify or confirm reasons and signatures of both the client and the administering authority. Case notes must outline the rationale for provision of the allowance, and documentation for all approved costs must be placed on the client's file.

Moving, transportation and living costs are charged to the special needs budget.

The special needs budget is a limited, fixed budget allocation and all expenditures must be within annual available resources.

Documentation Required for Moves Within or Outside of BC

February 2014

Recipients applying for a supplement to move within or outside BC must provide the following information for all family members moving:

- name, age, and date of birth
- reason for the moving request, indicating that move is permanent and that the supportive environment in receiving province is not available in BC
- financial statement detailing all financial resources that could be used to defray moving cost, including:
    - income
    - assets
    - exempt income
    - non-assets (per policy)
    - assistance from other resources
- costs of any approved escort (these costs must be clearly recorded separately from those of family members relocating)

Payment of Expenses Related to Child Protection Hearings

February 2014

Before issuing transportation and living costs for a recipient to attend a child protection hearing, the Band Social Development Worker (BSDW) must contact MCFD or First Nations Child and Family Services social worker to confirm the court dates. In determining appropriate *transportation costs* and *living costs* for a recipient to attend a child protection hearing, apply all of the following guidelines:

- Use the most economical means available to meet any required transportation cost.
- If an overnight stay will be necessary and client cannot stay with friends or relatives, reasonable accommodation can be obtained. If hotel accommodation is required the maximum amount provided is the maximum hotel rate in effect for administering authority employees, as established by the Band.
- In providing for the cost of meals away from home, use up to the maximum administering authority per diem rates in effect for the Band.

Payment for Expenses Related to the Family Maintenance Program

When a client has been found eligible for a supplement to assist with transportation costs, living costs, child care costs or notary public fees, the Family Maintenance Worker will determine the appropriate cost and issue the payment. In cases where the Family Maintenance Worker is unable to issue the payment, the BSDW can issue the payment after verifying the information (such as court date and cost of the expense) with the Family Maintenance Worker, in cases where the Family Maintenance Worker is unable to issue the payment.

Transportation and Living Costs

In determining appropriate *transportation costs* and *living costs* for a recipient attending a family maintenance hearing, participate in DNA paternity testing, or attend the office of a Notary Public apply all of the following guidelines:

- Use the most economical means available to meet any required transportation cost.
- If an overnight stay will be necessary and client cannot stay with friends or relatives, reasonable accommodation can be obtained. If hotel accommodation is required the maximum amount provided is the maximum hotel rate in effect for administering authority employees, as established by the Band.
- In providing for the cost of meals away from home, use up to the maximum administering authority per diem rates in effect for the Band.

Child Care Expenses

In determining appropriate child care costs for a recipient to attend a family maintenance hearing, participate in DNA paternity testing, or attend the office of a Notary Public, the child care subsidy rates may be considered as guidelines. However, the individual circumstances of the family unit must be taken into account, such as the length of time child care is required and special needs children.

See rates on the MCFD website at http://www.mcf.gov.bc.ca/childcare/index.htm

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** moving, transportation and living costs as follows:

1. Comment section - indicate “type of special needs being provided” and calculate the family units portion for each eligible item if shared shelter;
2. Under Monthly Requirements section – under Other Special Needs write the amount and sub-total in Column D (Special) and;
3. Signatures of both the recipient and Administering Authority.

Prepare a new Budget and Decision Form (901-25) when number of persons occupying the home change or there is a change in family unit (see Chapter 4, Eligibility).

All expenditures must have the required documentation attached to the form (See “Eligibility, Documentation & Forms” table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 10. Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2 *Financial Management Report* sections:

   - 10. Income Assistance Expenditures,
   - 11. Shelter Information,
   - 12. Children Out of Parental Home, and
   - Declaration.

Identification Supplement

Overview

Effective: August 1, 2014

The identification supplement is provided to recipients of hardship assistance to cover the cost of obtaining identification for a person in the family unit. The identification supplement is only provided when the identification is required for the family unit to be eligible for income assistance or disability assistance.

Policy

Eligibility

Effective: August 1, 2014

Applicants who meet all conditions of eligibility for regular income assistance except the requirement for sufficient identification (ID) may be eligible for *hardship assistance* issued under Chapter 7, Hardship Assistance while they obtain the required *ID*.

Clients who do not have complete ID can apply for it as follows:

- **Birth Certificate** – If clients need a BC birth certificate for secondary ID or to apply for a *SIN* card or primary ID, they can apply for it through the British Columbia Vital Statistics Agency or the appropriate provincial agency.

- **SIN** – Clients without a verifiable SIN must apply for it through Employment and Social Development Canada (formerly Human Resources and Social Development Canada).

  Note: Clients who do not have SIN cards but can provide verifiable SINs meet the identification requirements for income or disability assistance and do not need to apply for a SIN. Only clients who do not have a SIN, or whose SIN cannot be verified must apply for a SIN from Human Resources and Social Development Canada.

- **Primary ID** – Clients must apply for a BC Services Card (Photo Card), BC driver's license or BC Driver's License and Services Card (Combined Card) (if replacing a valid license) or BC Identification (BCID) card through the Insurance Corporation of British Columbia (ICBC).

When needed to establish identity, the Administering Authority may pay any costs associated with identification such as: birth certificates, SIN cards, BC driver's licenses, BC Driver's License and Services Card (Combined Card), BC Services Card (Photo Card), BC Services Card (Non-Photo Card), and *BCID* cards.

The Administering Authority **does not** pay for passports, Permanent Resident Cards, or other immigration documents processed by Citizenship and Immigration Canada.

Primary ID:

When photo *ID* is required, an ID supplement may be issued to cover the cost of obtaining a required piece of photo ID to.

Note: If a client with a confirmed job requires a driver's license or other piece of ID in order to start the job and ID requirements have already been met, an identification supplement **cannot** be issued. In these circumstances, the client may be eligible for a confirmed job supplement to assist in acquiring the necessary ID.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form (901-25)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report (DCI #455897)* • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Citizenship and Immigration http://www.cic.gc.ca/english/ • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677

Issuing an ID Supplement:

When issuing an *ID* supplement, follow these steps:

1. Review the case file to see if and when an ID supplement may have already been issued.
2. Consider whether to issue an ID supplement to cover the cost of **obtaining a required piece of photo ID**, and determine the least expensive available ID:
    - **BC Services Card (Photo Card)** – has no application or renewal fee, and is issued free of charge. However, if a client is unable to obtain a BC Services Card (Photo Card) an ID supplement may be issued to purchase a piece of ID.
    - Determine all costs associated with purchasing identification such as: long form birth certificate fee, ID renewal fee (if applicable) for SIN card, BC driver's license, BC Driver's License and Services Card (Combined Card), BC Services Card (Photo Card), BC Services Card (Non-Photo Card), and *BCID* cards.
3. Select a method of payment for ID supplement:
    - Client to return the completed application form, process the fee payment to the service provider directly and mail, or
    - Client to provide receipt for cost of ID fee paid, then issue an income assistance cheque from special needs budget directly to client and attach receipt to *Budget and Decision Form* (901-25), or
    - Issue as per the Financial Department procedures of the Administering Authority.

Note: When sending applications and payments for clients, do not use third party brokers. A third party broker is any party (e.g. private company) other than the government office responsible for issuing the piece of identification. Utilizing a third party broker would cause a privacy breach.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the **approved** ID Supplement for the **Special Needs** expenditure:

1. Comment section - indicate "type of ID supplement being provided" and;
    a. List all the ID requirements (*for example: birth certificate needed first to apply and once received applicant will apply for a piece of primary ID).*
    b. List the cost of each ID requirement.
    c. Indicate method of payment communicated to client.
    d. Indicate anticipated due date for ID available to client.

2. Under Monthly Requirements section –write the total amount in Other Special Needs in the Current Month column.
    a. For Hardship or Identification Supplement – no recovery required.

3. Signatures of both the *recipient* and *Administering Authority*.

All expenditures must have the required documentation attached to the form (See "Eligibility, Documentation & Forms" table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Special Needs expenditures are reported under number 10. Income Assistance Expenditures, (b) Special Needs on the *Income Assistance Report* (DCI#455897).

The community volunteer supplement is wholly exempt when calculating basic income assistance entitlement.

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2 *Financial Management Report* sections:

    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Medical Service Plan and Fair PharmaCare

General Principle

Non-status income assistance recipients resident on-reserve with Medical Service Plan (MSP) and Fair PharmaCare coverage may be eligible for the health benefits that are outlined in Chapter 10, Non-Status Health Benefits of the *Social Development Policy and Procedures Handbook.*

For more information on MSP or Fair PharmaCare, visit the Health Insurance BC web site at http://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-insurance-bc or call toll free at 1-800-663-7100.

Status individuals receive health benefits through the First Nations Health Authority. These benefits include dental care, prescriptions, glasses, medical supplies and more. For more information, visit the First Nations Health Authority web site at www.fnha.ca or call toll free at 1-800-317-7878.

Policy

Medical Service Plan

MSP is a provincial Ministry of Health program that provides basic medical benefits to BC residents. MSP pays for medically required services from physicians and surgeons.

All BC residents are required to enrol with MSP.

Each person who is enrolled with MSP is issued a Care Card with a unique Personal Health Number that must be presented when health benefits are required.

MSP Coverage

Non-status recipients with MSP coverage may be provided with premium-free medical coverage to assist with specific individual health needs and circumstances.

Specified health benefits may be provided to non-status recipients who meet eligibility criteria for each benefit. Eligibility for health benefits is determined on an individual basis.

Note: The administering authority has no authority to meet the costs of medical services

MSP Premiums

Non-status recipients are eligible to receive premium-free assistance through MSP.

Premiums are based on an individual's net income (or a couple's combined net income) for the previous tax year, less deductions for age, family size and disability. Premium payments are due monthly and are based on the adjusted net income for the previous year.

Eligibility for MSP coverage

When applying for MSP coverage, recipients must demonstrate that they meet all of the following residency criteria:

- must be citizen of Canada or be lawfully admitted to Canada for permanent residence;
- must make his or her home in BC;
- must be physically present in BC at least 6 months in a calendar year; and
- dependents of MSP beneficiaries are eligible for coverage if they are residents of BC.

Fair PharmaCare

Fair PharmaCare is a provincial Ministry of Health program that provides financial assistance to BC residents with the costs of purchasing prescription drugs and some medical supplies.

Fair PharmaCare assistance is based on the individual's net income (or a couple's combined net income) for the previous tax year. Each year the individual's net income will automatically be verified by the income tax return information filed.

All residents of BC are encouraged to register with Fair PharmaCare.

Recipients under this plan obtain coverage by providing their Personal Health Number (PHN) or Care Card to any pharmacy within BC. Fair PharmaCare does not provide any out-of-province coverage.

Eligibility for Fair PharmaCare coverage

To be eligible for Fair PharmaCare financial assistance, the recipient must:

- be a resident of BC,
- have effective MSP coverage, and
- have filed an income tax return for the relevant taxation year.

Fair PharmaCare Plan

Fair PharmaCare provides a deductible for eligible prescription drugs and some medical supplies. The amount of the deductible is based on the financial information provided by each recipient in the family.

Once a family's contributions towards eligible costs reach the annual family maximum, Fair Pharmacare will cover 100 per cent of further eligible expenses for the remainder of the calendar year.

For prescriptions not regularly covered by Fair PharmaCare, non-status recipients must have their physician request Special Authority directly from Fair PharmaCare.

Note: The administering authority has no authority to pay for prescription drugs not regularly covered by Fair PharmaCare.

Fair PharmaCare may restrict recipients to specific pharmacies or doctors. This is a matter between the recipient and Fair PharmaCare. Non-status recipients may be advised to contact Fair PharmaCare directly.

Fair PharmaCare coverage cannot be backdated and ends immediately when a non-status recipient's file is closed or when they are no longer part of the family unit (e.g., spouse).

Procedures

Non-status recipients *without* MSP coverage should apply to Health Insurance BC for a Care Card and register with Fair PharmaCare. The band social development worker (BSDW) or community health representative (CHR) may assist the recipient in completing the proper documentation.

Non-status family members who need to obtain coverage should contact Health Insurance BC directly for information and forms.

Non-status recipients *with* MSP and Fair PharmaCare coverage are to provide the BSDW with their Care Card number and if required their monthly MSP premium payment information.

If premium payments are required, the BSDW shall arrange to pay MSP directly for the applicable premiums.

Note: Under no circumstances are premiums to be paid directly to the recipient.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved payment of services for the recipient as follows:

- Comment section – indicate “Health Benefit (Non-Status)”,
- Basic Needs section – amount of expenditure,
- Temporary Allowance section – month in which the expenditure is paid, and
- Signatures of both the recipient and administering authority.

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to all required forms.

Health benefits allowances are charged to the basic needs budget.

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) under the Health Benefits (Non-Status) section (see the *BC First Nations Program Guide*).

Health Benefits

General Principle

Specified health benefits may be provided to eligible non-status recipients and their families; these include a limited number of health-related services and supplies not covered by the Medical Services Plan (MSP).

Status individuals receive health benefits through the First Nations Health Authority. These health benefits and items include dental care, prescriptions, glasses, medical supplies and more. For more information, visit the First Nations Health Authority web site at www.fnha.ca or toll free at 1-800-317-7878.

Policy

Eligible non-status recipients may be provided with specified health benefits that are not covered by MSP, which are based on their client categories.

Non-status dependants of status recipients also may be eligible for health benefits. Non-status dependants may include legal or common-law spouses, or children, including step-children, residing with and dependant on income assistance recipient.

Categories for Eligible Health Benefit Coverage

To be eligible for health benefits, non-status recipients and dependants must fit into at least one of the following categories and also meet the eligibility criteria for the specified health benefit (in addition to meeting MSP requirements):

Recipient/Dependant Category & Specified Health Benefit	Income Assistance	PWD	PPMB	COPH	Hardship	65+*	Dependent Child
Optical	X	X	X	X	X	X	X
Prescription Drugs	X	X	X	X	X	X	X
Dental		X	X	X			X
Emergency Dental & Denture	X	X	X	X	X	X	X
Denture	X	X	X	X			X
Crown and Bridgework		X	X			**	
Orthodontia		X		X			X

***** 65+ means a person who was in receipt of assistance on the day he or she reached 65 years of age or a dependant of a person on the day the person reached 65 years of age and remains the dependant of that person.

****** The recipient does not receive a federal spouse's allowance or guaranteed income supplement benefits or a recipient with persons with disabilities who has not reached 65 years of age and who has ceased to be eligible due

to employment income earned by the recipient or spouse or a pension or other payment under the Canada Pension Plan.

Procedures

Program	Eligibility	Forms & Documents Required
Choose from list of Specified Health Benefits (see above)	• MSP coverage • Recipient/Dependant Category • Recipient/Dependant must also meet eligible criteria for the specified health benefit	• *Health Benefits Request & Authorization (SA 205)* • Detailed prescription or receipt/invoice for health benefit as required for services by a medical dental or optical practitioner. • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*

The Band Social Development Worker (BSDW) shall:

- ensure the recipient is eligible (as defined in the eligibility section of this chapter) for the specified health benefit,
- ensure all required documentation properly identify the recipient (i.e., invoices, lab slips, and/or prescriptions) are attached to all required forms,
- complete the *Health Benefits Request & Authorization* (SA 205*)* form,
- document expenditures on the *Budget and Decision Form* (901-25) form,
- report expenditure on the *Social Development Financial and Statistical Report* (SDFSR) form.

For further details on eligibility, procedures and reporting requirements for specified health benefits, refer to the appropriate section of Chapter 10, Non-Status Health Benefits or the *BC First Nations Program Guide.*

Dental

General Principle

Specified dental services, treatment, dentures and emergency services are provided to all non-status recipients and non-status dependants and children who are eligible for Medical Services Plan (MSP) coverage.

Status Indians receive health benefits through the First Nations Health Authority. For more information, visit the First Nations Health Authority web site at www.fnha.ca or call toll free at 1-800-317-7878

Policy

Categories for Dental Services

To be eligible for dental services, non-status recipients and dependants must fit into at least one of the following categories and also meet the eligibility criteria for the specified health benefit (in addition to meeting MSP requirements):

Recipient/Dependant Category & Specified Health Benefit	Income Assistance	PWD	PPMB	COPH	Hardship	65+ *	Dependent Child
Dental		X	X	X			X
Emergency Dental & Denture	X	X	X	X	X	X	X
Denture	X	X	X	X			X
Crown and Bridgework		X	X			**	
General Anaesthetic/IV Sedation		X		X			X

* 65+ means a person who was in receipt of assistance on the day he or she reached 65 years of age or a dependant of a person on the day the person reached 65 years of age and remains the dependant of that person.

** The recipient does not receive a federal spouse's allowance or guaranteed income supplement benefits or a recipient with persons with disabilities who has not reached 65 years of age and who has ceased to be eligible due to employment income earned by the recipient or spouse or a pension or other payment under the Canada Pension Plan.

Emergency Dental and Dentures

Emergency dental and denture supplements are available to all eligible income assistance recipients, including those who do not have annual limits. Emergency dental allows for treatment of an eligible recipient who needs immediate attention to relieve pain, or to control infection or bleeding of if a person's health or welfare is otherwise immediately jeopardized.

Emergency procedures for the relief of pain may be considered for recipients who have used up their annual limit.

Emergency dental and denture supplements must clearly indicate that the services are necessary for the immediate relief of pain or as an emergency.

Dental care may be provided by dentists registered pursuant to the terms of the *Dentistry Act*.

Dental benefits for recipients (except children) with MSP coverage take effect six months after the effective date of the MSP coverage.

Dental benefits for children with MSP coverage are effective as soon as the dental coverage is activated. Dependent children of non-status recipients who are not eligible for MSP coverage may receive dental benefits through the provincial Healthy Kids program. Eligibility for this program is determined using the MSP premium subsidy formula.

Special or extensive dental work may be authorized at the discretion of the funding/field services officer (FSO).

Denture

Complete dentures (single or both) may be provided to a recipient if there have been extractions within the last six months that result in full clearance of the arch.

Partial dentures may be provided to PWD recipients, PPMB recipients and children, if the administering authority has not paid for a denture on the same arch within the past five years and there has been at least one extraction in the last six months that results in three more adjacent missing teeth.

Replacement dentures (partial or complete) may be provided to PWD recipients, PPMB recipients and children once in a five-year period if the recipient has been in receipt of income assistance or PWD benefits for at least two years.

A reline of dentures may be provided if there has been no relining within a two-year period previous to the request.

Crown and Bridgework

Crown and bridgework may be considered for persons designated as PWD or who meet the PPMB criteria under specific circumstances, as outlined:

- Crown and bridgework may be considered if the dental condition cannot be corrected through the provision of basic dental services; and
- One or more of the following circumstances exist:
  - the dental condition precludes the use of a removable prosthetic;
  - the person has a physical impairment that makes it impossible for him or her to place a removable prosthetic;
  - the person has an allergic reaction or other intolerance to the composition or materials used in a removable prosthetic;
  - the person has a mental condition that makes it impossible for him or her to assume responsibility for a removable prosthetic.

Requests for crown and bridgework are initiated by the dental practitioner and all documents are to be sent to the FSO to review and approve.

General Anaesthetic/IV Sedation

General anaesthetic/IV sedation may be considered at private facilities for children under 10 where necessary for the safe performance of dental services, and for children and PWD adults with severe mental or physical disabilities that necessitate general anaesthetic.

It also may be considered in a dental office for children under 19 if necessary for the safe performance of dental treatment, and for children and PWD adults with severe mental or physical disabilities that necessitate general anaesthetic.

Children and PWD adults who require anaesthetic in hospital or a private facility may be eligible for an additional $500 of basic dental services to cover this cost.

Procedures

Program	Eligibility	Forms & Documents Required
Basic dental care to $700 *per year*	• Dependent children of social or persons with disabilities assistance recipients • COPH Assistance recipients • Dependent children of Premium Assisted MSP families (i.e., Healthy Kids)	• *Health Benefits Request & Authorization* (SA 205) • CareCard • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*
Basic dental care to $1000 within a specific period of two consecutive calendar years	• PWD recipient • PWD recipients who have left for employment or federal programs • persons over 65 who are PWD	• *Health Benefits Request & Authorization* (SA 205) • CareCard • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*
Basic dental care to $500 within a specific period of two consecutive calendar years	• persons with Persistent Multiple Barriers (PPMB) • spouses of PWD • persons over 65 with but not PWD	• *Health Benefits Request & Authorization* (SA 205) • CareCard • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*
Emergency Dental Services	• recipients not eligible for basic dental care annual limits, including hardship • recipients eligible for basic dental care who have reached their annual limit • persons over 65 with MSP coverage	• *Health Benefits Request & Authorization* (SA 205) • CareCard • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*

Health Benefits Request & Authorization (SA 205)

Requests for dental services shall be made with a *Health Benefits Request & Authorization* (SA 205*)* form, which is to be completed as follows:

1) The band social development worker (BSDW) shall complete Section A: Client Information before providing the form to the client.
2) The client shall provide the form to the dental practitioner, who shall complete Section B: Service Information before returning the form to the client.

3) The client shall provide the form to the BSDW, who shall complete Section C: Recommendation information before authorizing service.
4) The BSDW **or** the FSO shall complete Section D: Authorization – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO.

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to the form.

Note: In cases where emergency dental needs require immediate action, the dentist may request verbal authorization directly from the administering authority. Details are to be recorded on the recipient's file including proper documentation.

The BSDW shall date-stamp the *Health Benefits Request & Authorization* (SA 205*)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Note: Claims must be submitted within one year of the date of service.

The BSDW must verify satisfactory provision of services to the patient before paying the supplier.

Payment must never be made directly to the client.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved dental services for the client as follows:

- Comment section – indicate "Health Benefit (Non-Status)",
- Basic Needs section – amount of expenditure,
- Temporary Allowance section – month in which the expenditure is paid, and
- Signatures of both the recipient and administering authority.

Health benefits allowances are charged to the basic needs budget.

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) under the Health Benefits (Non-Status) section (see the *BC First Nations Program Guide*).

Orthodontia

General Principle

Specified orthodontic services required in health threatening situations is provided to all non-status recipients and non-status dependants and children who are eligible for Medical Services Plan (MSP) coverage.

Status individuals receive health benefits through the First Nations Health Authority. For more information, visit the First Nations Health Authority website at www.fnha.ca or call toll free at 1-800-317-7878

Policy

Categories for Orthodontic Services

To be eligible for orthodontic services, non-status recipients and dependents must fit into at least one of the following categories and also meet the eligibility criteria for the specified health benefit (in addition to meeting MSP requirements):

Recipient/Dependant Category & Specified Health Benefit	Income Assistance	PWD	PPMB	COPH	Hardship	65+	Dependent Child
Orthodontia		X		X			X

Orthodontia may only be considered for children or PWD recipient with MSP coverage.

To be eligible for orthodontic services, the client must have:

- severe skeletal dysplasia with jaw misalignment of 2 or more standard deviations,
- prior authorization from the administering authority for the orthodontic services, and
- no other sources of funding available to pay the cost of the orthodontic services.

A dependant child of an employable parent is eligible for benefits under this section only for a period of one year from the date the parent becomes self supporting. Eligibility ceases if the parent takes up residence outside BC.

Orthodontic Treatment and Financial Eligibility

When a client moves away from one reserve to another before the completion of the orthodontic treatment, and remains eligible for income assistance, the administering authority transfers copies of the case documentation to the new administering authority for continuation of the treatment plan.

In cases where treatment has commenced and the patient's financial circumstances change (e.g., the family becomes self-supporting, COPH Assistance child returns to family, etc.), a new *Application for Social Assistance* (901-27) and *Budget and Decision Form* (901-25) must be completed. Families not eligible for direct income assistance benefits will be required to assume responsibility for orthodontic payments.

Note: Any exceptions (e.g., a situation in which a family is unable to assume full financial responsibility for orthodontic payments and it is clearly in the child's best interest to complete the treatment) must be authorized by a FSO. When an exception is made, the child may be maintained on MSP coverage for the duration of the treatment and financial eligibility should be reassessed at least annually.

Appeal of Decisions by the Orthodontia Review Committee

All decisions may be appealed through the normal process as described in Chapter 2, Program Administration. The administrative review, however, shall include an additional step whereby the medical merit of the case will be reviewed by the MSB Orthodontia Review Committee of another region (e.g., Alberta or Saskatchewan).

Procedures

Program	Eligibility	Forms
Orthodontic services to $1,000 *per year*	• Dependant children of: - Persons With Persistent Multiple Barriers (PPMB) - Persons With Disabilities (PWD) - single parent • COPH Assistance recipients • PWD recipient	• *Health Benefits Request & Authorization* (SA 205) • *Application for Orthodontia* (BC-HB-03) • CareCard • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*

Medical Services Branch Evaluation

The Medical Services Branch (MSB), Health and Welfare Canada, will continue to evaluate individual treatment plans for orthodontia according to the following procedures:

Health Benefits Request & Authorization (SA 205)

Requests for orthodontic services shall be made with a *Health Benefits Request & Authorization* (SA 205*)* form, which is to be completed as follows:

1) The band social development worker (BSDW) shall complete Section A: Client Information before providing the form to the client.
2) The client shall provide the form to the dental practitioner, who shall complete Section B: Service Information before returning the form to the client.
3) The client shall provide the form to the BSDW, who shall complete Section C: Recommendation information before sending the form with attached *Application for Orthodontia* (BC-HB-03) form to MSB for evaluation of service.
4) The BSDW **or** the field/funding services officer (FSO) shall complete Section D: Authorization – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO upon MSB committee's decision and suggested payment schedule for the dentist.

All required documentation (i.e., invoices, lab slips, prescriptions and/or BC-HB-03 form) are to be attached to the form.

The BSDW shall date-stamp the *Health Benefits Request & Authorization* (SA 205*)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Note: Claims must be submitted within one year of the date of service.

The BSDW must verify satisfactory provision of services to the patient before paying the supplier.

Payment must never be made directly to the client.

Application for Orthodontia (BC-HB-03)

1) The BSDW completes the Administering Authority section of the *Application for Orthodontia* (BC-HB-03) form, and gives the form to the client to present to the dentist for the orthodontic work-up with the confirmation of payment.

Note: The costs relating to the work up are reimbursed by the administering authority upon receipt of an invoice.

2) The dentist prepares the orthodontic work-up and sends it to:

   Regional Dental Officer
   Orthodontia Review Committee
   Medical Services Branch, Pacific Region
   Health Canada
   540 – 757 West Hastings Street
   Vancouver, BC V6C 3E6
   Telephone: (604) 666-8550 or 1-888-321-5003

3) The dentist shall send the invoice for the orthodontic work-up to the administering authority to pay for the recipient.
4) The MSB committee shall review the work-up and makes a decision based on an assessment of the information submitted by the dentist.
5) A letter will be sent to the administering authority based on the committee's decision, and if the client is found eligible, the committee shall provide a suggested payment schedule for the dentist.
6) The administering authority prepares written confirmation for the dentist that authorizes the treatment plan and sets out the schedule of payments that will be reimbursed, provided treatment is proceeding satisfactorily.

Note: The payment schedule includes an upfront payment of approximately 20 percent of the total treatment plan. If treatment is terminated due to lack of cooperation or poor hygiene, a debanding fee will be paid and no further orthodontia will be considered.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved orthodontic services for the client as follows:

- Comment section – indicate "Health Benefit (Non-Status)",
- Basic Needs section – amount of expenditure,
- Temporary Allowance section – month in which the expenditure is paid, and
- Signatures of both the recipient and administering authority.

Health benefits allowances are charged to the basic needs budget.

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) under the Health Benefits (Non-Status) section (see the *BC First Nations Program Guide*).

Optical Services

General Principle

Specified optical services, including eye exams, are provided to all non-status recipients and non-status dependants and children who are eligible for Medical Services Plan (MSP) coverage.

Status individuals receive health benefits through the First Nations Health Authority (FNHA). For more information, visit the FNHA web site at www.fnha.ca or call toll free at 1-800-317-7878.

Policy

Definitions

Eye examination means a full diagnostic examination of a person's eyes by an optometrist or an ophthalmologist that includes:

(a) a determination of the refractive status of the eyes and of the presence of any observed abnormality in the person's visual system,
(b) any necessary tests connected to making determinations under paragraph (a), and
(c) the provision of a written prescription for lenses if necessary.

Change in refractive status means a change of not less than 0.5 dioptres to the spherical or cylinder lens, or a change in axis that equals or exceeds:

(a) 20 degrees for a cylinder lens of 0.5 dioptres or less,
(b) more than 1.0 dioptre, and
(c) 3 degrees for a cylinder lens of more than 1.0 dioptre.

Ophthalmologist means a medical practitioner who practises ophthalmology.

Optician means an optician registered with the College of Opticians of British Columbia established under the Health Professions Act.

Optometrist means an optometrist registered with the British Columbia Association of Optometrists under the Optometrists Act.

Categories for Optical Services

To be eligible for optical services, non-status recipients and dependants must fit into at least one of the following categories and also meet the eligibility criteria for the specific health benefit (in addition to meeting MSP requirements):

Recipient/Dependant Category & Specified Health Benefit	Income Assistance	PWD	PPMB	COPH	Hardship *	65+ **	Dependent Child
Optical Services	X	X	X	X	X	X	X

* Citizenship requirements must be met as per Chapter 4, Eligibility.

** 65+ means a person who was in receipt of assistance on the day he or she reached 65 years of age or a dependant of a person on the day the person reached 65 years of age and remains the dependant of that person.

Eye Examinations

Routine eye examinations may be provided once every two years for:

- adults aged 19 to 64 who are in receipt of income assistance or Persons with Disabilities (PWD) assistance, and
- recipients (regardless of age) of hardship assistance, provided that they have met citizenship requirements.

Routine eye examinations for children and seniors continue to be covered by MSP, as do medically necessary eye examinations for everyone registered with MSP regardless of age.

For more information, visit the Health Insurance BC web site at www.hibc.gov.bc.ca or call toll free at 1-800-663-7100.

Optical Supplements

Coverage of optical supplements is strictly limited to *basic eyewear and repairs* and *pre-authorized eyewear and repairs*.

Basic eyewear and repairs include any of the following items that are provided by an optometrist, ophthalmologist, or optician:

- for a child who has a new prescription, one pair of eye glasses per year consisting of the least expensive appropriate
  - single-vision or bifocal lenses, and
  - frames;
- for any other person who has a new prescription, one pair of eye glasses every three (3) years consisting of the least expensive appropriate
  - single-vision or bifocal lenses, and

  - frames;
- for a child or other person:
  - new lenses at any time if an optometrist, ophthalmologist, or optician confirms a change in refractive status in either eye ,
  - a case for new eye glasses or lenses, and
  - necessary repairs to lenses or frames that come within this definition.

Provision of glasses is limited to once in three years for adults and once a year for children with a valid prescription.

Pre-authorized eyewear and repairs include eyewear and repairs provided by an optometrist, ophthalmologist or optician with pre-authorization from the administering authority, and do not include basic eyewear and repairs.

Pre-authorized eyewear and repairs include:

- changeable coloured lenses or tints,
- special lenses or lens material,
- special or oversized frames,
- contact lenses, when confirmed as medically essential by an optometrist or ophthalmologist, and
- replacement glasses without a significant change in prescription or outside the time limitations set for adult and children.

Additional items may be considered under the optical supplement when they are required for medical reasons and specific medical justification is provided. Refer to the Additional Optical Services Fees section for a comprehensive list of eligible services and the restrictions that apply.

Note: DISC does not provide payment for any optical therapy or low vision aids.

Prescription eye glasses coverage is between $108 and $179 based on the type of eye glasses required (e.g., single vision vs. bifocal lenses).

Payment is made at the rates negotiated by the Ministry of Health Services and is restricted to examinations performed by an ophthalmologist or an optometrist.

Payments must not exceed the amounts shown in the following rate tables:

- *Schedule of Fee Allowances – Optician & Optometrist (April 1, 2005),* and
- *Additional Optical Services Fees*

Procedures

Program	Eligibility	Forms & Documents Required
Optical services	• Recipient/Dependant Category • Recipient/Dependant must meet eligible criteria for the specific health benefit	• *Health Benefits Request & Authorization* (SA 205) • Detailed receipt/invoice for optical services by an optometrist, ophthalmologist or optician • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*

Health Benefits Request & Authorization (SA 205)

Requests for optical services shall be made with a *Health Benefits Request & Authorization* (SA 205*)* form, which is to be completed as follows:

1) The band social development worker (BSDW) shall complete Section A: Client Information before providing the form to the client.
2) The client shall provide the form to the optical practitioner, who shall complete Section B: Service Information before returning the form to the client.
3) The client shall provide the form to the BSDW, who shall complete Section C: Recommendation information before authorizing service.
4) The BSDW **or** the field/funding services officer (FSO) shall complete Section D: Authorization – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO.

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to the form.

The BSDW shall date-stamp the *Health Benefits Request & Authorization* (SA 205*)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Note: Claims must be submitted within one year of the date of service.

The BSDW must verify satisfactory provision of services to the patient before paying the supplier.

Payment must never be made directly to the client.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved optical services for the client as follows:

- Comment section – indicate “Health Benefit (Non-Status)”,
- Basic Needs section – amount of expenditure,
- Temporary Allowance section – month in which the expenditure is paid, and
- Signatures of both the recipient and administering authority.

Health benefits allowances are charged to the basic needs budget.

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) under the Health Benefits (Non-Status) section (see the *BC First Nations Program Guide*).

Note: Eligibility must be confirmed prior to paying for any of the following services.

Schedule of Fee Allowances – Optician & Optometrist (April 1, 2005)

Item Code	Item Description	Optometrist Fee Amount	Optician Fee Amount
	Frames Only		
101	New Frames Only including dispensing	$68.26	$64.39
	Repairs Only		
201	Minor with parts (e.g., screws, nose pads)	$10.00	$10.20
202	Major with parts (e.g., temple joints)	$15.00	$15.30
	Complete set of Glasses – Lens/Frame/Case (hardening included)		
	Single Vision		
301	4D or less	$124.00	$118.00
302	4.25 – 8D	$132.00	125.00
	Add on Single vision per lens		
320	8.25 – 16D (add this code to 302/402)	$9.00	$9.00
321	Above 16D (add this code to 302/402)	$14.00	$14.00
322	Cylinders to 3	$2.60	$2.60
323	Cylinders 3.25 – 6	$6.90	$6.90
324	Cylinders above 6	$10.00	$10.00
	Bifocal (Flat top/round segment)		
330	4D or less	$170.00	$161.00
331	4.25 – 8D	$179.00	$170.00
	Trifocal		
332	Add to Bifocal Fee	$25.00	$24.25
	Add on Bifocal per lens		
340	8.25 – 16D (add this code to 331/421)	$10.00	$10.00
341	Above 16D (add this code to 331/421)	$15.00	$15.00
342	Cylinders to 3	$4.90	$4.90
343	Cylinders to 3.25 – 6	$8.40	$8.40
344	Cylinders above 6	$10.00	$10.00
	Add on Singlevision/Bifocal per lens		
350	Prisms up to 5.00	$4.00	$4.00
351	Prisms over 6.00	$7.00	$7.00
	Lenses Only (hardening included)		
	Singlevision		
401	4D or less	$65.00	$62.00
402	4.25 – 3D	$73.00	$69.00
403	4D or less (one lens)	$27.50	$26.20
404	4.25 – 8D (one lens)	$31.00	$29.70
	Bifocal (Flat top/round segment)		
420	4D or less	$111.00	$104.00
421	4.25 – 8D	$120.00	$113.00
422	4D or less (one lens)	$50.05	$47.60
423	4.25 – 8D (one lens)	$54.75	$52.00
	Trifocal Single Lens Replacement		
432	4D or less	$62.65	$58.75
433	Over 4D	$67.15	$63.25
	Eye Examination (ages 19-64)		
601		$44.83	n/a*

* The fee for an Eye Examination (ages 19-64) provided by an Ophthalmologist is $48.90

Note: Eligibility must be confirmed prior to paying for any of the following services.

Additional Optical Services Fees

Item Code	Item Description	Optometrist Fee Amount	Optician Fee Amount
012	Photogrey (pgx) – single vision, bifocal or trifocal limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to the SA 205 form. Fee paid reflects photogrey portion only.	Lab costs only **	Lab costs only **
013	Tint is limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to the SA 205 form. Fee paid reflects tint portion only.	Lab costs only **	Lab costs only **
015	UV Coating limited to clients with a specific medical condition that requires UV coating on lenses. Medical condition must be noted on the prescription and attached to the SA 205 form. Fee paid reflects UV coating portion only.	Lab costs only **	Lab costs only **
017	Out of Office visits limited to clients residing in a long-term care facility and billable once per day/institution regardless of the number of clients seen. Name and address of the institution must be noted on the claim form.	$25.50	$24.50
025	Anti-Scratch Coating (i.e., TD2). Fee paid reflects coating portion only.	Lab costs only **	Lab costs only **
026	Edging of single vision lens/lenses into new frame.	$7.50 per lens	$7.50 per lens
027	Edging of bifocal or trifocal lens/lenses into new frame.	$10.00 per lens	$10.00 per lens
028	Fresnel Prisms. Fee includes labour.	$60.00	$60.00
029	Transition Lenses limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to the SA 205 form. Fee paid reflects transition portion only.	Lab costs only **	Lab costs only **
Contact Lenses (includes fitting fees)			
	Regular (Hard or Soft) pair	$220.50	$185.00
	Replacement – 1 lens	$17.00	$16.00
	Replacement – 2 lenses	$34.00	$32.00
	Keratoconus fitting	$270.00	$270.00

Note: The symptom of photophobia alone will not be accepted as medical justification for the above noted items.

******Denotes lab slip required with SA 205 form to verify amount(s).

Health-Related Travel

General Principle

Assistance for extraordinary transportation, accommodation, and other costs associated with essential medical treatment are provided to all non-status recipients and non-status dependants and children who are eligible for Medical Services Plan (MSP) coverage.

Status individuals receive health benefits through the First Nations Health Authority. For more information, visit the Health Canada web site at http:// www.fnha.ca or call toll free at 1-800-317-7878.

Policy

Eligibility for Health-Related Travel

The administering authority may authorize the least expensive and appropriate mode of transportation when:

- essential medical treatment is required;
- there are extraordinary transportation costs;
- all alternative options and resources (i.e., family and voluntary agencies) have been explored prior to consideration for coverage by the administering authority; and
- the recipient provides a list of the expected medical transportation costs.

Essential medical treatment is treatment provided under MSP or a hospital program.

Extraordinary transportation costs are needs significantly in excess of those that can reasonably be incorporated in normal daily living. For example, a routine or follow-up physician's visit is not extraordinary, but daily blood tests over an extended period of time are significant.

The following may be considered when determining eligibility for health-related travel:

- transportation costs
- accommodation costs
- escort costs (if applicable)
- food or support costs if treatment is provided on an out-patient basis

Any allowance related to vehicle transportation is strictly limited to the maximum 20 cents per kilometre travel allowance.

Taxi fares are not to be routinely provided and should only be considered when no other options are available and the need is medically documented.

Ongoing medical transportation for extraordinary and predictable appointments may be authorized to a maximum of six months. Any extensions will be considered only after a full review of updated recipient information that is documented on the file.

Normally, meal allowances are not to be provided. For those exceptional cases where circumstances warrant a meal allowance, it should not exceed $4 per meal.

Not Included in Health-Related Travel

Services that are not considered essential medical treatment and therefore **not** eligible for assistance include (but are not limited to):

- self-help groups
- methadone programs or treatment
- Alcoholics Anonymous, Narcotics Anonymous, or Gambler's Anonymous meetings
- psychological counselling
- recreation or health clubs
- esthetician for electrolysis
- pharmacies
- medical equipment stores
- medical supply store
- orthotic or bracing suppliers
- routine dental treatment
- water therapies (i.e., swimming pools)

Expenses for routine medical visits should normally be met through monthly support benefits.

Under no circumstances is medical transportation to be issued to purchase, maintain, or insure a vehicle.

Under no circumstances are Emergency Health Services Commission ambulance bills to be paid by the administering authority. Out-of-province ambulance bills are not eligible for payment by the administering authority.

Procedures

Program	Eligibility	Forms
Health-Related Travel	MSP coverage	• *Health Benefits Request & Authorization* (SA 205) • Care Card • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*

Non-status recipients must provide written verification from a physician of the medical need for the requested transportation.

Details of the exceptional medical need, the financial assessment, and all approved costs are to be recorded on the client's file.

The administering authority may authorize the least expensive means of transportation, accommodation, and other related costs, keeping in mind the recipient's possible medical limitations.

Health Benefits Request and Authorization (SA 205)

Requests for health-related travel shall be made with a *Health Benefits Request & Authorization* (SA 205*)* form, which is to be completed as follows:

1) The band social development worker (BSDW) shall complete Section A: Client Information before providing the form to the client.
2) The client shall provide the form to the medical practitioner, who shall complete Section B: Service Information before returning the form to the client.
3) The client shall provide the form to the BSDW, who shall complete Section C: Recommendation information before authorizing service.
4) The BSDW **or** the field/funding services officer (FSO) shall complete Section D: Authorization – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO.

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to the form.

The BSDW shall date-stamp the *Health Benefits Request & Authorization* (SA 205*)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Note: Claims must be submitted within one year of the date of service.

The BSDW must verify satisfactory provision of services to the patient before paying the supplier.

Payment must never be made directly to the client.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved health-related travel for the client as follows:

- Comment section – indicate "Health Benefit (Non-Status)",
- Basic Needs section – amount of expenditure,
- Temporary Allowance section – month in which the expenditure is paid, and
- Signatures of both the recipient and administering authority.

Health benefits allowances are charged to the basic needs budget.

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) under the Health Benefits (Non-Status) section (see the *BC First Nations Program Guide*).

Medical Transportation Outside of the Local Area

Non-local, non-emergency medical transportation is only considered when the required essential medical treatment is not available in the local community. Practitioners outside the local area must be recognized under the *Medical Practitioners Act* as a specialist in a field of medicine or surgery.

The recipient must provide written confirmation from their physician that the essential medical treatment or service is not available in the local area.

Patients are automatically covered for medical services obtained in other provinces, provided the service rendered is a benefit of MSP and the patient is registered with MSP at the time of service.

Note: Approval for medical transportation outside of the local area requires the prior approval of the FSO.

Medical Equipment

General Principle

Specified medical equipment is provided to all non-status recipients and non-status dependants and children who are eligible for Medical Services Plan (MSP) coverage.

Status individuals receive health benefits through the First Nations Health Authority. For more information, visit the First Nations Health Authority web site at www.fnha.ca or call toll free at 1-800-317-7878.

Policy

Medical Equipment and Devices

Essential medical equipment and devices are available to all eligible non-status recipients who need the equipment or device to prevent medical or health deterioration.

Where appropriate, a basic mobility aid may be purchased for a recipient who is unable to be independently mobile.

All requests for medical equipment and devices require prior approval by the administering authority.

Purchases, Rentals and Repairs

Recipients must provide a:

- price quote from the supplier, and
- written prescription and diagnosis from a medical physician, or
- functional assessment by a licensed health care professional:
  - mobility and positioning – occupational or physical therapist
  - breathing – respiratory technician

Recipients are responsible for providing required documentation.

The administering authority is not responsible for any fees associated with this documentation.

The band social development worker (BSDW) shall ensure all details of the exceptional medical need and the financial assessment are recorded on the recipient's file then ensure:

- ***Equipment Purchased:*** when medical equipment and devices are purchased, the item shall include an all inclusive warranty and becomes the property of the recipient.

Note: When the recipient no longer requires the equipment and it cannot be exchanged or traded to meet a current need, the recipient should be encouraged to donate the item to an agency that would benefit from that item (e.g., health department).

- ***Equipment Repairs:*** when medical equipment and devices require repairs, no warranty is available and the recipient has provided a written estimate for the repairs.
- ***Rental Equipment:*** when equipment is rented, the supplier is made aware that the recipient, not the administering authority, is responsible for any damage and for the return of the equipment. No deposits can be issued by the BSDW.

Ineligible Clients

Recipients living in special care facilities are *not* eligible for medical equipment from the administering authority. These needs must be met through the Ministry of Health Services (MHS).

Requests for non-transferable personal items such as glasses, hearing aids, and dentures may be considered by the administering authority for those recipients deemed eligible.

Facility staff should be contacted to determine funding source.

Life-threatening Emergency

Except in cases of a life-threatening emergency, the administering authority shall *not* accept payment responsibility for medical equipment purchased without prior approval.

Procedures

Program	Eligibility	Forms
Medical Equipment	All recipient categories	• *Health Benefits Request & Authorization* (SA 205) • Detailed prescription and diagnosis by a medical physician or functional assessment by a health professional. • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*

The BSDW shall ensure all details of the exceptional medical need and the financial assessment are recorded on the recipient's file.

The BSDW shall determine if the requested medical equipment is an eligible item and ensure the requested item does not fall under other policy. See Chapters 10.9, Eligible Items and 10.10, Non-Eligible Items.

The field/funding services officer (FSO) may be contacted for clarification.

Health Benefits Request & Authorization (SA 205)

Requests for medical equipment and devices services shall be made with a *Health Benefits Request & Authorization* (SA 205*)* form, which is to be completed as follows:

1) The band social development worker (BSDW) shall complete Section A: Client Information before providing the form to the client.
2) The client shall provide the form to the medical practitioner or health professional, who shall complete Section B: Service Information before returning the form to the client.
3) The client shall provide the form to the BSDW, who shall complete Section C: Recommendation information before authorizing service.
4) The BSDW **or** the field/funding services officer (FSO) shall complete Section D: Authorization – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO.

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to the form.

The BSDW shall date-stamp the *Health Benefits Request & Authorization* (SA 205*)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Note: Claims must be submitted within one year of the date of service.

The BSDW must verify satisfactory provision of services to the patient before paying the supplier.

Payment must never be made directly to the client.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved medical equipment and devices services for the client as follows:

- Comment section – indicate “Health Benefit (Non-Status)”,
- Basic Needs section – amount of expenditure,
- Temporary Allowance section – month in which the expenditure is paid, and
- Signatures of both the recipient and administering authority.

Health benefits allowances are charged to the basic needs budget.

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) under the Health Benefits (Non-Status) section (see the *BC First Nations Program Guide*).

Medical Supplies

General Principle

March 2014

Specified medical supplies are provided to all non-status recipients and non-status dependants and children who are eligible for Medical Services Plan (MSP) coverage and are recipients of *income assistance*, *persons with disabilities* or *persons with persistent multiple barriers*. [For information on Medical Services Plan and Fair PharmaCare required for non-status clients see chapter 10.1].

The least expensive, appropriate medical or surgical supplies may be provided to eligible clients in order to avoid an imminent and substantial danger to health.

Status individuals receive health benefits through the First Nations Health Authority. For more information, visit the First Nations Health Authority web site at www.fnha.ca or call toll free at 1-800-317-7878.

Policy

March 2014

Essential medical supplies (excluding nutritional supplements) are provided only to non-status recipients who are eligible for medical services plan and fair pharmacare.

Eligibility for health supplements is determined on an individual basis.

Medical or surgical supplies may be provided to eligible non-status clients when the administering authority is satisfied that all of the following requirements are met:

- The supplies are prescribed by a *medical practitioner* or *nurse practitioner*
- The supplies are the least expensive and appropriate for the purpose
- The supplies are disposable or reusable where appropriate
    - **Reusable where appropriate** means a reusable medical supply may be considered when its purpose and use is more suitable than a disposable supply. Reusable medical supplies may have a lower environmental impact and be more cost effective in the long term. For example, cloth diapers may be more appropriate than disposable diapers.

- The request is pre-approved by the administering authority (the administering authority does **not** accept payment responsibility, except in cases of a life-threatening emergency, for medical supplies purchased prior to approval)

Eligible Items
March 2014

Only the following categories of medical or surgical supplies may be considered when all eligibility criteria are met. The examples under each category are a general guide and are **not** all-inclusive.

Note: Rubber gloves may be provided to either the client or a non-employed care provider when required as part of the care of the client.

- Wound care
    - Bandages and dressings may be considered for wound care including, but not limited to, skin ulcer products, gel pads, protectors, burn treatment garments. Wound care supplies do not include band aids for minor wounds.
- Ongoing bowel care required due to loss of muscle function
    - Bowel stimulants may be considered for persons with impaired bowel function. For example, a person who is quadriplegic may have lost use of bowel muscles requiring laxatives. Items include, but are not limited to, dulcolax, lactulose, senokot, fleet enemas, and skin care products. Bowel stimulants are not intended for persons requiring laxatives due to an insufficient diet.
- Catheterization
    - Medical supplies required for draining the bladder may be considered. Items include, but are not limited to, catheters, urinary drainage bags, skin care products, and powder.
- Incontinence
    - Medical supplies required for involuntary excretion of urine and the inability to control bowels may be considered. Items include, but are not limited to, diapers, pads, leg bags, and skin care products.
- Skin parasite care
    - Medicated shampoo may be considered for parasitic skin infections, such as scabies and lice.

- Limb circulation
    - Compression stockings may be considered to support limb circulation.
- Food thickeners
    - Food thickeners may be considered to thicken food texture to assist with swallowing difficulties.
- Lancets
    - Lancets may be considered for obtaining blood samples for persons with diabetes. Fair Pharmacare provides other diabetic supplies, including needles, syringes, test strips, and insulin.
- Needles and syringes
    - Needles and syringes may be considered for delivering medication and feeding. Needles and syringes for persons with diabetes are provided by Fair Pharmacare, and are therefore, not provided by the Ministry of Social Development and Social Innovation.
- Ventilator supplies
    - Items such as vinegar, hydrogen peroxide, and distilled water may be considered for the essential operation or sterilization of a ventilator.
- Tracheostomy supplies
    - Items such as tubes and bandages may be considered for persons with a tracheostomy.

The supplies are necessary to avoid an imminent and substantial danger to health

- **Imminent and substantial danger to health** refers to an immediate need for medical supplies where without the medical supplies, the person is at risk for compromised health. For example, a person requires bandages for a serious burn. The bandages are required immediately, and without them the person is at risk for infections and poor healing.

No resources are available to the family unit to cover the cost of the supplies.

Clients are responsible for providing required documentation. The administering authority is not responsible for any fees associated with documentation.

Medical supplies may be approved for the period of time indicated on the prescription, up to a maximum of 2 years. For ongoing medical supply requests, the administering authority will assign a review date at the time of the approval. Three months prior to this review date, clients will receive a letter requesting confirmation to renew their request for ongoing medical supplies. Additional medical documentation will only be requested where necessary (for example, a new medical supply item is required or there is a significant change in quantities).

[For information on medical supplies required for clients in receipt of the tube feed supplement see chapter 11.13].

No Other Resources
March 2014

The administering authority is the payer of last resort and requires that all other available resources must first be considered before requesting funding. For *income assistance* clients*, persons with disabilities* and *persons with persistent multiple barriers*, other resources include (but are not limited to) accessing medical supplies or funding through:

- other government programs (e.g., Fair PharmaCare, Health Authorities, ICBC, WorkSafeBC, Veterans Affairs Canada),
- private insurance.

If there are other resources available, the individual is not eligible for medical supplies from the administering authority.

Co-funding may be considered when other resources cannot pay the entire cost. For example, if an insurance company will pay $500 for an item that costs $1,000, the administering authority may consider funding the remaining $500 if all other eligibility criteria are met.

Ineligible Items
March 2014

The administering authority does not provide medical or surgical supplies that do not meet the eligibility criteria above, including the following:

- nutritional supplements
- food
- vitamins or minerals
- prescription medications

For more information, see Diet Supplements Chapter 11.10, Short Term Nutritional Supplement 11.11, or Monthly Nutritional Supplements 11.12.

Procedures

March 2014

Eligibility	Documentation and Forms
Applicant or Recipient	• *Health Benefits Request & Authorization (SA 205)* • Detailed prescription by a medical physician • *Budget and Decision Form* (901-25) • *Income Assistance Report (DCI #455897)* • All other required income assistance documents
Resources	• Income Assistance Report (DCI 455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Health Benefits Request & Authorization (SA 205) • Budget and Decision Form (901-25) • Sample Renewal Letter Contact the BC Region Band Social Development Worker Policy Support Line for a sample renewal letter • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development and Social Innovation web site content for Medical Supplies: http://www.gov.bc.ca/meia/online_resource/health_supplements_and_programs/medsup/ • Ministry of Health web site content for information on Medical Services Plan of B.C http://www.health.gov.bc.ca/msp/

Assessing Eligibility for Medical Supplies

To assess eligibility for medical supplies complete the following steps:

1. Confirm the non-status client is eligible and has explored all other funding sources.
2. Ensure the non-status client has provided a written prescription, a diagnosis from a medical practitioner or nurse practitioner and a price quote for the medical supplies.
3. The *Health Benefits Request & Authorization* (SA 205) and the *Budget and Decision Form* (901-25) are used to document requests.
4. Ensure the requested item meets all eligibility criteria and assign a review date.
5. Provide payment to the supplier. Payment must never be made directly to the client.
6. Complete the *Budget and Decision Form* (901-25). In the comments section note details. Details include substantive reasons explaining what is requested and why the eligibility criteria are met (or not met). If the medical supplies are approved, include the cost of the medical supplies and the name of the service provider.

Renewing Approvals for Ongoing Medical Supplies

1. Three months prior to approval review date, send a medical supply renewal letter to the non-status client requesting confirmation of need to renew existing medical supply approval.
2. If the non-status client brings in a signed renewal letter, review documentation for completeness.
3. If the non-status client returns the signed letter confirming there is minimal or no change to the approval, notify the contracted service provider to set up a standing order and reset review date.
4. If the non-status client is requesting a new item or there is a significant quantity change for an existing approved item and an updated prescription has not been provided, request supporting documentation from the non-status client.

Health Benefits Request & Authorization (SA 205)

Requests for medical supplies shall be made with a *Health Benefits Request & Authorization* (SA 205*)* form, which is to be completed as follows:

1. The band social development worker (BSDW) shall complete Section A: Client Information before providing the form to the client.
2. The client shall provide the form to the medical physician, who shall complete Section B: Service Information before returning the form to the client.
3. The client shall provide the form to the BSDW, who shall complete Section C: Recommendation information before authorizing service.
4. The BSDW or the FSO shall complete Section D: Authorization – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO.

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to the form.

The BSDW shall date-stamp the *Health Benefits Request & Authorization* (SA 205) form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Note: Claims must be submitted within one year of the date of service.

The BSDW must verify satisfactory provision of services to the patient before paying the supplier.

Payment must never be made directly to the client.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved medical supplies for the client as follows:

1. Comment section – indicate “Health Benefit (Non-Status)”,
2. Basic Needs section – amount of expenditure,
3. Temporary Allowance section – month in which the expenditure is paid,
4. Signatures of both the recipient and administering authority, and
5. Health benefits allowances are charged to the basic needs budget.

All expenditures must have the required documentation attached to the form (see table above for examples of documentation).

DCI # 455897 – INCOME ASSISTANCE REPORT

Non-Status Health Benefits expenditures are reported under number 10.Income Assistance Expenditures, (a) Basic Needs on the *Income Assistance Report* (DCI#455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and

2. Pages 5-6, Section 2 *Financial Management Report* sections:

    - 10. Income Assistance Expenditures,
    - 11. Shelter Information,
    - 12. Children Out of Parental Home, and
    - Declaration.

Eligible Items

General Principle

Specified eligible items are provided to all non-status recipients and non-status dependants and children who are eligible for Medical Services Plan (MSP) coverage.

Status individuals receive health benefits through the First Nations Health Authority (FNHA). For more information, visit the First Nations Health Authority web site at www.fnha.ca or call toll free at 1-800-317-7878.

Note: This list is provided only as a general guide and is not to be considered all inclusive. When in doubt regarding the eligibility for coverage of specific equipment and supplies, contact your Field/Funding Services Officer for clarification.

Hospital Insurance	Hospital insurance benefits in general hospitals for acute care may be provided. Payments for coinsurance charges, emergency services, and hospital charges for minor surgery may also be considered as part of the health care services. Benefits within the terms of MSP may be provided.
Prescription Drugs	Eligible prescription drugs that are listed by PharmaCare. Prescription drugs shall be paid for directly by the administering authority. Recipients are responsible for having their physician apply to PharmaCare for a Special Authority for any non-covered prescription drugs.

Non-drugs

With limitations on type, certain non-drugs prescribed by a qualified medical practitioner may be provided where authorized. The prescribed non-drugs include the items in the following paragraphs of this section:

- **Surgical supplies** for chronic conditions if the amount required is not large nor ongoing, nor in the nature of first aid supplies.
- **Surgical appliances** that are personally applied to the body and are not transferable. These include braces, prostheses and orthopedic shoes, including the cost of alterations, adjustments and repairs to the shoes, splints, elastic stockings, support devices, including trusses and surgical corsets, and ileostomy and colostomy supplies.
- **Wheelchairs or crutches** may be provided.
- **Hearing aids** may be approved at the discretion of the Funding Services Officer upon the recommendation of a medical specialist. Necessary repairs and batteries may also be provided with the approval of the Funding Services Officer.

Private Hospital

Provision may be made for private hospital staff to order approved drugs and surgical supplies from the provincial pharmacy for patients in approved or licensed private hospitals who have an MSP card authorized by the administering authority.

Other Health Benefits

The Funding Services Officer may authorize payment for necessary health benefits, other than those listed, to eligible recipients.

Life-saving Situations

In a life-saving or similar extreme medical situation where no other resources are available, the administering authority may authorize payment for a recipient or for an indigent person to be transported to a hospital for medical treatment.

Medical Exam

When necessary, a physician will be reimbursed for the cost of an examination of a recipient when such an examination is done at the request of the department to determine employability, provided the person cannot pay for the examination and the physician would not otherwise be reimbursed.

Emergency Prescription Drugs

Prescription drugs may be supplied in emergency circumstances to a recipient who is not otherwise eligible for health care benefits through the department. Each authorization form issued by the administering authority in such situations will be for a single supply of the drug prescribed for the patient.

Tuberculosis

Payments for transportation for a person requiring hospitalization in an institution for tuberculosis may be provided if the person is indigent, whether in receipt of income assistance or not.

Transportation to Mental Health Facility

Where an individual requires assistance for costs of transportation to a mental health facility for the purpose of admission, such travel expenses may be authorized by the local administering authority.

Supplies and Equipment

When prescribed by a licensed practitioner, consideration may be given to provision of the following medical supplies, equipment, supplies, and devices:

Bandages and Dressings (Medical Supplies)

- ulcer products
- gel pads
- protectors

When such supplies are required on an ongoing basis, a public health nurse or other health care professional should be consulted regarding the monthly quantity requested.

Bathroom Aids (Medical Equipment and Devices)

- grab bars
- toilet raisers and safety frames

Includes a maximum of two hours installation time. Installation time beyond two hours is considered a home renovation and requires an alternate source of funding.

Beds and Specialized Mattresses (Medical Equipment)

Only those items available through a medical supply company (e.g., hospital beds, flotation system) may be provided. Any other type of mattress or bed, including a waterbed, cannot be considered to be a medical item, and requires an alternate source of funding.

Bowel Stimulants - Medicated (Medical Supplies)

- Dulcolax
- Lactulose
- Senokot
- fleet enemas

Braces (Orthotics)

(Including parts and repairs) as long as the item or repair is not a Pharmacare benefit.

Breast Pumps (Medical Equipment)

Manual only.

Burn Treatment Garments

JOBST body garments, stockings, etc.

Breathing Aids (Medical Equipment and Devices)

- Nebulizers
- c-paps
- bi-paps
- ventilators
- suction unit
- masks
- headgear
- percussors
- adapters
- aporizers
- apnea monitor
- aero chambers

Catheters (Medical Supplies)

See Urinary Drainage.

Contraceptive Devices and Supplies (Medical Supplies)	For contraception lubrication and disease prevention (including male and female condoms). A prescription from a physician is not required for condoms. This does not include oral contraceptives, which are provided under the provisions of MSP. The Norplant birth control devices is not a benefit of MSP. Note: Birth control clinics may offer supplies at reduced prices.
Diabetic Supplies and Equipment (Medical Equipment/Supplies)	• glucometers (testing machine) • lancets • sharp containers for needle disposal
Electrotherapy (Medical Equipment)	• basic TENS unit (costs should not exceed $250) • gels • electrodes or accessories
Hearing Aid Supplies	• ear moulds • batteries • cochlear implant supplies
Incontinent Supplies (Medical Supplies)	• adult diapers • pads • leg bags • catheters
Lumbar Supports (Medical Equipment and Devices)	Basic Obus form.
Mobility Aids	• limited wheelchair accessories • batteries • power wheelchair • manual wheelchair • cushions • pads • restraints • postural control system • custom seating • canes (cannot provide deposit for rentals) • crutches (cannot provide deposit for rentals) • orthopedic appliances (see Orthotics) • walkers
Orthotics	• custom-made orthopedic footwear • custom-made foot orthoses • custom orthopedic modifications • custom-made ankle-foot, knee-ankle-foot, or hip-knee-ankle-foot orthoses • custom-made knee, back, neck, or body braces
Positioning Devices	Standing frames.
Prostheses, Repairs, and Adjustments	Supplies and services may be considered if they are not a benefit under MSP.
Rubber Gloves (Medical Supplies)	• Medical (latex or vinyl) When required as part of urinary or incontinence care by either the client or a non-employed caregiver.
Scabicides, Pediculicides	Kwalada shampoo.

Scooter, Scooter Repairs (Medical Equipment)	A scooter may be considered as a primary mobility device for an eligible client not capable of basic mobility. Additional accessories may include a cane holder, a handi-dart kit, and one shopping basket, but not rear mirrors, red flags, light packages, sheepskins, or scooter totes.
Shower Aids (Medical Equipment and Devices)	• shower commode • bath bench • hydraulic bath lift
Stockings (Medical Supplies)	Elastic, off-the-shelf obtained through a medical supplier.
Urinary Drainage (Medical Supplies)	• catheters • urinary drainage bags • skin care products • gloves • powder
Wheelchair Repairs (Medical Equipment and Devices)	All medical equipment is purchased with a two-year, all-inclusive warranty. Do not approve repairs during the warranty period. If uncertain, consult with your Funding Services Officer.

Procedures

Program	Eligibility	Forms
Medical Supplies	All recipient categories	• *Health Benefits Request & Authorization (SA 205)* • Detailed prescription by a medical physician • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report*

Recipients must provide a written prescription and diagnosis from a physician.

If the cost is more than $200 but less than $500, the recipient must provide at least two estimates. Details of the exceptional medical need and the financial assessment are to be recorded on the client's file.

See Chapter 10.10, Non-eligible Items to determine if the requested medical supplies are an eligible item, and ensure the requested item does not fall under other policy. Funding services officer should be contacted if unsure about this policy.

Health Benefits Request & Authorization (SA 205)

Requests for medical supplies and equipment shall be made with a *Health Benefits Request & Authorization* (SA 205*)* form, which is to be completed as follows:

1) The band social development worker (BSDW) shall complete Section A: Client Information before providing the form to the client.
2) The client shall provide the form to the medical physician, who shall complete Section B: Service Information before returning the form to the client.
3) The client shall provide the form to the BSDW, who shall complete Section C: Recommendation information before authorizing service.
4) The BSDW **or** the field/funding services officer (FSO) shall complete Section D: Authorization – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO).

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to the form.

The BSDW shall date-stamp the *Health Benefits Request & Authorization* (SA 205*)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Note: Claims must be submitted within one year of the date of service.

The BSDW must verify satisfactory provision of services to the patient before paying the supplier.

Payment must never be made directly to the client.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the approved medical supplies and equipment for the client as follows:

- Comment section – indicate “Health Benefit (Non-Status)”,
- Basic Needs section – amount of expenditure,
- Temporary Allowance section – month in which the expenditure is paid, and
- Signatures of both the recipient and administering authority.

All required documentation (i.e., invoices, lab slips, and/or prescriptions) are to be attached to the form.

Health benefits allowances are charged to the basic needs budget.

Social Development Financial and Statistical Report

The administering authority is to include the number of people and expenditures on the monthly *Social Development Financial and Statistical Report* (SDFSR) under the Health Benefits (Non-Status) section (see the *BC First Nations Program Guide*).

Non-Eligible Items

The following medical equipment and supplies are **not** covered by DISC.

This list is provided only as a general guide and is not to be considered all-inclusive. When in doubt regarding the eligibility for coverage of specific equipment and supplies, contact your Field/Funding Services Officer for clarification.

Aids to Daily Living The following are not covered:

- reachers
- recreational equipment
- exercise equipment
- special eating utensils
- food preparation equipment
- automatic hand controls
- dressing aids
- grooming aids
- housekeeping aids
- swimming aids
- zipper pulls

Air Casts Not covered

Allergy Serum Covered through PharmaCare

Anakit Insect Sting Kit Covered through PharmaCare

Braces Not covered if intended primarily for sporting activities

Clothing The following are not covered:

- bibs
- plastic shoe cases
- plastic pants
- customized clothing
- swimming suits
- mastectomy bras

Communications Aids The following are not covered:

- telephones
- emergency response systems
- lifeline home monitoring systems
- medic alert bracelets
- hearing aids (outside of normal policy)
- telephone amplifying systems
- Bliss Boards
- sound amplification equipment
- telephone flippers, dialling sticks, holders
- pen grips, writing aids

- communication boards
- computer software and accessories

Conventional Footwear

The following are not covered:

- runners
- oxfords
- boots
- slippers

Diabetic Supplies

The following are covered through PharmaCare only if the patient is in receipt of a recognized testing certificate:

- insulin
- syringes
- test strips

Dialysis Equipment

Home haemodialysis equipment is supplied by the Kidney Dialysis Service of the Ministry of Health

Electrolysis

Not covered

Elevator Systems

Not covered

Epipen Insect Sting Kit

Covered through PharmaCare

Environmental Controls

The following are not covered:

- HEPA filters
- humidifiers
- mattress covers
- pillow covers
- air filtration systems
- air conditioners
- water filtration systems

Fibreglass casts

If the attending physician indicates that a fibreglass cast is medically essential, hospital programs must cover it

Household Items or Renovations

The following are not covered:

- drapes and/or blankets
- easy-lift chairs
- specialized shower stalls
- elevators, ramps, or wheelchair lifts
- regular (non-hospital) beds or mattresses
- waterbeds
- therapy tables
- regular chairs
- whirlpool baths

Juvenile Bracing

The following are covered through PharmaCare:

- Milwaukee or Boston brace
- above-knee leg brace
- below-knee leg brace
- body jacket

Light Therapy Lamps Not covered, along with other equipment used by a person with Seasonal Affective Disorder

Ostomy Supplies The following are covered through PharmaCare:

- adhesive disposable plastic bags and drains
- colostomy appliances and parts, including belts, etc.
- colostomy irrigation sets
- colostomy bags, colostobelts
- Karaya products: powder, washers, sheets, paste appliance adhesive: Colly seals, double-sided adhesive pads, foam pads
- skin cements, skin barrier preparations
- cement removers, solvent
- deodorants (oral only)
- tapes (Micropore-type only)
- ileostomy appliances and parts, including belts

Over-the-counter Drugs The following are not covered:

- acetaminophen (Tylenol)
- analgesic creams
- antacid
- antihistamines (Actifed, Hismanal, Seldane, etc.)
- antiseptic
- ASA aspirin (Anacin, Bufferin, Excedrin)
- caffeine tablets
- cough drops
- decongestants (Contac-C, Dristan, Drixoral, Sudafed)
- dental swabs
- dietary supplement (protein powders, royal jelly, red ginseng)
- disinfectant (unless connected with other essential, approved items)
- hand creams
- laxatives (unless connected with para or quad supplies)
- Metamucil
- mouthwashes
- oral rinses
- over-the-counter antibiotic ointments (Polysporin, Neosporin)
- pregnancy tests
- regular shampoos
- skin cleaners (not connected with a specific condition)
- sun screen
- sweetening agents
- tonics
- toothpaste
- weight loss aids

Oxygen Oxygen and oxygen equipment for home use is supplied by the Ministry of Health Home Services Oxygen Program through local health units, when requested by a client's physician. The supply of oxygen and related equipment (e.g., oximeters) shall never be authorized or supplemented by the administering authority.

Permanent Prosthesis, Repairs, and Replacements

The following are covered through PharmaCare:

- below-knee prosthesis, including post-operative and temporary
- Symes appliance
- knee-bearing appliance
- hip level of hemi-pelvectomy appliance
- below-elbow appliance
- elbow disarticulation appliance
- above-elbow appliance
- shoulder disarticulation
- artificial hand or hook
- lymphoedema arm sleeve (two each year)
- stump socks
- artificial eye
- breast prosthesis to a maximum of $350

Note: Replacement of mastectomy forms by PharmaCare is normally limited to once every 24 months. Surgical brassieres may be provided on a one-time-only (post-surgical) basis by PharmaCare.

Routine Food Supply

Except for those diets or medical conditions covered in **chapter 9.4, Diet Allowance,** no additional funds are to be issued for dietary needs. Clients are expected to cover these through their regular support allowance.

Examples of ineligible diet needs include the following:

- health foods
- low salt, sugar, sodium, fat, etc., diets
- high fibre diets
- alternative lifestyle foods
- weight reduction supplements or diets

Smoking Cessation Aids

The following are not covered:

- smokers' gum (e.g., Nicorette gum)
- nicotine patches
- "stop smoking" clinics and workshops

Surgical Tray Fees

Not covered

Therapeutic Injections

The following are not covered:

- Synvisc (for joint pain)
- botulinum (for wrinkle reduction, facial muscle tension)

Therapies, alternate

Only massage, chiropractic and physiotherapy services may be funded by the administering authority.

Examples of therapies not covered include:

- homeopathic treatment
- aquatic therapy
- music therapy

- art therapy
- psychological counselling
- electrolysis
- riding therapy
- light therapy
- acupuncture
- pain therapy

Vans, Van Lifts Not covered

Vision Devices The following are not covered:

- low-vision aids
- telescopes
- reading microscopes
- closed-circuit television systems
- magnifying glasses
- special devices

Vitamins and Minerals The following are not covered:

- calcium supplements
- iron supplements
- multi-vitamins

Wheelchair Lifts-Home Not covered

Wigs Not covered

Canada Child Benefit (CCB)

General Principle

This section provides an overview of the types of child benefits that are provided to families with children. While child benefit payments are from sources outside of the Social Development Program, they are interrelated and must be considered in the administration of the Social Development Program.

The Government of Canada introduced the Canada Child Benefit (CCB) to replace previous child benefits, including the Universal Child Care Benefit, the Canada Child Tax Benefit, and the National Child Benefit Supplement. The CCB is a tax-free monthly payment made to eligible families to help them with the expense of raising children under 18 years of age.

Canada Child Benefit (CCB) Cheque

The Canada Child Benefit (CCB) is a tax-free monthly payment issued by Canada Revenue Agency (CRA) to eligible families to help them with the expense of raising children under 18 years of age. The CCB may also include one or more of the following:

- BC Family Bonus (BCFB);
- BC Early Childhood Tax Benefit (BCECTB);
- Child Disability Benefit (CDB)
- National Child Benefit Supplement (NCBS)
- Universal Child Care Benefit (UCCB)

About the Canada Child Benefit (CCB)

- **The CCB is inclusive –** most families receive a single payment every month
- **Tax-free –** families will not have to pay taxes on payments received when they file their tax returns
- **Exempt –** the CCB is considered exempt for families who are in receipt of income assistance, disability assistance or hardship assistance through the

On-Reserve Income Assistance program in British Columbia. The CCB payment will not be included in calculating your Income Assistance Benefits

- **Targeted to those who need it most –** low and middle-income families will receive higher payments, and those with the highest incomes (generally over $150,000) will receive less
- **Maximum amounts –** Depending on your income, you may receive up to:
    - $6,400 per year for each child under the age of 6
    - $5,400 per year for each child aged 6 to 17

Eligibility

In order to be eligible to receive the CCB, all of the following criteria must be met:

- You must live with the child, and the child must be under 18 years of age
- You must be primarily responsible for the care and upbringing of the child
- You must be a resident of Canada for tax purposes

In order to apply for the CCB:

1) You must have a Social Insurance Number (SIN).
    - You can apply for one at a Service Canada Office (www.servicecanada.gc.ca or by calling 1-800-622-6232)
    - You can apply by mail (see www.esdc.gc.ca/en/sin/apply for more information)
    - Service Canada staff can come to your community and assist people in getting Social Insurance Numbers at your request
2) You must file your income tax and benefit return every year. This can be done online or by email.
3) You must apply for child benefits in one of the following ways:
    - Use the Automated Benefits Application at www.cra-arc.gc.ca/bnfts/tmtd-eng.html when you fill out your newborn's birth registration form;

- Use “Apply for child benefits” in My Account at www.cra.gc.ca/myaccount ; or

- Fill out Form RC66, Canada Child Benefits Application and mail it to the Canada Revenue Agency.

Applying for the CCB will automatically register your child for related provincial or territorial programs.

For More Information

Service Canada Services and Information

- Government of Canada – www.canada.gc.ca
- General Information – 1-800-622-6232

Canada Child Benefit (CCB) Information

- Child and Family Benefits – www.cra.gc.ca/benefits
- Benefit Enquiries Line – 1-800-387-1193
- Family Benefits Calculator – www.cra.gc.ca/benefits-calculator
- MyBenefits CRA App – www.cra.gc.ca/mobileapps

Tax benefits and requirements for Indigenous Peoples

- Aboriginal Peoples Webpage – www.cra.gc.ca/aboriginalpeoples

CRA Online Services

- My Account – www.cra.gc.ca/myaccount
- CVITP Webpage – www.cra.gc.ca/volunteer

Child Benefits Top-Up Supplement

General Principle

The Canada Child Benefit (CCB) is the primary federal financial benefit for families with dependent children. In addition, families may receive the BC Early Childhood Tax Benefit (BCECTB) and the BC Basic Family Bonus. All child benefits are administered by the Canada Revenue Agency in a single monthly payment (the child benefits cheque).

Definitions

July 2017

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region.*

Policy

Eligibility

January 2018

Families must file their income tax return each year in order to receive the monthly CCB payments from the CRA.

The child benefits top-up supplement may be provided to income assistance families with dependent children in the following circumstances:

- A temporary child benefits top-up supplement may be issued if a family unit's federal child benefit payment is delayed, cancelled, or suspended An automatic child benefits top-up supplement may be issued to families in receipt of income assistance families when a family unit's CCB payment is less than the child benefits top-up supplement; or
- A repayable child benefits top-up supplement may be issued to an family in receipt of income assistance if their child benefits cheque is lost or stolen. Only the federal portion of the cheque is eligible.

Families who do not file their income tax return and make an application for the Canada Child Benefit are not eligible to receive a CCB top-up through the on-reserve income assistance program.

Income assistance families with dependent children under 2 months of age or children who have reached their 18th birthday are not eligible for the children's benefit programs administered by CRA. These clients may receive an increase in their IA basic support

allowance in lieu of child benefits (see Child Benefits top-up chart later in this chapter). They are not eligible for the temporary or automatic child benefit top-ups.

Types of Canada Child Benefit Supplements

Temporary Canada Child Benefit (CCB) Top-up

January 2018

The temporary CCB top-up is available to family units eligible for *income assistance, disability assistance, or hardship assistance.*

If a family unit's child benefits payments are delayed, cancelled, or suspended under the federal *Income Tax Act*, a **temporary child benefits top-up** supplement may be given for each dependent child, up to the maximum amount (see CCB Top-Up rate table, page 5).

Family units must file their income tax return (and make an application for CCB when adding a child/ newborn) to be eligible for the temporary child benefits top-up supplement.

The temporary child benefits top-up supplement may be provided for up to four months. This may be extended for an additional four months in extenuating circumstances and if the parent pursues their application for CCB.

The Temporary child benefits top-up supplement is also available to Refugee claimants and clients in Canada under a Temporary Resident Permit. The temporary child benefits top-up supplement may be provided until a client meets the 18-month residency requirement for CCB as required by the Canada Revenue Agency (CRA). Subsequent to fulfilling the residency requirement, eligibility for the temporary child benefits top-up supplement is based on the family unit filing their taxes and applying for the CCB.

The temporary child benefits top-up supplement must not exceed the child benefits top-up supplement amount for each eligible dependent child.

Automatic Canada Child Benefit Top-up

January 2018

If the family unit's net income is over the established child benefit threshold in the previous tax year, their scheduled child benefits payment may be reduced. In cases where the family unit's child benefits payment is less than the child benefits top-up supplement, the family will receive an automatic top-up to make up the difference.

This automatic top up is equal to the child benefits top-up supplement minus the actual child benefits payment.

Only those children in the income assistance family unit who are eligible for child benefits will be eligible for the automatic child benefits top-up supplement.

Advance for Lost or Stolen Cheques
January 2018

A repayable supplement may be issued to replace a portion of an unendorsed CCB cheque that has been lost or stolen.

The repayable child benefits top-up supplement must not exceed the child benefits top-up supplement amount for each eligible dependent child.

Income Assistance recipients must apply for a replacement cheque with the Canada Revenue Agency (CRA) to be eligible for the repayable child benefits top-up supplement. The replacement supplement will not be issued if the recipient refuses to pursue federal replacement of the lost or stolen child benefits cheque.

A repayment agreement must be signed, and the IA recipient must be notified that the **entire** amount will automatically be deducted from the next month's assistance cheque.

The repayable child benefits top-up supplement as a portion of lost or stolen child benefits cheque must not be replaced until five business days after the child benefits cheque issue date.

A repayable child benefits top-up supplement **may not be issued** to replace a lost or stolen child benefits cheque attributable to a child for whom Child out of Parental Home (COPH) assistance is paid.

Increased Support Allowance in Lieu of Canada Child Benefit

Children under 2 months of age or who have reached their 18th birthday are not eligible for the children's benefit programs administered by the Canada Revenue Agency (CRA).

An increase in the family unit's basic support allowance, up to the child benefits top-up supplement amount will be added to a family unit's monthly assistance payment:

- For each newborn *dependent* child, for the calendar month in which the child is born and the next calendar month.
- For each *dependent* child over 18 years of age, effective the second month following the child's 18th birthday until they turn 19 years of age. If the child reaches 19 while still attending secondary school, the family unit will continue to receive the increased support allowance until the end of the school year, as long as the child remains in school.

Not Eligible for CCB Top-up/Increased Support Allowance

A family unit is not eligible to receive a child benefits top-up supplement or increased support if any of the following apply:

- The child for whom the child benefits top-up supplement/increased support allowance is requested is not a dependent on the family's case
- The family fails to file a tax return or submit required notification to Canada Revenue Agency (CRA) in order to establish entitlement to child benefits
- The recipient is a Child out of the Parental Home (COPH)
- The family's child benefit payments have been reduced as a result of a child benefits overpayment, or because the family has elected to redirect some of the child benefits to pay a federal debt.

Retroactive Canada Child Benefit Payments
January 2018

Families must file their income tax return by April 30th each year in order to receive the monthly child benefit payments from the Canada Revenue Agency (CRA). A delay in filing an income tax return may result in a delay, cancellation or suspension of monthly child benefit payments from CRA.

Once a late income tax return has been processed by the CRA, the family unit may receive a retroactive or lump sum child benefits payment. This retroactive CCB payment is exempt as income when determining eligibility for assistance.

However, where a family unit receives a retroactive child benefits payment for the months for which they also received a temporary CCB top-up supplement, the amount of the income exemption will be reduced by the amount paid via the temporary child benefits top-up supplement or the former temporary top-up supplement. The reduced amount paid via the temporary child benefits top-up supplement tor former Temporary Top-Up Supplement is considered "unearned" income.

The maximum reduction will be the lesser of:

- The amount of the child benefits retroactive payment or former CCB retroactive payment, and
- The amount provided via the temporary child benefits top-up supplement or the former temporary CCB top-up supplement

The maximum reduction will not exceed one month's assistance for the family unit.

Note: The Canada Child Benefit (CCB) year runs from July 1 to June 30. Any CCB payments, including FB, received from July to June of the current year are based on the information from the income tax return filed for the previous calendar year.

See the following link for case examples of what this reduction calculation may look like:

https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/general-supplements-and-programs/child-benefits-top-up-supplement

Canada Child Benefit or Child Benefits Top-up Supplement in Shared Parenting Situations

Parents in shared parenting situations are expected to make their own arrangements for sharing any portion of the *Canada Child Benefit* or the child benefits supplement.

Canada Child Benefit for Non-Dependent Children

Child benefits payments made by the Canada Revenue Agency for a child who is not residing with the family are exempt from the calculation of entitlement for income assistance. Such payments are considered overpayments by the federal government and may be recovered from the parent's subsequent child benefits cheques or other tax credits.

Child Benefits Top-Up Supplement (July 2017)

Family Unit	Maximum CCB top- up for the family size
First Child	$195.02 (per calendar month)
Second Child	$172.54 (per calendar month)
Third and each Additional Child	$164.18 (per calendar month)

Example: For a family unit with two dependent children, both over 2 months and under 18 years of age, the maximum CCB top-up they could be eligible for per month is $367.56.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report and National Reporting Guide (DCI #455897) http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Canada Child Benefit Top Up Allowance • https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/general-supplements-and-programs/child-benefits-top-up-supplement • Canada Revenue Agency – Canada Child Benefit http://www.cra-arc.gc.ca/bnfts/ccb/menu-eng.html

Issuing the Canada Child Benefit Top-Up Allowance

Verification of the applicant's or recipient's entitlement with regard to the amount of child benefits must be on file.

Be sure to obtain annual assessments of Canada Child Benefits issued by CRA, to ensure the client is receiving maximum entitlement, and if not, will be entitled to the Automatic Canada Child Benefit Top-Up.

The following *Canada Child Benefit notice* or documents must be on file:

- *Canada Child Benefit notice* document that is sent by the Canada Revenue Agency (CRA) each July; or
- if the recipient does not have the above document:
    - obtain a signed and dated Consent to Release forms (SA 901-23) from the applicant or recipient, and
    - Call CRA at 1-800-959-1953, and using the CRA PIN number issued to the administering authority, request the Canada Child Benefit information.

A copy of the forms or documents are to be placed on the client file with file recordings to indicate verification and amount of CCB top-up allowance if necessary.

All issuances of CCB top-up must have documentation attached to a completed *Budget and Decision Form* (901-25), including signatures of both the client and the administering authority and repayment agreements if required.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The “Canada Child Benefit Top-Up Supplement”
    b. The type of need being provided (i.e., temporary top up, increased support in lieu, etc.)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued

3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2017 to March 31, 2018).

4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed

5. Signatures of both the recipient and Administering Authority required.

6. If the ‘From and To’ date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:

a. the *Social Assistance Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].

7. All expenditures must have the required documentation attached to the B&D form.
8. Canada Child Benefit Top-Up Supplement is charged to the “basic needs” budget.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Senior’s Supplement

General Principle

The Senior's Supplement is a provincial top-up to the federal Old Age Security (OAS)/Guaranteed Income Supplement (GIS) payment. The Senior's Supplement ensures a conditionally guaranteed minimum income level for residents of British Columbia(BC) and is paid to low-income residents of BC who are 65 years of age and older, and who are receiving OAS/GIS or federal Allowance (formerly Spouse's Allowance).

Policy

Eligibility

The Senior's Supplement is a provincial top-up to the federal payment. The supplement is paid on a monthly basis to low-income residents of BC over 65 years of age who are receiving Old Age Security (OAS)/Guaranteed Income Supplement (GIS) or federal Allowance (formerly Spouse's Allowance).

For eligible individuals, the Senior's Supplement is effective the month following the receipt of notification from federal authorities that the OAS/GIS or federal Allowance is in effect.

Permanent residents of BC can leave the province for up to six months and continue to be eligible for and receive the Senior's Supplement during this period.

Seniors **in receipt** of federal OAS/GIS will receive the Senior's Supplement automatically, provided their GIS rates make them eligible. The Senior's Supplement is also paid automatically to persons 60-64 years of age who are eligible, **in receipt** of the federal Allowance, and married to an OAS pensioner. **Seniors do not have to apply.**

Rates

January, 2017

Senior's Supplement rates are based upon income declared to the federal Canada Revenue Agency or declared on the federal Guaranteed Income Supplement application if a senior is required to complete one. The maximum rate is $49.30 per single senior and $120.50 for senior couples. [For information on how the Senior's Supplement is calculated, see Rate Tables: Senior's Supplement.]
The following table shows the maximum rates for federal OAS/GIS/Allowance and the provincial Senior’s Supplement effective January 1, 2017.

Senior's Supplement Rate Table
Effective: April 1, 2018

	SINGLE Or married to spouse not on OAS/GIS Allowance	**MARRIED** (both on OAS/GIS) (each) x 2 = Couple	**MARRIED** (Spouse <65 years of age and is on Allowance)	
			PENSIONER	**SPOUSE**
OAS	$589.59	$589.59.53	$589.59	$589.59
GIS*	+ $880.61	+ $530.12	+$530.12	+$530.12
	= $1,470.20	= $1,119.71	= $1,119.71	= $1,119.71
SS**	+ $49.30	+ $60.25	+$60.25	+$49.83
			= $1,179.96	=$1,169.54
Guaranteed Totals	**= $1,519.50**	**= $2,359.92**		**=$2.349.50**

OAS/GIS/Allowance are reviewed for adjustment quarterly.

Notes:

* The Guaranteed Income Supplement (GIS) provides additional money, on top of the Old Age Security pension, to low-income seniors living in Canada. To be eligible for the GIS benefit, a person must be receiving the Old Age Security(OAS) pension and must apply for GIS.

Contact Service Canada at 1 800 277-9914 for a GIS application form.

In order to receive the GIS payment all families must file an income tax return annually.

**** The Senior's Supplement (SS) is a provincial top-up to the federal OAS/ GIS payment. The senior's supplement is paid to low-income residents of BC over 65 years of age and who are receiving OAS/GIS or federal Allowance (formerly Spouse's AllowanceRates**

Depending on an individual's OAS/GIS monthly amounts, they could receive:

- $1.00 - $49.30 for single seniors
- $1.00 - $120.50 for senior couples
- $1.00 - $49.83 as a spouse receiving the federal OAS allowance.

For the full list of BC Seniors Supplement Rates by Income and Marital Status, please visit: https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/policies-for-government/bc-employment-assistance-policy-procedure-manual/additional-resources/sensuppratesincomemaritalstatus.pdf

For further questions regarding the Senior's Supplement, please contact Service Canada. If there are relevant questions about income/change in address/moving out of B.C./changing deposit information please call Service Canada at 1-800-277-9914.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report (DCI #455897) https://www.aadnc-aandc.gc.ca/eng/1415885406285/1415885438267?pedisable=true • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/dci/dcilog_e.asp

Calculate the amount of assistance to which a recipient may be entitled

1) Select the *maximum* shelter and support allowance for the family unit from the applicable rate tables for *Income Assistance*, for *Hardship Assistance* or *Disabilities Assistance*. Apply the maximum allowance for the family unit regardless of the actual shelter cost.

2) Use a Budget and Decision Form (901-25) to document eligibility for supplementary assistance by:

- totaling the 'Monthly Requirements' combined basic support and shelter maximums
- deducting the amount of 'Resources' such as:
    - Federal payments (OAS/GIS/SS)
    - other earned and unearned income

3) If the total resources (OAS/GIS/SS/Allowance and any earned or unearned income) is greater than the combined basic support and shelter allowance, the recipient is not eligible for supplementary income assistance.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The “senior’s supplement”
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued
3. Under Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e., family unit size)
    b. the amount entitled
    c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).
4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
    a. write N/A or put a strike through to show reviewed
5. Signatures of both the recipient and Administering Authority required.
6. If the ‘From and To’ date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
    a. the *Social Assistance Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [For more information, see chapter 3 Application and Assessment].
7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and
2. Pages 5-6, Part B *Financial Management Report* sections:
    - Income Assistance Expenditures,
    - Shelter Information,
    - Children Out of Parental Home, and
    - Declaration.

Comforts Allowance

General Principle

This allowance is available under DISC's *National Social Programs Manual*, *Income Assistance Program (IA)*; and DISC's *Social Development Policy and Procedures Handbook Vol. 1, BC Region.*

Assistance is issued based on the amount (rate) and eligibility criteria established by DISC's *Social Development Policy and Procedures Handbook, Vol. 1, BC Region*. This chapter gives guidance to staff about providing assistance in special circumstances.

On a yearly basis, the *Administering Authority* establishes a schedule of dates for issuing monthly assistance.

Clothing Allowance

See Chapter 11.14 vol.1 Clothing Supplement for People in Special Care Facilities.

Definitions

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook Vol.1, BC Region,* for *AANDC, assistance, Community Living British Columbia (CLBC), DISC, disability assistance, family unit, hardship assistance, income assistance, private hospital and special care facility.*

Policy

Intent

The intent is to provide *income assistance* or *disability assistance* of no more than the prescribed rates for the applicable situation after deducting any non-exempt income of the *family unit.* [For more information, see Chapter 4.9 vol.1 Earned Income and Exemption Eligibility].

Assistance is issued for items or costs authorized under DIAND's *Social Development Policy and Procedures Handbook, Vol.1, BC Region t*o the level required for meeting basic needs.

Applicants found ineligible for *income assistance* or *disability assistance* may be assessed for *hardship assistance.* [For more information, see Chapter 7 vol.1 Hardship Assistance].

A comforts allowance in the amount shown under the Payment of Assistance Rate - Comforts Allowance section is paid to recipients in any of the following:

- a *special care facility*
- *private hospital*
- extended care unit of a hospital
- an alcohol and drug treatment facility

Note: Residents in *Community Living British Columbia (CLBC)* contracted residential facilities are not eligible for the comforts allowance.

Payment of Assistance Rate - Comforts Allowance

The comforts allowance amount (rate) is established by DISC's *Social Development Policy and Procedures Handbook, Vol. 1, BC Region.*

The maximum amount for a comforts allowance is $95.00 per calendar month.

The comforts allowance is not to be used to supplement the subsidized rate paid to a facility for the care of the person. The rate schedule for Client User Charges is outlined in Chapter 3.6 vol.2.

If the special care facility is an *alcohol or drug treatment* centre, the administering authority may, in addition to the comforts allowance, pay either or both of the following *while* the recipient is in the centre:

- essential shelter costs required for the recipient's dependents, or to ensure the recipients place of residence will be available upon return.

- A monthly support allowance for the recipient's dependents, if any, equal to the basic support amount calculated in Chapter 5 vol. 1 Shelter Allowances for the family unit, and less the portion of that allowance attributed to the recipient.

Some clients receiving accommodation and care in a designated continuing care facility may receive assistance to pay their Per Diem Cost of care. [See Chapter 3.6 vol. 1 Client User Charges, Chapter 3.7 vol. 2 Responsibility for the Payment of Continuing Care Facility Per Diem Costs and Chapter 3.8 vol. 2 Financial Exemptions and Allowances].

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance* (901-27) • *Social Assistance Monthly Renewal Declaration* (901-28) • *Budget and Decision Form* (901-25) • *Income Assistance Report* (DCI #455897) • *Consent to Release of Information* (901-23) • All other forms and documentation as required to determine eligibility must be placed in a client's file
Resources	• *Income Assistance Report* (DCI #455897) http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • *Recipient Reporting Guide* http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • *National Social Programs Manual, Income Assistance Program (IA)* https://www.aadnc-aandc.gc.ca/eng/1484941779222/1484941844596 • BC Ministry of Social Development and Poverty Reduction web site content for Payment of Assistance: Comforts Allowance, dated November 25, 2008. http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/payassist/

Step 1 Confirm that the applicant is eligible for *income assistance* or *disability assistance.*

Step 2 Confirm that the applicant has met the eligibility criteria for the comforts allowance (See Policy).

Step 3 Decide if the applicant is eligible, or not eligible, for this allowance. The reasons for the decision must be documented on the applicant's file.

Step 4 To issue assistance attach supporting documentation to a completed *Budget and Decision Form* (901-25), including signatures of both the applicant and the *Administering Authority*.

Step 5 The comforts allowance is considered basic income assistance and paid from the basic needs budget.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) must be fully completed to document the decision to issue, or not issue, benefits as follows:

1. Under the Comment section, note:
    a. "Comforts Allowance"
    b. the type of need being provided (i.e. IA benefits, PWD benefits, PPMB benefits)
    c. the amount of shared shelter and show the family unit's portion for each eligible item [see chapter 5.1 vol. 1 Shelter Allowances Overview]

2. Under the Monthly Requirements section, write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter and (D) Special, only:
        i. for items not applicable write "N/A" or put a strikethrough to show you have reviewed.
    b. the amount noted in line "(5) Total Monthly Deductions" from the Resources section, is copied to this section's "Total Monthly Deductions" line
    c. total the monthly "Entitlement" amount to be issued
3. Under the Resources section, enter the amount of each item in categories: (1) Earned Income; (2) Income from Self-Employment; (3) Unearned Income; and (4) Recovery. Total all items under (5) Total Monthly Deductions to determine the monthly deduction amount:
    a. for items not applicable write "N/A" or put a strikethrough to show you have reviewed

4. Under the Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e. family unit size)
    b. the amount entitled
    c. the date range (i.e. From: April 1, 2015; To: March 31, 2016). When the date range spans an entire fiscal year, a new *Budget and Decision Form* (901-25) is prepared only when a change is noted on a recipient's *Social Assistance Monthly Renewal Declaration* (901-28) [For more information, see Chapter 3 vol. 1 Application and Assessment]

5. For sections not applicable to this benefit write "N/A" or put a strikethrough to show you have reviewed.

6. A signature (and date) for both the Applicant and the Officer of Administering Authority is required.

7. All expenditures must have the required documentation attached to a *Budget and Decision Form* (901-25).

DCI #455897 - INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures
    - Shelter Information
    - Children Out of Parental Home, and
    - Declaration

Christmas Supplement
November 2015

General Principle

The Christmas supplement is provided to recipients of income assistance or disability assistance as part of the cheque issued for December, to assist with extra expenses at Christmas.

Definitions

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance and Child Out of the Parental Home *(COPH).*

Policy

Eligibility

An annual Christmas supplement of the amount shown below in the Rate Table may be provided to or for a *family unit* that is eligible for *income assistance* or *disability assistance.*

This supplement is **not** available to the following:

- recipients who are **not** receiving income or disability assistance for the full month of December
- recipients of *hardship assistance*
- transients
- recipients of the seniors supplement with no dependent family members in receipt of assistance
- children receiving assistance as a child out of the parental home (*COPH, Grandparented)*

Grandparented COPH living with an *income* or *disability assistance* recipient

A COPH child living with an income or disability assistance recipient is not eligible for the Christmas supplement. However, the *family unit* would be eligible to receive the Christmas supplement. The amount of the supplement will depend on the number of *dependent children* in the family.

Rate Table

- $35 for a single person with no dependent children
- $70 for a childless couple
- $70 for either single or two-parent family with dependent children
- Plus $10 for each dependent child in the family unit

(***Note:*** COPH Assistance children are not included as dependent children in the family unit.)

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Budget and Decision Form* (901-25) • *Application for Social Assistance (901-27)* • *Social Assistance Monthly Renewal Declaration* (901-28) • Copies of required identification • *Income Assistance Report* (DCI #455897) • All other required income assistance documents
Resources	• Income Assistance Report and National Reporting Guide (DCI #455897) http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Recipient Reporting Guidehttp://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • Ministry of Social Development web site content for Christmas Supplement dated 2015 http://www.gov.bc.ca/meia/online_resource/general_supplements/xmas/index.html

Issuing the Christmas Supplement

The Christmas supplement is to be included in the payment issued for December for eligible recipients who receive *income assistance* or *disability assistance* by direct deposit or by cheque.

If issuing by direct deposit or cheque to a recipient who is eligible for *income assistance* or *disability assistance* for the full month of December, ensure the amount of the Christmas supplement is added to the payment.

The Band Social Development Worker shall not issue the supplement at any other time of the year.

All issuances of the December supplementary allowance are to be documented on the *Budget and Decision Form* (901-25).

This one-time allowance is to be paid from the basic needs budget allocation.

Example

A family unit of 4 (a single parent with 3 children) would receive:

	$70.00
+	$10.00
+	$10.00
+	$10.00
Total	$100.00

A family unit of 4 (a couple with 2 children) would receive:

	$70.00
+	$10.00
+	$10.00
Total	$90.00

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to be *completed in full* and document the benefit decision as follows:

1. Comment section – indicate:
    a. The "Christmas supplement"
    b. The type of need being provided (i.e., PWD benefits, PPMB benefits)
    c. The amount of shared shelter and show the family units portion for each eligible item (see chapter 5.1 Shelter Allowances Overview)

2. Under Monthly Requirements section –write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter, and (D) Special
        i. Items not applicable write N/A or put a strike through to show reviewed
    b. Under Resources, enter the amount of each item in categories (1) Earned Income, (2) Income from Self-Employment (3) Unearned Income (4) Recovery and total all items to determine the total monthly deduction amount (5)
        i. Items not applicable write N/A or put a strike through to show reviewed
    c. Enter the amount of (5) from Resource section to Less Deductions under Monthly Requirements
    d. Monthly Entitlement amount to be issued

3. Under Temporary Allowance Issued by Administering Authority section enter:

   a. the unit size (i.e., family unit size)
   b. the amount entitled
   c. the from and to dated (i.e., April 1, 2015 to March 31, 2016).

4. Any section not applicable like Transfer to Band Work Project (i.e., WOP)
   a. write N/A or put a strike through to show reviewed

5. Signatures of both the recipient and Administering Authority required.

6. If the 'From and To' date are for entire fiscal year. A new B&D Form (901-25) needs to be prepared only when a change occurs as:
   a. the *Social Assistance Monthly Renewal Declaration* (901-28) must be provided each month and describe all changes (i.e., copy of paystub or new utility bill) [see chapter 3 Application and Assessment].

7. All expenditures must have the required documentation attached to the B&D form.

DCI # 455897 – INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
   - Income Assistance Expenditures,
   - Shelter Information,
   - Children Out of Parental Home, and
   - Declaration.

BC Bus Pass Program

General Principle

September, 2016

A bus pass for provincial transit systems is available to assist eligible individuals to participate more fully in their communities. The BC Bus Pass Program has two components: a bus pass for low-income seniors and a bus pass for persons with the *Persons with Disabilities (PWD) designation.*

As a result of a financial agreement between the Department of Indigenous Services Canada (DISC), BC Region, and the Ministry of Social Development, the annual subsidized bus passes for BC transit or Translink systems may be purchased by eligible individuals living on reserve.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Eligibility for Annual Bus Pass

September 2016

In order to be eligible for the BC Bus Pass program, persons must reside in an area that is serviced by BC Transit or Translink.

Low income seniors and other eligible people can access the BC Bus Pass program at a reduced cost.

Clients who have a *Persons with Disabilities (PWD) designation* have the option of receiving an in-kind, ongoing bus pass amount as part of the Transportation Support Allowance (see chapter 11.8).

Bus Pass for Low-Income Seniors:

An annual bus pass (*annual pass)* for provincial transit systems is available through the BC Bus Pass Program at a reduced cost for persons who are residing in a valid transit service area and who meet any of the following categories:

- persons who are receiving federal Old Age Security (OAS) and the Guaranteed Income Supplement (GIS)
- persons aged 60 and over who are receiving the federal Spouse's Allowance to OAS
- persons aged 65 and older who meet all of the eligibility requirements for the GIS except the 10-year residency requirement
- persons aged 60 or older who live on a First Nations reserve and receive assistance from the band office
- a spouse of a person who has a *PWD designation* and is *receiving disability assistance* and:
    - o Is aged 60 and over,
    - o Receives federal Spouse's Allowance to OAS or GIS or
    - o Is 65 years of age or older who meets all the eligibility requirements for GIS except the 10 year residency requirement.
    - o Persons 60 or older who are receiving income assistance

Bus Pass for persons with the Persons with Disabilities (PWD) Designation:

For those clients eligible for the *Transportation Support Allowance* (TSA) (see Chapter 11.8) they can choose to receive the TSA as an in-kind bus pass. This bus pass is valid based on a client's eligibility for assistance each month. The in-kind bus pass is delivered under the BC Bus Pass Program. There is no fee to access this bus pass.

Transportation Support Allowance in-kind bus pass is provided to anyone who meets any of the following criteria:

- The Department of Indigenous Services Canada (DISC) applicants and recipients with the *Persons with Disabilities (PWD) designation* who are receiving *disability assistance* or *hardship assistance*.
- DISC applicants and recipients with the *PWD designation* who meet all the eligibility requirements for the GIS (are 65 and over) except the 10 year residency and continue to receive *disability assistance*.
- DISC recipients with PWD designation who reside in a special care facility, where DISC is paying either the facility user charge on their behalf, or they are receiving comforts allowance.

Term of Pass
September 2016

Bus Pass for Low-Income Seniors:

The annual bus pass is valid for one calendar year, January 1 to December 31.

Bus Pass for persons with the Persons with Disabilities (PWD) Designation:

- The ongoing bus pass is valid on a month by month basis.
- Clients can switch to a bus pass at any time and the bus pass will be valid for a subsequent month.
- Recipients who cease to be eligible for *disability assistance* may be able to keep their bus pass, or become eligible for bus pass for low income seniors.

Bus Pass Fees
September 2016

Bus Pass Fees

Supplement	Item	Maximum Amount
Bus pass fees paid by the applicant – not by the administering authority	Annual fee*	Low-Income Seniors: $45 PWD Designation: No Fee
	Replacement fee* *All client categories, including PWD	First lost pass: $10 Second lost pass: $20 Third lost pass: $50

*The *Administering Authority* is **not** responsible for any fees associated with the annual bus pass application or replacement fees; it is the responsibility of the client.

There is no discount on the annual fee for a pass that is only used for part of the year or is purchased part way through the year.

Replacing a Lost Pass
April 2014

Bus pass holders who lose their pass can request a replacement by contacting the BC Bus Pass Program.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance* (901-27*)* • PWD Designation letter on file • Buss Pass Eligibility (SA 312) form • All other required income assistance documents
Resources	• BC Buss Pass Program: **Online:** New applications, replacement applications, and BC bus pass program address changes can be submitted using the BC Bus Pass Online Request for Service at www.buspass.gov.bc.ca **E-mail:** You can email the BC Bus Pass Program at SDSIBUSPA@gov.bc.ca. **Phone:** 1-866-866-0800, enter your 10 digit phone number, press option 3, then press option 1. **Mail:** Ministry of Social Development and Social Innovation BC Bus Pass Program PO Box 9985 Stn Prov Govt Victoria BC V8W 9R6 **Fax:** 1-855-771-8788 PLEASE NOTE: To assist with your request, please provide your 9 digit BC Bus Pass Program account number or Social Insurance number. If you require Interpretive Services, please provide your spoken language.

Administering New Applications for Low Income Seniors
April 2014

To apply for a bus pass, new applicants must contact the BC Bus Pass Program telephone toll free at 1-866-866-0800.

To administer the application, the Band Social Development Worker follows these steps:

Step 1: Determine if the applicant is eligible for an annual bus pass.

Step 2: If the applicant is determined to be eligible, have the applicant complete a *Bus Pass Eligibility* (SA 312) form and fax the completed form to the BC Bus Pass Program.

Step 3: The eligible applicant will be sent a BC Bus Pass Application (HR2824) form to complete and return the form and annual fee payment to the Bus

Pass Program or make payment through one of the following payment options: Online/Telephone Banking Payment (fastest method), Bank Payment or Mail Payment.

Step 4: The *Administering Authority* is **not** responsible for any fees associated with the annual bus pass application or replacement fees. Therefore, no *Budget and Decision Form* (901-25) is required or category available on the *Social Development Financial and Statistical Report* (DCI #455895) for income assistance program reimbursement).

Step 5: Once the payment has been processed, a BC Bus Pass will be mailed to the new client, usually within three weeks of receiving payment.

Renewal Applications
April 2014

Renewal applications are automatically mailed to eligible clients that hold a current year bus pass in mid-August. Non-PWD clients are required to pay a yearly $45 administrative fee before a new pass can be issued. PWD clients do not pay any fee.

Once a client's administrative fee is processed, BC Transit renewal bus passes are automatically mailed starting December, and are activated for use beginning January 1 of the following year. For Translink clients who receive a reloadable pass (compass card), once the administrative fee is paid (if required), the card is reloaded with all the benefits effective January 1st, once the client has "tapped" the pass to activate.

No *Budget and Decision Form* (901-25) is required or category available on the *Social Development Financial and Statistical Report* (DCI #455895) for income assistance program reimbursement.

For *Persons With Disabilities* (PWD) clients, the Transportation Support Allowance (TSA) is an ongoing bus pass that is for PWD clients who are in receipt of *disability assistance*. No annual renewal is required (see chapter 11.8).

- Recipients who are PWD can choose to receive the TSA as an in-kind (physical) bus pass *or* as a $52 monthly payment by notifying the Administering Authority by the 5th of the month for the change to take effect the following month.
- BSDWs are to record the recipient's choice on the clients file which will be processed by the system.

Funeral Costs

General Principle

A supplement may be provided to pay *necessary funeral costs* of any person who dies in BC if the estate of the deceased person or any *responsible person* has no immediate resources to meet these costs. There is no requirement for the deceased person or the person's family to be Income Assistance recipients to qualify for the funeral supplement. Costs are to be recovered whenever possible.

Definitions

See Definitions section, under DISC's *Social Development Policy and Procedures Handbook Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Eligibility Criteria

Necessary funeral costs may be paid for persons who die in BC when no resources are available from the estate of the deceased person or from any *responsible persons.*

If there are sufficient resources available to the responsible persons or from the estate, the *Administering Authority* will not pay the funeral supplement. Co-funding may be considered when resources available to *responsible persons* or from the estate cannot pay the entire cost.

There is *no* requirement that the deceased person or the person's family be Income Assistance recipients to qualify for the supplement.

Any funeral expenses paid by the *Administering Authority* are a debt due to the *Administering Authority* and may be recovered.

Administering Authority clients who were Income Assistance recipients immediately prior to their death, and who were temporarily outside of BC, but within Canada, may be eligible for a funeral supplement if prior approval is granted by the *Administering Authority*.

The *Administering Authority* does not pay for any funeral service costs that are incurred outside of BC if the deceased person was not an Income Assistance recipient. Funeral service costs for non-recipients may be paid if the body is transported back to BC at no cost to the *Administering Authority*.

For procedures to follow in determining eligibility for *Administering Authority* assistance to pay funeral costs, see Procedures – Determining Eligibility for Funeral Costs.

Legal Representative

Determining the *legal representative*, usually the nearest relative, is based in part upon Section 5(1) of the Province of British Columbia's *Cremation, Internment and Funeral Services Act,* and is in the order listed below.

a) the personal representative named in the will of the deceased;
b) the spouse of the deceased;
c) an adult child of the deceased;
d) an adult grandchild of the deceased;
e) if the deceased was a minor, a person who was a legal guardian of the person of the deceased at the date of death;
f) a parent of the deceased;
g) an adult sibling of the deceased;
h) an adult nephew or niece of the deceased;
i) an adult next of kin of the deceased, determined on the basis provided by sections 89 and 90 of the Province of British Columbia's *Estate Administration Act*;
j) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (j).

If the person at the top of the order of priority is unavailable or unwilling to give instructions, the right to give instructions passes to the person who is next in priority.

If the right to control the disposition of human remains or cremated remains passes to persons of equal rank, the order of priority:

a) is determined in accordance with an agreement between or among them; or,
b) in the absence of an agreement begins with the eldest of the persons and descends in order of age.

The *legal representative* is responsible for making decisions (such as burial or cremation) related to the funeral arrangements and arranging for payment of the costs. If there are no relatives to assume this responsibility, the *DISC Estates Officer* may request the *Administering Authority* to assume the role and make arrangements for services and payment to the *funeral services provider*. For more information, see Policy – Disposition of Human and Cremated Remains.

The *legal representative* **must first apply** to the *Administering Authority* to determine eligibility for payment of funeral services costs. Requests for payment of costs must come from the *legal representative*, not the *funeral services provider*.

Information required by the *Administering Authority* includes **all** of the following:

a) name and address of the deceased;

b) name of the next of kin;

c) a statement of the deceased's income and assets; and

d) a request to the *Administering Authority* to cover funeral costs.

Once eligibility for payment of funeral services costs has been established, arrangements can be made. For more information see Procedures – Determining Eligibility for Funeral Costs.

The decision on how the deceased person's remains are disposed is made by the *legal representative*. Once the decision regarding disposition is made by the *legal representative*, the *Administering Authority* pays the necessary costs up to the maximum limits noted in this policy directly to the *funeral services provider*.

Disposition of Human and Cremated Remains

Where the *Administering Authority* has control of disposition as outlined above, the *Administering Authority* will choose immediate disposition and cremation unless the rules, practices and beliefs respecting disposition held by people of the religious faith of the deceased are a factor, or the deceased has indicated a preference with respect to disposition as laid out in the *CIFSA*.

If the *Administering Authority* has control of the human remains and the deceased has expressed a written preference in a will or pre-need cemetery or funeral services contract respecting the disposition of his or her cremated remains as outlined in the *CIFSA*, then the *Administering Authority* will fulfill the preference of the deceased in accordance with the *CIFSA* and DISC policy.

Where the *Administering Authority* has control and chooses cremation, the *Administering Authority* will follow the provincial cremation policy.

Funeral Provider's Basic Service Fee

Where eligibility for service has been established, whether burial or cremation is chosen, the *Administering Authority* will pay a funeral provider's basic service fee up to the amount shown in Rate Table: Funeral Costs – Funeral Provider's Basic Service Fee is on the *Funeral Services Billing* form (SA 108).

This basic fee covers the cost of an immediate disposition and must include, at a minimum, the following:

a) Transporting a deceased person's body 32 kilometres or less within British Columbia;

b) Completing and filing the registration of death;

c) Obtaining a burial or cremation permit;

d) Professional and staff services including:

- counselling and co-ordination with the *legal representative* of deceased;
- co-ordination with the crematorium and cemetery;

e) Preparing a deceased person's body for burial or cremation including:

- basic sanitary care; and,
- casketing;

f) Use of facilities and equipment of a *funeral services provider* including:

- preparation room;
- refrigeration;
- parking; and,
- service areas;

g) Transfer of the deceased from the funeral home to the cemetery or crematorium.

Other Items or Services Fee

Other items or services are considered in addition and incidental to the services provided under the basic service fee. The *funeral services provider* may charge up to the maximum amount shown in Rate Table: Funeral Costs – Other Items or Services Fee. These additional fees are to be itemized on the *Funeral Services Billing* form (SA 108).

These services must be requested by the family and agreed upon between the *funeral services provider* and the *legal representative* of the deceased:

a) co-ordination of bereavement rites and ceremonies;

b) attendance of staff services and visitation;

c) preparation of the deceased including embalming, dressing, hairdressing; and,

d) use of a funeral home or chapel facilities and equipment for a memorial and funeral services.

Not all of these items will be requested all of the time.

Transportation

Where eligibility for service has been established, whether burial or cremation is chosen, the *Administering Authority* will pay for transportation of the body within BC. For transportation fees within BC, see Rate Table: Funeral Costs-Transportation Fee is on the *Funeral Services Billing* form (SA 108).

For *income assistance recipients* who die in Canada and were *Administering Authority* Income Assistance clients immediately prior to their death, where eligibility for service has been established, the *Administering Authority* may pay the cost of either:

- preparing the deceased person's body for transport and transporting the body to British Columbia, if the burial or cremation is to take place in British Columbia; **or**,
- transportation within the Canadian province or territory in which the death occurred, if the burial or cremation is to take place within that province or territory.

The *Administering Authority* will provide payment at the lowest reasonable cost and only if prior approval has been obtained. For further information regarding out-of-province deaths, see Contacts and Resources.

Caskets

Where eligibility for service has been established, whether burial or cremation is chosen the *Administering Authority* will pay for either or both of the following:

a) an Imperial #2 HP cloth-covered casket (or equivalent) at actual invoiced factory cost, plus a merchandising mark-up of up to 20 per cent, plus the cost of freight to the funeral home;
b) additional cost of casket for oversized remains.

A lower cost casket will be used when requested by the *legal representative*.

For casket expenditures, enter the amount of each cost on the *Funeral Services Billing* form (SA 108).

Burial

Where eligibility for service has been established and burial is chosen, the *Administering Authority* will pay the following in addition to the *funeral service provider's* service fee:

a) cost of a burial plot: in British Columbia in an amount not to exceed the lowest reasonable cost:
    - where cemeteries in the local area offer different price ranges, the lowest priced burial plot is to be used;
    - grave opening and closing fees.
b) where required by the cemetery, the cost of a concrete grave liner, hermetically sealed rigid container, plastic body pouch, or outer grave box or liner.

Burial outside the local area, but within BC, may be authorized when the total costs that would be payable for transportation, plot, grave opening and closing fees, grave liner, container, pouch and box are not greater than what would be paid for local burial. The *Administering Authority* may determine what is considered to be the "local area" for burial purposes.

For burial expenditures, enter the amount of each cost on the *Funeral Services Billing* form (SA 108).

Cremation

Where eligibility for service has been established and cremation is chosen, the *Administering Authority* will pay the following in addition to the *funeral service provider's* service fee:

a) cremation fees;

b) an urn at a cost of up to the amount shown in Rate Table: Funeral Costs – Cost of Urn;

c) cost of a cremation plot in British Columbia in an amount not to exceed the lowest reasonable cost:

- where cemeteries in the local area offer different price ranges, the lowest priced cremation plot is to be used;

d) grave opening and closing fees;

e) where required by the cemetery, the cost of a concrete grave liner.

Burial of the cremated remains outside of the local area, but within BC, may be authorized when the total costs that would be payable for a cremation plot, grave opening and closing fees and grave liner are not greater than what would be paid for local burial. Cremated remains may only be returned to the *legal representative* [see Policy – Legal Representative] of the deceased. For cremation expenditures, enter the amount of each cost on the *Funeral Services Billing* form (SA 108).

Additional Items

The *Administering Authority* will **not pay** for additional items and services purchased by other parties. Anyone, including *responsible persons,* who wish to purchase additional goods or services (i.e., those not listed in this policy), may do so.

When *responsible persons* purchase upgrades to goods and services paid for by the *Administering Authority*, (for example, upgrades to a casket or plot), the cost of these upgrades will be deducted from the amount payable by the *Administering Authority*.

Co-funding may be considered when resources available to responsible persons or from the estate cannot pay the entire cost.

For example, if the spouse of the deceased wishes to upgrade the casket, the funeral supplement will be reduced by the amount the spouse spent on the upgrade. However, if the spouse wishes to buy a special flower arrangement, eligibility for the supplement is not affected. If the deceased person's brother wishes to upgrade the casket, eligibility is not affected since he is not included in the definition as a responsible person.

For additional services that are the responsibility of other parties and not paid for by the *Administering Authority*, see the *Funeral Services Billing* form (SA 108).

Burial Outside of the Local Area

When the deceased is buried outside of the local area and two funeral directors provide services, the fees will be divided between the two directors as follows:

a) 60 per cent of the funeral provider's service fee will be allotted for preparation of the body, certification of death, and casketing in the area where the death occurred;

b) the remaining 40 per cent of the funeral provider's service fee will be paid to the funeral director in the burial area;

c) the cost of the casket will be paid to the funeral director in the area where the death occurred.

In order to determine the proper percentage for payment, review the *Funeral Services Billing* form (SA 108).

Burial on a First Nations Reserve

Where eligibility for service has been established, if the person was residing off a First Nations reserve at the time of death, and burial is to take place on a reserve within BC, the provincial Ministry of Social Development will pay any or all of the following:

a) 60 per cent of the funeral provider's service fee to a local funeral director for preparation of the body and certification of death;

b) the cost of the casket to the local funeral director;

c) transportation of the body to the reserve.

The balance of the funeral service costs will be the responsibility of the *Administering Authority*.

Families will need to call the province at 1-866-866-0800 to start the process by asking to speak with a Funeral Worker, Ministry of Social Development.

Cost Recovery

Requests for *Administering Authority* funding for funeral costs are often diverted when *legal representatives* are made aware of alternative sources that may be available to the deceased person's estate. It is essential that *Administering Authority* staff initiate cost recovery whenever possible. Under no circumstances may the amount recovered from any source exceed the amount of the funeral services costs paid by the *Administering Authority*.

If the deceased person was a *recipient* of *Administering Authority* Income Assistance, the assistance cheque for the month of death is the property of the estate, and any subsequent cheques are to be reclaimed from the estate.

Whenever possible, the *Administering Authority* staff member will request reimbursement from the *legal representative* for all funeral services costs paid by the *Administering Authority*.

To assist the *legal representative* in locating and accessing the financial assets of the deceased, the *Band Social Development Worker* will provide the information needed to discharge the *legal representative's* responsibilities. This information may include any of the following:

a) name and address of next of kin;

b) statement of income and assets;

c) location of any safety deposit boxes.

The following may be potential sources for payment or recovery of funeral costs:

a) assets of the deceased person (including bank accounts, RRSPs);

b) Canada Pension Plan Death Benefit [see Procedures - *Resources*];

c) alternative sources related to the cause of death, such as:

- Insurance Corporation of BC (if motor vehicle accident) [see *Contacts and Resources*];
- Workers Compensation Board (WCB) (if related to the workplace) [see *Contacts and Resources*];
- WCB Victim's Assistance (if a homicide);

d) Last Post Fund for veterans.

Last Post Fund

The Last Post Fund (LPF) operates in co-operation with, and is financially supported by, Veterans Affairs Canada and provides funeral and burial services for war veterans or civilians who meet wartime service eligibility criteria. Deceased veterans may be entitled to burial arrangements through the LPF. For information on the LPF, contact Veterans Affairs Canada, see Contacts and Resources.

Funeral Costs Authorities and Responsibilities

Band Social Development Worker is responsible for:
• reviewing the SA 108 form for accuracy • authorize eligible expenditure items listed on SA 108 form • complete *Budget and Decision Form* (901-25) • initiating cost recovery procedures (where applicable) • prepare financial payment for payment to *funeral services provider*

Funeral Service Provider is responsible for:
• completing the *Funeral Services Billing* (SA 108) form and submitting it to the *Administering Authority*

Funeral Services Rate Table

Funeral Item	Funeral Rate
Funeral provider's basic service fee	Up to $1285
Other items or services fee	Up to $815
Transportation fee	Kilometres 0 to 32 is included in funeral provider's basic service fee Kilometres 33 to 82 is $1.00 per km Kilometres 83 to 182 is $0.90 per km Kilometres above 182 is $0.60 per km
Cost of urn	Up to $200

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Funeral Services Billing* (SA 108) form • *Budget and Decision Form* (901-25) • *Income Assistance Report* (DCI #455897) • All other required income assistance documents

Resources	• Instructions for the Funeral Services Billing (SA 108) form (see Vol. 3, Appendix 8) • Ministry of Social Development and Innovation (MSDI) contact see Policy- Burial on a First Nation Reserve

Determining Eligibility for Funeral Costs

To determine eligibility for *Administering Authority* assistance with funeral costs for a deceased person, the *Administering Authority* staff shall complete the following steps:

1. Contact the deceased person's *legal representative* and review the funeral arrangements that are being requested. [For further details on legal representatives, see Policy-Legal Representative].
2. Review the financial situation of the deceased person with the *legal representative*.
3. Confirm what resources are or may be available for funeral costs, including the deceased person's assets, resources available from any of the *responsible persons*, contributions from family members, and possible alternate sources of payment for funeral costs.
4. Contact Service Canada regarding eligibility for the CPP Death Benefit. The *Administering Authority* worker is to review the request for funeral services with the legal representative if Service Canada advises there is eligibility for the CPP Death Benefit. The *Administering Authority* worker is also to confirm with the *legal representative* whether there are resources to pay out of the estate or from any other sources for the funeral costs prior to applying for reimbursement from Service Canada. If there is eligibility for the CPP Death Benefit and the *legal representative* verifies there are no immediate funds to pay for the funeral services, the *Administering Authority* worker is to proceed with the application. If there is no eligibility for the CPP Death Benefit and the legal representative confirms there are no available resources, proceed with application [See Procedures – Cost Recovery].
5. Determine allowable funeral costs that are covered in policy and allowable costs as set out in the Funeral Services Rate Table and provided on SA 108 form.
6. Provide the *legal representative* and *funeral services provider* with information on how upgrades and co-funding may impact the amount of the funeral supplement [See Policy – Additional Items].

7. Advise the *legal representative* and the service provider of the eligibility decision regarding funeral costs and the funeral arrangements.
8. For costs approved by the Administering Authority, advise the *funeral services provider* to submit a *Funeral Services Billing* (SA 108) form, an original or certified true copy of the invoice/contract and, if available, an original or certified true copy of the Death Certificate [see Contacts and Resources] if available. In a cost recovery situation, administering authority may apply for a death certificate if an original or certified true copy is not available [See Procedures- Death Certificate].
9. If the deceased person was a *recipient*, record the following information:
    - Name, contact information and relationship of the legal representative
    - Verification of available income, assets and available resources
    - Available supporting documentation, such as a will
    - Funeral arrangement requested
    - Eligibility decision

    Payment after the fact should be very rare and will only be considered if the funeral costs have not yet been paid and the responsible persons can prove there are no resources available to them (for example, the money was borrowed or the responsible persons must repay a 3rd party and there are no available resources with which to do so).

Paying Funeral Costs

To process payment for funeral costs, follow these steps:

1. Review and complete the *Funeral Services Billing* (SA 108) form for accuracy and authorize payment by completing Section B: check for funeral director's signature.
2. Place a copy in the eligible recipient's file for the burial expenditure.
3. Initiate payment to the funeral service provider.

Cost Recovery

If the deceased person had a will, the executor is responsible for paying for the funeral costs from the deceased person's estate, and the *Administering Authority* is rarely involved.

Prior to making an eligibility decision in cases where a will exists, *Administering Authority* staff must obtain a copy of the will, and most recent bank statements and a profile of the deceased person's financial situation from the financial institution in order to verify the need for *Administering Authority* assistance with funeral costs.

For deceased persons without a will, the *legal representative* [see Policy – Legal Representative] has the primary responsibility for accessing sources of funds for paying funeral costs.

The *Administering Authority* staff is responsible for following up with the *legal representative* to initiate recovery of funeral costs paid by the *Administering Authority* from funds that may be received for the deceased person's estate following the funeral.

CPP

If the deceased person may be eligible for the Canada Pension Plan (CPP) Death Benefit, a claim should be completed by *Administering Authority* staff with the family's permission as soon as possible (where appropriate) and directed to the nearest CPP office [see Contacts] using Human Resources and Social Development Canada (HRSDC) Application for a Canada Pension Plan Death Benefit (ISP1200). For general information on eligibility for the CPP Death Benefit, contact HRSDC [see Contacts and Resources].

Death Certificate

A death certificate or a certified copy of a death certificate is required for claiming the CPP Death Benefit and for assisting the *legal representative* with accessing the financial assets of the deceased. A death certificate should be obtained if it is needed to access financial assets or if the deceased is eligible for the CPP Death Benefit.

To apply for a death certificate, a designated *Administering Authority* staff member may provide a paper copy of the Application for Death Certificate.

Payment should made as described on the form and copy attached to *Budget and Decision Form* (901-25). These payments are eligible ***only when cost recovery*** is being made. Otherwise, funeral costs do not require a copy of the death certificate.

Paper method: Clients applying for a death certificate complete the Application for Death Certificate, and provide it to administering authority staff for processing payment.

These forms may be photocopied, obtained directly from the Vital Statics Agency in your area.

To process an application for a death certificate, *Administering Authority* staff follows these steps:

1. Photocopy the form. for client file
2. Attach payment to Application form
3. Ensure *Budget and Decision Form* (901-25) is completed in full
4. Send the form to Vital Statistics Agency at:
   Vital Statistics Agency
   PO Box 9657 Stn Prov Govt
   Victoria BC V8W 9P3

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is used to document the expenditure of the **approved** Funeral Costs as follows:

1. Comment section - indicate “Funeral Costs”;

2. Under Burial section – write amount of expenditure under Monthly Requirements, for Current Month;

3. Signatures of both the *legal representative* and *Administering Authority*;

All required documentation (i.e., copy of the funeral service invoice, SA 108 form) is to be attached to the form.

The Funeral Costs is charged to the basic needs budget.

DCI #455897 – INCOME ASSISTANCE REPORT

Eligible recipients are reported under number Section 1 and eligible Funeral Cost expenditures are reported under Section 2, Financial Management Report, under number 10. Income Assistance Expenditures, (a) Basic Needs on the *Income Assistance Report* (DCI #455897).

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
   10. Income Assistance Expenditures,
   11. Shelter Information,
   12. Children Out of Parental Home, and

   Declaration.

Transportation Support Allowance

General Principle

February 2017

A *Transportation Support Allowance* (TSA) is an ongoing bus pass or $52 cash payment provided to recipients in a family unit with the Persons with Disabilities (PWD) designation who are also receiving *disability assistance* or *hardship assistance*.

Policy

Eligibility

February 2017

Persons eligible for the Transportation Support Allowance (TSA) can choose to receive a $52 cash payment **or** an in-kind (physical) bus pass. This ongoing bus pass is valid based on a client's eligibility for assistance that is established each month.

A Transportation Support Allowance (TSA) is provided to anyone who meets any of the following criteria:

- Applicants and recipients with the *Persons with Disabilities (PWD) designation* who are receiving *disability assistance* or *hardship assistance*.
- Applicants and recipients with the *PWD designation* who meet all the eligibility requirements for the GIS (are 65 and over) except the 10 year residency and continue to receive disability assistance.
- Recipients with the *PWD designation* who reside in a special care facility, where ISC is paying either the facility user charge on their behalf, or they are receiving comforts allowance.

A family unit receives the full amount of TSA for the month in which they are eligible. The TSA is not prorated. A separate TSA may be issued for each member of the *family unit* who also has *PWD designation*.

If a family unit has non-exempt income which results in the eligible amount of disability assistance being more than $0.00 but less than the TSA amount, an

automatic top-up will be issued to the family unit so that their eligible amount of disability assistance is equal to the TSA.

Case Example:

A single person who has the PWD designation and shelter costs exceeding $375.00 has non-exempt income of $1,050. They are eligible for $16.58 which is automatically topped up by $35.42 to $52.00, which can be provided as a cash payment or as an in-kind bus pass.

Note: Recipients in emergency shelters or transition houses are eligible for the TSA.

Continued Eligibility
February 2017

Recipients do not need to reapply for the TSA each fiscal year**.** Reapplications are only required when there is a change in the recipient's situation, which may result in the recipient no longer being eligible.

Issuing the Transportation Support Allowance when a PWD client leaves Disability Assistance
May 2018

When a recipient leaves disability assistance, the Transition Support Allowance (TSA) will continue to be provided in the form of the in-kind bus pass or cash payment of $52, whichever the person prefers.

These recipients can switch between the in-kind bus pass or cash payment, but will have to notify the Administering Authority that they would like to make a switch.

Replacing a Lost Pass
April 2014

If a TSA recipient who opted for the in-kind (physical) bus pass loses their bus pass can request a replacement by contacting the BC Bus Pass Program.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance* (901-27*)* • PWD Designation letter on file • *Buss Pass Eligibility (SA 312) form* • All other required income assistance documents
Resources	• Income Assistance Report (DCI 455897) https://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/dci2016-17_455897_1449254914911_eng.pdf • Recipient Reporting Guide http://www.aadnc-aandc.gc.ca/dci/dcilog_e.asp • MSD web site content for Transportation Support Allowance dated 2016 http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/support-and-shelter/support-shelter-and-special-care-facilities • BC Buss Pass Program: **Online:** New applications, replacement applications, and BC bus pass program address changes can be submitted using the BC Bus Pass Online Request for Service at www.buspass.gov.bc.ca **E-mail:** You can email the BC Bus Pass Program at SDSIBUSPA@gov.bc.ca. **Phone:** 1-866-866-0800, enter your 10 digit phone number, press option 3, then press option 1. **Mail:** Ministry of Social Development and Poverty Reduction BC Bus Pass Program PO Box 9985 Stn Prov Govt Victoria BC V8W 9R6 **Fax:** 1-855-771-8788 PLEASE NOTE: To assist with your request, please provide your 9 digit BC Bus Pass Program account number or Social Insurance number. If you require Interpretive Services, please provide your spoken language.

Renewal Applications
February 2017

The TSA is an ongoing bus pass for *Persons with Disabilities* (PWD) who are in receipt of *disability assistance* or *hardship assistance*. No annual renewal is required.

- PWD recipients can choose to receive the TSA as an in-kind (physical) bus pass or as a $52 monthly cash payment by notifying the Administering Authority by the 5th of the month for the change to take effect the following month.

- BSDWs are to record the recipient's choice on the clients file which will be processed by the system and verify eligibility for the TSA using the *Bus Pass Eligibility* (SA 312) form

Natal Supplement

General Principle

A natal supplement is provided to pregnant *recipient*s and to *family units* with a *child* under the age of seven months. This supplement is intended to assist in meeting extra costs associated with prenatal and postnatal expenses.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Eligibility for Natal Supplement

A monthly natal supplement of the amount shown in Rate Table: Natal Supplement is provided to pregnant *recipient*s and to *family units* with a *dependent child* under the age of seven months.

The natal supplement is not contingent on any special dietary requirements.

Children Out of the Parental Home (COPH) are eligible for the natal supplement (see Chapter 6, Child Out of Parental Home).

*Recipient*s of hardship assistance (see Chapter 7, Eligibility for Hardship Assistance) are **not** eligible for the natal supplement.

Table: Period of Eligibility

Client	Eligibility Begins	Eligibility Ends
Recipient	with confirmation of pregnancy	up to six months following the date of the birth of the *child*
Applicant	from the date of application, with confirmation of pregnancy	up to six months following the date of the birth of the *child*

Rate Table: Natal Supplement

Client	Pregnancy	Rate
Applicant or Recipient	Single pregnancy or birth	$45 per calendar month
	Multiple pregnancy or birth	$90 per calendar month

Documentation Fees

Clients are responsible for providing the required documentation. The *Administering Authority* is **not** responsible for any fees associated with required documentation.

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance (901-27)* • *Budget and Decision Form (901-25)* • *Social Development Financial and Statistical Report (DCI #455895)* • Written confirmation of pregnancy and the expected date of delivery by a medical practitioner, nurse practitioner, or midwife on letterhead or a prescription pad • A copy of the birth certificate or baptismal certificate (if applicable) • All other required income assistance documents

Resources	• *Natal Supplement Fact Sheet* (see Vol. 3, Appendix 8)

Recipients must provide written confirmation of pregnancy and the expected date of delivery from a *medical practitioner,* or a *nurse practitioner* or a *midwife*. The confirmation must be written on letterhead or a prescription pad.

Family units with a *dependent child* under seven months of age must provide confirmation of the age of the *child* (for example, birth certificate or baptismal certificate if it specifies the *child's* age).

Note: See Chapter 11, Other Benefits, for Short-Term Nutritional Supplements for enriched infant formula for *dependent children* under twelve months of age where a medical condition requires use of specialized formula or there is a risk of disease being transmitted through the mother's breast milk.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is used to document the expenditure of the **approved** supplement for the *recipient* as follows:

1. Comment section – indicate "natal supplement" and period of eligibility (Example, date pregnancy confirmed September 15th, expected date of delivery March 4th, and six months following date of birth is September),

2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write "Natal Supplement,"

3. Natal Supplement section - write amount of natal supplement expenditure,

4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients regular income assistance entitlements for basic and shelter, and include the natal supplement expenditure for all future months,

5. Under Temporary Allowance Issued by Administering Authority section, write month in which the expenditure is paid and expiry date, and *signatures* of both the recipient and Administering Authority,

6. Prepare new *Budget and Decision Form* when natal supplement expires as this is a significant change, and under Monthly Requirements remove the supplement amount from current and continuing allowance.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

Natal supplement is charged to the basic needs budget.

Social Development Financial and Statistical Report (DCI#455895)

The administering authority is to document the Natal Supplement expenditure under the:

1. Applicable category under the client caseload (e.g., Employable Single)
2. Natal Supplement expenditure will be included with Basic in "Total Income Assistance Expenditures (A)."

Diet Supplements

General Principle

Diet supplements assist *recipient*s to meet costs associated with an unusually expensive therapeutic diet that is required as a result of a specific medical condition or a special dietary need.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region,* for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Diet Supplements

A monthly diet supplement may be provided to assist *recipient*s to meet costs associated with an unusually expensive therapeutic diet. The special diet must be required as a result of one of the following specific medical conditions or special dietary needs:

- Restricted sodium diet
- Diabetes
- Kidney dialysis
- Gluten-free diet
- Dysphagia
- Cystic Fibrosis
- Ketogenic diet
- Phenylalanine diet (PKU)
- High protein diet for specific medical conditions (see below for more information)

The monthly amounts paid for diet supplements are listed in the Rate Table: Diet Supplements.

Diet Supplement for High Protein Diet

A diet supplement for a high protein diet may be provided **only** if the diet is confirmed by a *medical practitioner* or *nurse practitioner* as being necessary for one of the following medical conditions:

- cancer that requires nutritional support during any of the following:
  - radiation therapy
  - chemotherapy
  - surgical therapy
  - ongoing medical treatment
- chronic inflammatory bowel disease
- Crohn's disease
- ulcerative colitis
- HIV positive diagnosis
- AIDS
- chronic bacterial infection
- tuberculosis
- hyperthyroidism
- osteoporosis
- hepatitis B
- hepatitis C

High protein diet supplements cannot be issued for a medical condition not on this list, even if a *medical practitioner* or *nurse practitioner* confirms a *recipient*'s need for a high protein diet for the medical condition.

Eligibility for a Diet Supplement

To be eligible for a diet supplement, *recipient*s must provide written confirmation of the need for the diet supplement from a *medical practitioner*, *nurse practitioner* or from a *dietitian* who is registered with the College of Dietitians of British Columbia. This information should include the specific medical condition, the diet required, and the expected duration of need.

In cases where the recipient has already provided sufficient medical information that enables the *Administering Authority* to confirm eligibility for a diet supplement, the need for new medical documentation may be waived.

*Recipient*s with more than one medical condition are only eligible to receive the diet supplement with the highest dollar value. If required, *recipient*s eligible for high protein or dysphagia diet supplements may also be provided with assistance towards the purchase of a blender (For rates, see Rate Table: Diet Supplements).

A diet supplement may be authorized for the period the medical condition is expected to last based on the medical information received up to a maximum of 12 months for acute (short-term) conditions and 24 months for chronic (ongoing, recurring, long-term) conditions.

Prior to the discontinuance of any diet supplement, a review of existing medical information will be conducted to confirm the continuing need and updated medical documentation will only be requested where necessary. In cases where the medical documentation confirms the diet supplement is required for chronic or ongoing medical conditions, the need for updated documentation may be waived.

For guidelines on reviewing diet supplements, assigning review dates and waiving the requirement for updated medical documentation, see Volume 4, Appendix 8, *Guidelines for Reviewing Diet Supplements*.

Eligible Recipients

The following *recipient*s are eligible for diet supplements:

- persons receiving income assistance or disability assistance;
- persons receiving a natal supplement if the dietary needs are unrelated to pregnancy (see Chapter 11, Other Benefits);
- children in the Child Out of the Parental Home (COPH) program (see Chapter 6, Child Out of the Parental Home).

Ineligible Recipients

The following *recipient*s are **not** eligible for diet supplements:

- persons eligible for the diet portion of the monthly nutritional supplement (MNS) (see Chapter 11, Other Benefits)
- persons eligible for short-term nutritional supplement products (see Chapter 11, Other Benefits)
- persons receiving hardship assistance
- persons in a special care facility

Persons in receipt of diet supplements are **not** eligible for the tube feed supplement. Persons that are eligible for diet supplements and the tube feed supplement must choose which of these supplements they would like to receive (see Chapter. 11, Other Benefits).

Rate Table: Diet Supplements

	Amount	Medical Conditions
(A)	$10.00 per month	Restricted sodium diet
(B)	$35.00 per month	Diabetes
(C)	$30.00 per month	Kidney dialysis (when not eligible for kidney dialysis service through Health Canada)
(D)	$40.00 per month*	High protein diet
(E)	$40.00 per month	Gluten-free diet
(F)	$40.00 per month*	Dysphagia
(G)	$40.00 per month	Phenylalanine diet (PKU)
(H)	$40.00 per month	Ketogenic diet
(I)	$50.00 per month	Cystic fibrosis

*A recipient, who is eligible for a diet allowance for a high protein diet (D), or by reason of dysphagia (F), is also eligible for a $30 payment toward the purchase of a blender.

Documentation Fees

Clients are responsible for providing the required documentation. The *Administering Authority* is **not** responsible for any fees associated with the required documentation.

Procedures

Requirement	Documentation and Forms
Eligibility & Application	• *Application for Social Assistance* (901-27) • *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • *Social Development Financial and Statistical Report* (DCI#455895) • Documentation that confirms the need for the diet supplement • All other required income assistance documents

Resources	• *Sample Diet Supplement Denial Letter* (see Vol. 3, Appendix 8) • *Sample Diet Supplement Review Letter* (see Vol. 3, Appendix 8) • *Sample Information Required Letter* (see Vol. 3, Appendix 8) • *Guidelines for Reviewing Diet Supplements* (see Vol. 3, Appendix 8) • *Diet Supplement Fact Sheet* (see Vol. 3, Appendix 8) • *Diet Supplement Questions & Answers* (see Vol. 3, Appendix 8)

Issuing Diet Supplements – Initial Request

To apply for a diet supplement, *recipient*s must provide documentation from their *medical practitioner*, *nurse practitioner*, or a registered *dietitian* that confirms the need for the diet supplement. When a *recipient* requests a diet supplement, the following steps must be completed by the Band Social Development Worker:

1. Review medical documentation presented and already on file.

   Prior to requesting new documentation, review the recipient's file to see if there is already sufficient medical information to confirm eligibility for a diet supplement. If so, the need for new medical documentation may be waived.

2. For cases that require new medical information, send the Information Required Letter [see Vol. 4, Appendix 8, *Sample Information Required Letter*] to request updated medical information from the recipient.
3. Upon receipt of the required medical documentation, determine if the recipient is eligible for a diet supplement.
4. If the recipient is found **eligible** for a diet supplement, record appropriate diet supplement rate on the *Budget and Decision Form* (901-25).
5. Assign a review date for the diet supplement using the following guidelines:
   - no more than 12 months for acute (short-term) conditions;
   - no more than 24 months for chronic (long-term) conditions.

6. Advise recipient of decision and document decision in the *client's* file using the *Budget and Decision Form* (901-25) and medical information.
7. If the recipient is found **eligible** for a high protein or dysphagia diet and requests assistance towards the purchase of a blender, payment may be authorized on a one-time basis using the *Budget and Decision Form* (901-25) under basic needs. [For maximum rates, see Rate Table: Diet Supplements.]

   A copy of the *Budget and Decision* (901-25) form should be added to the recipient's file to document that a blender was issued.
8. If the recipient is found **ineligible** for a diet supplement, a *Diet Supplement Denial letter* must be sent to the recipient advising them of the decision [see Vol. 3, Appendix 8, *Sample Diet Supplement Denial Letter]*.

Diet Supplement Reviews

As dietary needs and medical conditions can change, it is necessary for the *Administering Authority* to conduct regular reviews to confirm a recipient's continued eligibility. Reviews are conducted at least every two years based on the recipient's individual situation.

To conduct a review, complete the following steps:

1. Review medical documentation.

   Upon receiving notification that a recipient's diet supplement is set to discontinue in three months and prior to requesting updated medical information, review existing medical documentation on the recipient's file to confirm diagnosis, need for specific diet supplement and duration indicated.

2. Establish if medical condition and need for diet supplement is acute (short-term) or chronic (long-term).

Note: For guidelines on reviewing diet supplements, assigning review dates and waiving the requirement for updated medical documentation, see Volume 4, Appendix 8, *Guidelines for Reviewing Diet Supplements*.

3. In cases where the need for the diet supplement is determined to be a result of a chronic, ongoing medical condition, no updated documentation should be required and review date can be reset for two years.

4. In cases where the need for the diet supplement was due to an acute or short-term medical condition and where existing medical information does not support continued need, send the *Diet Supplement Review Letter* [see Vol. 3, Appendix 8, *Sample Diet Supplement Review Letter*] to request updated medical information from the recipient.

5. Upon receipt of the required medical information, determine if the recipient is eligible for a diet supplement.

6. If the recipient is found **eligible** for a diet supplement, record appropriate diet supplement rate on the *Budget and Decision Form* (901-25).

7. Assign a review date for the diet supplement using the following guidelines:
   - no more than 12 months for acute (short-term) conditions;
   - no more than 24 months for chronic (long-term) conditions.

8. Advise recipient of decision and document decision in the *client's* file using the *Budget and Decision Form* (901-25) and medical information.

9. If a diet supplement is being **denied** or **discontinued** as a result of a review, a *Diet Supplement Denial letter* must be sent to the recipient advising them of the decision [see Vol. 4, Appendix 8, *Sample Diet Supplement Denial Letter]*.

Note: Reviews must be completed within the three-month period of the diet supplement expiry date. If a recipient fails to provide the requested information, attempt to contact the recipient by phone or signal their cheque.

Discontinuance of a supplement should only be allowed to occur once the *Band Social Development Worker* has made a review decision, the client has been notified of the decision in advance of discontinuance and the client has been given the opportunity to request to provide medical information.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the **approved** supplement for the *recipient* as follows:

1. Comment section – indicate “diet supplement” and period of eligibility (Example, March 2011- March 2013, issue renewal by January 2013),
2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write “diet supplement,”
3. Diet supplement section - write amount of expenditure,
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients regular income assistance entitlements for basic and shelter, and include the diet supplement expenditure for all future months,
5. Under Temporary Allowance Issued by Administering Authority section, write month in which the expenditure is paid and expiry date, and *signatures* of both the recipient and Administering Authority,
6. Prepare new *Budget and Decision Form* when diet supplement expires as this is a significant change, and under Monthly Requirements remove the supplement amount from current and continuing allowance.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

Diet supplement is charged to the basic needs budget.

Social Development Financial and Statistical Report (DCI#455895)

The administering authority is to document the diet supplement expenditure under the:

1. Applicable category under the client caseload (e.g., Employable Single).
2. Diet supplement expenditure will be included with Basic in “Total Income Assistance Expenditures (A).”

Short-Term Nutritional Supplements

General Principle

Short-term nutritional supplements may be provided to eligible recipients of income assistance or disability assistance who need additional calories above a regular diet to recover from surgery, severe injury, serious disease, or the side effects of medical treatment.

Regular infant formula may be provided to children during the first 12 months when there is a medically confirmed risk of disease transmittal from the mother's breast milk; and specialized infant formula may be provided to children who have a confirmed medical condition that requires the specialized formula.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Eligibility for Short-term Nutritional Supplement

A short-term nutritional supplement may be provided to a *recipient* of *income assistance* or *disability assistance* or to a *dependent child* if a *medical practitioner* or *nurse practitioner* confirms in writing that the *recipient* has an acute, short-term need for caloric supplementation to a regular dietary intake to prevent critical weight loss while recovering from any of the following:

- surgery
- a severe injury
- a serious disease
- side effects of medical treatment

Short-term nutritional supplement products (for example, Ensure, Boost, etc.) can be provided for a maximum of three calendar months.

Persons in receipt of short-term nutritional supplements are **not** eligible for the nutrition portion of the monthly nutritional supplement (see Chapter 11.12, Monthly Nutritional Supplement).

Ineligible Recipients

Short-term nutritional supplement products are **not** provided in situations where they are being used as food replacement.

Persons in receipt of short-term nutritional supplements are **not** eligible for the tube feed supplement.

Persons that are eligible for short-term nutritional supplements and the tube feed supplement must choose which **one** of these supplements they would like to receive (see Chapter 11.13, Tube Feed Supplement).

Infant Formula

When confirmed by a *medical practitioner* or *nurse practitioner*, specialized infant formula may be provided to a *child* who has a medical condition that requires specialized formula to treat the condition.

Regular infant formula will be provided during the *child's* first 12 months if a *medical practitioner* or *nurse practitioner* confirms that a *child* is at risk from contracting a disease through breastfeeding.

Documentation Fees

Clients are responsible for providing the required documentation. The *Administering Authority* is **not** responsible for any fees associated with the required documentation.

Timeframes

The maximum timeframes are:

- short-term nutritional supplements - maximum three months
- regular infant formula - maximum twelve months
- specialized infant formula - as per practitioner documentation

Short-Term Nutritional Supplement Authorities and Responsibilities

AUTHORITIES	
Band Social Development Worker (BSDW)	Approving up to a two-week supply of nutritional supplements to a maximum of $500 to meet the immediate or emergency need while the Field/Funding Services Officer assess ongoing eligibility.
Funding Services Officer (FSO)	Assess nutritional supplement request and approves additional two weeks (as necessary).

RESPONSIBILITES	
Band Social Development Worker (BSDW)	Is responsible for: - assessing eligibility for short-term nutritional supplements and infant formula and approving for costs *under* $500 - providing proper medical documentation and forms to the Funding Services Officer for approval costs *over* $500
Funding Services Officer (FSO)	Is responsible for assessing eligibility for short-term nutritional supplements and infant formula, and approving for costs *over* $500.

Procedures

Requirement	Documentation and Forms
Eligibility & Application	• *Nutritional Supplement Request & Authorization* (SA 200*)* • *Budget and Decision Form* (901-25) • Written prescription and specific diagnosis • *Social Development Financial and Statistical Report* (DCI#455895) • All other required income assistance documents

Resources	• *Monthly Nutritional Supplement (MNS) & Short-Term Nutritional Supplement Q's and A's* (See Vol. 3 Appendix 8)

Assessing Eligibility

To assess eligibility for short-term nutritional supplements or infant formula, follow these steps:

Step 1 ***BSDW & Recipient***	Ensure that the *recipient* has provided a written prescription and specific diagnosis from a *medical practitioner* or *nurse practitioner*, including all of the following: • prescribed product • quantity required • expected duration of the need If the recipient does not meet the above criteria, explain the health criteria and the requirements and provide them MNS and Short Term Nutritional Supplement Question & Answer handout.
Note: The written prescription must confirm in writing that the *recipient* has an acute, short-term need for caloric supplementation to a regular dietary intake to prevent critical weight loss while recovering from any of the following: surgery, a severe injury, a serious disease or side effects of medical treatment.	
Step 2 ***BSDW***	Provide the recipient with the *Nutritional Supplement Request & Authorization (SA 200)* form and ensure a copy of the prescription and diagnosis are attached in order to make an eligibility decision.

Keep all original documentation in the *recipient's* file.

Nutritional Supplement Request & Authorization (SA 200)

Eligibility for infant formula and short-term nutritional supplements shall be documented with a *Nutritional Supplement Request & Authorization (SA 200)* form, which is to be completed as follows:

Step 1 ***BSDW***	Complete Section *A: Client Information* and indicate the type of supplement being requested including timeframe before providing the form to the *recipient*.
Step 2 ***Recipient & Supplier***	The recipient shall provide the form to the supplier, who shall complete *Section B: Service Information* as per the written prescription and provide supplier's price quotes for the prescribed product. The recipient shall return completed form and documentation to BSDW for an eligibility decision.
Step 3 ***BSDW and/or FSO***	Review the SA 200 form and medical information to determine eligibility for the short-term nutritional supplements or infant formula. If approved: • complete *Section C: Authorization* – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO; • notify the contracted supplier to provide the product directly to the recipient; and • complete Budget and Decision Form (901-25). The BSDW may approve for items or up to a two-week supply, costing up to $500, to meet immediate or emergency needs. The BSDW may authorize a further two-week supply if the FSO approves the extension.

All required documentation (i.e., prescriptions and invoices) are to be attached to the form.

The BSDW shall date-stamp the *Nutritional Supplement Request & Authorization (SA 200)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Payments must be made directly to the supplier and **not** to the *recipient.*

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the **approved** short-term nutritional supplements or infant formula for the *recipient* as follows:

1. Comment section – indicate "infant formula allowance or short-term nutritional supplement" and period of eligibility (Example, March 2011-June 2011),
2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write "infant formula or short-term nutritional supplement,"
3. Infant formula/Short-term nutritional supplement section - write amount of expenditure,
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipient's regular income assistance entitlements for basic and shelter, and include the infant formula or short-term nutritional supplement, expenditure for all future months,
5. Under Temporary Allowance Issued by Administering Authority section, write month in which the expenditure is paid and expiry date, and *signatures* of both the recipient and Administering Authority, and
6. Prepare new *Budget and Decision Form* when infant formula or short-term nutritional supplement expires as this is a significant change, and under Monthly Requirements remove the supplement amount from current and continuing allowance.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

Infant formula allowance and short-term nutritional supplement is charged to the basic needs budget.

Social Development Financial and Statistical Report (DCI#455895)

The administering authority is to document the infant formula or short-term nutritional supplement expenditure under the:

1. applicable category under the client caseload (e.g., Employable Single)
2. infant formula or short-term nutritional supplement expenditure will be included with Basic in "Total Income Assistance Expenditures (A)."

Monthly Nutritional Supplement

General Principle

A monthly nutritional supplement (MNS) is provided to *recipients* eligible for the *Persons with Disabilities (PWD) designation* who are in receipt of *disability assistance* and who have a **severe medical condition causing a chronic, progressive deterioration of health with symptoms of wasting**. This supplement is intended to prevent imminent danger to the person's life by providing essential, specified items to supplement regular nutritional needs.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

A monthly nutritional supplement (MNS) may be provided to *recipients* with the *Persons with Disabilities (PWD)* designation who are in receipt of *disability assistance* and who have a severe medical condition causing a chronic, progressive deterioration of health with symptoms of wasting. This supplement is intended to prevent imminent danger to the person's life by providing essential, specified items to supplement regular nutritional needs.

An MNS may consist of one or both of the following:

- additional nutritional items (to supplement a regular diet)
- vitamins and minerals

The maximum amounts provided under the MNS are shown in Rate Table: Monthly Nutritional Supplement.

Eligibility for Monthly Nutritional Supplement (MNS)

To receive a monthly nutritional supplement (MNS), the *recipient* must:

a) have a *Persons with Disabilities* (PWD) designation; and
b) be in receipt of *disability assistance*.

Based on written confirmation by the *recipient*'s *medical practitioner* or *nurse practitioner,* the *recipient* must also:

a) be in receipt of treatment from a *medical practitioner* or *nurse practitioner* for a chronic, progressive deterioration of health due to a severe medical condition;
b) display two or more of the following symptoms as a result of this deterioration of health:
    I. malnutrition
    II. underweight status
    III. significant weight loss
    IV. significant muscle mass loss
    V. significant neurological degeneration
    VI. significant deterioration of a vital organ
    VII. moderate to severe immune suppression; and
c) require one or both of the following items to alleviate specific symptoms that are a direct result of the chronic, progressive deterioration of health and are necessary to prevent imminent danger to life:
    I. nutritional items
    II. vitamins and minerals.

MNS may only be provided if the person's family unit does not have any resources available to pay for the items.

Recipients who are in receipt of the nutritional items portion of the MNS are not eligible for any other diet supplement (see Chapter 11, Other Benefits) or the short-term nutritional supplement (see Chapter 11, Other Benefits).

Recipients who are in receipt of the vitamins and minerals portion of the MNS retain eligibility for a diet supplement (see Chapter 11, Other Benefits) or supplement for short-term nutritional products (see Chapter 11, Other Benefits).

Persons in receipt of any portion of the MNS (nutritional items and/or vitamins and minerals) are **not** eligible for the tube feed supplement. Persons that are eligible for the MNS and the tube feed supplement must choose which of these supplements they would like to receive (see Chapter 11, Other Benefits).

Reviewing the Monthly Nutritional Supplement

As nutritional needs and medical conditions can change, it is necessary for DISC to complete regular reviews to confirm a *recipient's* continued eligibility for the monthly nutritional supplement (MNS).

The eligibility review will begin with a review of existing medical information already on file. During this first stage of the MNS review, DISC will consider various factors including, but not limited to, the nature of the medical condition, likelihood of improvement/recovery and the duration of need indicated by the *medical practitioner* or *nurse practitioner*.

In cases where the medical documentation on file confirms ongoing eligibility requirements have been met, there will be no change to the client's file and they will continue to receive MNS.

In cases where there is insufficient information to confirm ongoing eligibility, *recipients* will be notified that a new MNS application form must be submitted. Upon receipt of the new MNS application, DISC will make an eligibility decision and advise the client of the outcome.

Monthly Nutritional Supplement Authorities and Responsibilities

The BC Aboriginal Network on Disability Society (BCANDS) is responsible on behalf of DISC for:

- adjudicating the application for monthly nutritional supplement; and
- reviewing eligibility for continuation of approved supplements.

Documentation Fees

Clients are responsible for providing the required documentation. The *Administering Authority* **will** pay the documentation fee listed below in the Rate Table: Documentation Fees.

Rate Table: Monthly Nutritional Supplement

Client	MNS Components	Rates
PWD recipient with approved designation	Additional Nutritional Items	*$165.00 per month*
	Vitamins and Minerals	*$40.00 per month*

Rate Table: Documentation Fees

Practitioners	Item	Rates
Medical Practitioner or Nurse Practitioner	For completing Part B of the *Application for Monthly Nutritional Supplement* (SA 401)	*$25 per application*

Procedures

Program	Eligibility	Documentation and Forms
Monthly Nutritional Supplement	PWD Recipient	• *Application for Social Assistance* (901-27) • *Request for the Monthly Nutritional Supplement Application* (SA 431) • *Monthly Nutritional Supplement Application* (SA 401) • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report (DCI #455895)* • PWD Designation approval letter on file • All other required income assistance documents

Resources	• *Monthly Nutritional Supplement (MNS) & Short-Term Nutritional Supplement Q's and A's* (See Vol. 3 Appendix 8) • *Monthly Nutritional Supplement Info Card* • *Monthly Nutritional Supplement Brochure* (provided when receiving MNS application package)

Processing Applications for the Monthly Nutritional Supplement

To process an application for the monthly nutritional supplement (MNS), follow these steps:

BSDW **Step 1**	Confirm the following: • there is a copy of their Persons with Disabilities designation approval letter on the recipient's file; • the recipient is currently receiving disability assistance; and • the recipient is not receiving a short-term nutritional supplement, diet supplement, tube feed supplement or is receiving a supplement with a value less-than $205 per month. If the recipient meets the above criteria for MNS, complete and fax a *Request for the Monthly Nutritional Supplement Application* (SA 431) form and a copy of the recipient's PWD designation approval letter, to the BC Aboriginal Network on Disability Society. If the recipient does not meet the above criteria for MNS, explain the health criteria and the PWD designation requirements and provide them MNS handouts.
Note: If the recipient's *Persons with Disabilities (PWD)* designation approval letter from the BC Aboriginal Network on Disability Society, DISC or BC Ministry of Social Development is not in their income assistance file, the BSDW may request a copy by completing and faxing a *Persons with Disabilities Enquiry* (SA 330) form to BCANDS at the fax number listed on the form.	

Note: A recipient in receipt of a supplement with a total value of less-than $205 per month has the option of applying for the MNS to replace the currently received supplement.	
BCANDS **Step 2**	Review the SA 431 form and PWD designation approval letter and either: • mail a *Monthly Nutritional Supplement Application* (SA 401) to the BSDW and mail a letter to the recipient to inform them that their application has been sent to the BSDW, or • contact the BSDW regarding process to receive an MNS application form
Note: Each *Monthly Nutritional Supplement Application* (SA 401) form has a unique "tracking number" assigned to the recipient. This tracking number is printed in red ink on the first page of the form. The BSDW must ensure that the recipient receives the application form with the tracking number assigned by BCANDS.	
BSDW **Step 3**	Once the *Monthly Nutritional Supplement Application* (SA 401) form is received, complete and sign Part A of the form, then provide it to the recipient.
Recipient **Step 4**	Review and sign Part B - Application Acknowledgement and Consent. Have a *medical practitioner* or *nurse practitioner* complete and sign Part C of the application. Return the completed form, using the envelope included with the application. The *medical practitioner* or *nurse practitioner* billings go directly to the Band Social Development Worker for payment.
BSDW **Step 5**	Pay the invoice from *medical practitioner* or *nurse practitioner* as per amounts provided in the Rate Table: Documentation Fees. Record this payment on the *Budget and Decision Form* (901-25).
BCANDS **Step 6**	Mail confirmation letters to the BSDW and the recipient to confirm the date when the *Monthly Nutritional Supplement Application* (SA 401) form was received. Adjudicate the SA 401 application to determine if the recipient meets the eligibility criteria for the MNS. If approved: • assign a review date to the client's file; and • advise the recipient and the BSDW of the decision, by mailing the decision letter of which component of the MNS have been approved. If not approved: • advise the recipient and the BSDW of the decision, by mailing the decision letter.

BSDW **Step 7**	If BCANDS determines that the recipient is eligible for MNS, issue the initial payment by cheque immediately and record payment on the *Budget and Decision Form* (901-25). The MNS is not to be prorated but is provided in the full month in which eligibility is determined. Record the review date on recipient's file for MNS and *discontinue* any other supplements like Diet and Tube Feed once MNS in pay.

Reviewing Eligibility for the Monthly Nutritional Supplement

As nutritional needs and medical conditions can change, it is necessary for DISC to complete regular reviews to confirm a *recipient's* continued eligibility for the monthly nutritional supplement (MNS). The review process may begin 90 days prior to the assigned review date.

To conduct a review, the following steps will be completed:

BCANDS **Step 1**	Review medical documentation on the recipient's file to determine if the medical condition(s) and need for the approved supplement(s) may have changed. Factors to consider include, but are not limited to: • the nature of the medical condition; • the likelihood of improvement/recovery; and • the duration of need indicated by the *medical practitioner* or *nurse practitioner*. If there is sufficient evidence on file to determine that the recipient continues to meet the eligibility criteria to receive the approved supplement(s), assign a new review date and add a review completion comment to the recipient's file. Mail a decision letter of the completed review to the *recipient* and copy the BSDW. In cases where it is determined that updated medical information is required to confirm ongoing eligibility, send a review letter with a new *Monthly Nutritional Supplement Application* (SA 401) to the BSDW and mail a letter to the recipient to inform them that their application has been sent to the BSDW. The SA 401 application form must be returned to BCANDS within 45 days.
Note: When continued eligibility for MNS is confirmed, no action is required by the BSDW or the recipient.	
BSDW **Step 2**	Once the *Monthly Nutritional Supplement Application* (SA 401) form is received, complete and sign Part A of the form, then provide it to the recipient. Remind the recipient to return the SA 401 application form to BCANDS within 45 days.

Recipient **Step 3**	Review and sign Part B - Application Acknowledgement and Consent. Have a *medical practitioner* or *nurse practitioner* complete and sign Part C of the application, return the completed form, using the envelope included with the application. The SA 401 application form must be returned to BCANDS within 45 days. The *medical practitioner* or *nurse practitioner* billings go directly to the Band Social Development Worker for payment.
BSDW **Step 4**	Pay the invoice from *medical practitioner* or *nurse practitioner* as per amounts provided in the Rate Table: Documentation Fees. Record this payment on the *Budget and Decision Form* (901-25).
BCANDS **Step 5**	Mail confirmation letters to the BSDW and the recipient to confirm the date when the *Monthly Nutritional Supplement Application* (SA 401) form was received. Adjudicate the SA 401 application to determine if the recipient meets the eligibility criteria for the MNS. If approved: • assign a review date to the client's file; and • advise the recipient and the BSDW of the decision, by mailing the decision letter of which component of the MNS have been approved. If not approved: • advise the recipient and the BSDW of the decision to discontinue the MNS, by mailing the decision letter. The reduction will take effect on the next income assistance cheque following the denial. If the new SA 401 application form is not received within the requested timeframe, eligibility for the previously approved supplements will not continue beyond the review date. BCANDS will notify the recipient and BSDW of the decision by mailing a letter to discontinue MNS effective immediately.
BSDW **Step 7**	If BCANDS determines that the recipient continues to be *eligible* for MNS, continue issuing the payment and record the decision on the *Budget and Decision Form* (901-25). If BCANDS determines that the recipient is *no longer eligible* for MNS, immediately discontinue issuing the payment and record the decision on the *Budget and Decision Form* (901-25). Advise the client that they may be eligible for other supplements.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is used to document the expenditure of the **approved** documentation fees for the *recipient* as follows:

1. Comment section – indicate "documentation fee" and period of eligibility (Example, Part C completed by medical practitioner in May 2011).
2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write "documentation fee".
3. Documentation fee section - write amount of expenditure.
4. Under Temporary Allowance Issued by Administering Authority section, write the month in which the expenditure is paid, attach invoice and *signatures* of both the recipient and Administering Authority.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

Documentation fee for monthly nutritional supplement is charged to the basic needs budget.

Social Development Financial and Statistical Report (SDFSR) (DCI#455895)

The documentation fee for the *monthly nutritional supplement* expenditure must be documented on the SDFSR as follows:

1. Under the Assessment Fess section, put a line through PWD or PPMB and write "MNS."
2. MNS section - write number of assessments and expenditure amount.
3. The assessment fee expenditure for MNS will be included with Basic in "Total Health, Burials and Assessment Fees Expenditures (C)".

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is used to document the expenditure of the **approved** monthly nutritional supplement for the *recipient* as follows:

1. Comment section – indicate "monthly nutritional supplement" and period of eligibility (Example, vitamins & minerals approved July 2011).
2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write "monthly nutritional supplement".

3. Monthly nutritional supplement section - write amount of expenditure.
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients regular income assistance entitlements for basic and shelter, and include the monthly nutritional supplement, expenditure for all future months,
5. Under Temporary Allowance Issued by Administering Authority section, write the month in which the expenditure is paid and expiry date, and *signatures* of both the recipient and Administering Authority,
6. Prepare new *Budget and Decision Form* when the monthly nutritional supplement expires as this is a significant change, and under Monthly Requirements remove the supplement amount from current and continuing allowance if discontinued.

   All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

   Monthly nutritional supplement is charged to the basic needs budget.

Social Development Financial and Statistical Report (DCI#455895)

The expenditures for the *monthly nutritional supplement* is to be documented on the SDFSR under:

1. the applicable category under the PWD client caseload (e.g., PWD Single).

The monthly nutritional supplement expenditure will be included with Basic in "Total Income Assistance Expenditures (A)".

Tube Feed Supplement

General Principle

The tube feed supplement is intended to provide liquid nutritional product, equipment and supplies to recipients of *income assistance* or *disability assistance* who are unable to take food orally or process it through the gastrointestinal system. The supplement includes nutritional products, as well as related medical equipment or medical supplies (such as pumps, tubes and bags).

Status individuals receive health benefits through the First Nations Health Authority (FNHA). These benefits may include medical equipment or supplies pertaining to tube feeding. For more information, visit the FNHA web site at www.fnha.ca or call toll free at 1-800-317-7878.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Intent

A tube feed supplement may be provided to a recipient of *income assistance* or *disability assistance* who is unable to take food orally or process it through the gastrointestinal system. The supplement can be provided for acute short-term or chronic long-term conditions. The supplement includes nutritional product, medical supplies and medical equipment necessary for tube feeding. The tube feed supplement is available when no other funding (government funded programs or other resources) is available to the client.

Eligible Clients

The following recipients are eligible for the tube feed supplement:

- persons receiving *income assistance* or *disability assistance* and their dependants;

- children in the Child Out of the Parental Home (COPH) Program (see Chapter 6, Child Out of the Parental Home); and,
- persons residing in a licensed drug and alcohol facility and their dependants.

Ineligible Persons

The following persons are not eligible for the tube feed supplement:

- persons in receipt of hardship assistance and their *dependent children*;
- persons residing in a long term care facility and their *dependent children;*
- persons in receipt of the monthly nutritional supplement (see Chapter 11, Other Benefits);
- persons in receipt of short-term nutritional supplements (see Chapter 11, Other Benefits); and,
- persons in receipt of the diet supplement (see Chapter 11, Other Benefits).

Approval Criteria

Clients may be eligible for a tube feed supplement provided that all of the following conditions are met and confirmed in writing by a *medical practitioner*, *nurse practitioner* or a registered *dietitian:*

- that the client's primary source of nutrition must be obtained through tube feeding;
- the type of nutritional product required;
- daily or monthly quantity of nutritional product required;
- the expected duration of the condition requiring tube feeding; and,
- the necessary tube feed related supplies or equipment.

Persons in receipt of the tube feed supplement are not eligible for diet supplements, short-term nutritional supplements, or monthly nutritional supplements. Clients that are eligible for more than one of these supplements must choose which of these supplements they would like to receive (see Chapter 11, Other Benefits).

Timeframes

The nutritional product and supplies portion of the tube feed supplement may be approved for the period of time indicated on the prescription, up to a maximum of 2 years.

Three months prior to the expiry date, the Band Social Development Worker will issue a renewal letter to the recipient requesting confirmation for ongoing nutritional product and medical supplies required for tube feeding. The request for updated medical information shall identify any new medical supply item that is required or whether a significant change in quantity of current product is necessary.

Documentation Fees

Clients are responsible for providing the required documentation. The *Administering Authority* is **not** responsible for any fees associated with the required documentation.

Tube Feed Supplement Authorities and Responsibilities

Band Social Development Worker is responsible for:
- ensuring that documentation provided by the recipient includes all of the necessary information
- determining eligibility for tube feed supplements
- issuing a denial for tube feed supplement letter (see Vol. 4, Appendix 8)
- ensuring the recipient has no other source of funding to meet the cost of tube feeding
- approving for costs *under* $500
- notifying the supplier to provide the nutritional produce, medical supplies and medical equipment for tube feeding to eligible recipient as identified on the SA 200 form
- provide renewal letter to recipient three months prior to expiry date of tube feeding
- assessing renewals for the tube feed supplement
- providing proper eligibility documentation and forms to the Funding Services Officer for approval costs *over* $500

Field/Funding Services Officer is responsible for:
- assessing eligibility documentation for tube feed supplement for costs *over* $500
- providing proper approval documentation and forms to the Band Social Development Worker for costs *over* $500

Procedures

Requirement	Documentation and Forms
Eligibility & Application & Renewal	• *Nutritional Supplement Request & Authorization* (SA 200*)* • *Budget and Decision Form* (901-25) • *Sample Denial for Tube Feed Supplement letter* (see Vol. 4, Appendix 8) • Written prescription and specific diagnosis • *Social Development Financial and Statistical Report* (DCI#455895) • All other required income assistance documents

Assessing Eligibility

To assess eligibility for the tube feed supplement, follow these steps:

Step 1

BSDW & Recipient

Ensure that the *recipient* has provided written prescription and diagnosis from a *medical practitioner*, a *nurse practitioner* or a registered *dietitian* verifying all of the following information:

- that the recipient's primary source of nutrition must be obtained through tube feeding;
- the type of nutritional product required;
- the daily or monthly quantity of nutritional product required;
- the expected duration of the condition requiring tube feeding; and
- the necessary tube feed related supplies or equipment.

Step 2

Ensure that the recipient has no other sources of funding to meet the cost of tube feeding.

BSDW

Provide the recipient with the *Nutritional Supplement Request & Authorization (SA 200)* form and ensure a copy of the prescription and diagnosis are attached in order to make an eligibility decision.

Keep all original documentation in the *recipient's* file.

Nutritional Supplement Request & Authorization (SA 200)

Eligibility for tube feed supplement shall be documented with a *Nutritional Supplement Request & Authorization (SA 200)* form, which is to be completed as follows:

Step 1 ***BSDW***	Complete Section *A: Client Information* and indicate the type of supplement being requested including timeframe before providing the form to the *recipient*.
Step 2 ***Recipient & Supplier***	The recipient shall provide the form to the supplier, who shall complete *Section B: Service Information* as per the written prescription and provide supplier's price quotes for the prescribed product. The recipient shall return completed form and documentation to BSDW for an eligibility decision.
Step 3 ***BSDW and/or FSO***	Review the SA 200 form and medical information to determine eligibility for the Tube Feed Supplement. If not approved notify client by mailing the denial letter. If approved: • complete *Section C: Authorization* – amounts up to $500 are to be authorized by the BSDW, and amounts exceeding $500 are to be authorized by the FSO; • notify the contracted supplier to provide the product directly to the recipient; and • complete Budget and Decision Form (901-25). The BSDW may approve for items or up to a two-week supply, costing up to $500, to meet immediate or emergency needs. The BSDW may authorize a further two-week supply if the FSO approves the extension.

All required documentation (i.e., prescriptions and invoices) are to be attached to the form.

The BSDW shall date-stamp the *Nutritional Supplement Request & Authorization* (SA 200) form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Payments must be made directly to the supplier and **not** to the *recipient.*

Reviewing Eligibility for the Tube Feed Supplement

As nutritional needs and medical conditions can change, it is necessary for the administering authority to complete regular reviews to confirm a recipient's continued eligibility for the tube feed supplement. The review process may begin 90 days prior to the assigned review date.

To conduct a review, the following steps will be completed:

BSDW **Step 1**	Three months prior to the expiry of the approval review date, send a review letter with a new *Nutritional Supplement Request & Authorization (SA 200)* form to the recipient requesting confirmation of need to renew existing tube feed supplement approval. The SA 200 application form and written prescription and diagnosis from a *medical practitioner*, a *nurse practitioner* or a registered *dietitian* must be returned to the BSDW within 45 days.
Recipient **Step 2**	The recipient shall provide the form to the supplier, who shall complete *Section B: Service Information* as per the written prescription and provide supplier's price quotes for the prescribed product. The recipient shall return completed form and documentation to BSDW within 45 days for an eligibility decision.
BSDW **Step 3**	Review the SA 200 form to determine if the recipient continues to meet the eligibility criteria for the Tube Feed Supplement. If approved: • assign a review date to the client's file; • advise the recipient *of* the approved decision; and • record the decision on the *Budget and Decision Form* (901-25). If not approved: • advise the recipient of the decision to discontinue the tube feed supplement, by mailing the denial for *Tube Feed Supplement letter* (see Vol. 4, Appendix 8); • record the decision on the *Budget and Decision Form* (901-25); and • advise the client that they may be eligible for other supplements. The reduction will take effect on the next income assistance cheque following the denial. If the new SA 200 form and medical information is not received within the requested timeframe, eligibility for the previously approved supplements will not continue beyond the review date. The BSDW will inform the recipient of the decision, by mailing the denial letter to discontinue the tube feed supplement effective immediately.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the **approved** tube feed supplement for the *recipient* as follows:

1. Comment section – indicate “tube feed supplement” and period of eligibility (Example, March 2011- March 2013, issue renewal letter by January 2013),
2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write “tube feed supplement,”
3. Tube feed supplement section - write amount of expenditure,
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients regular income assistance entitlements for basic and shelter, and include the tube feed supplement, expenditure for all future months,
5. Under Temporary Allowance Issued by Administering Authority section, write month in which the expenditure is paid and expiry date, and *signatures* of both the recipient and Administering Authority,
6. Prepare new *Budget and Decision Form* when tube feed supplement expires as this is a significant change, and under Monthly Requirements remove the supplement amount from current and continuing allowance.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

Tube feed supplement is charged to the basic needs budget.

Social Development Financial and Statistical Report (DCI#455895)

The administering authority is to document the tube feed supplement expenditure under the:

1. Applicable category under the client caseload (e.g., Employable Single).
2. Tube feed supplement expenditure will be included with Basic in “Total Income Assistance Expenditures (A).”

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the **not approved** tube feed supplement for the *recipient* as follows:

1. Comment section – indicate “tube feed supplement” and write not approved as per attached denial letter; and
2. *signature* of the Administering Authority.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form, including copy of the denial for tube feed supplement letter.

Clothing Supplement for People in Special Care Facilities

General Principle

Recipients residing in a special care facility, other than an alcohol and drug facility or those in *Community Living British Columbia (CLBC)* facilities, may receive a supplement for the purchase of necessary clothing when clothing is not provided by the facility and no alternative resources are available.

This supplement is available under DISC's *National Social Programs Manual*, *Income Assistance Program (IA)*; and DISC's *Social Development Policy and Procedures Handbook, Vol. 1, BC Region.*

Definitions

See the Definitions chapter, under DISC's *Social Development Policy and Procedures Handbook, Vol.1, BC Region,* for *DISC, Community Living British Columbia (CLBC), DISC, disability assistance, family unit, income assistance and special care facility.*

Policy

Eligibility

Income assistance and *disability assistance* recipients, who are residing in a *special care facility*, and receiving a comforts allowance, may be eligible for a supplement to purchase necessary clothing (i.e. basic clothing to meet the recipient's health and safety needs). [For more information, see chapter 11.4 Comforts Allowance].

For the purposes of this supplement, "special care facility" does not include an alcohol or drug treatment centre.

Recipients are expected to use all other resources for clothing purchase (for example, comforts allowance, other income, assets) before this supplement may be approved.

A clothing supplement may be provided if all of the following apply:

- clothing is not provided in the facility
- no funds are available from the recipient's comforts allowance to purchase the clothing
- no resources are available to the recipient's *family unit* to pay for the clothing

Note: Recipients in *Community Living British Columbia (CLBC)* contracted residential facilities are not eligible for the clothing supplement. Clients in these facilities are expected to budget for their clothing needs.

Some clients receiving accommodation and care in a designated continuing care facility may receive assistance to pay for their Per Diem Cost of care. [see Chapter 3.6 vol.2 Client User Charges, Chapter 3.7 vol. 2 Responsibility for the Payment of Continuing Care Facility Per Diem Costs and Chapter 3.8 vol. 2 Financial Exemptions and Allowances].

Procedures

Eligibility	Documentation and Forms
Applicant or Recipient	• *Application for Social Assistance* (901-27) • *Social Assistance Monthly Renewal Declaration* (901-28) • *Budget and Decision Form* (901-25) • *Income Assistance Report* (DCI #455897) • *Consent to Release of Information* (901-23) • All other forms and documentation as required to determine eligibility must be placed in a client's file
Resources	• *Income Assistance Report* (DCI #455897) http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • *Recipient Reporting Guide* http://www.aadnc-aandc.gc.ca/eng/1385559716700/1385559777677 • *National Social Programs Manual, Income Assistance Program (IA)* https://www.aadnc-aandc.gc.ca/eng/1484941779222/1484941844596 • BC Ministry of Social Development and Social Innovation web site content for Clothing Supplement for People in Special Care Facilities dated June 22, 2007 http://www.gov.bc.ca/meia/online_resource/general_supplements/clothsupp/

Step 1 Confirm that the applicant has met the eligibility criteria for the clothing supplement for people in special care facilities (See Policy – Eligibility).

Step 2 Issuing a Clothing Supplement

Before issuing a clothing supplement for people in special care facilities make sure all of the following apply and record this additional information on the *Budget and Decision Form* (901-25):

- the applicant is receiving a comforts allowance (see chapter 11.4 Comforts Allowance) and their case indicates they are in care
- the facility does not provide clothing
- alternative funding is not available

Step 3 Decide if the applicant's is eligible, or not eligible, for this supplement. The reasons for the decision must be documented on the applicant's file.

Step 4 To issue assistance attach supporting documentation to a completed *Budget and Decision Form* (901-25), including signatures of both the applicant and the *Administering Authority*.

Step 5 The clothing supplement for people in special care facilities is considered basic income assistance and paid from the basic needs budget.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) must be fully completed to document the decision to issue, or not issue, benefits as follows:

1. Under the Comment section, note:
    a. "Clothing Supplement for People in Special Care Facilities"
    b. the type of need being provided (i.e. IA benefits, PWD benefits, PPMB benefits)
    c. the amount of shared shelter and show the family unit's portion for each eligible item [see chapter 5.1 Shelter Allowances Overview]

2. Under the Monthly Requirements section, write the amount for each benefit and sub-total each category:
    a. (A) Basic, (B) Shelter and (D) Special, only:
        i. for items not applicable write "N/A" or put a strikethrough to show you have reviewed.
    b. the amount noted in line "(5) Total Monthly Deductions" from the Resources section, is copied to this section's "Total Monthly Deductions" line
    c. total the monthly "Entitlement" amount to be issued
3. Under the Resources section, enter the amount of each item in categories: (1) Earned Income; (2) Income from Self-Employment; (3) Unearned Income; and (4) Recovery. Total all items under (5) Total Monthly Deductions to determine the monthly deduction amount:
    a. for items not applicable write "N/A" or put a strikethrough to show you have reviewed

4. Under the Temporary Allowance Issued by Administering Authority section enter:
    a. the unit size (i.e. family unit size)
    b. the amount entitled
    c. the date range (i.e. From: April 1, 2015; To: March 31, 2016). When the date range spans an entire fiscal year, a new *Budget and Decision Form* (901-25) is prepared only when a change is noted on a recipient's *Social Assistance Monthly Renewal Declaration* (901-28) [For more information, see chapter 3 Application and Assessment]

5. For sections not applicable to this benefit write "N/A" or put a strikethrough to show you have reviewed.

6. A signature (and date) for both the Applicant and the Officer of Administering Authority is required.

7. All expenditures must have the required documentation attached to a *Budget and Decision Form* (901-25).

DCI #455897 - INCOME ASSISTANCE REPORT

The *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Section 1 caseload details for applicant/recipient; and
2. Pages 5-6, Section 2 *Financial Management Report* sections:
    - Income Assistance Expenditures
    - Shelter Information
    - Children Out of Parental Home, and
    - Declaration

Supplement for Drug and Alcohol Treatment

General Principle

Methadone maintenance fees are available to eligible recipients of income assistance or disability assistance and their dependent children to provide payment for alcohol and drug counselling services.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Manual, Vol 1, BC Region,* for *income assistance* or *disability assistance*.

Policy

January 2018

Eligibility

In addition to the FNHA and Ministry of Health (MOH) funded services, a number of non-governmental organizations provide counselling services on a fee-for-service basis. The expenses for this counselling service may be approved as a pre-training preparation service for recipients of *income assistance* and *disability assistance* and their *dependent children*, provided that all of the following apply:

- government-funded counselling services are not available in the recipient's community
- the service is non-residential
- the recipient has an alcohol or drug dependency that constitutes a barrier to entering the workforce
- the ministry is of the opinion that the service to be provided will enhance the recipient's employability

Maintenance fees for alcohol and drug treatment of up to $500 per 12-month period per eligible recipient can be used to cover the cost of counselling services provided by a methadone program, assuming that all of the eligibility criteria for this supplement are met.

Transportation to Drug and Alcohol Counselling

Supplement for alcohol and drug treatment **cannot** be used to cover a recipient's transportation costs to and from counselling appointments for alcohol and drug treatment. This supplement is available only for the cost of alcohol and drug counselling services.

Documentation Fees

Clients are responsible for providing the required documentation. The *Administering Authority* is **not** responsible for any fees associated with the required documentation.

Issuing Supplement for Drug and Alcohol Counselling

Payment for these counselling services can be made direct to the agency upon billing or direct to the recipient with a receipt.

Procedures

Requirement	Documentation and Forms
Eligibility & Application	• *Application for Social Assistance* (901-27) • *Budget and Decision Form* (901-25) • *Social Assistance Monthly Renewal Declaration* (901-28) • *Social Development Financial and Statistical Report* (DCI#455895) • Documentation that confirms the need for the Methadone Maintenance fees • All other required income assistance documents

Issuing Methadone Maintenance fees

Payment for these counselling services can be made direct to the agency upon billing or direct to the recipient with a receipt.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the **approved** supplement for the *recipient* as follows:

1. Comment section – indicate “methadone maintenance fees” and period of eligibility (Example, March 2011- March 2013, issue renewal by January 2013),

2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write “methadone maintenance fees”

3. Under Monthly Requirements, for Continuing Allowance – write amount of recipients regular income assistance entitlements for basic and shelter, and include the methadone maintenance fees expenditure for all future months,

4. Under Temporary Allowance Issued by Administering Authority section, write month in which the expenditure is paid and expiry date, and *signatures* of both the recipient and Administering Authority,

5. Prepare new *Budget and Decision Form* when diet supplement expires as this is a significant change, and under Monthly Requirements remove the supplement amount from current and continuing allowance.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

Methadone Maintenance fees are charged to the basic needs budget.

DCI #455897- INCOME ASSISTANCE REPORT

The First Nation *Administering Authority* is to report all expenditures and caseload information by completing:

1. Pages 1-4, Part A caseload details for applicant/recipient; and

2. Pages 5-6, Part B *Financial Management Report* sections:

    - Income Assistance Expenditures
    - Shelter Information
    - Children Out of Parental Home
    - Declaration

Work Opportunity Program

General Principle

Within the framework of the Income Assistance Program, First Nation *Administering Authorities* have the ability to transfer income assistance allowances to employment projects which are supported by their First Nation Chief and Council.

The Work Opportunity Program (WOP) is intended to enhance the independence and employability of on-reserve individuals in receipt of income assistance. Individuals' income assistance entitlements are transferred and added to other sources of funding to create time-limited on-reserve employment and work experience opportunities for income assistance clients that would otherwise be unemployed.

Definitions

See Definition section, under DISC's *Social Development Policy and Procedures Handbook, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Program Objectives

The objectives of the Work Opportunity Program (WOP) are to:

a) Increase access to employment opportunities for on-reserve income assistance clients who would otherwise be unemployed; and,

b) Increase individual and community independence through time-limited employment projects by utilizing existing income assistance funds in combination with funds from other sources.

Funding for a WOP project comes from a variety of sources. The amount of funding required by other sources is offset by the transfer of monthly income assistance entitlements of individuals participating in the WOP project.

The financial offset is intended to improve the viability of WOP projects while encouraging greater numbers of income assistance clients to participate in employment readiness initiatives.

All projects require the approval of the *Administering Authority* prior to implementation.

Eligible income assistance recipients may participate in a WOP project for up to a maximum of twelve (12) months.

WOP Project Criteria

Individual Case Plans

In order for an eligible income assistance client to participate in a WOP project, they must have an individualized case plan that identifies how they are planning to develop the necessary skills to enter the labour force as a result of the project.

Required Financial Contributions for WOP

A WOP project is supported through the transfer of participating individuals' monthly income assistance entitlements in combination with one or more of the following sources of financial contributions:

- Employer;
- Discretionary or own-source funding from the First Nation; and,
- The First Nation's National Child Benefit Reinvestment annual allocation may be considered (pending *DISC* approval of the First Nation's submitted proposal as per Treasury Board Authority Guidelines).

Wage Subsidy

Income Assistance funds may be used to subsidize participants' wage component of a WOP project provided that the project meets all of the following conditions:

a) The project is supported by Chief and Council by Band Council Resolution or equivalent letter;

b) The project employs adult income assistance recipients. Persons whose employment insurance has run out and who cannot obtain other employment and will be applying for Income Assistance are also eligible;

c) The project manager is providing participants with employment opportunities for eligible projects;

d) The project is limited to a reasonable number of participants, thus ensuring that each participant has a significant and constructive work experience that will contribute to gaining employment;

e) Minimum wage or higher is paid to participants in addition to other employee benefits;

f) Other sources of funding are available to off-set the total project costs;

g) The project begins and ends within twelve (12) months; and,

h) The project has a significant work experience – and may also include a structured training component – that will assist participants in gaining future employment.

Amount of Wage Subsidy

The amount of income assistance funds that may be transferred for wage subsidy under WOP is the total monthly entitlement of the income assistance recipient or participant (i.e., a participant's basic and shelter entitlement).

The transfer amount must be equal to the value of the income assistance entitlement that the recipient would receive if they remained on regular income assistance.

Project Start and End Dates

It is important to note that the transfer amount for a WOP wage subsidy takes the place of a monthly income assistance entitlement. Only a WOP wage subsidy or an income assistance entitlement can occur in any given month.

Accordingly, the Band Social Development Worker must work with participating income assistance clients and the WOP project coordinator to establish a mutually agreed upon start date.

On the start date – the first month of the WOP project – all income assistance entitlements (including direct payments to supplier for rent or hydro billings) must cease as the employer will be responsible for providing participants with a wage.

In order to facilitate financial planning for income assistance clients participating in a WOP project, the *Administering Authority* may provide participants with a cash advance (subject to a repayment plan) for the first month of the WOP project.

Minimum Wage

The provincial minimum wage **must** be paid to income assistance recipients, and meet other provincial employment requirements as required. Please refer to the WOP Fact Sheet for more information.

Employers are expected to contribute to the total cost of the project expenses.

Once the Work Opportunity Program (WOP) contract has been established with the employer, the income assistance client will function as an employee of the host agency and will be subject to the same conditions and rights as an employee.

Other Sources of Funding

First Nations *Administering Authorities* are expected to apply for and use other sources of funds to meet various WOP project expenses. Project expenses include wages paid to recipients, salaries and related expenses of persons such as project managers, and costs of equipment rental and supplies necessary for completion of the project.

Audit of Expenditures

WOP projects are to be included in the First Nation's annual audited financial statements.

In addition, the First Nation may be required to permit an audit, by DISC, of income assistance transfers, and to provide such documentation as required by this policy and by such audits.

Note: WOP projects are subject to review as part of the Social Development Program Review.

Eligible Projects

The following project list is for suggestion only, and is not intended to restrict the number of possibilities for:

- environmental improvement
- social services
- economic development
- community facilities

Other projects not listed in this section must fall within the general objectives of the WOP initiative (see Program Objectives for more information).

Environmental Improvement Projects

Proposals of this type should generally be part of an overall plan which may span more than twelve (12) months. No single project within the plan can be approved for more than twelve (12) months at a time:

- reserve clean-up, landscaping, beautification, fencing;
- garden and horticultural development;
- clearing for and development of recreational areas;
- cleaning and maintenance of survey boundaries; and,
- pollution control project, silviculture.

Social Service Projects

Projects of this type may require professional consultation and advice both in planning and implementation phases:

- family support services (homemaking, childcare, guidance, and parenting support);
- day centres for children (summer and holiday day camps for children);
- after school programs (activities to foster socialization, cultural enrichment extra help with homework, reading, etc., creative play, arts and crafts); and,
- activities for elders, home visiting, etc.

Economic Development and Band Enterprise Projects

Projects of this type will be approved if it can be shown that they will improve the economic prospects of the First Nation. The income assistance transfer component may be used provided that the following apply:

- the enterprise is not operated for the private gain of individuals; and
- the enterprise is run by and for the benefit of the band.

Community Facilities

Projects may include the development, renovation, or maintenance of a facility. Caution should be exercised in assessing the capital costs of these types of projects, and capital cost funding from whatever source must be absolutely confirmed.

Where the capital funds are from DISC, this must be noted in the WOP Project Summary. Such a notation assures the program that basic standards have been met for health, fire, and safety.

Where the capital funds are from another source, there must be confirmation from that source that the facility will meet provincial health, fire, and safety standards where applicable.

Projects NOT Eligible

WOP may ***not*** be used to fund regular band staff positions funded by the department. These positions include:

- band manager;
- chief and council;
- bookkeeper;
- band office secretary or receptionist;
- janitor;
- social development worker, or clerk;
- home and school coordinator; and,
- positions that are the funding responsibility of other DISC programs, or other federal or provincial departments.

WOP Authorities and Responsibilities

Band Social Development Worker is responsible for:
- reviewing for approval the WOP project forms including the Band Council Resolution
- ensuring the recipient has agreed to employer's hiring and employment terms and conditions upon approval of WOP project
- ensuring the income assistance transfer is documented monthly
- ensuring that documentation provided by the recipient includes all of the necessary information
- maintain an open income assistance file containing all required eligibility and benefits documentation as outlined in the *Social Development Policy and Procedures Handbook*
- ensuring each income assistance recipient's file has proper documentation to show the recipient's monthly entitlement using the *Budget and Decision Form* (901-25), plus signatures of both the client and the administering authority are required
- approving the amounts listed on the *Sample WOP Cash Flow Form* each month
- report the amount of monthly income assistance transferred as shown on the monthly *WOP Cash Flow Form* on the *Social Development Financial and Statistical Report* (SDFSR) for reimbursement
- ensuring the total amount transferred do not exceed the maximum family entitlement of income assistance (where recipient and spouse both participate in a project the family entitlement is to cover both)
- provide copy of WOP documentation and forms to the *Funding Services Officer* as requested for approved income assistance expenditures

Project Manager is responsible for:

- providing the Band Social Development Worker with detailed *WOP Summary Form*, *Band Council Resolution* or Equivalent letter and all other project documents as required
- ensuring all necessary sources of funds to cover the project costs are fulfilled
- ensuring appropriate monitoring and review mechanisms are in place
- providing copies of documentation showing all funds to operate the project are secured
- resubmit information as necessary within project time-frame (not to exceed 12 months)

Income Assistance Recipient is responsible for:

- providing proper documentation and forms to the Band Social Development Worker for monthly transfer
- fulfill all requirement of the Social Development Program, including the reporting of any change in circumstances affecting eligibility including income and spousal income (if applicable)
- provide the *Social Assistance Monthly Renewal Declaration (901-28)*or equivalent employer timesheet with written declaration answering applicable questions in order for BSDW to determine the amount of income assistance available each month

Finance Department is responsible for:

- maintain a complete *payroll* showing the monthly wage paid, and the monthly amount of income assistance transfer applicable to each recipient or participant
- transfer income assistance funds monthly in the amount of one month's income assistance entitlement only
- ensure the *recipient's* wage from the project will not be below the current provincial minimum wage
- ensure the income assistance pay list journal identifies the WOP recipient as part of the regular income assistance journal, but separate from regular income assistance recipients
- ensure only one month's entitlement amount is transferred each month (including at beginning of project)
- ensure income assistance payment is not issued twice (i.e., regular monthly cheque issued to client and IA transfer for same month) to create duplicate payment income assistance

Procedures

Requirement	**Documentation and Forms**
Band Social Development Worker	• *Sample WOP Cash Flow Form* (see Vol.3, Appendix 8) • *Budget and Decision Form* (901-25) • *Social Development Financial and Statistical Report* (DCI#455895)
Finance Department	• Journal Entries or Cheque Number of transfer payment to project • maintain a complete payroll for Work Opportunity Project (if required)
Project Manager	• *Band Council Resolution* (BCR) or Equivalent letter • *Sample WOP Summary Form* (see Vol.3, Appendix 8) • All other required WOP documents
Income Assistance Recipient	• *Social Assistance Monthly Renewal Declaration* (901-28) or Equivalent Employee Timesheets with written response to 901-28 questions • Written confirmation of acceptance in a Work Opportunity Project • All other required income assistance documents

Resources	• ASARET & WOP Question & Answers (see Vol. 3, Appendix 8) • Instructions WOP Summary Form (see Vol. 3, Appendix 8) • Work Opportunities Program Fact Sheet (see Vol. 3, Appendix 8)

Where a family unit is not eligible for income assistance, no funds will be available to be transferred. In these situations the payroll showing the monthly wage and the amount of income assistance transfer will need to be adjusted as the WOP participant will not be eligible for a transfer payment for the month in which the income is reported.

Note: WOP participants are still eligible for other benefits under income assistance as defined by the terms and conditions of the particular benefit (i.e., school start up allowance, Christmas bonus, special needs, and natal allowance)

WOP participants are not eligible for incentive allowance or earnings exemptions.

Sample Work Opportunities Project (WOP) Forms

Volume 3, Appendix 8 – Guides, Samples, Instructions and Handouts – of the Social Development Policy and Procedures Handbook contains two sample WOP forms for use by the *Administering Authority's* BSDW and Project Manager.

The sample *WOP Summary Form* and sample *WOP Cash Flow Form* are examples of documents which may be used by the Administering Authority to keep track of all monthly expenditures, sources of revenue and income assistance clients participating in WOP projects. These forms may be modified to suit the WOP project in question.

Note: WOP projects are subject to review as part of the Social Development Program Review.

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is used to document the expenditure of the **approved** Work Opportunity Project for the recipient as follows:

1. Comment section - indicate "WOP project" and period of eligibility (Example, start and end date of project May 1, 2011 until April 30, 2012);

2. Under Monthly Requirements, for Current Month and Continuing Allowance - write amount of recipient's regular income assistance entitlements for basic and shelter, and include any supplement expenditure as well;

3. Under Temporary Allowance Issued by Administering Authority section, write month in which the expenditure **is being transferred** and expiry date, and signatures of both the *recipient* and *Administering Authority*; and

4. Prepare new *Budget and Decision Form* (901-25) when WOP project ends as this is considered a significant change, and under complete Monthly Requirements for current and continuing allowance.

All required documentation (i.e., copy of the individual case plan or employment action plan) is to be attached to the form.

A WOP project financial transfer is charged to the basic needs budget.

Social Development Financial and Statistical Report (DCI#455895)

The *Administering Authority* is to document the WOP project expenditure as:

1. Under applicable category under the "WOP/ASARET (SA Transfers)" enter client caseload information (e.g., WOP Employable Single, WOP One Parent Families);
2. WOP basic expenditure will be included with Basic in “Total Income Assistance Expenditures (A);”
3. Under "Number of WOP Projects (since April of the fiscal year, cumulative total)" enter total number of WOP projects;
4. Under "Shelter - WOP/ASARET Client" enter number of Housing Units for type of rental payment being issued and beside enter amount of expenditure; enter number of Fuel/Utilities/Other shelter allowance being paid and beside enter amount expenditure (all rental payments require Rental Agreements on file); and
5. WOP shelter expenditure will be included in “Total Shelter Expenditures (B).”

Aboriginal Social Assistance Recipient Employment Training Initiative

General Principle

The Aboriginal Social Assistance Recipient Employment Training (ASARET) initiative is a memorandum of agreement between DISC and Service Canada for using existing authorities, services, and programs to, under certain circumstances, direct individual income assistance entitlements toward active measures such as employment and skills training.

Policy

Aboriginal Human Resources Development Agreement (AHRDA) funding can be supplemented by the income assistance total monthly entitlement of eligible income assistance recipients who participate in Skills Training programs or Employment Initiatives.

The resulting offset to AHRDA costs is meant to increase access of AHRDA Skills Training programs and Employment Initiatives for income assistance recipients, and enable greater numbers of these recipients to participate in AHRDA sponsored programs and interventions.

This increased access to AHRDA interventions is meant to assist income assistance recipients to move from income assistance dependency to labour force participation.

Eligible income assistance recipients may participate in an ASARET project for up to 24 months.

Skills Training Program

Through the ASARET initiative, a combination of support from the following two sources can be used to develop a Skills Training program:

1) AHRDA
2) Income Assistance funds

This will allow income assistance recipients to attend AHRDA Skills Training programs that will provide them the supports needed to gain employment.

Income Assistance funds may continue to be received by an eligible recipient while they participate in the ASARET Skills Training program.

Eligible recipients may participate in an ASARET Skills Training program for up to 24 months.

ASARET Skills Training projects are subject to review as part of the Social Development Program review.

Employment Initiative

Through the ASARET initiative, a combination of support from the following three sources can be used to develop an Employment Initiative project:

1) AHRDA
2) Income Assistance funds using the Social Assistance Transfer mechanism similar to the Work Opportunity Program (WOP) (refer to appropriate section in Chapter 12.1, Work Opportunity Program)
3) Employer

This will create employment opportunities and increase the access to employment for on-reserve income assistance recipients who would otherwise be unemployed.

Income Assistance funds may be used to subsidize a portion of the approved wage component of an ASARET Employment Initiative project provided that the project:

- is initiated and planned by band council, or by committees or community groups that have been endorsed and empowered by council;
- employs income assistance recipients *of legal working age;*
- provides opportunity for as many eligible persons as possible to participate, so far as it is reasonable and practical; and
- clearly defined and identified time frames for beginning and ending of employment and does not exceed two years.

Income Assistance funds may be transferred to wage subsidy under ASARET in an amount equal to the total monthly entitlement of the recipient (refer to appropriate section in Chapter 12.1, Work Opportunity Program).

Eligible recipients may participate in an ASARET Employment Initiative project for up to 24 months.

ASARET Employment Initiative projects are subject to review as part of the Social Development Program review.

Eligibility under AHRDA

Eligibility for ASARET under AHRDA consists of two components:

1) Eligible Client:

   An eligible client is in receipt of income assistance on-reserve, and not an insured participant.

   An *insured participant* is an individual who is an unemployed person for whom a benefit period is established under the *Employment Insurance Act*, a benefit period under the *Employment Insurance Act* has ended within the previous 36 months, or a benefit period has been established in the previous 60 months, and who was paid special benefits under the *Employment Insurance Act* during the benefit period, and subsequently withdrew from active participation in the labour force to care for one or more of their new-born children, or one or more children placed with them for the purpose of adoption, and is seeking to re-enter the labour force.

   Income Assistance recipients who are insured participants may be eligible for training support through the employment insurance (EI) fund, and should be referred to AHRDA for possible training support.

2) Eligible Training or Employment

   An AHRDA funded ASARET Skills Training or Employment Initiative shall be appropriate to the needs of the recipient.

   For more information about these programs contact the AHDRA in your area directly or check out the Service Canada web site at www.servicecanada.gc.ca.

Procedures

Skills Training Program

The AHRDA shall:

- determine and verify the recipient's status as an insured participant, or non-insured participant; and
- provide written verification confirming the recipient's acceptance into the program or intervention with the start and end date.

SAMPLE OF AHRDA WRITTEN VERIFICATION

Date: February 6, 2007

RE: Confirmation of acceptance in an AHRDA Skills Training program

This letter is to confirm that John Doe has been accepted into the program. The program starts on February 16, 2007 and ends on February 16, 2008. Please continue issuing Income Assistance to John Doe in lieu of a living allowance from the AHRDA. The AHRDA will be providing each student with a monthly $100.00 Federal training allowance, this allowance is exempt from their monthly Income Assistance as per the *Social Development Policy and Procedures Handbook*, 4.9 Vol. 1 Earned Income and Exemption Eligibility. Please attach a copy of this document to the *Budget and Decision Form* (901-25).

Signed by Student: *John Doe* Date: *Feb. 6, 07*
Signed by Program Instructor: *Jane Smith* Date: *6 February 2007*

The client shall:

- provide a copy of the AHRDA verification to the administering authority to be placed on their Income Assistance file;
- sign a new *Budget and Decision Form* (901-25); and
- each month on the *Social Development Monthly Renewal Declaration* (901-28) form declare the amount of federal training allowance received.

The administering authority shall:

- maintain the recipient on income assistance while participating in the Skills Training program in lieu of the recipient receiving an AHRDA living allowance;
- prepare a new *Budget and Decision Form* (901-25) to show:
  - start and end of the program,
  - amount of federal training allowance and portion exempted for income assistance,
  - name of Skills Training project under the Transfer to Work Project section,
  - total amount of monthly entitlement recipient is eligible to collect on income assistance,
  - signatures of both the recipient and the administering authority.
- report the Transfer to Work Project amount on the monthly *Social Development Financial Statistical Report* (SDFSR) under the WOP/ASARET (SA Transfer) section for statistical and reimbursement purposes (See First Nations Reporting Guide);
- keep a WOP/ASARET participant list separate from the regular income assistance journal list. Only the names of WOP/ASARET participants must appear on the journal list;
- report on the SDFSR under the WOP/ASARET (SA Transfer) section, the statistical information, for the entire family dependents; and
- include WOP/ASARET in the band's annual audit; in addition, the band may be required to permit an audit, by DISC, of income assistance transfers, and to provide such documentation as required by this policy and by such audits.

Employment Initiative

The AHRDA shall:

- determine and verify the recipient's status as an insured participant, or non-insured participant; insured participants are ordinarily not eligible for ASARET employment transfer project and should be referred for training support to the AHRDA.
- develop with the administering authority and employer the Employment Initiative project to ensure:
  - the approval of the administering authority prior to implementation,
  - the project is resubmitted for approval at the beginning of each fiscal year
  - the project consists of two parts: a detailed application and supporting band council resolution (or equivalent) (refer to appropriate section in Chapter 12.1, Work Opportunity Program).

The client shall:

- sign a new *Budget and Decision Form* (901-25); and
- each month on the *Social Development Monthly Renewal Declaration* (901-28) form declare the amount of employment wages received.

The administering authority shall:

- prepare a new *Budget and Decision Form* (901-25) to show:
  - start and end of the initiative
  - calculate the recipient's monthly entitlement (i.e., basic and shelter allowance)
  - provide the amount of wages to be supplemented by the monthly entitlement portion (i.e., wage $10.00 hour, Income Assistance covers $2.00 of wage)
  - name of Employment Initiative project under the Transfer to Work Project section
  - signatures of both the recipient and the administering authority
- transfer the income assistance amount each month to the AHRDA or employer, using the Work Opportunity Program (WOP) Social Assistance transfer mechanism;
- maintain appropriate financial records with respect to the Employment Initiative project;
- maintain a complete payroll showing the monthly wage paid, and the monthly amount of income assistance transfer applicable to each recipient;
- transfer the Income Assistance funds for the month the recipient is eligible and the amount entitled;
- report the income assistance transfer for ASARET Employment Initiative monthly on the DISC SDFSR form for statistical and reimbursement purposes (See First Nations Reporting Guide);
- keep a WOP/ASARET participant list separate from the regular Income Assistance journal list. Only the names of WOP/ASARET participants must appear on the journal list;
- report on the SDFSR form under the WOP/ASARET (SA Transfer) section, the statistical information, for the entire family dependents; and
- include WOP/ASARET in the band's annual audit; in addition, the band may be required to permit an audit, by DISC, of income assistance transfers, and to provide such documentation as required by this policy and by such audits.