

Protected A (when completed)

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy (FOIP) Act* and the *Alberta Aids to Daily Living and Extended Health Benefits Regulations* for the purpose of determining eligibility for cost-share exemption for the Alberta Aids to Daily Living equipment, supplies and services. If you have any questions about the collection of this information you can contact Alberta Aids to Daily Living Program, Telus House, 13th floor, 10020 100 Street NW, Edmonton, Alberta T5J 0N3 Telephone: 780-427-0731 Fax: 780-422-0968.

This form is used to determine eligibility for Cost-Share Exemption for the Alberta Aids to Daily Living (AADL) program for low income Albertans.

Cost-share exemption eligibility is based on your taxable income (line 260 of your most recent tax return), and your family status on the Alberta Health Care Insurance Plan (AHCIP). Please check the box that corresponds to your income and your family status - **do not submit this form if your income is above these levels.**

- Single** and taxable income is less than \$20,970
 Couple - no children and taxable income is less than \$33,240
 Parent(s) with children and taxable income is less than \$39,250

To avoid delay or denial of your application, **please ensure you have filed your most recent income tax return with the Canada Revenue Agency**, and you are registered with an active AHCIP card, before submitting this form.

You do not need to complete this form if:

- You complete it in the last two years and your family status has not changed or,
- If you are on AISH, Income Support or the Alberta Adult Health Benefit, contact AADL directly.

Palliative

Section A - Client's Personal Information (Please Print Clearly)

Applicant Last Name	First Name	Middle Name	Alberta Personal Health Number	Social Insurance Number (SIN)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Full Address		City or Town	Province	Postal Code
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	AB	<input style="width:95%;" type="text"/>
Mailing Address (if different)		Date of Birth: Year	Month	Day
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
		Contact Phone Number	<input style="width:95%;" type="text"/>	

If you have a spouse, or partner, or are the parent of the client, complete Section B below.

Section B - Spouse/Partner/Parent Personal Information (Please Print Clearly)

Last Name	First Name	Middle Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth: Year	Month	Day
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Contact Phone Number	Alberta Personal Health Number	Social Insurance Number (SIN)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Section B (2) - Second Parent of Client (Please Print Clearly)

Last Name	First Name	Middle Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth: Year	Month	Day
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Contact Phone Number	Alberta Personal Health Number	Social Insurance Number (SIN)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Section C - Canada Revenue Agency Authorization

I authorize the Canada Revenue Agency to release information required from my tax file to the Alberta Ministry of Health. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility or that of my co-habiting partner or a child or adult dependant for whom I am the parent, legal guardian, trustee or power of attorney, for cost-share exemption under the *Alberta Aids to Daily Living and Extended Health Benefits Regulation (235/85)* and the general administration and enforcement of the benefit program. This authorization is valid for the two taxation years prior to the year of signature of this consent, the current taxation year and for each subsequent consecutive taxation year for which assistance is requested. I understand that if I wish to withdraw this consent and eligibility for cost-share exemption, I may do so in writing to the Alberta Ministry of Health.

Please read, check each box and sign.

- I have read the statement and consent to this authorization.
- I certify that information given by me in this application is true and correct.

Date yyyy-mm-dd	Signature of Client
Date yyyy-mm-dd	Signature of Spouse/Partner/Parent
Date yyyy-mm-dd	Signature of Second Parent

Section D - Guardian of Client (if applicable) (Please Print Clearly)

Complete Section D if you are the Guardian of the client named in Section A (if the client is under the age of 18 or if the client is a dependant listed on your Alberta Health Care Insurance Plan) or if you are the Trustee/Power of Attorney named in Section A.

I am responsible for the applicant named in Section A as a (select one):

- Guardian Public Trustee Private Trustee Power of Attorney

Note: You must attach supporting Guardianship, Trustee or Power of Attorney Documents

Guardian/Trustee/Power of Attorney Last Name	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Full Address			
<input type="text"/>			
City or Town	Province	Postal Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section E - Canada Revenue Agency Authorization for Trustee

I authorize the Canada Revenue Agency to release information required from the tax file of the client stated in Section A to the Alberta Ministry of Health. The information will be relevant to and used solely for the purpose of determining and verifying the eligibility of the child or adult dependant for whom I am the legal guardian, trustee or power of attorney, for Cost-Share exemption under the *Alberta Aids to Daily Living and Extended Health Benefits Regulation (235/85)* and the general administration and enforcement of the benefit program. This authorization is valid for the two taxation years prior to the year of signature of this consent, the current taxation year and for each subsequent consecutive taxation year for which assistance is requested. I understand that if I wish to withdraw this consent and eligibility for cost-share exemption, I may do so in writing to the Alberta Ministry of Health.

Date yyyy-mm-dd	Signature of Guardian/Trustee or Power of Attorney
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Contact Information:

Mailing Address:

Alberta Aids to Daily Living
Telus House, 13th floor
10020 100 Street NW
Edmonton, AB
T5J 0N3

Telephone:

780-427-0731 (Edmonton)
Toll-free within Alberta at
310-0000, then 780-427-0731 - Ask for AADL Client Services
Fax: 780-422-0968
Website: <https://www.alberta.ca/alberta-aids-to-daily-living.aspx>
Email: aadl.reception@gov.ab.ca

Please Note:

- Your cost-share exemption application will take 7-14 business days to process. Contact your vendor to confirm your status.
- Incomplete or unsigned forms will be returned to the applicant unprocessed.