



# Application for Cost-Share Exemption for Hearing Aid Benefits for Seniors and Their Adult Dependents

Protected A (when completed)

Alberta Aids to Daily Living (AADL)

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the *Health Information Act*, sections 33(a) & (c) 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 Alberta Aids to Daily Living equipment, supplies and services. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at ATB Place North, 10025 Jasper Ave NW, Edmonton, Alberta T5J 1S6 Telephone: 780-427-0731 Fax: 780-422-0968.

**This form is to be used for Alberta Aids to Daily Living (AADL) seniors hearing aid benefits and those hearing aid benefits previously provided by Special Needs Assistance for Seniors only.**

**Please Note: Your cost-share exemption application will take 7 to 14 days to process.  
Please contact your vendor to confirm your status.**

## Section A - Client's Personal Information

Title	Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth: YYYY	MM	DD	Personal Health Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City or Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section B - Consent

I authorize the Canada Revenue Agency to release information required from my tax file to 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 dependent for whom I am the parent, legal guardian, Trustee or 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 by writing to the Alberta Ministry of Health.

## Section C - Declaration

If this Section is not completed in its entirety, your application will not be processed and will be returned to you.

To be completed by the client and their spouse/partner if over the age of 18.

Please read, check each box and sign.

I have read the statement in Section B and consent to this authorization.

I certify that information given to me in this application is true and correct.

Marital Status    Single       Married       Adult Interdependent Partner       Divorced       Widow/Widower

Applicant Last Name	Applicant First Name	Date of Birth: YYYY	MM	DD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date yyyy-mm-dd	Signature
<input type="text"/>	<input type="text"/>

Spouse/Partner Last Name  Spouse/Partner First Name  Date of Birth: YYYY  MM  DD

Home Phone  Work Phone  Social Insurance Number

Date yyyy-mm-dd  Signature

Please fill out and sign this section if you are the Parent/Guardian of the client named in Section A, if that client is under the age of 18 or if the client is a dependent adult listed on your Alberta Health Care Insurance Plan coverage.

Parent/Guardian Last Name  Parent/Guardian First Name  Date of Birth: YYYY  MM  DD

Home Phone  Work Phone  Social Insurance Number

Date yyyy-mm-dd  Signature

Parent/Guardian Spouse/Partner Last Name  Parent/Guardian Spouse/Partner First Name  Date of Birth: YYYY  MM  DD

Home Phone  Work Phone  Social Insurance Number

Date yyyy-mm-dd  Signature

Please fill out and sign this section if you are the Trustee/Power of Attorney of the client named in Section A

Trustee/Power of Attorney Last Name  Trustee/Power of Attorney First Name  Home Phone  Work Phone

Date yyyy-mm-dd  Signature

I am (we are) responsible for this applicant as a:

- Public Trustee  Private Trustee  Guardian(s)  Power of Attorney

To be completed by the Trustee/Power of Attorney if the client is over the age of 18

Attach supporting Trustee, Guardianship or Power of Attorney documents.

Have you:

- included your Personal Health Number (PHN)?  
 included your Social Insurance Number (SIN)?  
 included your spouse's information, if necessary?  
 signed your form?  
 attached supporting Trustee, Guardianship or Power of Attorney documents, if necessary?

**Alberta Aids to Daily Living**  
**ATB Place North**  
**10025 Jasper Ave NW**  
**Edmonton, AB T5J 1S6**

Phone: 780-427-0731  
Toll free, first dial: 310-0000, then 780-427-0731  
Fax: 780-422-0968  
<https://www.alberta.ca/alberta-aids-to-daily-living.aspx>

For Office Use Only

AHCIP  Family Composition

## Cost-Share Exemption for Senior Hearing Aid Benefit

The AADL program assists eligible Albertans with a long-term disability, chronic illness or terminal illness, in maintaining independence in their community through the provision of basic medical equipment and supplies to meet their clinically assessed needs.

AADL clients above the qualifying income thresholds are subject to a cost-share component of 25% of the approved benefit amount to a maximum of \$500 per individual/family per benefit year (July 1 to June 30).

You **may qualify** for cost-sharing exemption if your Taxable Income (line 26000 of your most recent income tax return) is:

- \$39,250 or less for a family with children.
- \$33,240 or less for a family with no children, or
- \$20,970 or less for a single person

If your Alberta Health Care Insurance Plan lists a spouse/partner, their taxable income must also be included in assessing your cost-share exemption application. Ensure that they have completed and signed Section C.

If you do not qualify for cost-share exemption through AADL, you may still receive maximum hearing aid funding through AADL if you are deemed to meet Special Needs Assistance for Seniors eligibility.

You may be deemed eligible for maximum funding if your total income (Line 15000 from your most recent tax return) is:

- \$29,630 or less for a single person, or
- \$48,120 or less for couples.

If your Alberta Health Care Insurance Plan lists a spouse/partner, their taxable income must also be included in assessing your cost-share exemption application. Ensure that they have completed and signed Section C.

If you do not qualify for cost-share exemption, but due to more recent financial difficulty are unable to pay your cost-share portion, please complete a separate Temporary Cost-Share Exemption Application. Contact our office or obtain an application here:

[Temporary Cost-Share Exemption Application form](#)

You **are NOT eligible** to apply for cost-share exemption if you are:

- a new or returning resident from outside Canada, who has not yet lived in Alberta for 12 consecutive months.
- exempt from paying income tax for religious, charitable or communal reasons.
- a student from outside Canada who is temporarily in Canada.

### Trustee, Guardianship or Power of Attorney

Please ensure that you attach copies of all relevant documents granting your rights of trusteeship, guardianship or power of attorney.

### Definitions

#### Spouse

A spouse is a person to whom you are legally married.

#### Adult Interdependent Partner

An adult interdependent partner is a person who lives with another person in a relationship of interdependence:

- for a continuous period of not less than three years;
- of some permanence if, as a result of the relationship, the partners have a child by birth or adoptions; or
- the partners have entered into an adult interdependent partner agreement as provided in the *Adult Interdependent Relationship Act*.