

	Program	Social Assistance, AccessAbility Supports	
	Subject	Family Violence	Policy # SA 1.7 AAS 3.4
Effective Date: SA November 1, 2000		Authorized by:	
Revised Date: October 1, 2022		Deputy Minister Jamie MacDonald	

1.0 PURPOSE

1.1 To identify the Department's responsibilities where there is a disclosure or suspicion of family violence and to provide financial support to meet the emergency needs of applicants residing in family violence shelters.

2.0 DEFINITIONS

2.1 **Applicant:** a person who applies for or on whose behalf an application is made for Social Assistance (SA) or Assured Income (AI).

2.2 **Assured Income:** a component of AccessAbility Supports (AAS) that provides monthly financial supports to eligible applicants with disabilities to use towards securing basic needs.

2.3 **Basic Unit Rate (BUR):** a monthly allowance to meet an applicant, co-applicant, and dependents' basic needs.

2.4 **Family Violence:** violence against a person by any other person with whom that person is, or has been, in a family relationship.

2.5 **Family Violence Shelter:** a shelter whose mandate is to provide a safe place and supports to persons experiencing family violence.

2.6 **Financial Assistance Drug Program:** covers the cost of approved prescription and non-prescription medications for clients receiving SA or AI.

2.7 **Recipient:** a person who is provided SA or AI and includes a person whose SA or AI has been suspended, but not cancelled.

2.8 **Supports Coordinator:** a staff member that provides direction and case management support in delivering a range of social benefits and services to applicants eligible for Social Programs.

3.0 POLICY STATEMENTS

- 3.1 For the purposes of this policy use of the word applicant is inclusive of recipient.
- 3.2 For the purposes of this policy, violence includes:
- any assault of the victim;
 - any reckless act or omission that causes injury to the victim or damage to property;
 - any act or threat causing reasonable fear of injury to the victim or damage to property;
 - forced confinement of the victim;
 - actions or threats of sexual abuse, physical abuse, or emotional abuse of the victim;
 - depriving a victim of food, clothing, medical attention, shelter, transportation or other necessities of life.
- 3.3 The Department acknowledges that any person may be the victim of family violence and recognizes the importance of early intervention to provide applicants supportive responses that are both timely and appropriate.
- 3.4 The Department, pursuant to the *Freedom of Information and Protection of Privacy Act*, will maintain the confidentiality and privacy of an applicant unless information disclosed to the Department is subject to mandatory reporting.
- 3.5 The Department, pursuant to the child protection legislation regarding mandatory reporting, will notify Child Protection Services if there is knowledge or reasonable grounds to suspect that a child is in need of protection.
- 3.6 The Department, pursuant to the *PEI Adult Protection Act*, Section 4(2) duty to report, will report the circumstances to Adult Protection Services if there are reasonable grounds to believe that a vulnerable adult is in need of assistance or protection.
- 3.7 Applicants residing in a family violence shelter have their basic need met at the shelter. In addition to the shelters supports, applicants are eligible for prescription coverage through the Financial Assistance Drug Program and additional financial benefits based on the applicant's family size and according to the Schedule of Family Violence Shelter Benefits (attached).
- 3.8 Additional allowances may be granted where an applicant's need is not met by the family violence shelter.

4.0 PROCEDURE STATEMENTS

- 4.1 Where an applicant discloses family violence or where there is a suspicion of family violence, the Department will schedule an emergency intake assessment to determine the applicant's eligibility for emergency assistance. Where an applicant has open service with the Department, a priority appointment will be scheduled.

- 4.2 Where the applicant needs to leave their residence because of a safety risk, the Supports Coordinator will authorize immediate payment of transportation to a safe location if necessary. Where the applicant requests a geographic relocation, the Supports Coordinator will caseplan with the applicant to support this request when possible.
- 4.3 In a volatile or emergency situation requiring immediate action and/or remedy due to imminent risk of harm to self and/or others, the Department will contact local law enforcement agencies for assistance and report to the appropriate agency(s) where obligated.
- 4.4 Supports Coordinators are responsible to case plan with the applicant to ensure applicants are informed of the resources and supports available and may make referrals to the appropriate resources with the consent of the applicant.

Applicants Residing in a Family Violence Shelter

- 4.6 Where an applicant is residing in a family violence shelter, the family violence shelter will notify the Department of the applicant in need by completing an *Emergency Applicant Declaration* (attached) and submitting the signed declaration to the Department.
- 4.7 Where an applicant has a need for prescription coverage, the Supports Coordinator will grant the applicant immediate access to the Financial Assistance Drug Program. When accessing prescription coverage, an applicant may access prescriptions at the pharmacy of their choice.
- 4.8 The Supports Coordinator will refer to the Schedule of Basic Unit Rates (attached) to calculate the applicant's eligibility for BUR allowance based on the applicant's family size.
- 4.9 A family violence shelter may offer financial support to an applicant and advance emergency funds from the shelter's resources to be reimbursed by the Department. The Department will not issue reimbursement to the family violence shelter or to the applicant for non-prescription or prescription medications.
- 4.10 The family violence shelter will invoice the Department for items of special need expenses related to family violence case planning. Special need expenses may include but are not limited to medical needs, basic personal need items, and transportation.
- 4.11 Where an applicant is requesting financial support upon leaving a family violence shelter, the Supports Coordinator will complete a Support Needs Assessment with the applicant to determine financial eligibility and collaboratively case plan with the applicant and the family violence shelter to ensure the proper supports are established for the applicant leaving the shelter.

5.0 REFERENCES

5.1 *Freedom of Information and Protection of Privacy Act*

5.2 *Child Protection Act*

5.3 *Adult Protection Act*

HISTORY:

October 1, 2022: Editorial, format, and content updates. Combines policies 2.1.1 Family Violence and 6.5.1 Allowances for Persons in Family Violence Shelters. Policy number has been updated from 2.1.1 to 1.7. Now applies to SA & AAS.

Schedule of Family Violence Shelter Benefits

Family Composition	Family Violence Shelter Benefit
Adult	\$134
Child 12-17	\$34
Child 0-11	\$45

Emergency Applicant Declaration

Applicant Information	
Applicant Name:	Provincial Health No.:
Address:	Social Insurance No.:

Emergency Applicant Declaration	<input type="checkbox"/> Reviewed with Applicant
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The Applicant agrees to report accurate and complete information and any changes when applying for or while receiving Social Assistance benefits relating to family members or others residing in the home and their circumstances (e.g. place of residence, date of birth, Personal Health Number, etc.)

When applying for Social Assistance benefits, the Applicant understands that not reporting changes is against the law, could cause any benefits to be stopped or decreased, and that they may be responsible to pay back to Government, money to which they were not entitled.

The Applicant accepts this agreement as notice in writing of and agrees to the Department of Social Development and Housing ("Department") collecting from any provincial or federal government department or agency, including Canada Revenue Agency, information that is required in connection with the benefits being applied for or the benefits being received, should it be necessary to do so. It is agreed that information about the Applicant from said provincial or federal government departments or agencies may be disclosed to those who administer the *Social Assistance Act* ("Act"). Should information be collected from or disclosed to other sources, written permission will be obtained from the Applicant.

This agreement shall expire one 1 Month from the date it was signed. It is understood and agreed that if it is necessary to collect, use, disclose or retain information after this agreement has expired, the terms of this agreement would allow such action provided the information relates only to the time frame covered by the agreement.

The Applicant understands and agrees that by providing false or incomplete information, by not advising of changes to their situation, or if they fail to accept reasonable employment or training opportunities that it may result in any or all of the following:

- Termination or suspension of benefits;
- Repayment of benefits received; or
- Laying of a charge under the Criminal Code of Canada.

Information collected by the Department from you and from other persons is subject to the *Freedom of Information and Protection of Privacy Act* as well as the *Archives and Records Act* and shall be treated confidentially and will only be used to determine if you are eligible for social assistance or for such other benefits as administered by the Department and to which you may be entitled from time to time.

Dependent Information		
Dependent Name	Date of Birth (DD/MM/YYYY)	Personal Health Number

I declare that I have read or have had explained to me, understood, and have received a true copy of this agreement.

Signatures		
_____ Witness	_____ Date	_____ Applicant
I have read and explained this agreement and its implications to the Applicant(s)/agents(s).		
_____ Worker	_____ Date	

Privacy Statement
Personal information on this form is collected under Section 31 (c) of the <i>Freedom of Information and Protection of Privacy Act</i> and will be used for administering the Social Assistance Act and the Rehabilitation of Disabled Persons Act. If you have any questions about this collection of personal information, you may contact the Manager of Administration, Social Programs, Department of Social Development & Housing, (902) 368-5230.