



<i>Act/Regulations</i> <i>Social Assistance Act Reg. 4(2-3)</i> <i>Supports for Persons with</i> <i>Disabilities Act Gen. Reg. 1(2), 59</i>	Program	Social Programs	
	Subject	Payments to Agents	<i>Policy #</i> 1.8
Effective Date: SA April 1, 1986		Authorized by:	
Revised Date: October 1, 2022		Deputy Minister Jamie MacDonald	

1.0 PURPOSE

1.1 To authorize payment of social benefits to an agent on behalf of an applicant who has been deemed incapable of making an application for Social Programs and/or managing personal finances.

2.0 DEFINITIONS

- 2.1 **Applicant:** a person who applies for or on whose behalf an application is made for a social benefit(s).
- 2.2 **Agent:** an adult person who applies for, or has applied for, assistance on behalf of an applicant.
- 2.3 **Emergency Assistance:** financial assistance granted to an applicant on a one-time basis for a period of time not exceeding one month
- 2.4 **Recipient:** a person who is provided a social benefit(s) and includes a person whose social benefits have been suspended but not cancelled.
- 2.5 **Social Programs:** programs and benefits administered by the Social Programs division, including AccessAbility Supports, Social Assistance, Child Care Subsidy, and the Seniors Independence Initiative.
- 2.6 **Social Benefit(s):** financial benefit(s) received through AccessAbility Supports, Social Assistance, Child Care Subsidy, and the Seniors Independence Program.
- 2.7 **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 An applicant has the right to request an agent act on their behalf when applying for or receiving social benefits.
- 3.3 An agent is not entitled to any fee, compensation, reward or reimbursement of any costs or expenses incurred in connection with the administration of social benefits on behalf of an applicant.
- 3.4 The Department may accept an application for social benefits from an agent of an applicant where the Department is satisfied that an applicant is incapable of making the application personally by reason of infirmity, illness, or other cause.
- 3.5 Payments will be made to applicants unless there is a completed *Social Programs Agreement of Agent* form (attached) to support the need for payments to be made to an agent.
- 3.6 Where an application is made by an agent for emergency assistance, the Department may grant emergency assistance without a completed *Social Programs Agreement of Agent* form (attached).

4.0 PROCEDURE STATEMENTS

- 4.1 Where the Department has accepted an application from an agent, the Supports Coordinator is responsible to advise the agent of their responsibilities to the Department and to the applicant, and to complete a *Social Programs Agreement of Agent* form (attached) annually.

Agent Responsibilities

- 4.2 The agent will enter into an agreement with the Department to act on behalf of the applicant and to administer and expend social benefits in the best interest of the applicant.
- 4.3 The agent is responsible to disburse social benefits on behalf of the applicant and submit an account of social benefits received and disbursed as required by the Department.
- 4.4 The agent is responsible to fulfill the same obligations expected of an applicant, including but not limited to providing documentation, information, and other evidence to ensure the Department can accurately assess eligibility for social benefits, participating in an intake appointment and/or annual review, ensuring all information provided is accurate and complete, participating in a collaborative support plan or a case plan, and reporting any changes when applying for or while receiving social benefits related to an applicant's eligibility.
- 4.5 The agent is responsible to refund any monies issued for expenses the applicant is not entitled to receive. Where an overpayment occurs, the Department may enter into an agreement for repayment with the agent as per Social Programs policy 1.3 Recovery of Overpayments.

5.0 REFERENCES

5.1 Social Programs Policy 1.3 Overpayments

6.0 ATTACHMENT

6.1 Agreement of Agent

HISTORY:

October 1, 2022: Editorial, content, and format changes. Formally SA policy 3.10, new Social Programs policy 1.8. Policy now applies to all Social Programs. Updated Agreement of Agent form has been attached.

Social Programs Agreement of Agent

Applicant Information	
Applicant Name:	Provincial Health No.:
Co-Applicant Name:	Provincial Health No.:
Address:	

I, the undersigned, agree to receive benefits under the *Social Assistance Act* or the *Supports for Persons with Disabilities Act* payable to the person named above and undertake, following the relevant provisions and Regulations, without charge:

1. To act on behalf of the said Applicant and , in accordance with the directions that may be furnished to me by the Director of *Social Assistance Act* or the *Supports for Persons with Disabilities Act*, to administer and expend the benefits in the best interest of the applicant;
2. To complete an accounting report for all benefits received and the payments made from them, upon request from department of Social Development and Housing;
3. To notify Social Development and Housing if the applicant changes address, becomes absent from Prince Edward Island, dies, ceases to be incapable of managing his/her own affairs or if the trusteeship ends.
4. To return uncashed, if the applicant should die, all his/her payments received from Social Programs which remain uncashed at the time of his/her death, and to reimburse the Province of Prince Edward Island for any loss sustained through the cashing of such payments.
5. In the event of an overpayment, will work with the Social Programs staff on behalf of the Applicant to determine a repayment schedule.

IN WITNESS WHEREOF, I execute this document this ____ day of _____, 20 ____, A.D.

Signed in the Presence of:

X

Signature of Witness

X

Signature of Agent

Name of Witness – please print

Name of Agent – please print

Address of Agent – No., St., Apt., P.O Box, R. R

City, Town or Village

Province

Postal Code

Telephone Number

Relationship to the Applicant