



<i>Acts/Regulations</i> <i>Social Assistance Act Reg. 6(6)</i>	Program	Social Assistance, AccessAbility Supports	
	Subject	Exemptions from Employment	Policy # SA 3.2 AAS 4.2
Effective Date: July 1, 2022		Authorized by: Deputy Minister Jamie MacDonald	

1.0 PURPOSE

1.1 To state the conditions under which an applicant of Social Assistance (SA) or Assured Income (AI) may be exempt from employment and/or training requirements.

2.0 DEFINITIONS

2.1 **Applicant:** a person who applies for or on whose behalf an application is made for SA or 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 **Co-applicant:** the spouse of an applicant, and includes a person who, although not married to the applicant, lives with the applicant as if they were married.

2.4 **Employability Assessment:** a systemic process used to determine whether an applicant is employable at the time of the assessment and includes an assessment of the measures and/or activities that may reasonably be undertaken by an applicant to enable an applicant to become employable.

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

2.6 **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 the terms recipient and co-applicant.

- 3.2 Exemptions from employment and/or training requirements will be determined by the Department on a case-by-case basis.
- 3.3 An applicant may be considered exempt from employment and/or training requirements where the applicant:
- is 65 years of age or older;
 - is the sole custodial parent to an infant child under one year of age;
 - resides in a special care facility, institution, or hospital;
 - is participating in a treatment or rehabilitation program for drug and/or alcohol use;
 - has separated from an abusive spouse and/or relative within the previous six months;
 - has a medical, and/or mental health condition that interferes with employment;
- 3.3 Sufficient documentation, evidence, or information regarding any circumstances that interfere with an applicant's ability to meet employment-related requirements must be provided to qualify for an exemption from employment-related requirements.
- 3.4 Applicants are assumed to have employment-related requirements until the Department is satisfied their circumstances are verified.
- 3.5 Exemptions from employment are intended to be temporary and must be reviewed regularly to ensure the circumstance for which the exemption was granted still exists and continues to interfere with employment. Where an applicant no longer meets the criteria for an exemption from employment related requirements, the applicant is required to participate in an employability assessment.

4.0 PROCEDURE STATEMENTS

- 4.1 The Supports Coordinator will use information from a variety of sources when determining if an applicant is eligible for an exemption from employment. Sources may include, but are not limited to:
- formal medical documentation;
 - a social programs health report;
 - knowledge of an applicant's circumstances;
 - conversations with the applicant; and/or
 - observed applicant behavior.
- 4.2 Where an applicant is requesting an exemption from employment due to a medical, and/or mental health condition, the applicant will be provided with a *Social Programs Health Report* (attached) to have completed by a medical practitioner and returned to the Department within the next 30 days describing the nature, extent and expected duration of that medical reason. Where the applicant is charged a fee to obtain a Health Report, the cost of the report may be covered by the Department.

- 4.3 Where the medical information provided is insufficient to assess an applicant's present or future employability, it may be necessary for the Department to seek a second opinion.
- 4.4 Where the applicant does not have access to a medical practitioner to complete the *Social Programs Health Report*, supporting documentation from other professionals who are involved with the applicant and familiar and with the applicant's condition may be considered in lieu.
- 4.5 The Supports Coordinator is responsible to document in the applicant's electronic file any decision related to an exemption from employment. Documentation must include:
- the circumstances that warrant an exemption from employment-related requirements;
 - the expected duration of the applicant's circumstances;
 - the impact of circumstances on the applicant's employability; and
 - a review date to re-assess an applicant's exemption from employment-related requirements.

5.0 REFERENCES

- 5.1 SA Policy 3.1/AAS Policy 4.1 Employable Persons
- 5.2 SA Policy 6.8 Personal Comfort Allowance

6.0 ATTACHMENT

- 6.1 Social Programs Health Report

Social Programs Health Report

SECTION 1: APPLICANT INFORMATION	
Applicant Name: <Insert First Name><Insert Applicant Last Name>	Provincial Health No.: <Insert PHN>
Address: <Insert Residence Address>	Date of Birth: <Insert Applicant DOB>
Email Address:	Telephone Number:
SECTION 2: AUTHORITY TO RELEASE INFORMATION (to be completed by the Applicant)	
<i>As requested in this form, I consent to the health care practitioner, indicated below, to disclose personal health information about me, to the Department, pursuant to the Health Information Act, and for the purposes of assisting the Department to assess program eligibility, employability and support planning.</i>	
Date: _____	Signature: _____
SECTION 3: MEDICAL ASSESSMENT (to be completed by a Health Care Practitioner)	
<i>All questions must be answered completely to determine how the medical condition(s) may affect employability.</i>	
Medical Condition(s)	Date of Onset (YYYY MM DD)
Primary Medical Condition(s): _____	_____
Secondary Medical Condition(s): _____	_____
Tertiary Medical Condition(s): _____	_____
How would you describe the overall medical condition? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Expected duration of medical condition(s):	
<input type="checkbox"/> 1-6 mths <input type="checkbox"/> 6-12mths <input type="checkbox"/> 12-18 mths <input type="checkbox"/> 18-24 mths <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> 5+ yrs	
Is this person capable of working given the medical status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments: _____ _____	
If 'No', please complete SECTION 4: EMPLOYABILITY	
SECTION 4: EMPLOYABILITY (to be completed by a Health Care Practitioner)	
<i>All questions must be answered completely to determine how the medical condition(s) may affect employability.</i>	
How long do you anticipate the applicant to be exempt from the workforce? _____	
Do you expect the applicant to return to the workforce following treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, do you anticipate any restriction on the type of work they may do? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please describe: _____	
If the applicant is employable, work may be: (Please check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Do you consider this person to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>A person with a disability means a person who has a substantial physical, intellectual, sensory, neurological or mental impairment that is continuous or recurrent, is expected to last for at least one year and has a direct and cumulative effect which results in a substantial restriction in the person's ability to function in his or her home, the community or a workplace.</i>	
If 'Yes', please complete SECTION 5: Disability Assessment	
SECTION 5: DISABILITY ASSESSMENT (to be completed by a Health Care Practitioner)	
<i>All questions must be answered completely and may be used in combination with an assessment to confirm eligibility.</i>	
Primary Disability: <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical <input type="checkbox"/> Mental <input type="checkbox"/> Neurological <input type="checkbox"/> Physical <input type="checkbox"/> Sensory (Check all that apply)	
Disability Diagnosis: _____	
Date of last clinical assessment: _____	

APPENDIX A – Definitions

Activities of daily living (ADLs)

A series of self-care activities necessary for independent living at home or in the community. ADLs are performed daily and must be accomplished every day for an individual to thrive.

- Bathing** - A person’s overall ability to wash one’s body parts in the bath or shower.
- Dressing** - A person’s ability to make appropriate clothing decisions and physically dress and undress ones upper and lower body. This includes making appropriate clothing decisions for different occasions and weather (i.e. clean, weather appropriate clothing).
- Grooming** - A person’s ability to manage their own personal appearance and hygiene including grooming nails, teeth, facial hair, combing hair, washing face and hands and overall cleanliness.
- Toileting** - A person’s mental and physical ability to use the restroom. This includes how one cleans self after toilet use or incontinence episode(s), changes pad, manages ostomy or catheter and adjusts clothes.
- Walking** - A person’s ability to walk independently.
- Eating** - Whether one can feed themselves or requires assistance (though not the capability to prepare the food). This includes intake of nourishment by other means (e.g. tube feeding).
- Transferring** - A person’s ability to change from one position to the other. This includes the extent to which the person can stand from a sitting position as well as transferring as it pertains to bed, shower, bath, toilet use and their ability to ambulate from one location to another (locomotion).

Instrumental activities of daily living (IADLs)

Activities that are related to independent living and require more complex thinking and organizational skills. IADLs also reflect on a person’s ability to live independently and thrive but are not necessarily required daily.

NOTE: Restrictions are caused by the impairment and a lack of financial resources should not be considered when determining the impact.

- Shopping** – A person’s ability to go around or procure their grocery, pharmacy and household needs without help. This includes the ability to make appropriate food and clothing purchase decisions.
- Meal prep/cooking** – A person’s ability to plan and prepare meals. This includes meal prepping, cooking, clean up, storage, and the ability to safely use kitchen equipment and utensils.
- Managing medications** – A person’s ability to take medication on time and in the right dosages. This also includes opening bottles, taking any injections and applying ointments.
- Completing housework/laundry** – A person’s ability to clean ones living space, belongings or dishes as well as remove trash and clutter. This also includes using household appliances such as a washer, dryer or vacuum cleaner.
- Managing finances** – A person’s ability to manage and pay bills and monitor account balances. This also includes paying bills on time, operating within a budget, the ability to make payments/transactions (either in person or electronically), and avoiding scams.
- Driving/Public Transportation** – A person’s ability to drive oneself or to arrange rides. This also includes the ability to use and navigate public transportation.
- Use of Phone** – A person’s ability to use and manage household phone(s) to communicate, schedule appointments and remain in contact with others, including the ability to look up phone numbers. This includes using a regular phone or mobile phone.

A person’s level of independence is based on whether someone can perform these activities on their own or they need help from a family caregiver. When reflecting on the ADLs and IADLs of your patient consider the degree to which their impairment(s) cause restrictions (CLASS 1 – 0-24%, CLASS 2 – 25-49%, CLASS 3 – 50-74%, CLASS 4 – 75+%).

PLEASE RETURN COMPLETED FORM TO:				
EMAIL: Please scan completed & signed copy with Subject Heading of “Health Report” to socialprograms@gov.pe.ca .				
MAIL OR FAX: Please forward the completed & signed copy to the office identified below:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O’Leary	Summerside	Charlottetown	Montague	Souris
P.O. Box 8	120 Heather Moyse Dr.	P.O. Box 2000	P.O. Box 1500	P.O. Box 550
O’Leary, PE	Summerside, PE	Charlottetown, PE	Montague, PE	Souris, PE
COB 1V0	C1N 5P5	C1A 7N8	COA 1R0	COA 2B0
Fax: 902-859-8780	Fax: 902-888-8398	Fax: 902-368-6443	Fax: 902-838-0727	Fax: 902-687-7100