

<i>Act/Regulations</i> <i>Social Assistance Act Reg.</i> <i>17(1)(c), 17(5)</i>	Program	Social Assistance	
	Subject	Living with Parents & Relatives	Policy # 5.1.4
Effective Date: October 1, 2021		Authorized by: Deputy Minister David Keedwell	

1.0 PURPOSE

- 1.1 To determine financial support for shelter costs for applicants of Social Assistance (SA) who live with a parent or relative.

2.0 DEFINITIONS

- 2.1 **Applicant:** a person who has applied for, on whose behalf an application is made, or is in receipt of funding through SA.
- 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 **Parents:** an applicant or co-applicant's natural born or adoptive parent(s), step-parent(s), or common-law parent(s).
- 2.5 **Relative(s):** an applicant or co-applicant's grandparent(s), brother, sister or child over the age of majority.
- 2.6 **Supports Coordinator:** a staff member who provides direction and case management support in delivering a range of social benefits and services to applicants eligible for SA.
- 2.7 **Support Needs Assessment (SNA):** a systematic process for determining an applicant's eligibility and identifying potential support needs of applicants of SA.

3.0 POLICY STATEMENTS

- 3.1 Parents are not expected to profit financially when providing accommodations to applicants of SA.

- 3.2 An applicant living with a parent is not eligible to receive financial benefits for shelter costs unless it is determined that undue hardship would result, subject to supervisor approval.
- 3.3 An applicant living with a relative is eligible to receive financial benefits for shelter costs up to a maximum of \$377 per family unit per month.
- 3.4 Dependents of applicants will not receive assistance for shelter.
- 3.5 Where an applicant's relative(s) shelter costs are fully covered by financial assistance from SA or Assured Income (AI), the applicant is not eligible to receive financial benefits for shelter costs.

4.0 PROCEDURE STATEMENTS

- 4.1 The Supports Coordinator will verify an applicant's living arrangement, address, and shelter costs upon application and at minimum once every 12 months as a part of the annual review, or when a change in circumstances occurs.
- 4.2 Where an applicant is eligible for financial benefits for shelter costs, the applicant is responsible to submit a rental or lease agreement, or a completed Confirmation of Residency form (attached) to the Department upon application, and at minimum once every 12 months as part of the annual review, or when a change in address occurs.
- 4.3 Where an applicant's parent or relative resides in rental accommodations, the COR may be signed by the parent or relative.
- 4.4 The Supports Coordinator is responsible to record the applicant's housing type accurately on the applicant's SNA.
- 4.5 The Supports Coordinator will record the actual shelter costs incurred by the applicant on the applicant's electronic file to be adjusted to keep benefits within the allowable shelter rates.

5.0 ATTACHMENT

- 5.1 Confirmation of Residency

HISTORY:

October 1, 2021: Editorial, content, and format changes. Replaces SA policy 5.3 Shelter – Room and Board, sections 5 & 6. Living with Relatives shelter rate has increased from \$135 to \$377.

Confirmation of Residency

CONFIRMATION OF RESIDENCY – LIVING WITH PARENTS OR RELATIVES

To be completed by the applicant

Telephone No.: _____

Client Name: _____

Client Mailing Address: _____

Residential Address:
(If different from Mailing Address) _____

If you are sharing accommodations, please list your roommate(s):

Client Signature _____

Date _____

To be completed by the Parent or Relative

Parent/Relatives Name: _____ Telephone No.: _____

Parent/Relatives Address: _____

Shelter Cost Information

1) Type Living with Parent(s) Living with Relative(s)

2) Monthly Cost: _____

I DECLARE THAT THE INFORMATION PROVIDED IS TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE

Parent/Relative Signature _____

Date _____