

<i>Act/Regulations</i> <i>Supports for Persons with</i> <i>Disabilities Gen. Reg. 40(1)(c)</i>	Program	AccessAbility Supports	
	Subject	Living with Parents or Relatives	Policy # 6.5
Effective Date: October 1, 2021		Authorized by:	
Revised Date: July 1, 2023		Deputy Minister Teresa Hennebery	

1.0 PURPOSE

1.1 To provide financial support for shelter costs to applicants of Assured Income (AI) who live with a parent or relative.

2.0 DEFINITIONS

2.1 **Applicant:** a person with a disability by whom or on whose behalf an application is made for supports or Assured Income (AI).

2.2 **Assured Income (AI):** 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 **Parent(s):** an applicant or co-applicant's natural born or adoptive parent(s), step-parent(s), or common-law parent(s).

2.5 **Recipient:** a person with a disability to or for whom supports are provided and includes a person whose supports, or AI has been suspended but not cancelled.

2.6 **Relative(s):** an applicant or co-applicant's grandparent(s), brother, sister or child over the age of majority.

2.7 **Social Assistance (SA):** a social program that provides financial supports to eligible applicants to use towards securing basic needs.

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.

2.9 **Support Needs Assessment (SNA):** a systematic process for determining an applicant's potential disability support needs and AI.

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 living with a parent or relative is eligible to receive financial benefits for shelter costs up to a maximum of \$377 per month.

3.3 Dependent children are considered to be living with their parents even though the family unit may be living in the home of an applicant's parent or relative.

3.4 Dependents of applicants will not receive assistance for shelter.

3.5 Where an applicant's parent's or relative's shelter costs are fully covered by financial assistance from Social Assistance (SA) or 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:

July 1, 2023: Policy number has been updated from AAS policy 3.4.4 to AAS policy 6.5.

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