Seniors Independence Initiative APPLICATION





PrinceEdwardIsland.ca

Privacy Statement Personal information on this form is collected under the *Provincial Health Number Act* R.S.P.E.I. 1988, Cap.P-27.01 and section 31 of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, as it relates directly to and is necessary for the provision of the Seniors Independence Program. If you have any questions about this collection of personal information, you may contact the Department of Social Development and Seniors at 1-877-569-0546.

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Applicant Information (please print clearly)								
Last Name	First Name	Date of Birth	Provincial Health Number So		Social Insurance	ce Number		
Co-Applicant Information (if applicable)								
Last Name	First Name	Date of Birth	Provincial Health Number Social Insurance Number			ce Number		
				!				
Address Information								
Mailing Address (No., Street, Apartn	Mailing Address (No., Street, Apartment No., PO Box, RR No.)					Postal Code:		
Property/Civic Address/City	Email Telephone			Telephone				
Services Requested:								
☐ Meal Preparation	☐ Housekeepir	☐ Housekeeping ☐ Snow Removal			Home Maintenar	nce		
☐ Lifeline Medical Alert System	☐ Lifeline Medical Alert System ☐ Grass Cutting				☐ Transportation			
Are you presently receiving fund:	Are you presently receiving funds and/or supports for the above services from other sources?							
(e.g., Veterans Affairs Canada, Private Insurance)						∕es □ No		
Other than applicant and co-app	ne?	□ Ү	∕es □ No					
Do you (or co-applicant) have combined assets with a value of \$100,000 or more?					□ Ү	∕es □ No		
Combined net income of applicant (and co-applicant) as noted on line 236 of CRA Notice of Assessment.								
	•				\$			
Applicant/ Representative Signature:					nte:			
Co-applicant Signature:				Daf	ate:			

Please return completed applications to:

Seniors Independence Initiative C/O Social Programs

161 St. Peter's Road, PO Box 2000, Charlottetown, PE C1A 7N8

What is the Seniors Independence Initiative?

- Seniors Independence Initiative provides financial assistance for practical services, making it easier for seniors to remain in their own homes and communities.
- Help is available for services such as light house keeping, meal preparation, or snow removal and complements supports provided to seniors by Home Care or family members for daily unmet needs.

Who can apply?

Applicants must:

- Be 65 years of age or older;
- Live independently or with a spouse;
- Have a net household income of up to \$32,753 for a single person or up to \$41,970 for a couple - as defined by line 236 on CRA Notice of Assessment;
- Have combined assets not greater than \$100,000 excluding primary residence, land and vehicles.

What happens after I apply?

You will be contacted by our staff and an assessment will be done to determine your individual or household needs.

What services are funded?

Services include:

- Light house keeping
- Home maintenance
- Snow removal
- Grass cutting
- Meal preparation
- Transportation
- Lifeline Medical Alert System

For more information, please call

1-877-569-0546



Canada Revenue Agency Statement of Consent

I/we hereby consent to the release, by the Canada Revenue Agency to an official of the Department of Social Development and Seniors, of Line #12100 (interest/investment Income), Line #14500 (social assistance payments) and #23600 (my net income) from my/our income tax returns. This consent is provided on condition that this information will be used solely for the purpose of determining and verifying my/our eligibility for the Seniors Independence Initiative under the *Social Assistance Act* and Regulations, and that it will not be disclosed to any other person or organization without my/our written approval.

This authorization is valid for the current and prior taxation year.

I/we understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to Director, Social Programs, Department of Social Development and Seniors, 11 Kent Street, P.O. Box 2000, Charlottetown, PE C1A 7N8.

☐ I agree to the all	bove Canada Revenue Agency (CRA	A) Consent
Date	Applicant (Print)	Applicant (Signature)
Date	Co-Applicant (Print)	Co-Applicant (Signature)

