

# Seniors Independence Initiative Application



Department of Family and Human Services

## 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 Family and Human Services at 1-877-569-0546.

Applicant Information (please print clearly)				
Last Name	First Name	Date of Birth	Provincial Health Number	Social Insurance Number
Co-Applicant Information (if applicable)				
Last Name	First Name	Date of Birth	Provincial Health Number	Social Insurance Number
Address Information				
Mailing Address (No., Street, Apartment No., PO Box, RR No.)				Postal Code:
Property/Civic Address/City	Email	Telephone		
Services Requested:				
<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Errands	<input type="checkbox"/> Property Maintenance
<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> General Maintenance	<input type="checkbox"/> Grass Cutting	<input type="checkbox"/> Transportation	

Are you presently receiving funds and/or supports for the above services from other sources? (e.g., *Veterans Affairs Canada, Private Insurance*)  Yes  No

Other than applicant and co-applicant, is there anyone else living in the home?  Yes  No

Are you presently receiving services from Health PEI Home Care?  Yes  No

Do you (or co-applicant) have combined assets with a value of \$100,000 or more?  Yes  No

Combined net income of applicant (and co-applicant) as noted on line 236 of CRA Notice of Assessment. \$ \_\_\_\_\_

I, as applicant listed above, authorize Social Programs Staff, to share/obtain information with Health PEI Home Care concerning my Health PEI Home Care Assessment (if applicable).

This authorization will expire immediately on the closure of the service to which it relates or one year after the date completed (see below), whichever occurs first.

Applicant/ Representative Signature:	Date:
Co-applicant Signature:	Date:

## 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 housing 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 \$22,133 or less for a single person or \$31,300 or less 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
- General home/property maintenance
- Snow removal
- Grass cutting
- Meal preparation
- Meals on Wheels
- Errands
- Transportation

For more information, contact  
Family and Human Services at:

**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 Family and Human Services, of Line #121 (Interest/Investment Income) and #236 (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 P.E.I. 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 Family and Human Services, 11 Kent Street, P.O. Box 2000, Charlottetown, PE C1A 7N8.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (Print)

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant (Print)

\_\_\_\_\_  
Co-Applicant (Signature)

**Canada**