

Saskatchewan Assistance Program Policy Manual



Chapter Section	Update																				
2.3.8 Funeral Expenses	<i>Amend: Replace policy excerpt with reference to Chapter 10.8.</i>																				
6.0 Minister Order Income Exemption List	<p data-bbox="639 459 1382 569"><i>Addition: MO#34/2018: Agricultural Benefit Settlement Agreement Exemptions.</i></p> <p data-bbox="639 611 1463 678"><i>MO#36/2018: Autism Spectrum Disorder Individualized Funding (ASDIF) program exemptions.</i></p>																				
9.2.4 Benefit for Board and Room in Residential Care Facilities	<p data-bbox="639 690 1360 724"><i>Amend: Rates have been updated effective May 1, 2019</i></p> <table border="1" data-bbox="639 764 1507 1150"> <thead> <tr> <th data-bbox="646 770 1097 804">Daily Living Support Assessment</th> <th data-bbox="1097 770 1500 804">Effective May 1, 2019</th> </tr> </thead> <tbody> <tr> <td data-bbox="646 804 1097 840">Level 1.0</td> <td data-bbox="1097 804 1500 840">\$978/mo.</td> </tr> <tr> <td data-bbox="646 840 1097 875">Level 1.5</td> <td data-bbox="1097 840 1500 875">\$1,139/mo.</td> </tr> <tr> <td data-bbox="646 875 1097 911">Level 2.0</td> <td data-bbox="1097 875 1500 911">\$1,302/mo.</td> </tr> <tr> <td data-bbox="646 911 1097 947">Level 2.5</td> <td data-bbox="1097 911 1500 947">\$1,548/mo.</td> </tr> <tr> <td data-bbox="646 947 1097 982">Level 3.0</td> <td data-bbox="1097 947 1500 982">\$1,735/mo.</td> </tr> <tr> <td data-bbox="646 982 1097 1018">Level 3.5</td> <td data-bbox="1097 982 1500 1018">\$1,989/mo.</td> </tr> <tr> <td data-bbox="646 1018 1097 1054">Level 4.0</td> <td data-bbox="1097 1018 1500 1054">\$2,240/mo.</td> </tr> <tr> <td data-bbox="646 1054 1097 1089">Level 4.5</td> <td data-bbox="1097 1054 1500 1089">\$2,495/mo.</td> </tr> <tr> <td data-bbox="646 1089 1097 1125">Level 5.0</td> <td data-bbox="1097 1089 1500 1125">\$2,745/mo.</td> </tr> </tbody> </table>	Daily Living Support Assessment	Effective May 1, 2019	Level 1.0	\$978/mo.	Level 1.5	\$1,139/mo.	Level 2.0	\$1,302/mo.	Level 2.5	\$1,548/mo.	Level 3.0	\$1,735/mo.	Level 3.5	\$1,989/mo.	Level 4.0	\$2,240/mo.	Level 4.5	\$2,495/mo.	Level 5.0	\$2,745/mo.
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10.2.2 Special Food Items	<i>Amend: Tube feeding does not require annual review</i>																				
10.8.1 Funeral Arrangements	<i>Clarify: Form 1244 is not completed for current clients.</i>																				
10.8.2 Application (for those not in receipt of benefits)	<p data-bbox="639 1316 1341 1350"><i>Clarify: Form 1244 is not completed for current clients.</i></p> <p data-bbox="639 1392 1487 1459"><i>Clarify: Form 1244 is only to be completed by a funeral director as a last resort.</i></p>																				
10.8.3 Eligibility for Funeral Benefits	<i>Addition: Beginning January 1, 2019, all CPP contributors who are eligible to receive the death benefit will receive a flat rated benefit of \$2,500.</i>																				
10.8.4 Rate Schedule for Funeral Expenses	<p data-bbox="639 1589 1455 1656"><i>Clarify: Transportation Costs: The initial 20km is included in the benefit calculation if the distance travelled exceeds 20km.</i></p> <p data-bbox="639 1703 1446 1736"><i>Clarify: All invoices/receipts must be submitted to the Ministry.</i></p> <p data-bbox="639 1782 1479 1850"><i>Clarify: All actual cemetery plot related costs may be provided by the Ministry.</i></p>																				
10.8.5 Transportation of the Deceased Person	<p data-bbox="639 1862 1360 1896"><i>Delete: The family is a resource for transportation costs.</i></p> <p data-bbox="639 1938 1500 1971"><i>Clarify: If the deceased was an active client and out of the province</i></p>																				

	<p><i>at the time of death and the body/remains are to be interred in Saskatchewan, transportation to Saskatchewan may be provided.</i></p> <p><i>Addition: If a funeral home does not have cremation facilities, transportation costs to the nearest available crematorium may be provided. If the nearest available crematorium is located in a different province, transportation costs may be granted. Two round trips to the nearest available crematorium from the funeral home may be provided if required.</i></p>
<i>10.8.6 Payment Process (funerals)</i>	<p><i>Clarification: Cemetery related costs are made to the funeral director</i></p> <p><i>Addition: Presence of a will, executor's name (if applicable), amount of funeral costs paid by the Ministry added to reflect information requested on form letter 3009.</i></p>
<i>13.7 Cancellation</i>	<i>Addition: File to be closed immediately for a client to apply for the Saskatchewan Income Support (SIS) program</i>
<i>15.12 Underpayments</i>	<i>Clarify: Time period when an underpayment can be calculated</i>

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POLICY STATEMENT

Legislative Authority	Subject:	
	1 Format of Manual	CH 1

The manual is a companion document and is used in conjunction with the regulations. Italics are used to identify amendments.

Format of Manual

1.1 Chapter Organization

Each chapter deals with a subject division of the Saskatchewan Assistance Regulations.

EXAMPLE:

Regulation Sections 3, 4 & 5

Manual Chapter 2 - Application for Benefits

Chapters in this manual follow the same sequence as the regulations.

1.2 Numbering

The composition of the manual is sub-divided into:

Chapters	Chapters are divided into sections.
Sections	Sections are identified by numbers (e.g., 2.2, 2.3, 2.3.1)

Appendices are listed alphabetically.

Note: Ministry forms are numbered and are referred to by number in this manual.

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POLICY STATEMENT**SASKATCHEWAN ASSISTANCE PROGRAM**

Legislative Authority	Subject:	
Saskatchewan Assistance Regulation Section 3	2 Application for Benefits	CH 2

Intent

Those wishing to apply for financial benefits and/or health benefits must do so in writing on a prescribed form. An application form must be provided upon request. Necessary assistance and information to complete the form are to be provided.

All those who apply using form 1001, must be seen in person within 60 days. Even if they are not capable of completing the application, they must be seen by a Ministry employee. This requirement does not include applicants whose finances are managed by the Public Guardian and Trustee.

Policy**2.1 The Applicant in a Family Unit**

Where a couple lives as a family, the couple should select which person will be the applicant. Family unit is defined in Regulation 2(1)(l).

Guidelines for Determining Family Units and Spousal Relationships

When a couple does not declare a spousal relationship after a period of 3 months cohabitation while on SAP, the following guidelines/questions are used to determine whether the couple is living as a family. The information required to answer the following questions is to be provided by the recipient. See Regulation 2(1)(s) for the definition of a spouse. The following factors suggest a couple is living as a family. Information on these factors is to be provided by the applicant:

Living Arrangements

- Do they maintain separate living accommodation? Are separate addresses listed on bank information, driver's licenses, and vehicle registrations?
- In whose name and address are utilities metered?
- Do they use the same phone number?

Living Accommodations

- If rented, who is listed on the rental agreement?
- If owned, who is the registered owner?
- Does the physical location allow for the described living arrangement?

Financial Matters (economic interdependence)

- Who pays for the monthly rent or mortgage, utilities, groceries and household supplies?
- Are there joint bank or credit accounts?

- Are there joint loans or do they guarantee for one another?
- Are any assets jointly owned?
- Who are the beneficiaries on insurance policies?
- Who claims the children as dependants (e.g., income tax return, Registered Savings Plans)?
- Do they claim the person with whom they are living as a spouse on their income tax return?

Family Matters

- Is there a common surname? What surname do the children use?
- Who are the birth parents of the children registered with Vital Statistics?
- Is the other adult with whom the recipient is living required to support the recipient or any of the children through a court order?

2.2 Employability Status

Fully Employable

- Persons who are capable of working 36 hours per week or more, including people who are employed, self-employed (e.g., hairdresser), or unemployed.
- Persons capable of working 36 hours a week, who are currently enrolled and participating in an upgrading or training program that is intended to enhance their ability to become employed.

Partially Employable or Unemployable

Persons are considered partially employable when they are only capable of working on a part-time or casual basis or are unemployable when they are unable to work due to poor education, social (e.g. behavior or language barriers) reasons, or family reasons. No Medical Report is required. The partially employable or unemployable category includes:

- Persons with a poor work history and/or behavioural, educational or family problems. The reason is documented and the supervisor's approval is required.
- Persons who attend Day Programs.
- Persons age 55 and over, unless they have employment income, are seeking full-time employment or consider themselves fully employable.
- Persons recently separated, with children, who require a period of adjustment including those in family shelters and safe homes.
- Mothers with newborn children for up to 90 days after the birth of the child. Employability is reviewed after 90 days.
- Foster parents, alternate caregivers or persons of sufficient interest where family reasons prevent the caregiver from working full-time because of the need to care for the children placed in their care.
- When medical care is being provided to a member of the family unit out of the province, verbal confirmation from a health professional is sufficient.
- Familial reasons prevent the person from working full-time because of the need to care for a family unit member. The report indicates the condition of the family member requiring care. Written confirmation from a health care professional is sufficient.

A medical report (form 1092 or 1093) is required when a person is considered partially employable or unemployable for health reasons. This requirement includes pregnant women who are unable to participate in training or employment (e.g., high risk pregnancy).

A person may be considered partially employable or unemployable for up to 60 days, pending receipt of a medical report.

2.3 Application Criteria for Special Groups of Applicants

2.3.1 Age 18 for Application

In most cases, an application is made in the month following the applicant's 18th birthday. Those receiving services through *The Child and Family Services Act* as well as those who do not receive such services and who reside on their own may apply on their 18th birthday.

Full or part-time high school students living with parents:

High school students 18 years of age, but under 19 and living with parents are only eligible as dependants in their family unit, except:

- students with a disability;
- single parents;
- those who have been financially independent of their parents (financially independent means the student had been self-supporting living away from home for a period longer than 60 days or the student has received employment income for full time work in his or her own name for a period longer than 60 days); or
- those who are not eligible for Transitional Employment Allowance (TEA) and whose parents are receiving TEA or Saskatchewan Assured Income for Disability (SAID) benefits.

2.3.2 Youth 16 or 17 years of age

Youth 16 or 17 years of age applying for benefits because of family problems are referred to Child and Family *Programs*. No benefits may be provided to 16 or 17-year-old applicants regardless of their circumstances.

2.3.3 Those who received benefits for basic needs from another province or an Indian Band for the month of application

Minimal benefits may be provided (see Chapter 8.1). Full benefits may be provided the following month. Travel funds may be provided for the recipient to return to his or her former residence.

2.3.4 Children with non-parental caregivers

Children under 18 are not eligible for SAP benefits. Children from other families may be included as dependants if the family is eligible for benefits (e.g. children under the care of a *Persons of Sufficient Interest* (PSI) are not considered as dependants under the SAP file).

Non-parental caregivers

Those children whose parents place them with a caregiver who has an active child protection file with the Ministry of Social Services are referred to Child and Family Programs for an assessment of the placement. The children are added to the file based on the results of the assessment. If there is a record of previous protection concerns, the worker contacts Child and Family Programs to determine whether an assessment of the caregiver should be completed.

Caregivers are referred to Canada Revenue Agency (CRA) for determination of eligibility for the federal child benefits.

If the arrangement for the child(ren) is long term, the caregiver is required to pursue support action under *The Family Maintenance Act*. Support action may be waived. See Chapter 6.2 for waiver reasons. Other financial resources such as Canada Pension Plan Orphan's Benefits and inheritances are considered income.

2.3.5 Assisted Adoption Program

When adopted through the Ministry's Assisted Adoption program, the child(ren) is added as a dependant to the parent(s) file. The adoption worker involved in the file is consulted prior to providing special needs to prevent duplication of benefits. Income provided through the Ministry's Assisted Adoption program and Alberta's Support for Permanency program is exempt (see Regulation Table 1 (2)(z) and MO#36/2012).

2.3.6 Non-Indians living on Indian Reserves

Maintenance needs, including the cost of transportation, accommodation and meals to receive medical care, are met by the band welfare administrator. These recipients are nominated for supplementary health coverage. If the welfare administrator refuses to grant financial benefits non-Indians may appeal to *Indigenous Services Canada (ISC)*. For health services only see Chapter 2.4.6 and Chapter 20.1.2.

2.3.7 Transients

Transients are those single individuals or family units, who are temporarily in the province and not receiving income assistance benefits from Saskatchewan. Saskatchewan residents without a fixed address, who lack the means to pay for their immediate needs, and are not already receiving income assistance, may also be considered transients. If the individual or family unit requires ongoing income assistance, a full application for assistance is required. Transients, who normally reside out of province and wish to remain in Saskatchewan permanently, may complete a full income assistance application. Transient aid can be provided for up to four days. For transient aid benefits, see Chapter 9.12.

2.3.8 Funeral Expenses

See Chapter 10.8.

2.3.9 Strikers

Eligibility is determined in the same manner as other applicants.

2.3.10 Those under sentence in a Provincial Community Training Residence

Board and room and special needs may be provided to those in a Community Training Residence. (For health benefits, see Chapter 20.1.2.)

2.3.11 Non-Canadians/Sponsored Immigrants

Sponsored Immigrants/Permanent Residents

Immigration, Refugees and Citizenship Canada (IRCC) is contacted in order to determine immigration and sponsorship status. If receiving financial benefits under any of the IRCC programs, there is no eligibility for SAP. Canadian citizenship or permanent resident status does not nullify the terms of a sponsorship undertaking.

Eligibility is considered:

- Upon expiration of a IRCC sponsored program when the non-Canadian has been on the program for one year or after the person has been placed in continuing full-time employment (e.g., four weeks of full-time employment if the prospects are on-going and of a permanent nature);
- Upon a private (family) sponsorship default.

Where a sponsored person and/or his or her family members listed on the sponsorship undertaking apply for and are granted benefits during the validity period of the undertaking, a default of the sponsorship undertaking occurs. The sponsorship undertaking continues to exist between 3 to 10 years after the sponsored person has received permanent resident status (e.g. when sponsoring a parent, the length of undertaking is 10 years after the parent receives their permanent resident status). When a sponsor is unable or unwilling to assist the applicant, benefits may be granted providing all other eligibility requirements are met.

The applicant is required to provide all information possible concerning the sponsor's circumstances and also report the circumstances to IRCC. Such cases are referred to IRCC who will verify the immigration status. Any benefits granted are considered a debt to the province by the sponsor and no subsequent applications from a sponsor who has defaulted will be approved by Canada until the province confirms that the debt has been extinguished or repaid to the satisfaction of the province. These cases are referred to Income Assistance Program and Service Design.

Non-Canadians – see Chapter 3.3.

Refugees

Resettled Refugees – Resettlement is the term used by IRCC to describe the legal process of bringing a refugee to Canada to live as a permanent resident. Resettled refugees may be categorized as “Government-assisted” or “Privately-sponsored” depending on the way in which they have been

referred for resettlement and the party responsible for the provision of resettlement assistance. These refugees receive financial benefits from IRCC (Adjustment Assistance) or the private sponsor for the first year in Canada or until they are placed in full-time employment (30 days or more). If they require benefits after 1 year, or lose their job, or the private sponsor defaults, they may apply for SAP.

Refugee Claimants – These claimants arrive in Canada and apply for refugee status. They are allowed to remain in Canada until their refugee application is heard by IRCC. This process may take 6 to 9 months. Refugee claimants may receive a work visa pending their hearing. IRCC does not provide any financial benefits. The person is eligible for benefits if he or she meets normal eligibility criteria. For health services see Chapter 20.1.2.

Rejected Refugee Claimants – People whose claims have been rejected by the Immigration and Refugee Board and whose right to judicial review or any appeal of that judicial review has been exhausted.

2.3.12 In a training program when applying for SAP

An assessment is made to determine whether the training program will lead to independence. If the program would have been approved had the person been on benefits, the applicant is considered to be in training and eligibility assessed accordingly.

If the program is one that would not have been approved, benefits are provided only if the training activity does not impede actively seeking work and accepting employment. If the applicant is not employable the participation in a training program will not, of itself, make the person ineligible for benefits. No benefits are granted for costs associated with the training.

2.4 Application Forms and Re-Application

Signed applications submitted by fax or transmitted electronically may be accepted.

2.4.1 Application for Social Assistance form (1001)

This form constitutes a declaration of circumstances, reporting requirements and applicant consent. The application is completed and signed by the applicant before benefits are provided.

To ensure consent for verification purposes, the spouse signs the Spouse Reporting Requirements and Consent form (1003) within 60 days if not present at the initial interview.

If an applicant has not received benefits for more than 30 days a new application form is completed.

People may apply or reapply for benefits at any time, regardless of the date of previous refusal or cancellation (including appeal decisions). In the case of a reapplication from a recipient who appealed, the refusal would stand if the recipient's circumstances remain unchanged.

The applicant's eligibility is reassessed if the circumstances which precipitated the decision have changed.

2.4.2 Transient Aid (1113)

Because transients require short-term services, a shortened application form is used to authorize benefits. For the definition of transient, see Chapter 2.3.7. Transient Aid forms are only valid within Saskatchewan.

2.4.3 Family Shelter Authorization (1114)

Form 1114 is used by family shelter staff for residents to apply for benefits and establish date of eligibility. 1001 is used to issue benefits. (See Chapter 13.4.5)

2.4.4 Requisition for Goods and Services (1131)

Form 1131 may be used to provide minimal benefits pending the determination of eligibility for SAP. It may also be used to establish the date of eligibility, provided the Application for Social Assistance form 1001 is completed within 14 days. (See Chapter 8 for minimal benefits).

2.4.5 Application for Funeral Expenses (1244)

Form 1244 is used to apply for benefits for funeral expense for those not already receiving SAP. See Chapter 10.8.2.

2.4.6 Supplementary Health Application – Non- Treaty Indian on Reserve (1115)

These applicants must meet the normal eligibility requirements. Form 1115 is used by staff for non-treaty Indians on reserve who receive benefits from a band and who are not eligible for Indian Health services. To complete an assessment for health services, see Chapter 20.1.2. Children eligible for Family Health Benefits may be eligible for northern medical taxi. See Chapter 10.5.4.

2.4.7 Temporary Health Coverage (THC 1117)

Form 1117 may be used where an emergency health need exists and immediate treatment is required (e.g., drugs or dental.) Form 1117 is not used to authorize use of an ambulance. See Chapter 20.1.2.

2.5 Requirement to Provide SIN and HSN

As a condition of eligibility, applicants and eligible spouses must provide the:

- Social Insurance Number (SIN); and
- Health Services Number (HSN) including the HSN of other eligible family members for the purposes of determining eligibility to receive supplementary health benefits.

Hard copy is not required

The SIN and HSN are required as soon as available, but not later than 60 days from the date of eligibility. When the SIN and HSN is on file from a previous application and the recipient is personally known by a Ministry employee no further identification is required.

2.5.1 Applicants with no SIN or HSN

If either the SIN or HSN is not available for both the applicant and spouse at application, the applicant and spouse are asked to present one of the following documents for identification:

- Driver's License (current)
- Any photo identification
- Band Registry Card
- Passport/Immigration documents
- Birth or baptismal certificate

These identification documents are photocopied and returned to the applicant. Where photocopying is not possible the worker lists the documents examined and notes the information in a chronological recording.

2.5.2 No SIN

Refugee claimants who are unable to obtain a SIN within the 60 days are exempt from the requirement to obtain a SIN, provided supporting documentation from Citizenship and Immigration Canada is obtained. The time period can be extended with supervisor's approval.

2.5.3 No HSN

Applicants who do not have a HSN (e.g. from out-of-province) may be nominated for supplementary health coverage (except Registered Indians who receive health services through Health Canada). The Ministry of Health will provide a HSN which meets the requirements for a HSN for the SAP program.

Applicants who are not eligible for supplementary health coverage are required to provide a health number within 60 days.

Supervisor's approval is required when a refugee claimant is unable to obtain a HSN within 60 days.

2.5.4. No Identification

If no identification is available at application, a physical description is noted in a chronological recording and benefits may be provided for up to 30 days. Benefits may be provided for an additional 30 days if one of the documents noted in *Chapter 2.5.1* is provided.

2.5.5 Name Change

A change in a recipient's name is reported on the Change of Circumstances (form 1243). Recipients are responsible for notifying the Ministry of Health.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement is noted in a chronological recording.	Documentation
2.1 - Determining family units - adults	Recipient verbal statement about: <ul style="list-style-type: none"> - address of other party - physical description of accommodation for recipient - name of other parent of child(ren) 	Recipient provides: <ul style="list-style-type: none"> - rental agreement, certificate of title - utility bills - bank statements - loan information - documents concerning ownership of other assets - income tax return regarding children declared as dependants
2.2 - Unemployable familial reasons	Verbal confirmation from CFS for foster child	<i>Form 1092</i> for health reasons, high risk pregnancy or member of family unit requiring care
2.2 - Unemployable medical reasons		<i>Form 1092</i> or <i>1093</i> within 60 days
2.3.1 - Age 18 students living with parents applying in own right	Financial independence - recipient verbal statement about former addresses and means of support	
2.3.3 - Received benefits from another province / band	Verbal or written verification from band or province regarding date and amount of last benefits	
2.3.4 - Adding dependants to family of non-parental caregiver		<ul style="list-style-type: none"> • Caregiver provides verification of any income received by dependants (e.g., CPP Orphan's benefits). • CFP assessment if caregiver has active protection file. • Contact with CFP worker to confirm whether an assessment of caregiver should be completed if caregiver has closed protection file. • Letter from parent, Legal Aid, or private lawyer, re: support.
2.3.5 - Assisted adoption	Contact with adoption worker to verify special needs granted by Assisted Adoption Program	
2.3.6 - Supplementary health for persons living on reserve who are not status Indians	Written or verbal confirmation from the band	<i>Form 1115</i>

Policy Reference	Verification Recipient's verbal statement is noted in a chronological recording.	Documentation
2.3.7 – Transients		<ul style="list-style-type: none"> • Form 1001 • Form 1131 • Form 1117 • Also see Chapter 9.5
2.3.8 - Application for funeral expenses		Form 1244
2.3.11 - Immigrants and refugee claimants		<ul style="list-style-type: none"> • Form 1001 • Form letter 1005 • CIC document indicating inability to obtain SIN
2.4.1 - Application and declaration of circumstances		Form 1001 completed and signed
2.4.1 - Spouse's consent if not at initial interview		Form 1003 Spouse Reporting Requirements and Consent Form within 60 days
2.4.3 - Family shelter authorization		<ul style="list-style-type: none"> • Form 1114 • Form 1001
2.5 - Identification	<ul style="list-style-type: none"> • SIN provided by applicant • HSN provided by application or by Health electronically when applicant is nominated for supplementary health benefits 	<ul style="list-style-type: none"> • No ID at all available-physical description of applicant recorded on electronic file • Either no SIN or no HSN-copy of current driver's license, photo ID, band registry card, passport or Immigration documents, birth/baptismal certificate with 30 days. • Worker notes documents examined in a chronological recording where copying is not possible. • No further ID required if on the file from previous application and individual is personally known by a Ministry employee.

Delegation of Authority		
The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager		
Approval Items	Reference	Approval Required
Not employable – poor work history or social problems	2.2	S
No SIN or HSN after 60 days	2.5	S

POLICY STATEMENT

SASKATCHEWAN ASSISTANCE PROGRAM

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 4, 5, 6, and 7	3 Eligibility for Benefits	CH 3

Intent

The recipient is responsible for making a written application for benefits, producing evidence of lack of self-support, rehabilitation or re-establishment, making necessary information available, reporting changes in circumstances and participating in periodic case planning.

The worker is responsible for determining what additional information may be necessary to establish eligibility and to keep a record of the information relevant to the application.

Benefits are granted when the applicant is incapable of self-support and meets a test of need. Emergency advance payments may be provided if essential to the health and safety of the recipient and/or dependants.

Policy

3.1 Eligibility Date

The date of application is deemed to have been made on the date of application shown on the top portion of form 1001.

The date of eligibility for benefits can be as early as the date the applicant notified the Ministry of his or her intent to apply for benefits, as long as the application is signed and received by the Ministry within 15 days. In the calculation of the 15 calendar days, the first day is excluded and the last day is included. If the 15th day falls on a holiday or weekend, the 15-day period is extended to the next business day for the Ministry. In exceptional circumstances, the supervisor may approve an extension, up to 30 days, for applicants who are unable to meet the 15-day signing requirement.

Applicants may complete the application prior to the appointment date. For minimal benefits pending eligibility, see Chapter 8.1. If the application has not been received by the Ministry within 15 days (up to 30 days in exceptional circumstances) from the contact date shown on the form, the eligibility date is the date the application is received in the office. The day of application is not included in the calculation of days.

3.2 Individuals and Family Units Who Are Eligible

An individual or family unit is eligible if at least one member of the family unit meets **all** of the following criteria:

- a) is a Saskatchewan resident;

- b) is 18 years or older;
- c) is a Canadian citizen or a non-Canadian authorized to be in Canada (see Chapter 2.3.11);
- d) has a budget shortfall (see Chapter 5.1); and
- e) produces evidence of lack of self-support (includes application for Old Age Security, Canada Pension Plan benefit, Employment Insurance, etc.).

3.3 Persons Who Are Not Eligible for Financial Benefits.

- Persons in federal penitentiaries, federal halfway houses or provincial correctional centres. See Chapter 20.1.2 for health benefits.
- Young Offenders in open or closed custody facilities.
- Persons who do not meet one of the Canadian citizenship requirements mentioned in Regulation 4(1)(a-f), unless they meet the conditions of Chapter 2.3.11 or Regulation Section 4(2).
- Persons involuntarily committed to the Saskatchewan Hospital, North Battleford. For those admitted for assessment only see Chapter 13.4. Those residing at Saskatchewan Hospital voluntarily may be eligible.
- Those who are eligible to receive the Transitional Employment Allowance.
- Students between 18 and 19 years of age, living with parents, attending high school. These students do not qualify for benefits in their own right including the period of normal school recesses except for those eligible students noted in Chapter 2.3.1.
- Registered Indians and their Registered dependants who normally reside on a Saskatchewan reserve are not eligible when the primary reason for residing off the reserve is:
 - receiving medical treatment;
 - incarceration including residence in community training residences and half-way houses until the sentence is discharged;
 - long-term institutionalization in special care homes, group homes, approved homes, personal care homes and temporary residence in safe shelters, addiction rehabilitation centres, detox centres or similar facilities; or,
 - attending full-time education with the following conditions:

High School

Students who apply for benefits to attend an off-reserve education program when resources are available on the reserve as confirmed with Band officials are not eligible. They are advised to contact their Band to explore available educational opportunities for on-reserve residents.

Post-Secondary Education

Students approved for post-secondary education programs are provided a living allowance through the Band education program for up to 8 months of the academic year. This allowance is intended to meet the needs of students and their dependants. These students are not eligible for benefits from the Band or from the Ministry.

Students remaining off-reserve during a school break not exceeding 4 months are expected to seek work. Those who require financial benefits are referred to their Band. If it is confirmed that the Band refuses to provide financial benefits, the application is assessed as it would be for any

other applicant. Those who exceed the break period of 4 months or who graduate may apply for benefits and are assessed as any other applicant. For university students who live off-reserve see Chapter 3.4.

Training programs

Students who apply for benefits to enroll in an upgrading or training program when resources are available on the reserve as confirmed with the Band/ISC are refused benefits and advised to return to the Band to make alternate arrangements. The Provincial Training Allowance (PTA) through the Ministry of Advanced Education may be a resource.

Effective April 1, 2017, individuals participating in LINC (Language Instruction for Newcomers to Canada) will no longer be eligible for the PTA. These individuals should be directed to apply for income assistance benefits. Individuals enrolled in LINC prior to April 1, 2017 will be supported on PTA until June 30, 2017, unless they discontinue the LINC program earlier.

3.4 Full Time Post-Secondary Students

Post-secondary students are not eligible for benefits unless they satisfy conditions outlined in the Regulations. Full time students (as determined by the education/vocational institute) are not eligible for benefits unless are enrolled in a program that offers the only reasonable prospect for employment and leads to a vocational goal approved by the Service Manager.

The Ministry of Advanced Education is the primary funding agent for adult education and training. SAP benefits are not intended to supplement or replace any available funding sources, to replace student loans or PTA funding for those who default on their payments. Student loans, PTA, employment Assistance for Persons with Disabilities (EAPD) and Band funding are considered the primary sources of funding for education and training.

Recipients enrolled in full or part-time Adult Basic Education (ABE), Short Skills Training (4+ weeks) and related courses are required to apply for PTA (LINC participants are not eligible for the PTA after April 1, 2017- see Chapter 3.3).

Any subsequent interruption in continuous benefits (student loans or earnings from employment) does not disqualify the student from continuing the approved post-secondary program.

If a recipient is already receiving benefits and subsequently becomes a post-secondary student, benefits are provided until the date classes commence, not the date the student loan is anticipated or received. Full rent and utilities may be provided if requested.

Post-secondary students who apply for benefits during semester breaks are subject to normal eligibility criteria. Christmas and Easter holidays are not considered break periods.

3.5 Part-time Training

Part-time enrolment is approved only when there is a disability that prevents the recipient from full-time participation in training and a part-time program is necessary to obtain employment. Recipients, for whom part-time studies are an approved plan, are not required to take student loans. If they do, the loan is considered income, unless they repay the loan immediately. Students are responsible for repaying loans and no benefit is provided for loan payments or for tuition or books. See Chapters 10.7.3 and 6.10.

3.6 Case Planning

The goal of case planning is to assist recipients to become as self-sufficient as possible. As part of the case plan, recipients, regardless of their employment status, may be referred to employment or training opportunities or other related services. Referrals depend on individual needs and capabilities as agreed upon in the documented case plan. (See Appendix A for case planning.)

When recipients are unwilling to pursue self-sufficiency, eligibility is reviewed and benefits may be cancelled.

3.6.1 Contacting Current or Prospective Employers

Information concerning work or a possible job is required only to assess eligibility. The recipient is required to provide necessary details either verbally, which in most cases is sufficient, or in writing depending on the situation. Contact with an employer should only be made with the recipient's consent and if he or she cannot provide the required information. Written verification from employers is not required and should not be pursued. Requesting this of an employer could be perceived by the recipient as a barrier and is a breach of confidentiality.

In situations where fraud is suspected, the recipient is asked to provide wage information. If this information is not provided, the employer may be contacted. See Chapter 15.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification	Documentation
	Recipient's verbal statement should be noted in a chronological recording.	
3.3 - Off reserve for education	Written or verbal contact with band regarding residency, education, funding resources, etc.	
3.6 - Case planning Also see Appendix A	Recipient provides information about job, or written or verbal consent to contact employer.	Electronic recording regarding case plan.

Delegation of Authority		
The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager		
Approval Items	Reference	Approval Required
Eligibility Date – extend application signing up to 30 days in exceptional circumstances	3.1	S
Eligibility of applicants who do not satisfy residency requirements	3.3	M
Granting to full-time Post-Secondary Student	3.4	M

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POLICY STATEMENT**SASKATCHEWAN ASSISTANCE PROGRAM**

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 2(1)(q)	4 Disability Assessment	CH 4

Intent

Recipients with a disability are those whose disability limits the ability for employment or training for more than 12 months, but the disability impact is not significant or enduring to the extent the recipient meets the SAID eligibility criteria.

Policy

The worker uses the information provided by the recipient and health practitioners to determine whether the recipient has a disability. Medical reports are a tool to help the worker complete the assessment. Information from other sources (e.g., psychologist's report) may also be considered.

The medical report (form 1092 or 1093) relating to the ability to function is obtained within 60 days. If the medical report is unclear or inconsistent with other available information, further clarification from the health practitioner may be required.

A person may be considered to have a disability for up to 60 days, pending receipt of a medical report. After 60 days, benefits are adjusted to the date the medical report or other relevant information is received. If no information is provided, an overpayment is not calculated for the first 60-day period.

No medical report (form 1092 or 1093) is required when the presence of a disability is documented in one of the following ways:

- by a health or education professional (e.g., an assessment completed by a psychologist documents the disability);
- disability is permanent and a medical report is on file from a previous application;
- recipient is receiving CPP Disability benefits;
- Daily Living Support Assessment (DLSA) has been completed – approved private service home;
- recipient resides in a special care home or a group home;
- *SaskAbilities* vocational assessment documents the disability;
- Certificate of Incompetence has been issued.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement is noted in a chronological recording.	Documentation
Ch. 4 Disability		<i>Form 1092 or 1093 within 60 days (other than for noted exceptions)</i>

POLICY STATEMENT**SASKATCHEWAN ASSISTANCE PROGRAM**

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 8, 9 and 10	5 Budget Shortfall	CH 5

Intent

Benefits are provided using the budget shortfall method of calculating eligibility.

Policy**5.1 Budget Shortfall method:**

A budget shortfall occurs when the combined assets and income of an eligible recipient and members of the family unit are less than the total of eligible SAP benefits.

5.2 Health Services Only Eligibility Including Non-registered Indians Living on Reserves

Applicants with high medical costs who are not eligible for financial benefits due to a monthly budget surplus may be nominated for supplementary health benefits if they have a yearly budget shortfall when medical costs (prescription medications, dental, optical, medical travel) are taken into account.

Assessment for health benefits is calculated for the upcoming 12-month period using form 1089. Allowable SAP rates are used for basic and special needs. Annual utilities, including telephone for those in residential care facilities, and actual medical costs (including medical travel costs) are considered. Estimates from a health professional are used to verify estimated medical costs (e.g. dental, optical). Financial benefits are not issued.

An assessment for health services only is completed for those in Community Living Service Delivery (CLSD) licensed approved private service homes or licensed group homes for individuals with income of \$410 or greater. (See Chapter 9.2.4).

A review of circumstances is completed annually and an assessment of eligibility for the upcoming year is completed to determine whether the recipient is eligible for further health coverage. See Chapter 14.

For non-registered people living on reserve, application form 1115 is used. (See Chapter 2.4.6). For the annual review, documentation from the Band confirms the recipient continues to receive benefits in the same family.

For the annual review for residents of Ranch Ehrlo, confirm that the recipient continues to reside at a Ranch Ehrlo residence.

See Chapter 20 for a summary of health benefits for SAP, Seniors Income Plan (SIP) and Family Health Benefit recipients.

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 11, 12, 13, 17, 18, 42, Table 1	6 Income and Assets	CH 6

Intent

Financial resources of the applicant include the income and the assets of all eligible family members. Prior to application, all income received in the previous 30 days is to be declared. The disposal of that income is reviewed and approved if deemed reasonable. After application, certain income and assets are exempt from the calculation of resources. All non-exempt income is deducted when assessing eligibility.

The net amount of all income and assets must be assessed. Voluntary deductions are included in the calculation of income.

Overpayment recoveries from benefits such as Canada Pension Plan Disability (CPPD), Worker’s Compensation Board (WCB), Employment Insurance (EI), or Provincial Training Allowance (PTA) are not made through seizures and are not considered an allowable deduction. Recipients are expected to contact the income source to make other recovery arrangements.

Policy

All income and assets are included when determining eligibility unless they are specifically exempted in Regulations or by Minister’s Order. During the period of eligibility exempt resources remain exempt when converted to another type of asset.

If a member of the family unit does not meet the citizenship requirements mentioned in Chapter 3.2, no benefits are provided for the individual or are included in the calculation of the family budget. The income and assets of the individual, however, may be included in the budget calculation to determine eligibility for SAP.

The onus is on the client to ensure that adults in the home contribute financially, except for sons or daughters participating in training (including school holidays) or those who receive the adult allowance including those who were receiving only the adult allowance before transitioning to Saskatchewan Assured Income for Disability (SAID) benefits on June 1, 2012 for as long as he/she remains at the same address. For calculating income from boarders and roomers, see Chapter 6.14.3.

6.1 Income

Income is:

- recurring funds such as wages, pensions, maintenance payments, annuity payments

- lump sum and/or retroactive payments such as pensions (Old Age Security, Canada Pension Plan), maintenance payments under a separation or divorce order or agreement, donations from a benevolent organization to meet basic needs, gifts.

6.2 Possibility of Maintenance

As a condition of eligibility, applicants are expected to pursue every possibility of self-support including maintenance payments. Support matters are dealt with separately from access or custody issues.

Definitions:

Assignment of Rights (form 1251) – permits the Minister to receive support payments on behalf of an individual. It also provides the authority to pursue a variation of the order or agreement and to recover subrogated arrears. The Assignment is effective on the date of the application for benefits. Example: Application completed January 2007. Assignment of Rights completed June 2008. If there was a maintenance order during any time between January 2007 and June 2008 and assistance was issued because the respondent did not pay as ordered, the assignment of rights enables the arrears to be recovered for that time period.

Maintenance Agreement – a voluntary signed agreement establishing support payments.

Maintenance Enforcement Office (MEO) is a division of the Ministry of Justice and Attorney General responsible for registering orders/agreement and collecting support payments.

Maintenance Order – is a court order which establishes support payments.

Subrogated Arrears – when an Assignment of Rights has been completed the Ministry recovers any arrears which occurred during the time the recipient received benefits. The collection of these arrears may continue after the individual no longer receives benefits.

Variation Order – is any change by the court to the order/agreement. Any variation action is referred to Income Assistance, Program and Service Design.

Waiver of Maintenance

Pursuit of maintenance agreement or order is waived when:

- the absent spouse or parent has no means to pay (e.g., is on SAP, a student or incarcerated);
- paternity cannot be established. Where more than one person may be the father, the court establishes paternity (see Chapter 10.12 for DNA testing);
- potential abuse by the absent spouse or parent poses a serious threat to the individual and/or dependants;
- the whereabouts of spouse or parent cannot be determined; or
- the spouse or parent is deceased and there is no estate.

Except for the death of the parent, the above cases are reviewed at annual review to assess the current situation and the potential to obtain support.

Pursuit of spousal maintenance is not required when the parties cohabitated as spouses for less than two years pursuant to *The Family Maintenance Act*.

No Maintenance Agreement/Order

Support action is waived, or the recipient is referred to Legal Aid. When an agreement or order is obtained, a copy is placed on the recipient's file.

Recipient Has Maintenance Order or Agreement

The recipient provides the most recent copy for the file. A certified copy is required when registering orders or agreement with the MEO. (For payment for certified copies of maintenance orders, see Chapter 10.12).

For those recipients with voluntary agreements, the recipient must provide information regarding the respondent's gross income. The gross income is compared to the amount of support payment. If the payment is not within 10% of the federal child support guidelines, the recipient renegotiates the agreement amount or is referred to Legal Aid. The Income Assistance worker compares the respondent's gross income to the federal child support guidelines on an annual basis.

When payments are in arrears, except in cases in which an order or agreement has provision for special or extraordinary expenses, the recipient completes an Assignment of Rights form which is forwarded to the MEO.

When maintenance payments are being made and there are no arrears, the Assignment of Rights form is not completed unless the recipient requests this. The recipient may still register the order or agreement with the MEO and may choose to complete the Assignment of Rights.

Cancellation of Benefits

The worker immediately notifies AEMOHELPLINE by e-mail. Do not wait until the electronic file is closed. This notification is essential to ensure ongoing support payments are sent directly to the recipient.

6.3 Income Assessment

6.3.1. Prior to Application

- for the purposes of determining initial eligibility, an applicant has an excess income if all sources of income received by the applicant and the applicant's spouse, if any, within 30 days of the application is equal to or greater than the monthly benefit, and is not eligible
- the Income Assistance worker may approve the disposal of income in the previous 30 days to application if, in the opinion of the worker, the funds were used for expenses related to shelter, food and other reasonable expenditures of personal necessity. Generally, the disposal of income

received prior to application that would be exempt after application (e.g., Canada Child Benefit, Saskatchewan Employment Supplement and the Rental Housing Supplement) are accepted as reasonable expenditures because these benefits are intended to assist with shelter, food, and child care and other reasonable family expenditures.

6.3.2 After Application

- for the purposes of determining ongoing eligibility, all sources of non-exempt income received by the applicant and the applicant's spouse, if any, is considered income in the month following the date it was received (e.g., wage received June 15 is applied to the July entitlement).
- if the income from the previous month exceeds the current month's budget shortfall, no benefits are issued.
- lump sum income received after application is applied to the following month's entitlement from the date received and the monthly benefits are reduced by the amount of the lump sum.
- if there is no further eligibility, the recipient is advised in writing as to the length of time the income is to meet their needs as well as an explanation regarding the assessment (see Chapter 6.19). If the individual reapplies for benefits prior to the specified time period, the disposal of income is reviewed.

6.3.3 Seized Income

For new applicants and those who reapply, benefits may be provide for up to 60 days, excluding the seized amount, to enable applicants to take action through the Maintenance Enforcement office or Queen's Bench to obtain relief from a seizure order. Benefits beyond 60 days are provided if action has been commenced and/or there are delays beyond the applicant's control.

6.3.4 Orderly Payment of Debt Obligations

Orderly payment of debt obligations are not considered an allowable deduction or expense.

6.4 Self-Employment Income

6.4.1 Small Business

Families with income over \$125/month must apply for the Saskatchewan Employment Supplement (SES).

Definition

Small business is defined as an operation in which products or services are sold or purchased. Included are commissioned sales agents, tradesmen, hairdressers, and persons operating a practice (e.g., reflexologists, masseuses). Also included are those who are owner/operator of businesses such as taxi or tow truck operators.

Income generated from the enterprise is expected to generate a viable income level which would make the recipient self-sufficient within a six-month time period. This period may be extended by a further six months. All cases are approved by the supervisor.

Entrepreneurs with a disability, as defined in Chapter 6.14.8 are not considered a small business.

Requirements

Those who are self-employed may receive benefits to meet basic living costs. However, they must have a business plan and establish a record of income and expenses within 30 days. Benefits cannot be issued for operating costs or to add to the value of the business.

Income

Net income from self-employment is available for basic living needs rather than being reinvested in the operation. Net income is determined by calculating the gross income and subtracting paid allowable expenses on a monthly basis. See Appendix C for allowable expenses. The Monthly Income and Expense report is used to determine the income.

Self-employed recipients claim expenses and are not eligible for an earnings exemption.

6.4.2 Farming (any holding which generates income)

Families with income over \$125/month must apply for the Saskatchewan Employment Supplement.

Persons who own and/or operate farms

Benefits cannot be issued for operating costs or to add to the value of the farm. Net income from the previous year's operation divided by 12 months is used to determine current entitlement. A reconciliation of actual income and expenses is completed at least every 12 months.

If a recipient is not eligible using the net income from the preceding year, or the income has dropped significantly, and there is not sufficient income available to meet current living expenses, eligibility is assessed using current income in accordance with Regulation Section 11(3)(a). For cash flow assessment, see Appendix C.

Farm operators who are not owners

Farm operators who rent under a crop share or other contractual arrangement with the landowner may be considered employable. Depending on the amount of farm work required they are subject to the same expectations as other employable recipients and may be required to seek other employment.

Farm operators who do not operate the farm

Owners are not considered farmers if they do not reside on or operate the farm. See Regulation 11 for assessment of income. They are expected to dispose of their property including the home quarter. This may not be possible if there is joint ownership. See Regulation 13(1). See Chapter 6.17.

For information outlining income calculation and completion of the Farm Income Report see Appendix B.

6.4.3 Seniors Income Plan

Effective September 1, 2016, Seniors Income Plan (SIP) benefits are considered income.

- Effective September 1, 2016, for new applicants who are in receipt of or begin to receive SIP benefits, the SIP benefit is considered income when determining financial eligibility.
- For existing beneficiaries who begin to receive SIP on or after September 1, 2016, the SIP benefit is considered income when determining financial eligibility.

6.4.4 Guaranteed Income Supplement Top-Up

Effective September 1, 2016, Guaranteed Income Supplement (GIS) top-up benefits are considered income.

- Effective September 1, 2016, new applicants who are in receipt of or begin to receive GIS top-up benefits, the GIS top-up benefit is considered income when determining financial eligibility.
- For existing beneficiaries who begin to receive GIS top-up on or after September 1, 2016, the benefit is considered income when determining financial eligibility.

6.5 Income from Insurance Settlements

Personal Loss/Injury Settlements - (e.g., compensation for pain, injury, permanent impairment and out-of-pocket expenses such as homemaking or living assistance resulting from the loss or injury). Lump sum payment made by insurance companies, Workers' Compensation Board and Crimes Compensation Board are exempt up to \$10,000 per claim per person. All other payment are assessed as income unless exempt under Regulations.

Lost income – There is no income exemption for insurance payments to replace lost income.

Fire, theft, or property loss settlements – Payments for loss of essential item(s) are not assessed as income if the total payment is used to replace or repair the lost item(s) within 4 months from the date the payment is received. Any money remaining from the settlement after the 4-month period is assessed as income.

Life insurance settlements – All payments are considered income. No exemption is available.

6.6 Interest Income

Interest income in excess of \$100/year received from bank accounts, bonds, savings certificates or any interest bearing financial asset is considered a financial resource.

6.7 Income Tax Refunds

Income tax refunds are exempt. The Goods and Services Tax rebate (GST) and refunds received through the Saskatchewan Low Income Tax Credit program are exempt.

6.8 Assessment of Direct Shelter Payments

When a respondent makes shelter payments directly to a financial institution through a separation agreement, court order, divorce decree, or private agreement no income is assessed.

If the direct payment is greater than the shelter allowance permitted for the case, no shelter need is included in the benefit calculation and no income is assessed.

If the direct payment is less than the approved shelter rate the difference may be provided. When a respondent makes direct payments to a landlord, the recipient is referred to Legal Aid to obtain an order. The above rules for assessing the income apply.

6.9 Enforcement of Maintenance Orders

When maintenance orders are registered with the Maintenance Enforcement Office and the Assignment of Rights has been completed, maintenance funds are forwarded to the General Revenue fund. Benefits are provided as if the income was not received. See *Chapter 6.2*.

6.10 Income from Student Loans, Government Bursaries and PTA

Full time students who receive income from student loans or bursaries are advised the funds must be used to meet expenses including tuition, books, living requirement and child care. See *Chapter 6.3* for income assessment. The income is expected to meet the recipient's needs for the number of weeks/months for which the loan was intended.

Full or part-time students who receive PTA are expected to use this income to meet basic living requirements and child care needs. For those with approved case plans, benefits may be provided to supplement the PTA. Benefits are not provided when PTA is denied due to an outstanding overpayment.

For post-secondary students, benefits are provided to the date classes commence.

Benefits may continue until the second loan payment is received for students enrolled in private vocational schools when all of the following conditions are met:

- the person is already in receipt of benefits; and
- a case plan is approved prior to commencement of the training; and

- tuition accounts for the full amount of the first student loan payment; and
- the recipient is unsuccessful in obtaining a portion of the loan from the school for living expenses; and
- the recipient has no other resources to meet his/her living expenses until the next loan payment is received.

6.11 Rental Reduction in Exchange for Carrying Out Caretaking Duties

The shelter need is the actual amount of rent charged. No income is reported or assessed since no payments are received. See Chapter 9.9.

6.12 Retroactive Payments

Payments from such sources as OAS/GIS, War Veterans Allowances, Workers' Compensation, Canada Pension, or Employment Insurance are considered income for the following month. No overpayment is assessed for the period the retroactive benefit represents. The recipient is advised in writing of the time period the retroactive payment is expected to meet living requirements. See *Chapter 6.19*.

6.13 Recipients Who Live in Approved Private Service Homes and Group Homes Licensed by Community Living Service Delivery (CLSD)

Any non-exempt income up to \$410 is paid by the recipient to the approved private service home or group home. The recipient/trustee is advised in writing regarding the assessment and the amount the recipient must pay to the home. If the recipient is no longer eligible, the health coverage continues as a Health Services case (see Chapter 5.2).

6.14 Income Exemption

The following income and asset exemptions are not exhaustive. For a complete list of exemptions refer to Regulation 11(4) to 11(14), Appendix Table 1.

6.14.1 Wages

Income from wages is reduced by the amount of the exemption prior to calculating the budget deficit or surplus.

Fully employable recipients including dependents applying in their own right are not eligible for an earnings exemption for the first three months. If they were receiving benefits within the previous three months but were not eligible for an earnings exemption, each month or portion thereof is considered one full month on SAP for purposes of determining the earnings exemption.

If they are eligible for the earnings exemption, left SAP and reapplied, they are eligible for the earnings exemption three months from the date of the new application.

Partially employable or unemployable recipients are eligible for an earnings exemption from the date of eligibility. Unless employed on a full time basis, those recipients who reside in family shelter

and safe houses are not considered employable and are eligible for the wage exemption from the date of admission.

Calculating the Earned Income Exemption

The wage exemption is based on family size and the amount of income.

Recipients with a disability

Families	\$200
Single	\$200 + 25% of the next \$500 = Maximum \$325
Childless couple	\$250 + 25% of the next \$700 = Maximum \$425

Recipients without a disability

Families	\$125
Single	\$50 + 25% of the remaining amount = Maximum \$200
Childless couple	\$75 + 25% of the remaining amount = Maximum \$275

6.14.2 Dependent School Children

The wages of dependent school children are exempt whether they are earned during the school year or summer holidays. For children who have income from farm stock, the earnings are exempt where it is established that the child owns the stock and the income was generated from farm stock owned by the child.

6.14.3 Board and Room Income

For recipients who receive revenue for providing room and board, 25% of the gross amount charged but not less than \$25 is assessed as income. See Regulation 11(6).

Recipients are not charged with board and room income from their sons/daughters who are participating in education programs.

Where room and board income is received from a recipient, it is assessed based on the landlord's declaration of the amount and rate paid for room and board, not the amount of benefits issued.

6.14.4 Suite Rental Income

For recipients who received revenue for providing suite rental in their home, 40% of the gross amount charged but not less than \$40 is assessed as income. See Regulation 11(8).

6.14.5 Work Assessment

Income received for a work assessment through the Workforce Development for Persons with Disabilities (formerly known as Employment Assistance for Persons with Disabilities) is considered wages, not a training allowance. Recipients are eligible for the wage exemption.

6.14.6 Trusteeship Fees, Advocate Fees and Honoraria

Income received from the Ministry for trusteeship fee, advocate fee or honoraria is exempt. The wage exemption is applied to honoraria and related expenses paid by other sources. Honoraria payments are not intended as salaries or as full compensation for lost income, they are meant as token payment to indicate appreciation of public service.

6.14.7 Recipients who Provide Level-of-care Services

The first \$330 of the monthly payment from each person other than a member of the family unit is assessed as board and room income (25% of \$330 = \$82.50). Amounts in excess of \$330 are related to level-of-care services and are not considered income.

6.14.8 Entrepreneurs with a Disability

Recipients who receive income from enterprises operated out of their home receive an earnings exemption on the net income (amount of income remaining after deducting expenses) when all of the following conditions are met:

- low income;
- operated by the recipient with a disability; and
- minimal financial investment in the enterprise.

6.14.9 Day Programs

Any benefit received from a non-profit organization/agency for participation in educational, therapeutic, or rehabilitative programs is exempt providing:

- the individual is paid directly by the non-profit organization/agency and;
- the rate of pay is less than minimum wage.

If these two criteria are not met, the earned income exemption for a recipient with a disability is applied.

6.14.10 Payment Made by the Ministry on Behalf of a Child in Care

Payments made by the Ministry on behalf of a child in care of the Minister to primary caregivers (e.g., foster parents, PSI, alternate caregivers), are exempt. Payments made to individuals who are not the child's primary caregiver, for other services (e.g., babysitting), are not exempt.

6.15 Assets

The equity value of real and personal assets is the amount of the asset owned after deducting the amount owing from the total value.

6.15.1 Liquid Assets – include, but are not limited to, cash on hand, funds on deposit in a financial institution including Registered Retirement Saving Plans (RRSP), the cash surrender value of an

insurance policy, and the realizable value of a stock, bond or other security, investment certificate, a bequest pursuant to a will, an award of damages from a court order and settlement of a claim.

Liquid Asset Exemptions at Time of Application

The maximum liquid asset exemption is established in Regulation 9(6). The exemption is the amount of the applicant's liquid assets up to the maximum at the time of application.

- an applicant with no eligible family members - \$1500
- an applicant with one eligible family member - \$3000
- an individual with more than one eligible family member - \$500 for each additional family member

A liquid asset exemption is allowed at the time of application. When a recipient is allowed the maximum exemption at the time of application uses these assets and later acquires other non-exempt assets, no further exemption is allowed.

A period of up to ninety days to convert non-exempt liquid assets into cash may be permitted with the supervisor's approval. A liquid asset may be waived as a resource for genuine reasons with the Service Manager's approval.

Bank or Credit Union Account

Documentation of a bank account where the declared balance is less than \$50 is not required. For temporary benefits pending bank verification, see Chapter 8 – Temporary Benefits. A period of up to 90 days to convert non-exempt liquid assets into cash may be permitted with supervisor's approval.

An applicant does not have a budget shortfall if the individual possesses liquid assets which exceed the allowable asset exemption.

6.15.2 Real Assets – property (e.g., primary residence, home quarter section of land)

Retention of property – the quarter section of farmland, where the home is situated, and the home in which the recipient lives is exempt.

Inherited home

The value of a home that was acquired by inheritance is exempt for the period of time that the recipient resides in the home.

6.15.3 Personal Assets

Personal assets include items such as vehicles, boat, motor home, recreational vehicle, jewelry, computer, coin collection, electronic equipment, hobby equipment and tools not required for employment.

One vehicle of reasonable value may be retained. The recipient declares the equity value of the vehicle.

Items of personal property with an estimated market value of \$10,000 or more are considered a resource. Where the market value is disputed, the recipient is asked to provide documentation from 2 or 3 appropriate sources as to the value. The Service Manager may approve the retention of personal assets with a market value over \$10,000 if there are sound social or economic reasons.

6.16 Excess Assets

Excess assets must be considered in the calculation of eligibility. Excess asset means:

- residential property other than the principal residence of the applicant, or;
- real or business assets used in farming or business operation of the applicant or a member of the applicant's family unit (e.g., farm land, equipment, tools) other than the quarter section of land where the home is situated.

Applicants have 90 days to dispose of non-exempt property.

An excess asset may be waived as a resource for genuine social or economic reasons with the Service Manager's approval. For example, jointly owned property that cannot be sold without the co-owner's agreement may be exempted as an asset.

House rental – mortgage payments and reasonable expenses are deducted from the tenant's monthly payment. The remaining amount is considered income.

A mortgage payment on a single dwelling is only allowed as an expense for up to 90 days to provide an opportunity to realize on the asset. Allowing the mortgage payment may prevent foreclosure and protect the equity in the asset.

Mortgages or agreements for sale – recipients who receive payments for mortgages or agreements for sale on property in which they are not residents are expected to realize the balance owing through sale or borrowing within 90 days. Evidence from a source such as a bank manager, a mortgage broker, or real estate agent is produced if they are unable to dispose of the asset.

6.17 Disposal of Assets

The disposal of assets over \$1500 within six months prior to the application is considered (amount of assets, date received, sources and expenditures).

Prior to Application

- applicants provide information regarding any assets they owned or in which they had an interest during the **six-month** period prior to application. The details concerning use of assets and any transfers are reviewed including whether the payment received was adequate in relation to the market value minus any encumbrances as well as the disposition of any proceeds.

- assets disposed of within six months prior to application are not considered excess assets if in the opinion of the Service Manager, the disposal was reasonable and not carried out for the purposes of causing the individual to have a budget shortfall, or in exceptional circumstances in which health and safety are threatened.
- any proceeds from an asset during the six-month period prior to application that is not approved or disposed of is considered income in the previous 30 days and used to determine if an applicant does or does not have a budget shortfall.

After Application

- for the purposes of determining ongoing eligibility, proceeds from any non-exempt liquid asset of an applicant and spouse, if any, is considered an available financial resource and is applied as income to the entitlement month after the date it is received.
- using proceeds from the disposal of an asset to purchase items which would have been provided through assistance is approved.
- when a portion of the lump sum payment is exempt, only the non-exempt portion of the lump sum is used in calculating the time the client should be self-supporting. The exempt portion of the lump sum payment remains exempt if the client still has the exempt funds at reapplication.
- if there is no further eligibility, clients are advised in writing as to the length of time the income is to meet their needs as well as an explanation regarding the assessment. Should the client apply for assistance prior to the specified time period, the disposal of assets is reviewed. In exceptional circumstances, where health and safety are threatened, the Service Manager may approve the asset disposal.
- the cash and liquid asset exemption is considered only if the client has the funds when reapplying.
- for determining the rate at which the remaining asset is to be used, see Regulation 18(1) and *Chapter 6.19*.

6.17.1 Sale of a Home – Primary Residence

Proceeds from the sale of a home that is the recipient's primary residence are not considered income when used for the following:

- to purchase a new home within 4 months
- to complete necessary renovations to the new home within 12 months with the approval of the Service Manager

6.18 Other Exemptions

These exemptions are over and above the cash and liquid asset exemption.

6.18.1 Registered Education Savings Plan (RESP)

Money held in trust is exempt (see *Chapter 6.18.3*).

6.18.2 Saskatchewan Pension Plan (SPP)

The SPP is not considered a financial resource to recipients until age 65. Recipients are required to explore other early retirement options (e.g., CPP, early retirement benefits).

Adult recipients may contribute up to a maximum of \$2,500 per year of non-exempt wages or other earned income to the SPP. In two-adult families, the maximum contribution is \$5,000 per year even if only one adult has earnings. Funds withdrawn from the SPP are exempt if they are retained for retirement purposes (e.g., placed in another long-term investment).

6.18.3 Money Held in Trust

A trust is an obligation binding trustees to deal with property (which can be liquid, real, personal) over which they have control for the benefit of others (which may include the trustee and other recipients). The recipient has no control over the trust.

Trusts are held by some other person, agency or community group on behalf of the recipient, his/her spouse, or dependent children.

A copy of the will or documentation from the trustee is provided to confirm the trust and its conditions.

Trustees do not have ownership of trust funds in terms of being able to deal with those funds as if they were their own assets, but are bound by the conditions of the trust and the law on trusts to deal with trust property only in ways which benefit the recipient. These are not the personal assets of the trustee.

Trust funds that are not available for distribution or funds provided for items not covered by SAP benefits are not assessed in calculating entitlement. Where payments are made from any trust fund for needs that benefits would cover, the payment is assessed as income.

Discretionary Trusts – a trust established as a result of a will in which an individual is named in the will as a trustee and has complete control over the disposition of the funds. These trusts are usually set up by the family for a family member with a disability. Funds released for the recipient's basic needs are considered income. A copy of the will should be sent to Income Assistance *Programs*, Program and Service Design for review.

6.18.4 Saskatchewan Assistance Benefits

Savings from SAP benefits for basic maintenance are exempt within allowable limits. See Regulation 12(3)(g).

6.18.5 Registered Disability Savings Plan (RDSP)

Funds held in, or money withdrawn from, a RDSP are exempt. See Regulation 12(3)(d).

6.18.6 Investments

Recipients are expected to redeem or sell investments such as Guaranteed Investment Certificates (GIC), bonds, mutual funds, or shares even if a loss is incurred. The value of investments at redemption or sale is verified.

Registered Retirement Savings Plans (RRSPs) cannot be used as security for loans. Company and government plans can be withdrawn at the age defined by the plan, some as early as age 50 if the benefits have been vested (locked in). Vesting usually occurs after two years of employment. Other plans are not locked in and can be collapsed at the recipient's request. The financial institution is required to provide the funds to those who are without other resources.

6.18.7 Inheritances

A lump sum or monthly amounts up to the exemption amount for the family size at the time the inheritance is received are permitted. There is a separate exemption for inheritances. See Regulation Appendix Table 1(2)(e). Any amount remaining after the exemption is not added to liquid asset exemption and is considered available to meet basic needs.

6.19 Calculating Period of Self Support

If the recipient has not received benefits for more than 30 days and a new application is completed, the cash and liquid asset exemption is permitted. The length of time the recipient should be self-supporting is calculated as follows:

115% of the monthly basic and special needs to which the recipient would be eligible with no income,

PLUS costs related to medical requirements (e.g., drugs),

MINUS monthly income (other than lump sum amount)

DIVIDED into the lump sum amount to determine the number of self-supporting months (rounded down to a whole month)

The earned income exemption is not used in calculating the period of self-support.

EXAMPLE:

Single, unemployable recipient living in Meadow Lake

Adult Allowance	\$255.00	
Shelter	\$300.00	
Disability Allowance	\$50.00	
Northern Living Supplemental Benefit	\$50.00	
Utilities	<u>\$230.00</u>	
	\$885.00	x 115% = \$1017.75
MINUS income		<u>\$125.00</u>
	(monthly need)	\$892.75
Lump Sum Payment		\$2500.00
DIVIDED by monthly need		\$892.75
Number of Months Calculation		2.8
Estimated Months of Self-Support (rounded down)		2

6.20 Change of Residence for Care

A change in residence for care refers to a situation where one spouse resides in a residential care facility. If both spouses apply for benefits separately, each application is assessed separately and the appropriate cash and liquid asset exemption is applied. One half of jointly held assets are considered an available resource.

The home in which the applicant/spouse resides is an exempt asset.

Income received by the applicant is assessed as a resource. If it appears the spouse has sufficient resources to contribute to the applicant's needs, the applicant is referred to Legal Aid for consideration of support payments.

Exemptions – no verification or documentation required – Regulation 11, 12(3) and Appendix Table 1

All income must be declared at application, when initial payment received while in receipt of benefits, and at scheduled reviews.

- SES payments
- Contributions other than for ordinary maintenance to recipients who require special care
- Earnings of dependent children attending school
- Payments made by the Ministry, *Indigenous Services Canada* or ICFS agencies to primary caregivers on behalf of children
- Contributions to the cost of funerals made by relatives other than the surviving spouse or the parent of a deceased child

- The cash surrender value of insurance and dividends earned, but not paid out
- Scholarships, fellowships and non-government bursaries other than the value of free board and room provided as part of a scholarship, fellowship and non-government bursary
- Payments of compensation related to a claim with respect to abuse sustained while attending an Indian Residential School
- Payments of compensation, other than payments for lost income, related to a claim for child abuse
- Payments of compensation, other than payments for rent or a security deposit ordered by Office of Residential Tenancies or court related to a residential tenancy dispute
- Awards for meritorious conduct or service
- Training allowance received from non-profit organizations (e.g., day programs)
- Gifts under \$200 per year per member of the family unit
- Income from non-dependent children who are attending university, technical or vocational courses including high school who are not eligible for SAP

Income Exemptions- Regulations 10(3)(a)

The following is a summary and is not a legal description of Minister's Orders nor does it include all exemptions of one time payments.

Date	M.O. #	Exemption	Amount
August 1, 2018	36/2018	Payments made through the Autism Spectrum Disorder Individualized Funding (ASDIF) program.	
July 24, 2018	34/2018	Agricultural Benefit Settlement Agreement payments made by the Government of Canada to members of the Black Lake Denesuline First Nation, Fond du Lac Dene First Nation No.227, and Clearwater River Dene First Nation.	
August 8, 2016	50/2016	Settlements paid by the Government of Ontario to former residents (persons with a disability) of government operated facilities (see MO for complete list of facilities)	
July 8, 2016	40/2016	Guaranteed Income Supplement cost-of-living, compensatory payments	
June 5, 2015	38/2015	Settlement payments to Thalidomide survivors, announced by the Government of Canada May 2015	
May 14, 2015	35/2015	Payments of compensation pursuant to the Pfizer Canada and Pfizer Inc. Celebrex and Bextra Class Action	\$10,000
May 7, 2015	30/2015	Settlements paid by the Government of Nova Scotia to former residents of the Home for Colored Children	
February 5, 2015	07/2015	Payments of compensation pursuant to the Neurontin Class Action Lawsuit Settlement Agreement	\$10,000
December 8, 2014	61/2014	Payments received from the United Way for participation in the Plan to End Homelessness initiative.	

October 30, 2014	52/2014	Inconvenience payments made by a SHC local housing authority for a required move.	
November 4, 2013	62/2013	Gratuities paid by the Ministry of Health for participation in consultations for the Mental Health and Addictions Action Plan.	

SAP Program Verification/Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and Policy

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
6.2 - Support Waiver		Chronological recording
6.2 - Support orders or agreements		Copy of order or agreement
6.2 - Support payments in arrears		<ul style="list-style-type: none"> • Form 1251 • Certified copy of support order if not already registered
6.2 - Support-voluntary payments within guidelines	Recipient verbal statement about respondent's income	<ul style="list-style-type: none"> • Support agreement • Renegotiated agreement if below support guidelines
6.3 - Income	<ul style="list-style-type: none"> • Recipient verbal statement for: • Room and board/suite or room rental • Cash payments of maintenance or support, where there is no order or agreement • Casual earnings (e.g., lawn mowing or other periodic work) • Gifts over \$200 per year 	<p>Recipient provides:</p> <ul style="list-style-type: none"> • Wages -- pay stubs, bank deposit statement (will not indicate which deductions are made) or note from employer • Ongoing income -- cheque stubs, direct deposit advice (will not indicate which deductions are made), bank statement or written statement • CPP/OAS/GIS, GIS top-up at application, annual review and as changes occur • EI -- stubs or EI search or printout • Self-employed -- business plan and Form 1214 within 30 days • House rental -- copy of rent receipt, mortgage, insurance, tax statements • Insurance settlements -- statement from payer • Interest -- bank statement or T5 • Maintenance -- separation agreement, divorce decree, voluntary agreement • Benevolent organizations -- statement • Trusts -- statement from trustee (at least once annually) • Direct Mortgage Payments – copy of agreement or divorce decree • Student Loans/Bursaries – recipient verbal statement and confirmation from Ministry of Advanced Education • Caretaking -- rental agreement • Retroactive payments -- cheque stub • Disposal -- pay stub, bank deposit statement for recurring income (except children's benefits) • Trusts administered by Public Trustee— statement from Public Trustee at time of application and annual review

<p>6.14 - Income and Asset Exemptions</p>	<ul style="list-style-type: none"> • Casual gifts – recipient verbal statement • Gambling gains, lottery prizes, bingo prizes and other prizes – recipient verbal statement • Day program – recipient verbal statement 	<p>Recipient provides:</p> <ul style="list-style-type: none"> • Wages – paystubs, statement of earnings • Prepaid funeral – statement from funeral director • Cash and liquid assets – bank statement, <i>Form 1002</i> • Compensation for pain and suffering – statement from insurer, Workers’ Compensation Board, or Victims of Crime Act administrators • Compensation for permanent injury or death benefit – statement from SGI • Compensation relating to Human Rights Code – statement from Human Rights • Inheritances – copy of will, letter from lawyer • Saskatchewan Pension Plans reinvestment – statement from SPP • Treaty Land Entitlement or other Indian land claims – confirmation from band • Maintenance payments for adult recipients with a disability living with parents – copy of divorce decree or order • Payments under the Dependents Relief Act – statement from lawyer or order regarding amount • Payments from trust – statement from lawyer or trustee • RESP statement • RDSP statement
<p>6.15 - Assets</p>	<p>Recipient verbal statement for a bank account which has a zero balance or is overdrawn</p> <p>Personal Assets – recipient verbal statement. If in dispute, recipient to provide verification of value from 2 – 3 sources.</p>	<ul style="list-style-type: none"> • Cash and liquid assets (e.g., funds in bank account greater than \$50, stocks, bonds, mutual funds, shares, RRSPs) -- statement from bank, broker, investment or financial company or passbook. No ATM slips unless information on ATM slip matches other supporting documents e.g. direct deposit form. Any difference between the amount declared at application and the documented amount received later is noted in a chronological recording. • Declared financial transactions over \$1,500 – bank statement or passbook, or <i>Form 1002</i> • Mortgages or agreements for sale, title search • Securities, shares – statement from financial agent • Real -- e-mail Quality Assurance re: title search • Disposal -- receipts, bills of sale, recipient statement, or other documentation • Trusts—Copy of will or documentation from trustee • Trusts administered by Public Trustee— statement from Public Trustee at time of application and three year review

Delegation of Authority

The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = Service Manager

Approval Items	Reference	Approval Required
Providing benefits to self-employed person • Up to 6 months • Over 6 months	6.4.1	S S
Waiver of liquid asset for genuine reasons 90 days to convert liquid asset	6.15.1 6.15.1	M S
Waiver of excess asset	6.16	M
Disposal of asset prior to specified period of support	6.17	M
Proceeds from the sale of primary residence used for necessary renovations within 12 months	6.17.1	M
Recipient to sell home which exceeds needs	Reg. 13(5)(b)	M
Retain personal assets > \$10,000	Reg.13(2)	M
Deferral of the assessment of income intended for an RDSP in exceptional circumstances	Reg. 13(2)	M

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 14	7 Approval or Denial	CH 7

Intent

When an application for benefits is approved or denied, the applicant must be informed in writing. If an application for a benefit is denied, the applicant must be advised of the reason, the right to appeal and the process to appeal.

Policy

7.1 Approval or Denial of Benefits

The applicant is advised in writing (letter) of both the initial decision and of any change in the benefit. A cheque message may be used to advise of a change in the benefit. A letter is used when the recipient should be advised of the right to appeal a decision.

If a decision has not been made regarding eligibility the applicant is advised in writing within 14 days as to the status of the application, when a decision is expected and the right to appeal.

When granting benefits, the following information is included in the notification:

- basis of assessment including the information relied on to make the decision and relevant reasons for making the decision;
- amount of benefit;
- what information or action is necessary to establish continuing eligibility;
- right to appeal a decision regarding benefits and the process to appeal.

Applicants are advised of the obligation to report all changes in circumstances.

The applicant is advised in writing of the denial or cancellation of SAP benefits, the reason, the applicable Act, regulation references, policy manual references, and the right to appeal. Regulations or policies are not quoted in the letter. Applicants may be given information regarding access to the regulations or policy manual.

Applicants who have unusually high seasonal earnings are advised to meet their basic living expenses during times of unemployment. See lump sum income Chapter 6.3.2.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
7.1 - Advising re: eligibility and change in amounts		Form letters (1001 - 1006)

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 15, 19	8 Date Benefits Commence and Temporary Benefits	CH 8

Intent

Benefits are provided from the date of eligibility but not prior to the date of application. See Chapter 3.

Shelter and utilities for the full month in which eligibility is established may be provided, if the applicant has not paid for that month.

Minimal benefit includes the adult allowance or board and room, shelter and utilities.

Items of special need which are urgently required may also be provided.

The onus is on the applicant to take all necessary actions to establish eligibility in a timely manner. The applicant should not experience undue financial hardship if eligibility cannot be immediately determined or if awaiting the outcome of an appeal. In these instances, minimal benefits may be provided.

Policy

8.1 Temporary Benefits may be provided if required:

- if eligibility cannot be immediately determined and need is urgent. (Also see Chapter 3.1).
- to those recipients who have received benefits for basic needs from another province or Indian Band for the month of application who do not return to their former residence. See Chapter 2.3.3.
- pending a Regional Appeal Committee or Social Services Appeal Board (SSAB) hearing except when there is a budget surplus, non-exempt assets are readily accessible, the applicant is a university student, or to persons who are not eligible under Chapter 3.4. Minimal benefits may include travel outside the community of residence and/or child care expenses to attend the hearing.
- pending a SSAB hearing from the date of the recipient's request, as long as the recipient attended the regional appeal hearing or provided prior notification that he or she would not be attending.
- to allow time for the Ministry and recipient to be advised of an appeal decision, benefits may be granted to include up to seven calendar days after a hearing. If the seven days falls into the next month, a full month's rent and utilities is not automatically issued. This time period may be extended if the recipient or Ministry has not been notified within the above time period. To calculate the time period, see Chapter 18.

Any benefits granted under Regulations Section 15 are not considered an overpayment unless the recipient deliberately misrepresented the circumstances during the application process.

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 16(1), 21, Table 2	9 Benefits	CH 9

Intent

Benefits shall be provided for the items essential to meet minimum living requirements.

Policy

Items essential to meet minimum living requirements include:

- meals at home and meals purchased away from home
- personal and clothing requirements
- travel
- household needs
- accommodation such as shelter, utilities, board and room, or residential facilities: (e.g., group homes, approved private service homes)

9.1 Adult Allowance and Disability Allowance

Adult Allowance -- The allowance includes funds for food, clothing, personal, travel and household needs. It is provided to adults and children 18 years of age, but under 19 in the family unit.

Disability Allowance -- \$50/month is provided to adults with a disability who receive the adult allowance; \$20/month is provided to adults with a disability who receive a board and room allowance (see Chapter 4).

9.1.1 Clothing and Household Advances

Only recipients who are expected to be in receipt of the adult allowance for a sufficient duration to recover the advance may receive an advance payment.

A benefit of \$240 may be granted in advance for up to six months or the actual amount of the need whichever amount is less.

No further advance is provided until any outstanding amount is recovered.

Advances may be granted for urgent household needs when the cost of major items cannot be met through the monthly benefit. (List of basic household items, see Chapter 10.6.4.)

An advance is used prior to providing funds for special household equipment except for circumstances listed in Chapter 10.6.4. See Chapter 10.2.1 (special clothing) and Chapter 10.6.4 (household equipment) for special needs and advances.

Recovery:

Advances are recovered using multiples of \$40 for single recipients and families.

A lower recovery rate or deferral may be considered for those recipients who move to board and room or move to licensed care or family homes.

No advance is provided when the recovery rate exceeds the monthly entitlement.

When the amount of benefits is less than the advance recovery rate, the advance recovery amount is monthly payment less \$1.00.

9.2 Other Items of Basic Needs

9.2.1 Purchase of Meals

For meals purchased away from home the rates are \$5/day for breakfast, \$6/day for dinner and \$9/day for supper.

Recipients residing in rooms without access to cooking facilities or where meals are not provided may receive a benefit to purchase meals at \$10 per day (based on a 30-day month). The personal allowance is also provided. Also see *Chapter 9.2.5*.

Recipients and a required driver may receive a benefit for restaurant meals when traveling for medical appointments away from the community of residence. (See Chapter 10.5.1).

A meal benefit may be provided to a recipient residing in a room with access to cooking facilities if the unit administrator is satisfied the recipient is not capable of safely cooking meals.

9.2.2 Accommodation Away from Home or Temporary Emergency Shelter

Recipients who require accommodation away from home (e.g., medical appointments, when spouse/child(ren) are in hospital or receiving palliative care, appeal hearings, court appearances, job interviews within the province, funeral) may receive funds for the most reasonably priced accommodation. Recipients who stay with friends or family may receive \$25 per night.

The following benefits may be provided for temporary emergency shelter provided by contracted and non-contracted agencies: (Rates effective April 1, 2015)

Single Adult	One Child Family	Two Child Family	Three Child Family	Four Child Family	Five or More Child Family
\$48.50	\$77.50	\$106.50	\$135.50	\$164.50	\$193.50

For meals see *Chapter 9.2.1* and for travel see Chapter 10.5. For transients see *Chapter 9.12*.

9.2.3 Board and Room – Accommodation and Meals provided

For those who live with parents and have children, a board and room benefit is provided for each adult. In other board and room arrangements the regulatory rates are provided.

Excess rates may be provided for an 18-year-old who received services through Section 10 of *The Child and Family Services Act* prior to age 18 and who received an amount for board and room in excess of regulatory rates. This amount may be provided for one month following the completion of the current school year in which the youth attains the age of 18 years. The personal allowance may also be provided as this is not included in board and room payments by Child and Family Programs (see Chapters-9.2.5 and 2.3.1).

A utility benefit is not provided as board and room includes laundry, telephone and other utility needs.

No advance may be provided for clothing needs. See Chapter 10.2.1 for special clothing needs.

9.2.4 Benefit for Board and Room in Residential Care Facilities

Any person who provides accommodation and personal care to a person other than a relative requires a license under *The Mental Health Services Act*, *The Residential Services Act*, or *The Personal Care Homes Act*.

Benefits for Level of Care and Group Homes

Community Living Approved Private Service Homes and Group Homes

A rate of \$410 for board and room is allowed in determining eligibility for those under age 65. For those 65 and older, a rate is established annually by the Ministry. Funding for board and room costs exceeding \$410 may be provided through Community Living Service Delivery (CLSD) to the home operators. Personal allowance and other benefits are provided. For income, see Chapter 6.13.

Approved Private Service Homes and Group Homes

The following rates are paid for adults with a disability who receive care in approved private service homes licensed under *The Mental Health Services Act*, or *The Residential Services Act*.

Daily Living Support Assessment	Effective May 1, 2019
Level 1.0	\$978/mo.
Level 1.5	\$1,139/mo.
Level 2.0	\$1,302/mo.
Level 2.5	\$1,548/mo.
Level 3.0	\$1,735/mo.
Level 3.5	\$1,989/mo.
Level 4.0	\$2,240/mo.
Level 4.5	\$2,495/mo.

Level 5.0	\$2,745/mo.
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Mental Health group homes are grant funded by the Ministry of Health.

Personal Care Homes - The following rates are paid for adults with a disability who receive services in private homes licensed under *The Personal Care Homes Act* (fees effective May 1, 2015).

- Level I \$ 791 per month
- Level II \$ 976 per month
- Level III \$1,217 per month

Family Homes (Not Licensed) - The following rates are paid for adults with a disability living with their relatives. A relative is defined in *The Personal Care Home Act* as a spouse, son, daughter, sister, brother, parent, aunt, uncle, great aunt, great uncle, grandparent, great-grandparent, cousin, nephew or niece. Foster parents are not considered relatives (fees effective May 1, 2015).

- Level I \$ 660 per month
- Level II \$ 827 per month
- Level III \$ 1,054 per month

Determining Level of Care and Effective Date of Payment

Approved Private Service Homes

Care levels for those in Approved Private Service Homes are determined by Mental Health or CLSD workers based on completion of the Daily Living Support Assessment (DLSA). A copy of the face sheet or a memo from the Mental Health or CLSD worker is required when rates are established or changed.

Payment may be provided for up to the first 3 months based on an estimate by the Mental Health or CLSD worker of the recipient's support level. Following the assessment, a payment increase is retroactive to the date of placement. Any decrease is effective the first day of the month following completion of the assessment. For cases in which the assessment is received after benefits have already been issued for the following month, the decrease is effective the first day of the next month. The rate remains the same if a recipient moves from one approved home to another.

Personal Care Homes and Family Homes

To determine a level of care, a form 1093 is completed by a physician within 60 days. A board and room rate of \$330 is provided until a form 1093 is received. In disputed cases, a second medical report is obtained and a further determination is made by the worker. No further medical assessments are required unless it is evident the condition has changed. Recipients are advised of their right to appeal.

Payment: the appropriate level of care rate is provided effective as of the date of the placement, but not prior to the date of application.

Group Homes - No documentation regarding level of care is required.

Resident Charges for Special Care Homes/Hospitals

Special Care Homes - Recipients living in Special Care Homes as defined under *The Housing and Special Care Homes Act* are required to pay a resident charge as determined by Health. The resident charge is adjusted quarterly and changes are made automatically.

Hospitals - Recipients in hospital who no longer require acute care are charged the special care home resident charge by the hospital. Level IV cases continue to be assessed at the special care home resident charge rate regardless of the length of time the recipient remains in hospital.

Facilities Providing Specialized Services

Ranch Ehrlo and Eagle's Nest – Services are contracted through Child and Family *Programs* and CLSD. No financial benefits are provided. Residents may be eligible for Health Services only (see Chapter 5.2).

Ranch Ehrlo's Family Treatment Program: Rent and shelter related costs are not provided. The adult personal allowance is provided and personal special needs may also be provided (e.g., special diet). Families may continue to maintain permanent housing in their home community, if the Child and Family Programs is providing for travel needs between the location of the treatment and the family's home community. Families who normally reside on reserve or out of province are not eligible for assistance through SAP while in treatment.

9.2.5 Personal Allowance

A benefit of \$115 per month is provided to adults in hospital, residential care facilities (group homes, approved private service homes, personal care homes, family homes, family shelters, alcohol/drug treatment centres) and to recipients residing in rooms without cooking facilities who receive a benefit for restaurant meals. Children receive \$55/month. A benefit of \$115 per month may also be provided to an 18-year-old who was previously in a Section 10 agreement through Child and Family *Programs*, for one month following the completion of current school year in which the person attains the age of 18 years. (See Chapters 2.3.1 and 9.2.3).

9.3 Shelter Allowances

Shelter allowance for the full month in which eligibility is established may be provided if the shelter allowance for that month has not been paid. Shelter costs are documented or confirmed.

Shelter Rates – Minister’s Order # 48/2013

Effective October 1, 2013	Maximum Shelter Allowance			
	Tier A	Tier B	Tier C	Tier D
Single Employable	\$328	\$289	\$259	\$233
Partially Employable/ Unemployable	\$459	\$404	\$363	\$326
Room only:				
- Single	\$200	\$200	\$200	\$200
- Couple without dependent children in their care	\$400	\$400	\$400	\$400
Couple without dependent children in their care	\$587	\$501	\$450	\$355
Families				
- 1 or 2 children	\$711	\$589	\$563	\$429
- 3 or 4 children	\$773	\$650	\$627	\$480
- 5 or more children	\$849	\$724	\$690	\$557

Tier A: Lloydminster, Regina, Saskatoon, Estevan and the bedroom communities of: Allan, Asquith, Balgonie, Belle Plaine, Bradwell, Buena Vista, Clavet, Colonsay, Dalmeny, Delisle, Disley, Dundurn, Edenwold, Elstow, Grand Coulee, Langham, Lumsden, Lumsden Beach, Martensville, Meacham, Osler, Pense, Pilot Butte, Regina Beach, Shields, Thode, Vanscoy, Warman, White City.

Tier B: Creighton, Kindersley, La Loche, La Ronge, Macklin, Melville, Prince Albert, Rosetown, Weyburn, Yorkton.

Tier C: Battleford, Fort Qu’Appelle, Humboldt, Meadow Lake, Melfort, Nipawin, Moose Jaw, North Battleford, Swift Current, Watrous.

Tier D: Other towns, rural areas.

9.4 Criteria for Shelter in Excess of Shelter Allowances - Supervisor's approval

Only one excess shelter provision can be approved per case.

Saskatchewan Rental Housing Supplement and Shelter in Excess of Shelter Allowances

Effective July 1, 2018, the Saskatchewan Rental Housing Supplement (SRHS) will no longer accept new applications. Those in receipt of SRHS benefits prior to July 1, 2018 may continue to receive those benefits as long as they maintain eligibility.

For those receiving an allowance in excess of the maximum shelter allowances, the excess shelter allowance is reduced by an amount up to or equal to the housing supplement benefit, but not exceeding the amount provided in excess of the shelter allowance. The Saskatchewan Rental Housing Supplement received in the current month, excluding any retroactive amount, is used to reduce the excess shelter amount in the following month.

- 1. Subject to Table 1(4) of *The Saskatchewan Assistance Regulations, 2014*, an excess shelter allowance may be provided to clients in the amounts and at the intervals set out below, if the criteria established below is met.**
- 2. Eligible recipients who were receiving an excess shelter allowance in an amount exceeding the amounts set out below, on August 31, 2016, may continue receiving the higher excess shelter allowance until there is a change in the eligible recipient's circumstance or their benefits are terminated.**

Actual shelter may be provided in the following situations:

9.4.1 Excess Shelter - Time to Seek Alternate Accommodation

When clients require time to seek alternate accommodation, for reasons other than increased rent, excess shelter, for the month circumstances changed and up to two months following may be provided.

Amount: An amount not exceeding actual rent being paid for the month circumstances change and up to two months following, minus the Saskatchewan Rental Housing Supplement.

9.4.2 Excess Shelter - Low Vacancy Rates to June 30, 2015

Recipients who were provided an excess shelter benefit due to receiving a notice of rent increase and living in communities with vacancy rates at or below 1.5% prior to July 1, 2015 continue to receive the excess.

No excess shelter benefit will be provided due to a notice of rent increase after June 30, 2015.

Recipients who receive a notice of rent increase after June 30, 2015 and request an excess shelter benefit should be advised to negotiate the rental increase with the landlord, or seek more affordable accommodations.

Amount: An amount not exceeding the actual rent being paid, minus the Saskatchewan Rental Housing Supplement.

9.4.3 Excess Shelter - Maintaining Two Residences

For clients who must maintain two residences because of medical treatment or participation in a training or employment opportunity in another location, a shelter allowance for the second residence may be provided in an amount not exceeding the maximum shelter rate for the number of family members in this accommodation.

Amount: An amount not exceeding the applicable Tier shelter allowance.

A shelter allowance that does not exceed the shelter allowance schedule may be provided in the following situations:

9.4.4 Excess Shelter - Transitions from SAID to SAP

When a client is required to transition from SAID to SAP as a result of a separation from a SAID eligible spouse (death or marital breakdown), an excess shelter allowance may be provided up to the amount previously provided under SAID for a period of six months as long as he or she remains in the same residence. Additional six month intervals may be provided with the approval of the supervisor.

Amount: SAID rate as ordered by the minister, minus the Saskatchewan Rental Housing Supplement.

9.4.5 Excess Shelter - Not Fully Employable Client Becomes Employable

When a client who is receiving up to the maximum shelter allowance for a not fully employable person becomes employable, an adjustment to the shelter allowance is effective 6 months following the change in status as long as he or she remains in the same residence.

Amount: An amount not exceeding the Tier shelter allowance for a period not exceeding six months, minus the Saskatchewan Rental Housing Supplement.

9.4.6 Excess Shelter - Visiting Spouses

A client who has a spouse who usually resides in a care facility and who stays periodically with the client (See Chapter 13.3.2 for visiting spouses) may receive a shelter rate which includes the spouse.

Amount: An amount not exceeding the Tier shelter allowance including the spouse, minus the Saskatchewan Rental Housing Supplement.

9.4.7 Excess Shelter - Foster Homes and Persons of Sufficient Interest

Clients who operate foster homes or clients who provide care as Persons of Sufficient Interest (PSI) may receive a shelter rate that includes the number of children approved for the home.

Amount: An amount not exceeding the Tier shelter allowance including the number of children approved for the home, minus the Saskatchewan Rental Housing Supplement.

9.4.8 Excess Shelter - Alternate Caregivers and Parents with Access

Clients who care for wards as an alternate caregiver or parents with access who have regular (at least monthly) visits with their child(ren) as part of an order or written agreement may receive a shelter rate that includes the child(ren).

Amount: An amount not exceeding the Tier shelter allowance including the number of children approved for the home, minus the Saskatchewan Rental Housing Supplement.

9.4.9 Excess Shelter - Increase in Family Size

When family size is expected to increase (newborn, child(ren) returning home) the shelter rate can be increased to the appropriate family size 3 months prior to the change.

Amount: An amount not exceeding the Tier shelter allowance including the additional family members for up to three months prior to the change, minus the Saskatchewan Rental Housing Supplement.

9.4.10 Excess Shelter – Decrease in Family Size

When the family size decreases the shelter amount is not reduced until the client moves to another location. The appropriate shelter rate is then applied.

Amount: An amount not exceeding the Tier shelter allowance including the absent family members, minus the Saskatchewan Rental Housing Supplement.

9.4.11 Excess Shelter - Temporary Absence

Shelter rates are not decreased when family members are temporarily absent because of:

- education – for the duration of the course;
- incarceration – See Chapter 13.3.4 for up to 90 days; or,
- care of the Minister – for the duration of the wardship or agreement.

Amount: An amount not exceeding the Tier shelter allowance including the absent family members, minus the Saskatchewan Rental Housing Supplement.

Shelter in excess of shelter allowance up to a maximum of \$150

In the following situations a client may receive up to \$150 above their shelter rate until they move, the family composition changes or they go off assistance.

9.4.12 Excess Shelter - Mobility and Access

Clients have a disability with mobility and access problems who are unable to locate suitable accommodation (e.g., level entry, elevator, more space for wheelchair) within the shelter maximum.

Amount: An amount not exceeding \$150, minus the Saskatchewan Rental Housing Supplement.

9.4.13 Excess Shelter - Exceptional Medical Circumstances

Clients have an exceptional medical circumstance which impacts their ability to obtain accommodation.

Amount: An amount not exceeding \$150, minus the Saskatchewan Rental Housing Supplement.

9.4.14 Excess Shelter - Unusual or Exceptional Behaviour

Clients present unusual or exceptional behaviour which impacts their ability to obtain accommodation.

Amount: An amount not exceeding \$150, minus the Saskatchewan Rental Housing Supplement.

9.4.15 Excess Shelter – Long Term Residents

Clients have lived in the same residence for ten or more years, and continued residence is important to their well-being. For home owners, insurance and/or property taxes may be considered when providing for excess through this provision (See *Chapter 9.7.*)

Amount: An amount not exceeding \$150, minus the Saskatchewan Rental Housing Supplement.

Excess Shelter and Social Housing

9.4.16 Excess Shelter - Social Housing

When a client resides in social housing, excess shelter is not provided except for:

- a) homeowner's insurance, or;
- b) if the client operates a foster home, or cares for a child(ren) as a Person of Sufficient Interest or alternate caregiver designated by Child and Family Programs. The shelter amount is reduced when family size decreases. (See *Chapter 9.8.*)

9.5 Shared accommodation – including recipients sharing with homeowner

The share of the shelter cost cannot exceed the recipient's shelter maximum, or the actual cost of shelter, whichever is less.

9.6 Room Rental – no meals provided

[Revised July 1, 2011]

Room rental rates are provided to single recipients and childless couples for sleeping accommodation which has no cooking and no bathroom facilities in the room. The rate includes utilities, except laundry and telephone. A landlord/agent may require a security deposit. Shelter benefits in excess of the shelter tier rates are not provided. If the accommodation has cooking and bathroom facilities, it is considered a suite, and the usual shelter rate is provided (See *Chapter 9.3.*)

Room rates are not used when recipients reside in hotels, hostels, the Salvation Army or the YM/YWCA or for families. In these situations, the usual shelter rate may be provided. See *Chapter 9.2.2* for temporary emergency shelter rates and *Chapter 9.2.3* for board and room.

9.7 Home Ownership

The shelter allowance may be provided for an initial purchase loan on the primary residence.

A primary residence is a structure fixed on a permanent foundation. A mobile home or trailer may also be considered a primary residence if it is skirted and permanent on an owned lot or permanently located in a park for mobile homes.

The shelter allowance includes the initial purchase loan for a home or trailer, interest, taxes, fire insurance, home loan renewal fee, lot rental fee, condominium fees and includes additional loans taken out prior to application and used for essential renovations. A shelter allowance is not provided for loans taken out for any other purpose. The shelter allowance cannot exceed the shelter maximum for the family size unless excess shelter has been approved by the supervisor. (See *Chapter 9.4* and see *Chapter 10.6.3* for home repairs).

If a home loan is renegotiated to include items such as personal debt or purchase of a vehicle, a shelter allowance may be provided if the recipient provides documentation to indicate the outstanding balance of the home loan at the time of renegotiation, what the monthly shelter costs would have been and how long it would have taken to pay the home loan had the recipient not added other debts to the total loan. The shelter allowance may not exceed the maximum amount for the family size.

When property is held in joint title with the former spouse, the recipient may be eligible for an amount not exceeding the maximum shelter rate for the family size.

When property is held in joint title with others, the recipient's share may not exceed his or her actual share of the shelter cost (home loan, taxes, property insurance and related cost) or the maximum shelter allowance (e.g., if there are 3 names on the title, a single recipient is entitled to up to 1/3 of the shelter costs). See *Chapter 6.8* for assessment of direct home loan payment.

Agreements for Sale

These are situations in which rental payments are applied to the purchase price of a property for a prescribed period of time. The seller retains the title until all the payments have been made or the recipient assumes the home loan. The shelter rate may include charges such as property tax, house insurance and interest if included in the agreement as long as the amount does not exceed the maximum shelter allowance. (See *Chapter 10.12* for transfer of title funds).

Property Taxes

A benefit equal to the amount of the current taxes owing is provided either on a monthly or annual basis. If a recipient is eligible for benefits for less than a full calendar year, payment of taxes commences from the date of eligibility. The benefit is the amount actually paid by the recipient (including any discount).

For recipients who live on the home quarter, funds may be provided for the residential portion of the property tax. The remaining tax is considered an allowable expense in calculating farm income (see Appendix B). For tax arrears see Chapter 10.6.1.

Property Insurance

A benefit is granted for the reasonable replacement cost of insuring a dwelling owned by the recipient but not for the contents. If a recipient has an insurance policy covering dwelling and contents and the insurance company does not provide a cost breakdown, 85% of the premium is provided.

Mortgage or Tax Arrears While on SAP

When recipients accumulate mortgage or tax arrears to the extent they are in danger of foreclosure or loss of property, an emergency advance may be provided to pay arrears if the recipient:

- is currently receiving benefits; and
- received a shelter allowance for the period and at the residence where arrears accumulated; and
- continues to reside at the residence for which the arrears have accumulated;
- can reasonably expect to afford to pay the mortgage or taxes in the future; and
- the mortgagor confirms foreclosure is pending or the municipality is taking action to take title under the *Tax Enforcement Act*.

Any payment for arrears is limited to the period for which a benefit has been issued. The amount of the payment cannot exceed the actual cost of the mortgage or taxes. Any amount issued for arrears that is duplicate benefits for shelter previously granted is assessed as an overpayment. See Chapter 10.6.1 for factors to be considered.

9.8 Social Housing

The Social Housing Rental Program provides affordable rental housing for low income seniors and families.

Shelter Rate for New Applicants, Moves and Sharing Accommodation

Effective February 1, 2013, SAP recipients receive the Tier shelter rate based on their community of residence. When 2 recipients share accommodation both recipients are eligible for a shelter allowance, up to the maximum Tier shelter rate based on their community and family composition. The combined amount of the shelter allowances between the 2 recipients must not exceed the actual rent.

When a recipient shares with a person not on SAP, the appropriate Tier rate is provided to the recipient if the lease is in their name. Excess shelter rates are not provided (see Chapter 9.4.16). Public Housing Authorities may increase rent effective the date of any shelter allowance increase. The actual amount of rent is used to determine eligibility for Health Services only (see Chapter 5.2).

Rent Geared to Income

Rent is calculated at 30% of income. The worker refers these recipients to the housing authority for a shelter adjustment if their rent has not been adjusted as a result of their income change. A reduction in rent may allow low income earners to leave SAP if their shelter change is adjusted.

Security Deposit

Effective October 1, 2012, a security deposit equal to the minimum shelter rate for a single unemployable (see *Chapter 9.3*) may be provided to new tenants if required. See Chapter 11. When recipients move from one unit to another, a transfer fee may be provided if required.

Home Purchase - Mortgage Units

The shelter amount is the Tier D rate except where the principal, interest and tax payment (PIT) is lower than that amount. House insurance may be provided as excess shelter pursuant to *Chapter 9.4.15*.

9.9 Other Shelter Arrangements

When rent is reduced in exchange for caretaking duties and no wage is paid, the actual amount of rent charged is provided. No income is assessed since no wage is paid.

When shelter payments are made directly to a financial institution or landlord through a separation agreement, court order, divorce decree, or a private agreement, no income is assessed. If the payment made is less than the maximum shelter rate, a shelter allowance may be provided to make up the shortfall (see Chapter 6.8).

Where the landlord is bankrupt, owes taxes, or other similar circumstances and a third party (e.g., Canada Revenue Agency, municipality) demands payment, rental benefits are made payable to the recipient (see Chapter 16.2).

Recipients who own or rent accommodation may rent portions (room or suite) of their premises to others, including recipients. They are considered landlords and an appropriate income charge is assessed (see Chapter 6.14.3 and Chapter 6.14.4).

Placarded Housing - Landlords are not legally permitted to rent to new tenants after a dwelling has been placarded. Recipients who continue to reside in such a dwelling may be required to pay rent as determined by the Office of Residential Tenancies (ORT). Recipients can also vacate immediately and seek compensation through the ORT.

Any tax charges (PST or GST) on hotel rooms rented on a monthly basis may be provided and are not considered part of the shelter allowance.

9.10 Rent Arrears While on SAP

When recipients accumulate rent arrears to the extent they are in danger of eviction, an emergency advance may be provided to pay rent arrears if the recipient:

- is currently receiving benefits; and
- received a shelter allowance for the period and at the residence where arrears accumulated; and
- continues to reside at the residence for which the rent arrears have accumulated;
- can reasonably expect to afford to pay the rent in the future; and
- the landlord confirms eviction is pending.

Any payment for rent arrears is limited to the period for which a shelter allowance has been issued. The amount of the payment cannot exceed the actual cost of rent for a period not exceeding 3 months. Any arrears in excess of the previously issued shelter allowance are assessed as an overpayment. Any amount issued for rent arrears that is duplicate benefits for shelter previously granted is assessed as an overpayment.

Example: Shelter allowance is \$500. Actual rent is \$650.

- Recipient is in arrears of \$650 (one month). SAP payment for arrears is \$650 which is considered an overpayment.

Excess shelter up to the actual amount of rent (less any rental housing supplement the recipient receives) may be provided for a further 3 months to allow the recipient time to seek alternate accommodation (see *Chapter 9.4.1*).

Trusteeship should be considered in cases where it appears the recipient is not capable of managing the benefit.

9.11 Utilities Benefits

Except for telephone and laundry, the actual monthly cost for basic utilities in the recipient's name is provided to the recipient upon receipt of a bill or confirmation from the utility company, through electronic billing (SP/SE), or directly to the vendor. See *Chapter 9.11.3* for exception.

Payment for utilities for the full month in which eligibility is established may be provided if the need exists. A benefit may be provided based on confirmed utility information (e.g., budget billing, minimum sewer charge). No funds are provided for meter repairs.

Wherever possible, utility benefits are paid to the recipient, not the utility vendor. GST charges are included for recipients who pay their own accounts.

Recipients are expected to use the monthly equalized payment plan (EPP) unless:

- the recipient is on electronic billing;
- the recipient is on direct payment as a result of arrears;
- the utility vendor confirms the recipient cannot be established on EPP; or
- the recipient is expected to be on benefits for a short period of time.

Sharing - the actual cost of the recipient's share is provided when the recipient's name is on the statement.

9.11.1 Laundry

When recipients require a laundry benefit to pay to use a washer and/or dryer, or pay to have their laundry done, the following rates are provided:

1 person	\$10/month
2 people	\$15/month
3 people	\$20/month
4 or more people	\$25/month

For special needs laundry, see Chapter 10.2.5.

9.11.2 Telephones

Except for board and room, \$30 is provided when recipients provide documentation that they have a phone service. This includes a land line at the recipient's residence or a cell phone with pay as you go or monthly fees. For "pay as you go" service, the recipient's name must appear on the activation document or other documents from the service provider. No funds are provided for long distance charges, deposits, repairs, or internet. For special needs telephone benefit, see Chapter 10.1.1.

SaskTel no longer lists more than one customer on a billing statement. Recipients who were receiving the telephone benefit under a shared arrangement as of June 1, 2013 will continue to receive the telephone benefit for as long as their current shared arrangement (same phone number and same shared living arrangement) exists even if their name is no longer on the bill

In exceptional circumstances, the supervisor may approve funds for a land line telephone when:

- the recipient is unable to secure a phone in his or her name; and,
- immediate access to a phone is essential for the recipient's health and safety; and,
- the recipient provides documentation confirming payment of phone service at the recipient's address.

For residential care facilities, approved private service homes, group homes, personal care homes and family homes, \$30 is provided where a telephone is required for a reasonable purpose and the recipient is unable to access facility phones due to disability or unavailability.

9.11.3 Utilities Not in the Recipient's Name

Funds for utilities may be provided to the recipient or direct to the landlord (see Chapter 16.3) for services contracted for by landlords, in multiple unit dwellings (e.g., house with basement suite, duplex or fourplex) where:

- there are no more than four separate rental units in the building; and,
- utility charges are included in the rental agreement; and,
- the meter for that utility is in the landlord's name; and,
- copies of the bills indicating the recipient's share of the costs are provided. (The worker is not responsible for calculating the recipient's share of utility charges if the landlord or recipient submits a billing which includes charges for other tenants).

- the benefit is proportionate to the number of separate rental units (e.g., 4 suites – recipient portion cannot exceed 25% of total utility cost).

Funds for utilities may be provided to the recipient or direct to the landlord for a utility contracted by the landlord:

- where a municipality will establish a utility only in a home owner's name and the recipient is a tenant; and
- the meter for that utility is in the landlord's name; and
- copies of the bill indicating the actual cost are provided.

Funds for utilities may be provided to the recipient or direct to the landlord for a utility in another tenant's name:

- where a municipality will only establish a utility in one tenant's name in a shared living arrangement; and,
- the utility bill is in the tenant's name with whom the recipient shares the accommodation; and,
- the recipient submits a copy of the utility bill with the recipient's share of the cost clearly indicated and signed by the customer whose name is on the bill.

Utilities Metered to Publicly Funded Housing

The monthly utility cost is determined by the publicly funded housing authority. The cost is specified in the rental agreement and may include mandatory parking charges.

9.11.4 Equipment Rentals

Water heater rental costs are provided to homeowners. Water softener rental costs are provided for homeowners and renters.

Fuel Tank Rental – rental costs are provided to homeowners.

9.11.5 Service Connections

Charges for connecting or reconnecting services for utilities are issued as required. Deposits may be provided for approved moves. See Chapter 10.6.5.

9.11.6 Equalized Payments - Settle up and Cancellation

The monthly utility payment is the same amount every month. The account may be settled to determine whether there is a credit or debit. Settle up also occurs at moves. When the recipient moves and the budget billing rate was higher than the actual charges, a refund is made by SP/SE to the former recipient or to the Ministry, as directed by the Ministry.

The equalized payment amount is considered the actual monthly utility charge. The actual amount owing in the settle-up month is provided to the recipient or vendor. The amount owing is not used to adjust equalized payments for previous months. Where there is a credit carried forward from the

settle-up month, no payment is made until the credit amount is insufficient to cover the equalized payment amount.

9.11.7 Cancellation and Case Closure

Equalized payments – Unless the settle up amount is assessed in the month prior to benefits being cancelled, no adjustment is made if the settle up subsequently occurs.

SP/SE Electronic Billing – SP/SE is advised by Ministry staff when recipients whose accounts were paid through electronic payment are no longer eligible for SAP so they can initiate recovery of the deferred arrears from the recipient. See Chapter 12.10 for cancellation of direct payments.

9.11.8 Utility Arrears

Prior to Application

Funds may be provided for utility arrears outstanding prior to application if there is a threat to the health and safety of the applicant or the applicant's dependants due to utility disconnection or pending disconnection (as confirmed by the utility provider).

If the applicant did not have the resources to pay the utilities in the past, minimal amounts to ensure continuance of service may be provided.

If the applicant had adequate resources to pay for the utilities that are in arrears at application, any amount provided to pay the utility arrears is considered excess benefits and assessed as an overpayment. Approval of the supervisor is required for payments exceeding \$500. The applicant will be considered to have had adequate resources if the applicant had sufficient financial resources to meet basic and special needs.

Utility Arrears accumulated while in receipt of benefits

When recipients do not pay their accounts and are in danger of having service disconnected an emergency advance may be provided to the recipient to pay outstanding charges including GST and late payment costs (see Chapter 19.1).

Recipients who demonstrate an inability to manage by not paying their utility accounts are placed on trusteeship or direct payment.

Deferred Utility Arrears

Direct and electronic payment for recipients who have deferred arrears with SaskPower is continued until benefits are cancelled or when the arrears are fully recovered.

9.11.9 Wood and Water Delivery

Funds may be provided for firewood and water (including delivery) in rural areas when required. If it is more economical, recipients may be provided mileage rates to haul their own firewood or water. See Chapter 10.5 for mileage rates.

Guideline Rates for Wood

Payments for wood are paid directly to the recipient and are based on the following guidelines. These guidelines are minimum rates and usage. No receipts or reconciliation are required when paying guideline rates and usage per month.

Average Usage of Load of Wood	Average Number of Loads Per Month	Allowable Cost Per Half-Ton Load (approximately ½ cord)
Cost for period April to September	1.5	\$120.00
Cost for period October to March	2	\$120.00

Note the \$120.00 rate includes the cost of delivery. If the wood costs with delivery are higher than the guidelines, a reconciliation using receipts is completed at least every 2 months. Where recipients are hauling their own wood, mileage rates may be provided where the total cost of the wood and delivery exceed \$120.00 per load. See Chapter 10.5 for mileage rates.

9.11.10 Garbage/Recycling Pickup and Septic

Utility benefits include usual charges as well as costs related to septic systems and garbage/recycling pick up where the municipality charges for service. Funds for mileage to the nearest landfill may be provided to the recipient. Payment for someone else to haul garbage may be provided where the municipality does not provide garbage removal.

9.12 Transients

Financial benefits and/or health services may be provided for up to four working days. For the definition of transient, see Chapter 2.3.7. Transients can be issued benefits through transient aid forms or requisitions, see Chapter 2.4.2 and 16.3.2.

Meals – Funds for purchasing meals may be provided per person: \$20 daily (maximum of four days): \$5/day for breakfast, \$6/day for dinner and \$9/day for supper. Transients should be directed to use these funds to buy groceries if travelling.

Shelter – Accommodations (maximum of four nights) can be provided using the most economical resources such as staying with friends or relatives, hostels or hotels with light housekeeping facilities.

If there are emergency shelters along the transient's route, the following rates may be provided for emergency shelters within Saskatchewan (*rates as of April 2015):

Single Adult = \$48.50

One Child Family = \$77.50

Two Child Family = \$106.50

Three Child Family = \$135.50

Four Child Family = \$164.50

Five or More Child Family = \$193.50

Emergency shelter funds are paid directly to the shelter on the transient's behalf. Hotel/motel funds may be issued directly to the client or paid to the vendor, depending on the situation.

Travel Costs – Funds for the most reasonable and economical mode of transportation may be provided to enable the transient individual or family unit to travel to his or her final destination (within Canada). If the transient is travelling by vehicle, provide the maximum amount for fuel possible so that the transient can get as close to their final destination as possible, recognizing that transient aid forms and requisitions are only valid in Saskatchewan.

Supplementary Health – See Chapter 20.1.2

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
9.1.1 - Advances	Recipient verbal request	
9.2.2 - Accommodation away from home	Staying with family or friends – recipient verbal statement	Hotel – Statement, invoice or receipt
9.2.4 - Level of Care		<ul style="list-style-type: none"> ● Front page of Daily Living Support Assessment (DLSA) for Approved Private Service Homes or Memo from Mental Health ● <i>Form 1093</i>
9.3 – 9.10 - Shelter – own home, joint title, agreements for sale, direct mortgage payments, rent, board and room, insurance	Board and room – recipient verbal statement Room rental – recipient verbal statement	<ul style="list-style-type: none"> ● When no hard copy confirmation is initially provided, the supervisor may for one month only, approve shelter providing there is corroborating evidence that the recipient is unable to obtain the required confirmation. This approval is recorded on a chronological recording. No additional payment is made until such time a hard copy confirmation is obtained. Subsequent shelter payments are not provided until documentation is received unless there are exceptional circumstances (e.g. recipient faces immediate eviction, landlord or recipient is hospitalized) and will require supervisor's approval. See delegation of authority. ● Renters – rent receipt (current or last month if there is no change in address), rental agreement for the current address, proof of payment (cash cheque or direct debit or payment) at application or move, form 1006, rent increase notice including shared arrangements. No documentation is required when rent is provided by joint payment or to a trustee. ● Social Housing – no rent receipt required ● Home owners – proof of payment (e.g., bank statement) certificate of title, mortgage/loan agreement, home insurance and tax statements ● Joint Title – proof of payment, certificate of title, mortgage/loan agreement ● Agreements for sale – copy of agreement
9.5 – 9.6 - Living arrangements – shared room, room rental	Recipient verbal statement (as described by recipient)	<ul style="list-style-type: none"> ● <i>Form 1001</i> ● <i>Form 1006</i>

9.11 - Utilities	<p>Telephone - Annual review verification for “pay as you go” cell phones when current documentation not available: chronological recording indicating worker has verified service either by calling the phone number listed on the original “hook-up” document and talking to the recipient, or having the recipient bring the phone in and checking it is still activated.</p> <p>Land line – call to confirm at annual review</p>	<ul style="list-style-type: none"> ● Telephone – Statement, contract or other form of documentation confirming phone service in recipient name or if bill not in recipient’s name, confirmation of land line at recipient’s address with supervisor’s approval ● Utility bills in recipient name ● Utilities metered to landlord or – copy of bill or documentation from landlord ● Utility services supplied only in the owner’s name – rental agreement and copy of bill signed by landlord ● Utility services only in one tenant’s name in shared arrangement – copy of bill signed by customer with whom recipient shares ● Social housing – copy of rental agreement ● Receipts for wood/water, fuel tank rental and delivery costs ● EPP - bill in recipient name, at rate change or move ● Electronic billing on SWIN when utility bills not provided by vendor
9.11.8 - Utility arrears		Utility bill, disconnection notice
9.11.9 - Wood and Water Delivery	Verbal statement if guideline rates are used. If above guideline rates, receipts are required.	Receipts if cost is above guideline rates.

Delegation of Authority		
The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager		
Approval Items	Reference	Approval Required
Granting shelter without documentation – see documentation requirements	9.3	S
Exceeding board and room rates	Reg. Table 2, Item 7	M
Telephone benefit in exceptional circumstances	9.11.2	S

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 16, 21, 22, 23, 24, 25, 26, 27, Table 2	10 Special Needs Benefits	CH 10

Intent

Benefits may be provided for certain items of exceptional need for disability and non-disability related expenditures.

Policy

Approval of the Manager, Service Delivery, is required for requests over \$5,000 in a fiscal year (April 1 – March 31).

10.1 Special Needs Benefits

10.1.1 Special Telephone Equipment

Special equipment may be provided by SaskTel at no charge or at a discounted rate with a physician’s verification. When recipients including those in special care facilities, require special telephone equipment (e.g., voice amplification, speaker phone) that is not otherwise available, the actual cost is provided. Funds are not provided for telephone alert services (e.g., First Alert, Life Line) unless recommended by a physician due to a life-threatening illness or condition of an adult who lives independently. Funds are not provided for internet services.

10.2 Special Health related supports benefits

10.2.1 Special Clothing

A benefit is provided for clothing in special circumstances.

Items recommended by a physician or a health professional

Where not otherwise provided (e.g., SAIL), a benefit for clothing may be issued for:

- Incontinence briefs/napkins used as clothing, except for those receiving palliative care. An average monthly cost of incontinent supplies is established and actual costs are reconciled annually. The under or overpayment is calculated at year end and a new average is established if necessary. Where actual costs are paid, an invoice, statement or receipt is required.
- Special brassieres and wigs based on demonstrated need.
- Clothing necessary due to extraordinary (e.g., rapid, more than 25 pounds) weight change.
- Diabetic, support or compression stockings.

- Therapeutic or modified footwear (not runners) when the footwear is required due to a physical or medical condition and it is not covered by Saskatchewan Health (includes footwear replacement where there is no change in the condition).

10.2.2 Special Food Items

A benefit for special food items may be provided in addition to the ordinary food allowance during pregnancy, lactation, convalescence, or for treatment purposes. The special food benefit is provided:

- to those who receive the adult allowance or board and room allowance;
- to children with special dietary requirements.

A benefit for special food is provided on the basis of a form 1092 except for:

- pregnancy verified by a physician or health professional;
- lactation diet

The need is reviewed at least annually and a form 1092 is required except for those with previously documented HIV or AIDS *or tube feeding*.

The rates below are provided for commonly prescribed special diets where the expenses exceed ordinary food costs and the actual costs are not known:

Special Diet Rates	Benefit
Calories (all age groups) – for diabetes, weight reduction and modified fats (low cholesterol): 1900 - 2499 2500 +	\$27 \$42
Dialysis	\$35
Food Supplements High Protein Diet - for acute conditions where the treatment is intensive and for a specified time period.	actual cost \$53
Pregnancy or Lactation	\$48
HIV or AIDS (to include food supplements)	\$140

Actual costs established by a registered dietitian may be provided for the above diets or those not listed above.

When more than one diet is prescribed, funds for the higher cost diet are provided.

Funds for special diets are not provided to those in hotels or emergency shelters with the exception of food supplements.

Tube Feeding:

Funds for special diets are not provided to those receiving level of care benefits except when tube feeding is required. For these recipients, the actual cost for food used for tube feeding products minus \$120 is provided.

For those in Community Living Service Delivery (CLSD) group homes, the total amount for the special diet minus \$140 is provided.

Food Supplements:

Food supplements (e.g., Boost, Ensure) are enriched food products prescribed by a physician for a specific condition for a specific time limit (e.g., Crohn's disease, malabsorption problems). The actual verified cost is provided. Supplements are considered a special diet.

Special diets for those unable to eat solid food:

The following deductions are made for children and adults who require special products as they are unable to eat solid food:

- **Child(ren)** - the actual cost of the special diet (including infant formula) in excess of \$70 per month is provided.
- **Adult** - the actual cost of the special diet in excess of \$120 per month is provided in addition to the adult allowance.

10.2.3 Home Care Services

These services are provided for adults and children through Home Care at rates established by Saskatchewan Health regardless of the number of services provided. Payment is not provided for recipients in board and room, licensed care, or family homes or where a level-of-care benefit is provided.

A home care benefit may be provided in exceptional circumstances with the supervisor's approval for services provided other than through *the Saskatchewan Health Authority*. This is not intended to compensate family members providing home care.

Meals on Wheels - The recipient's adult allowance is not reduced when receiving Meals on Wheels. These services are provided through Home Care. A benefit is provided to pay the Home Care user fee at rates established by The Ministry of Health.

10.2.4 Attendant Care

Recipients who require attendant care services are referred to the Health District to receive available services through Home Care or funding through the Individualized Funding Program.

10.2.5 Laundry Service

When a medical condition causes exceptional laundry requirements, actual laundry costs may be provided.

10.2.6 Special Care Allowance

\$25.00 per month may be provided for the purchase of services (e.g., snow removal, lawn care and/or wall washing) necessary to maintain a home if the spouse or dependant is unable to perform the tasks. The allowance may be provided to renters as well as home owners except for those who rent rooms or who share accommodation with others.

10.2.7 Activity Benefit

A benefit of \$25 per month may be provided to recipients with a disability who reside in approved private service homes licensed through *The Mental Health Services Act* or *The Residential Services Act* or in homes licensed through *The Personal Care Home Act*.

10.2.8 Adult Day Care for Respite

Respite care is temporary care of a person with a disability that provides relief for the usual caregiver. No funds are provided for adult or children's respite care in any other circumstances.

Recipients with a spouse requiring special care who are receiving the adult allowance may be provided a benefit for the spouse to attend an adult day care centre or respite facility.

10.2.9 Service Animals

Reasonable costs of food, veterinary, and hygienic grooming costs for specially trained service animals may be provided.

10.3 Mobility Aids, Devices, Equipment Benefits and Repairs

A benefit may be provided for the following:

- Wheelchair/Mobility Scooter repairs – required for mobility purposes related to a disability. Funds may be provided for reasonable repairs, including batteries, for equipment recipients own if Saskatchewan Aids for Independent Living (SAIL) or Workers' Compensation Board (WCB) is not a resource.
- Ceiling lift and hoist repairs – required for mobility purposes related to a disability. Funds may be provided for reasonable repairs, including batteries, for equipment recipients own, if Saskatchewan Aids to Independent Living (SAIL) or WCB is not a resource.

10.4 Special Benefits for Children

10.4.1 Transition Benefit for Children (TBC)

Benefits for children are provided through the Canada Child Benefit (CCB). Parents or caregivers must apply for the CCB immediately when there is a change in the number of dependents. The Transition Benefit for Children may be provided in absence of the CCB in the following instance:

One Month Non-Recoverable Benefit

The benefit may be granted on a pro-rated basis to assist with children's basic needs to a maximum of \$160 per month per child.

The benefit is provided from the date the child is added to the file until the end of the same month. If the child added is a newborn the benefit is provided only if the newborn was added to the file in the month of birth. Newborns not added to the file until after the birth month are not eligible for the TBC because CCB eligibility begins the month following the birth.

The benefit is issued for a maximum of one month with the exception of refugee claimants. Refugee claimants are eligible to receive this benefit until their claim and all associated appeals have been determined by the Immigration and Refugee Board.

The benefit is provided for the following children:

- newborns (birth month only)
- youth returning from custody facilities to parents/caregivers
- children returning to care of parents or caregiver from foster care, alternate care or placement with a designated person of sufficient interest
- Canadians returning from out of the country who are not receiving CCB payments
- refugee claimants (see Chapter 2.3.11) who do not qualify for federal CCB payments. For these refugee claimants, the non-recoverable benefit;
 - must be reviewed monthly and may be extended
 - can be issued to those awaiting a claim or appeal decision from Immigration, Refugees, and Citizenship Canada

Emergency assistance for those not eligible for the TBC

An emergency, recoverable benefit may be provided where a parent or caregiver is eligible for, but not receiving the CCB (see *Chapter 19.1*).

10.4.2 School Expenses for Children

An annual benefit is provided to cover expenses including supplies, school activity fees, textbooks, locker fees and gym clothing as follows:

For each child age 5*	\$ 50
For each child age 6 – 13*	\$ 85
For each child age 14 and older	\$130
*Children age 5 in grade 1 receive	\$ 85
*Children age 13 in grade 9 receive	\$130

A \$ 50 School Expenses Allowance is provided for children ages 3 and 4 when they are enrolled in a Ministry of Education Pre-Kindergarten program (a verbal declaration of enrollment is accepted).

The benefit is intended to meet all core educational expenses for the school year, including driver education. The school benefit is not pro-rated for those who apply after the beginning of the school year. Actual verified costs may be issued for Home Economics, Industrial, and Graphic Arts projects and/or for credit Physical Education classes.

Fees may be provided when attendance at summer school is necessary for children to complete a high school grade.

Tuition - Tuition fees are the responsibility of school boards.

10.4.3 Child Care

No funds are provided when:

- Family or friends do not charge for services;
- There is an active Child and Family *Programs* child protection case and the need for child care is related to the Child and Family *Programs* case plan;
- Saskatchewan licensed child care is used. The Child Care Subsidy provides a full subsidy for parents eligible for SAP. A deposit may be provided if required; or,
- The child is in pre-school unless the pre-school is used for child care while the parent is in training or employed.

Payment for child care costs is made to the parent for the care of their children and is based on the following guidelines. These guidelines are minimum rates. No receipts or reconciliation are required when paying guideline rates.

Private (Unsubsidized)		
	Half Day - 5 hours or less	Full Day - more than 5 hours
1 child	\$10	\$20
2 children	\$14	\$27
3 children	\$17	\$34
4 or more children	\$21	\$41

If child care costs are higher than the guidelines, a reconciliation using receipts is completed at least every 2 months. If the recipient is not making the payments, trusteeship is considered.

Funds may be provided in the following circumstances:

- as long as a parent(s) is employed or in training
- when a parent is required to seek employment
- when a parent due to illness or disability is unable to care for a child(ren)
- when a child is hospitalized and there are children at home
- for participation in an approved plan (e.g., AA, support group sessions)

- when a parent attends the Fine Option program
- when required for reasons outlined in *Chapter 10.5.9 - Transportation*

10.4.4 Special Maternity and Infant's Clothing

A benefit may be provided as follows for:

Maternity clothing - \$150

Layette for newborns (e.g., clothes) - \$110 per newborn. The benefit is not provided where service groups provide layettes.

10.4.5 Child Access (Visiting Children's) Allowance

Under current family law, joint custody is assumed unless the custody order or written agreement specifies that one parent has custody and one has access. Where children are in care, the Minister has custody of children and the parent(s) may have access. This benefit may be provided when children visit a parent with access who does not receive the Canada Child Benefit (CCB). The benefit of \$160 per month per child is provided on a pro-rated basis. The visit must be at least 24 hours before the benefit is paid. For visits over 24 hours, the benefits are provided for each day even if the child(ren) stays a portion of a day. When the benefit is provided for more than 15 days/month for more than 2 consecutive months (except for summer holidays), the parent is required to apply for the CCB. If not eligible for CCB the benefit may be continued. No other needs are provided.

10.5 Transportation Benefits

Recipients are expected to meet their normal travel costs including the cost of license plates from the monthly adult allowance. Recipients are expected to seek services from the location nearest their home community. Funds for travel costs are not provided for visits between non-custodial parents and their children. Ambulance services and some other medically related transportation services are provided by Health. (See *Chapter 20.1.4*).

Funds for travel costs by the most practical and economical means are provided. When recipients are eligible for funds for more than one reason, funds for the most economical travel mode are provided (e.g., bus pass in urban centres). For exceptions, see *Chapter 10.5.2*.

Mileage rate (funds to cover gas, oil)

For those residing south of the 54th Parallel

- 22 cents per kilometer for a private vehicle
- 27 cents per kilometer when a driver other than a member of the family unit is required because the recipient is unable to drive or has no access to a vehicle.

For those residing north of the 54th Parallel

- 24 cents per kilometer for a private vehicle

- 29 cents per kilometer when a driver other than a member of the family unit is required because the recipient is unable to drive or has no access to a vehicle.

(1 mile = 1.6 kilometers)

Transportation benefits are provided in the following circumstances:

10.5.1 Medical Purposes

Travel for medical purposes may be provided. Recipients are expected to seek services from the location nearest their home community. Under exceptional circumstances, the supervisor may approve travel to another location within the province (e.g., CLSD recipient whose behaviour cannot otherwise be managed, no pharmacy within the community of residence.) For out-of-province travel, see Chapter 20.1.4.

A benefit of \$10 per trip for taxi and/or \$10 per day for parking may be provided. If additional funds are required, the benefit is assessed on the actual cost of bus fare, taxi or other modes of transportation. Where costs amount to more than \$10 per month because of a chronic medical condition, a monthly payment based on average cost is established and reviewed periodically.

Escorts for Medical travel

This benefit is related to the medical travel of the recipient and is not for attendant care or for services required when a recipient is in hospital or receiving treatment.

A travel benefit for one non-medical escort to and from a medical appointment or treatment may be approved, upon a request from a medical professional, Mental Health worker or CLSD worker only when there is a legal or medical requirement such as:

- where the recipient has a severe physical disability and requires help with activities of daily living;
- where the recipient is medically incapacitated;
- where the recipient has been declared "mentally incompetent" by a court of competent jurisdiction and benefits are needed to access medically required health services;
- when there is a need for legal consent by a parent or guardian who is not part of the family unit;
- to accompany a minor who is accessing medically required health services except for a Status Indian parent living on reserve.
- when a language barrier exists to access medically required health services and these services are not available at the referred location; or
- to receive instructions on specific and essential home medical/nursing procedures, and it is not possible for the instruction to be received in any other manner.

When an escort has been authorized, a benefit for the escort's meals and lodging may also be provided. The following criteria should be considered in approving a transportation benefit for a medical escort:

- a family member who is required to sign consent forms or provide a patient history;
- a reliable member of the community;

- physically capable of taking care of themselves and the recipient and not requiring assistance or an escort themselves; and/or
- proficient in translating.

Support Person Required for Medical Treatment of Life Threatening Conditions

In exceptional circumstances a benefit may be provided for travel, accommodation and meals for one support person when the following conditions are met:

- the health professionals providing the treatment of a life threatening condition require that the patient have the assistance of a support person during convalescence and rehabilitation following the medical procedure or treatment.
- benefits for a support person are only provided if the recipient is not hospitalized during the majority of the time required for convalescence and rehabilitation after the medical procedure or treatment.
- a benefit for transportation costs is not provided for both an escort and a support person (two persons) during the same medical trip.

For example, heart transplant surgery may require a family member or other support person to stay with the patient after surgery for a period of three months or more for outpatient transplant rehabilitation. Without a commitment for a support person for the three-month period, the transplant surgery will not proceed.

10.5.2 Travel needs due to disability

A benefit of \$20 is provided to those with a disability living independently. In addition, the actual cost or mileage rate is provided to recipients with a disability when transportation is required for employment, education, and/or medical purposes.

Mileage may be provided when a driver (e.g., home operator) is required to enable a recipient to attend educational, therapeutic, or rehabilitative programs at non-profit organizations and institutions. For those who attend regularly (at least 3 days per week), the mileage rate is calculated per recipient per kilometer for a maximum of 5 recipients. If attendance in the program is for longer than 2 hours per day, the mileage may include 2 round trips (allowing the driver to return home between drop off and pick up times).

Rates may be negotiated by the Service Delivery Manager in consultation with Program and Service Design for transportation of recipients by private carriers (e.g., taxi, bus) when more than one recipient is transported.

The actual cost or mileage rate may be provided for travel to Camp Easter Seal, Camp Thunderbird or Camp Buffalo. The supervisor may approve travel to another camp for those who would otherwise attend a Day Program.

Cosmopolitan Learning Centre and Industries Services

Effective December 1, 2016 benefits for travel for Community Living Service Delivery clients to attend day programs provided by Cosmopolitan Learning Centre (Regina) and Cosmopolitan Industries (Saskatoon) are not to be provided. Funding will be accessed through Community Living Service Delivery. Travel for other purposes (e.g. medical) and/or individuals who are not clients of Community Living Service Delivery may be provided in accordance with this policy.

10.5.3 Registered Indians

Registered Indians receive benefits for accommodation, food, and travel costs outside their community of residence from Health Canada. Arrangements are made in advance by recipients with federal officials. Local travel needs may be provided through Social Services.

10.5.4 Northern Travel

Social Services assesses eligibility and nominates for supplementary health coverage before medical trips can be authorized.

Health authorizes medical travel on the basis of eligibility for supplementary health.

Social Services is responsible for health-related local transportation and all meals and/or accommodation costs required as part of the medical trip.

Health is responsible for authorizing long distance travel which is related to a health need as well as subsequent transportation costs when it is an extension of the medical trip (e.g., taxis from airport to medical appointment). This responsibility extends to both outgoing and return long distance trips. This includes authorizing transportation by commercial carriers. Children covered by Family Health Benefits are eligible for medical travel through Health. In most cases one parent may accompany the child as a medical escort. See Chapter 2.3.6 and Appendix at the end of Chapter 20.

10.5.5 Training, employment or other programs outside of the community of residence

Funds for the actual cost or mileage rates may be provided to participate in training, employment or other programs approved as part of a case plan.

10.5.6 Travel costs to take children to child care

Funds for the actual cost or mileage rates may be provided for parents and children to take children outside their home to child care when parents are attending training or programs approved as part of a case plan.

10.5.7 School transportation benefits

Funds for the actual cost or mileage rate is provided for children attending elementary (includes a Ministry of Education Pre-Kindergarten program) or secondary school when transportation is not

provided by the school board and when children live more than one kilometer or eight blocks from school or the distance determined by school boards.

10.5.8 Travel for special needs children in a licensed child care facility

Funds for the actual cost or mileage rate is provided for children age 6 and under enrolled in a licensed child care facility who require these services as a result of medical, physical, social, emotional, developmental, or language needs.

10.5.9. When families are not a resource, travel benefits may be provided to:

- attend a job interview outside the community of residence within Saskatchewan where a similar opportunity does not exist within the community.
- accept confirmed employment or attend a training program outside of the community of residence.
- participate in an approved participation plan (e.g., AA, counselling, support group sessions for abused persons or abusers). When there is an active protection case, no benefit is provided for travel related to the Child and Family Programs case plan.
- attend one visit with a family member with life threatening illness and/or a funeral service for a family member. Family member includes: grandchildren and the family who raised the recipient (parents, grandparents, siblings). Funds may be provided within or outside the province for a family member. The decision as to the number of family members who receive a travel benefit is based on specific circumstances. A maximum amount up to \$400 per family unit may be provided. The rate includes travel, accommodation, meals and child care costs.
- visit a member of the family unit (recipient and his or her dependants – spouse, children) with a serious medical condition and/or attend a funeral service of a member of the family unit. The actual cost of public transportation or the mileage rate, whichever is most economical, is provided.
- a recipient with a disability to visit a parent once a year, where the visit takes place outside the community of residence within the province and the parent is a SAID beneficiary or SAP recipient and is unable to travel due to disability. A maximum of \$400 may be provided. The actual amount is provided if the costs are less than \$400. The rate includes travel, accommodation, meals and child care costs.
- for a custodial parent to visit child(ren) in residential care (e.g., hospital) as part of an approved plan where the visit takes place outside the community of residence.
- attend regional or provincial appeal hearings outside the community of residence, if requested.
- attend legal aid offices.
- travel to or from family shelters.
- attend court appearances within the province - criminal, Family Services, divorce, child custody/access unless travel costs are provided by another agency/ministry (e.g., Ministry of Justice and Attorney General for subpoenaed witnesses)
- attend mandatory parent education classes as part of a separation or divorce action.
- attend an initial visit with birth parents or biological son or daughter within or outside the province. Funds to a maximum of \$400 may be provided.

- attend a local service centre outside of the community of residence to pick-up Saskatchewan Assistance Program (SAP) cheques in the event of postal disruption.
- attend a SAID disability assessment or to obtain the signature of a reference person for a SAID application.

10.6 Housing Supports Benefits

10.6.1 Shelter Arrears Prior to Application

Mortgage or tax arrears accumulated prior to application may be paid only if the health and safety of the recipient is threatened and if the unpaid arrears were a result of lack of funds in the past. Minimal amounts to prevent eviction may be provided.

Based on notification from the Provincial Mediation Board, tax arrears including any penalty fees, lien costs and legal fees accumulated prior to application may be provided.

Factors to be considered include:

- the cause of arrears
- the amount of arrears
- the value of the property and the equity of the property
- suitability of the accommodation
- the length of time the recipient has lived in the property
- the recipient's long-term plan
- length of time the recipient is expected to receive benefits

Rent arrears accumulated prior to application may be paid only if the health and safety of the recipient is threatened and if the unpaid arrears were a result of lack of funds in the past. Minimal amounts, not exceeding actual rent amounts, to prevent eviction may be provided.

The maximum payment may not exceed the actual cost of shelter arrears for a period of 3 months.

Approval of the supervisor is required for payment exceeding \$500.

10.6.2 Security Deposits

Recipients whose benefits are discontinued due to employment may receive funds for a security deposit in an amount of one half of their approved shelter allowance. Payment is made to the recipient.

10.6.3 Repairs to the Primary Residence

The Saskatchewan Housing Corporation administers a number of home repair programs as well as a home modification program for persons with a disability and seniors. The Emergency Repairs Program offers financial assistance to help low-income homeowners complete emergency repairs to make their homes safe.

The Provincial Disaster Assistance Program (PDAP) may assist municipalities and individuals who suffer uninsurable losses from a natural disaster.

Clients are expected to cover minor home repairs or maintenance needs through the adult allowance. Advances may also be requested to meet these needs. See Chapter 9.1.1 for advances.

10.6.4 Household Equipment, Furniture, Furnishings and Supplies

Recipients are expected to provide for their household furnishings through the monthly adult allowance. No benefit is provided to those living in board and room or room rental arrangements, licensed care, or family homes except for infant cribs. No benefit, except for infant cribs, may be provided to recipients who have been in receipt of benefits for less than 12 consecutive months unless the need is urgent, approved by the supervisor, and is limited to situations in which not having the item poses a health or safety threat. The length of time the recipient is expected to receive benefits is considered.

Benefits for basic household furnishings may be provided to those who have never owned the items before. The most economical means of meeting the needs is considered. The item(s) requested and amount granted are documented in a chronological recording.

Needs over \$500 are assessed by home visit unless the supervisor waives the requirement.

Estimates or receipts are not required when using cost guidelines.

The following cost guidelines are used:

Basic Household Equipment and Supplies	Cost	Basic Furnishings	Cost
cleaning utensils	\$15	beds	\$250
cooking equipment	\$80	chest of drawers	\$110
curtains	\$45	cribs	\$210
dishes	\$30	high chair	\$60
linens	\$75	kitchen table and chairs	\$250
lamps	\$45	sofa and chair	\$350
		fridge	\$540
		stove	\$500
		washer	\$450
		dryer	\$320
		vacuum cleaner	\$125
Delivery and taxes to be added			

An additional 25% is allowed for communities served by the Buffalo Narrows and la Loche offices and for the communities of Cumberland House, Creighton, Uranium City, Wollaston Lake, and Pelican Narrows.

Advances and Household Equipment, Furniture, and Supplies

An advance is the first resource when replacing or repairing household items (e.g., fridge, stove, washer). See Chapter 9.1.1 for advances. A special needs benefit may be provided in addition to the advance if the advance is not sufficient to cover the cost.

The full advance is used for replacement items before providing additional funds with the exception of:

- the destruction of household furnishings as the result of a natural or man-made disaster. The insurance deductible may be provided if this is the most economical way to replace furnishings.
- never had furnishings and requires the item(s) due to:
 - an increase in family size (e.g., purchase of crib for newborn).
 - a move to unfurnished accommodation that is more suitable for the family's need if this is an appropriate plan.
 - household equipment necessary for the treatment of a medical condition and upon the recommendation of a physician or health care provider, where other resources are not available. (e.g., humidifiers, orthopedic mattresses, air filters). The recipient may approach the Kinsmen Foundation, Red Cross and service clubs for items the Ministry does not provide.
- an advance is outstanding, the need is urgent and is approved by the supervisor, and is limited to situations where not having the item poses a health or safety threat. The length of time the recipient is expected to receive benefits is considered.

10.6.5 Moving Costs

Prior approval for moving costs is required. Funds for moving costs may be provided as follows:

Once per year

- for medical or health purposes
- for employment, education/training purposes
- when moving to more adequate or affordable accommodation. If more than one move in a year is required for this reason, the supervisor's approval is required
- when the rental property is no longer available or is sold

Once every two years – for eviction

For safety or other reasons beyond the recipient's control (e.g., when the rental property is no longer available or is sold for the second time in one year). – as often as required with supervisor's approval

The following rates are provided:

- singles and childless couples	-\$ 50
- families	-\$150

Estimates and receipt are required if the cost will exceed the above amounts.

Out of Province

Service Delivery Manager's approval is required when a SAP recipient requests help to move or return to another province for reasons such as employment, leaving an abusive relationship, or moving closer to family supports. Verification of the recipient's rationale for leaving must be obtained from the client and confirmed. If required, contact is made with the other province to advise that the client will require assistance once they arrive. The recipient's name, dependents and relevant circumstances regarding the move are provided.

Funds for moving basic household belongings may be provided when prior approval is obtained. The rates are:

- Singles and couples without children \$50
- Families \$150

If the most economical method of moving results in costs exceeding established rates, submission of estimates or receipts is required, prior to the move, for approval.

Funds for moving basic household belongings may be provided. Other costs such as meals and accommodation may also be provided.

Meals – Funds for purchasing meals while moving may be provided (per person):
\$20 Daily: \$5/day for breakfast, \$6/day for dinner and \$9/day for supper.

Accommodation – Funds for accommodation may be provided during the move for the most economical option.

If the client requires accommodation in another province along their route and there are issues involving benefit disbursements (e.g., requisitions issued only valid in Saskatchewan), contact with the accommodation (most economical) should be made to request that the Ministry be billed for the recipient's stay.

Moves to Saskatchewan

The Ministry of Social Services will not accept responsibility for moving costs. Recipients may move with the Ministry's agreement. For eligibility of those who have received benefits from another province or Indian Band, see Chapter 2.3.3.

10.7 Employment, Training and Transition Benefits

10.7.1 Clothing required for training/graduation

Funds for the actual cost of clothing required for training may be provided where not provided by the training program.

- Grade 8 graduation clothing - \$75
- Grade 12 - \$175

- A benefit of \$120 is provided to those on SAP in adult education programs (e.g., Adult Basic Education (ABE), short skills courses) to participate in a formal graduation.

10.7.2 Commencement of Employment Costs

Funds for work boots, special clothing, mandatory licenses (not including outstanding fines charged against licenses), fees or permits, criminal record checks, Hepatitis B immunization and minor tools may be paid when essential to employment and when not provided by the employer. Employers, including Community Living Service Delivery day programs, are required to provide protective equipment which they deem necessary to do the job.

Employment Supports (receipts not required):

- A benefit of \$40 is provided once per application to assist with the cost of:
 - travel within the community of residence and/or incidental expenses to attend job interviews; and,
 - travel to work within the community of residence until first pay.
- A benefit of \$50 is provided once per application to assist with the cost of one month's vehicle registration where a vehicle is required for employment purposes (e.g., delivery, courier, where the vehicle is used on the job).

10.7.3 Transition Allowance

The Transition Allowance may be provided when there is prior approval of a case plan for training or education.

- An allowance of \$20 per month may be provided for participation in part-time programs of up to 15 hours per week.
- An allowance of \$40 per month may be provided for participation in programs of 16 hours or more per week.

The allowance is provided from the date the case plan is approved or the month the program commences, whichever is later. The allowance is not prorated for attendance, date of commencement or date of completion.

The Transition Allowance is provided as part of an approved case plan to a recipient, spouse or child over 18 but under 19, who is:

- awaiting PTA, student loans, Skills Training Benefit, and other funding sources;
- eligible to receive benefits to top up PTA;
- involved in short term (less than 4 weeks) pre-employment skills training;
- an adult enrolled in high school;
- participating in a training placement for a maximum of 6 weeks leading directly to a job where the course is not approved for PTA, student loans or other education funding; or,
- involved in a structured, capacity building program which prepares recipients for further training or employment for a maximum of 6 months and where the course is not approved for PTA, student loans or other education funding. These programs do not include intermittent activities

(e.g., Alcoholics Anonymous, counselling, support group sessions or driver training.) For these activities see *Chapter 10.5.9*.

In addition to the Transition Allowance, an adult attending a secondary educational institution may be provided a benefit for school supplies of \$130 per calendar year.

Training program related costs approved by the Income Assistance worker:

- Transcripts - Funds may be provided for transcripts required for training programs.
- Deposits
 - Deposits may be provided for approved training
 - Course-related costs for online high school courses where this is the only reasonable means for the recipient to complete high school and it is part of an approved case plan.
 - No book deposits are provided, other than a GED book deposit.
 - Funds for other costs such as criminal records checks, processing fees, Hepatitis B immunization may also be provided.

10.8 Funeral Expenses

10.8.1 Funeral Arrangements

In the absence of next of kin, a relative, or other responsible person, the funeral director may make the application for funeral expenses for those not receiving Saskatchewan Assistance benefits. *The application for funeral expenses (form 1244) is not completed for those who were receiving benefits when they died.*

10.8.2 Application (for those not in receipt of benefits)

For those not in receipt of SAP benefits, an application should be made before arrangements are completed but not later than three months from the date of burial. This time period may be extended with the supervisor's approval in exceptional circumstances. Form 1244 is completed when a friend, relative, or funeral director (*last resort*) applies on behalf of the deceased.

10.8.3 Eligibility

All assets (real and liquid) are considered a financial resource including the Canada Pension Plan (CPP) Death Benefit and the last Old Age Security (OAS), or Guaranteed Income Supplement (GIS).

In the case of a dependant child or spouse, the family's resources are considered. For veterans, funds through the federal ministry of Veterans Affairs (Last Post) may be available.

The application is denied if:

- assets of the estate are sufficient to cover (by the family) of a funeral using Ministry rates.
- the funeral costs have already been paid.

If there is eligibility for a funeral benefit, and there is no executor, the family shall be advised that the CPP Death Benefit will be collected by the Ministry to cover the expenses of the funeral if the Ministry pays for the funeral (see *Chapter 10.8.6*). If there is an executor, the executor shall inform the Ministry of the anticipated CPP Death Benefit and this amount is deducted from the funeral benefit (*beginning January 1, 2019, all CPP contributors who are eligible to receive the death benefit will receive a flat rated benefit of \$2,500*).

Funds provided by an Indian Band, friend or relative (other than a member of the family unit), for funeral expenses not provided through this policy (e.g. tombstone, or a more expensive casket), are not considered a resource.

Incidental Funeral Expenses

A benefit in the amount of \$100 for incidental funeral expenses may be provided to the head of the family or surviving spouse who receives benefits when a member of the family unit (receiving SAP benefits) dies.

10.8.4 Rate Schedule for Funeral Expenses

Basic Funeral Expenses (Adults and Children)	Amount
The fee will cover the basic preparation of the deceased person's remains, a standard casket*, urn*, all required fees, all transfers of the body within 20km, and documentation.	\$2,100
Additional Funeral Expenses (Adults and Children)	
Transportation – when travel beyond 20 km round trip is required for hearse and one other vehicle – travel per vehicle (<i>the initial 20km is included in the benefit calculation when the distance travelled exceeds 20km</i>)	Public Service Commission km rates (rounded to the nearest cent)
Embalming (when required or requested by family)	Actual cost not to exceed \$700
Cremation (if requested by family)	Actual cost not to exceed \$925
Funeral Ceremonial Services/Rituals (if requested by family)	Actual cost not to exceed \$700
Grave liners/ <i>vaults</i> (minimal vault or wood box) – when required by municipal bylaw	Actual cost
Oversize and/or hermetically sealed casket (cost in excess of basic fee)	
Hermetically sealed body bags for cremations when required or requested by the family (in lieu of hermetically sealed caskets)	
Cemetery plot - opening and closing/ grave set-up fees	

Basic Funeral Expenses

Services include all transfers from the place of death including use of hearse or other transfer vehicle (20 km), mandatory documentation, dressing, cosmetics, identification, transfer to cemetery or crematorium including equipment required to provide these services, and all planning through to the final disposition of remains.

*Standard casket for all burials: a casket of similar quality and not exceeding the cost of an Imperial #2 or Batesville #10. Use the wholesale cost of the Imperial #2 or Batesville #10 (plus 20% merchandise markup, PST and delivery charges) when determining extra cost for an oversize or hermetically sealed casket.

*Urn - for all cremations with a service and/or visitation or if requested by the next of kin. If an urn is not requested and there is no service or visitation, remains will remain in the container in which they are returned from the crematorium.

Hermetically sealed body bags may be provided instead of hermetically sealed caskets for cremations if requested.

Funeral Services/ Rituals

Benefits for funeral services/ rituals may be provided in addition to basic funeral expenses up to the maximum amount if requested by the family. Funeral services may include visitations and ceremonial services in a chapel or church.

Cremation Fees

Benefits for cremation fees and all associated equipment may be provided in addition to basic funeral expenses *up to the maximum amount* if cremation is requested by the family.

Embalming Fees

Benefits for embalming may be provided in addition to basic funeral expenses *up to the maximum amount* if requested.

Other

Actual cost defined - Actual cost on manufacturer/supplier invoice, plus freight and PST when applicable (does not include GST). Actual costs billed to the Ministry should reflect the published prices as required under Part IV of the *Funeral and Cremation Services Regulations*. *All invoices/receipts must be submitted to the Ministry.*

The Ministry does not provide a benefit for any items not specified in the above allowable expenses. Examples include: clothing, flowers, guest register, "Thank You" cards, printed memorial folders, obituary, death certificates, limousines or sedans, fees for clergy, church fees, musicians, lunch receptions, requested upgrades to casket, urn, and vault etc.

The cemetery plot is provided at no charge by the city or municipality, and therefore, no benefit may be provided for this expense. *Actual costs for equipment and services associated with the cemetery plot may be provided (e.g., opening/closing, grave set-up fees, grave liners where required by municipalities).*

10.8.5 Transportation of the Deceased Person

Transportation is limited to the boundaries of the province except for the cities of Flin Flon and Lloydminster. *If the deceased was an active client and out of the province at the time of death and the body/remains are to be interred in Saskatchewan, transportation to Saskatchewan may be provided.* Transportation costs for a funeral and burial to a location other than the community of residence at the time of death may be provided with prior approval (e.g., recipient passes away in hospital in a location other than his/her community of residence, *deceased recipient living off-reserve is to have*

funeral and burial on-reserve), and approval must be documented in a file recording. Funds for costs to transport the deceased to a location other than that of the funeral, for burial, are not provided.

If a funeral home does not have cremation facilities, transportation costs to the nearest available crematorium may be provided. If the nearest available crematorium is located in a different province, transportation costs may be granted. Two round trips to the nearest available crematorium from the funeral home may be provided if required.

If authorized by a Coroner, fees related to the transportation of a body from the scene of death to a hospital (for autopsy) or to a holding facility (e.g., morgue, funeral home) are paid by the Office of the Chief Coroner in accordance with *The Coroners Regulations, 2000*. This would include paying for the cost related to the transportation of the body from the hospital or holding facility back to the scene of death. Charges for autopsies requested by the next-of-kin are not provided through Saskatchewan Assistance Program.

10.8.6 Payment Process

All payments for funerals are made to the funeral director *including cemetery related costs*. Neither PST nor GST charges are included in the payment.

The Ministry's Financial Services Branch (FSB) applies, on behalf of the Ministry, for the CPP Death Benefit *when there is no executor*. These resources are not deducted from the amount paid to the funeral director. The following information is provided to FB in writing (form letter 3009):

- name of deceased
- address
- SIN
- date of birth
- marital status at the time of death
- known bank accounts
- certified copy of the Death/Burial Certificate
- certified copy of the paid funeral expense invoice
- *presence of a will*
- *executor's name, if applicable*
- *amount of funeral costs paid by the ministry*

FB receives the death benefits and considers them a refund to the Ministry.

10.9 Advocates

Recipients may have a person of their choice from their area or from outside their area with the supervisor's approval represent them at Social Services and Office of Residential Tenancies (ORT) appeal hearings. At their request, \$45 per hearing may be paid for an advocate other than a spouse, dependent child or funded agency. Payments are made to the recipient or trustee.

For ORT hearings, payment may be made for one hearing concerning a security deposit matter. Payment form is available from the ORT.

For Social Services hearings, the fee is paid for one hearing unless a further hearing is ordered by the Chairperson. Advocates' travel and meals may be provided at government rates for Regional Appeal Committee and Social Services Appeal Board hearings.

10.10 Northern Living Supplement Benefits

A supplemental benefit of \$50 per month per person is provided to recipients living north of the 54th parallel as well as Barthel, Cumberland House and Pemmican Portage.

Northern Communities/Northern Living Supplement Benefits

Air Ronge	Denare Beach	Jans Bay	Patuanak	Stony Rapids
Barthel	Deschambault Lake	Key Lake	Peerless	Sturgeon Landing
Beauval	Descharme Lake	Key Lake Mine	Pelican Narrows	Sucker River
Beaver Lake	Dillon	Kinoosao	Pemmican Portage	Timber Bay
Black Point	Dipper Lake	La Loche	Pierceland	Turnor Lake
Black Lake	Dore Lake	La Ronge	Pinehouse Lake	Uranium City
Brabant Lake	Dorintosh	Landing	Points North Landing	Waterhen Lake
Buffalo Narrows	Elak Dase	Loon Lake	Primeau Lake	Waterloo Lake
Camsell Portage	Eldorado	Makwa	Rabbit Lake Mine Site	Weyakwin
Canoe Narrows	Fond Du Lac	McLennan Lake	Rapidview	Whelan
Cluff Lake Mine Site	Garson Lake	Meadow Lake	Sandy Bay	Wollaston Lake
Cole Bay	Goodsoil	Michel	Sled Lake	
Collins Bay	Grandmother Bay	Missinipe	Southend	
Cree Lake	Green Lake	Molanosa	St. George's Hill	
Creighton	Ile a la Crosse	Montreal Lake	Stanley Mission	
Cumberland House	Jan Lake	Neeb	Stony Lake	

Northern Communities/Home Care – 10.2.3

Air Ronge	Denare Beach	Jans Bay	Pinehouse Lake	Turnor Lake
Beauval	Deschambault Lake	Key Lake	Points North Landing	Uranium City
Beaver Lake	Descharme Lake	Key Lake Mine	Primeau Lake	Waterloo Lake
Black Point	Dillon	Kinoosao	Rabbit Lake Mine Site	Weyakwin
Black Lake	Dipper Lake	La Loche	Sandy Bay	Whelan
Brabant Lake	Dore Lake	La Ronge	Sled Lake	Wollaston Lake
Buffalo Narrows	Elak Dase	Landing	Southend	
Camsell Portage	Eldorado	McLennan Lake	St. George's Hill	
Canoe Narrows	Fond Du Lac	Michel	Stanley Mission	
Cluff Lake Mine Site	Garson Lake	Missinipe	Stony Lake	
Cole Bay	Grandmother Bay	Molanosa	Stony Rapids	
Collins Bay	Green Lake	Montreal Lake	Sturgeon Landing	
Cree Lake	Ile a la Crosse	Patuanak	Sucker River	
Creighton	Jan Lake	Pelican Narrows	Timber Bay	

10.11 Pest Control

If a recipient is responsible, funds may be provided if this is a more economical alternative to replacing essential furniture items. If the recipient claims no responsibility or if the recipient lives in a multi-unit building (where treatment of one area will be ineffective), he/she contacts the landlord and requests pest control. If refused, the recipient contacts Public Health regarding a pest control

order. If that fails, the recipient may apply for an emergency order through the Office of Residential Tenancies.

10.12 Special Circumstances Benefits

This section is not to be used for granting items not allowed in *Chapters* 10.1 to 10.11 or for items such as organization fees, weight control programs, music lessons, health or medical items not covered by the Health Ministry (e.g., bubble pack for medication, blood pressure monitor, or over the counter drugs), respite, or legal fees.

A benefit may be provided for:

- Clothing supply seriously depleted - a clothing allowance may be provided if the clothing supply is seriously depleted at the time of application as a result of a disaster or due to extraordinary circumstances.
- Equipment or services for those who have a hearing impairment such as master alert, door beacon shake awake alarm, interpreter fees, etc.
- Bank Searches and Financial Audits - The Ministry pays for service charges incurred in obtaining necessary financial records and conducting audits.
- Certified Copies of Maintenance Orders - Payment may be provided to obtain certified copies of maintenance orders granted in other provinces or countries. There is no charge for maintenance orders from Saskatchewan.
- Medic alert bracelets and related costs (e.g., registration) as recommended by a medical professional (form 1092).
- House Locks - Funds may be provided where safety is a concern whether accommodation that is owned or rented.
- DNA Blood Testing - Funds may be provided for costs associated with testing required to determine paternity. Testing must be recommended by a lawyer. Whether payment is made is also based on the likelihood of the respondent being a viable financial resource and the potential for successful enforcement of a maintenance order. The Ministry will make payment for testing of the recipient and child only, not the respondent. Payment may be made in advance, if requested.
- Identification - Funds may be provided to the recipient to obtain documents necessary to obtain a Social Insurance number, to purchase documents required for the purposes of applying for other financial benefits, or to obtain photo ID to enable a recipient to open a bank account.
- Crutches – funds may be provided in emergency situations.
- Storage - Funds may be provided on a short-term basis when recipients are unable to move furnishings immediately in such circumstances as:
 - leaves an abusive relationship;
 - new accommodation is not available when anticipated;
 - short-term admission for health care.
- Funds may be provided for transfer of legal title when an agreement for sale or home purchase loan is completed and fully paid and the title is solely in the recipient's name.
- Funds to pay for probating a will to allow for transfer of title of property inherited by recipient.
- Mandatory methadone lock boxes for individuals receiving methadone treatment.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
10.1.1 - Special Telephone		<ul style="list-style-type: none"> • Phone bill • First Alert, Life Line – diagnosis of life-threatening illness and recommendation by physician, contract of monthly bills
10.2.1 - Clothing	Recipient verbal statement for: Commencement of training Graduation clothing	<ul style="list-style-type: none"> • Medical clothing – physician or health professional recommendation – <i>Form 1092, Form 1093, Daily Living Support Assessment (DLSA), note or verbal statement. Receipt required. Copy of requisition for footwear replacement.</i> • Incontinence costs are reconciled annually. • Statement, invoice receipt for actual cost.
10.2.2 - Special Food	<ul style="list-style-type: none"> • Lactation – recipient verbal statement • Infant formula – verbal statement • Specialized formula – health professional 	<ul style="list-style-type: none"> • <i>Form 1092</i> – required annually. • Pregnancy – statement from physician or health professional • Food supplements and infant formula – receipt or statement
10.2.3 - Home Care		Home care bill or statement
10.2.5 - Laundry - medical		<i>Form 1092</i> (if not already on file)
10.2.6 - Special Care Allowance	Recipient verbal statement spouse or dependant unable to perform household tasks	<i>Form 1092</i> already on file
10.2.7 - Activity Benefit	Recipient receiving level of care in a licensed facility	
10.2.9 - Service Animals		Guide/Service dog – veterinarian's bills or statement, service dog training certification documents
10.3 - Disability related mobility aids, devices, equipment, repair	Recipient verbal statement for: - wheelchair repair - ceiling hoist repair	
10.4.1 - Transition Benefit for Children (TBC) – one month non-recoverable	<ul style="list-style-type: none"> • Recipient verbal statement not receiving CCB • Verbal statement from Child and Family Programs if child in care or custody 	<i>Form 1243</i> for newborns
10.4.2 - School Expenses	Pre-Kindergarten recipient verbal statement	Receipt or statement for home economics, industrial arts projects and/or credit physical education classes or fees for summer school
10.4.3 - Child Care		Receipt or statement from caregiver if above the guidelines
10.4.4 - Maternity and Infant's Clothing	Recipient verbal statement for layette and maternity clothing	
10.4.5 - Child Access Allowance	Child in care – recipient verbal statement or verbal statement from Child and Family <i>Programs</i>	Copy of custody order or written agreement and recording.
10.5 - Transportation	Recipient verbal statement for:	<ul style="list-style-type: none"> • Medical travel – appointment card from

Benefits	<ul style="list-style-type: none"> • Employment/training outside community of residence • Child school transportation re: distance to school • Non-continuous travel – job interview, accept employment • Attend activities related to case plan • Attend funeral services • Serious medical • Attend appeals – verbal request • Travel to/from Family Shelters • Visits with family unit 	<p>physician, health care receptionist, <i>Form</i> 1092, report or letter from health care professional or taxi receipt or invoice indicating address of health facility or doctor’s office</p> <ul style="list-style-type: none"> • Medical – if taxi exceeds \$10/day or if parking exceeds \$10/day, receipts are required • Bus fare – verbal or website confirmation rate • Attend court appearances – copy of request to attend court
10.6.1 - Shelter Arrears Prior to Application		Eviction or foreclosure notice
10.6.2 - Security Deposits	Recipient verbal statement	<i>Form</i> 1006
10.6.4 - Household Equipment/Furniture		<ul style="list-style-type: none"> • For payment of insurance deductible, copy of policy • Items necessary for medical reasons – recommendation of physician or health provider • <i>Estimates or receipts</i> are required if cost guidelines not used
10.6.5 - Moving costs		<i>Estimates or receipts</i> required if cost guidelines not used
10.7.2 - Employment Expenses	Recipient verbal statement	
10.7.2 - Employment Supports	Recipient verbal statement	
10.7.3 - Transition Allowance	Recipient verbal statement	<ul style="list-style-type: none"> • Acceptance letter when paying course related costs (e.g., transcripts) • Provincial Training Allowance (PTA) assessment recording
10.8 - Funerals	Recipient verbal request for incidental funeral expenses	<ul style="list-style-type: none"> • <i>Form</i> 1244 for those not receiving benefits • Bill from funeral home
10.9 - Advocates	Recipient request	ORT Office form
10.11 - Pest Control	Recipient verbal request for fumigation	Fumigation – invoice, statement or receipt
10.12 - Exceptional Circumstance Benefits	<ul style="list-style-type: none"> • Bank Search and Audits – no verification required • Hearing impaired – special equipment, interpreting fees – recipient verbal statement (<i>form</i> 1092 on file) • Recipient verbal request for: <ul style="list-style-type: none"> ○ copies of maintenance orders ○ crutches ○ identification ○ methadone lock boxes – verbal statement from methadone clinic 	<ul style="list-style-type: none"> • DNA testing – letter from lawyer • Storage – bill required • Letter of Probate for probating a will • Medic Alert Bracelet – <i>form</i> 1092

Delegation of Authority

The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager

Approval Items	Reference	Approval Required
Home Support Services <ul style="list-style-type: none"> • In exceptional circumstances • Over \$5,000 	Reg. Table 2 Items 16 and 17 10.2.3	S M
Disability Related Mobility Aids, Devices, Equipment Benefits and Repair – over \$5,000	Reg. Table 2 Item 23 10.3	M
Travel – in exceptional circumstances for the recipient to seek services from a location other than that nearest the home	Reg. Table 2 Item 30 10.5.1	S
Travel for those with a disability to attend camp other than Camp Easter Seal, Camp Thunderbird, or, Camp Buffalo	Reg. Table 2 Item 30 10.5.2	S
Shelter arrears prior to application over \$500	Reg. Table 2 Item 31 10.6.1	S
Household equipment <ul style="list-style-type: none"> • Over \$5,000 • Basic furnishings except infant cribs – receiving benefits less than 12 consecutive months • Waiver of home visit for needs over \$500 • Urgent need and not having the item poses a risk to health and safety 	Reg. Table 2 Item 33 10.6.4	M S S S
Moves <ul style="list-style-type: none"> • More than once a year when moving to more adequate or affordable housing • Out of province 	Reg. Table 2 Item 34 10.6.5	S M
Commencement of employment costs over \$5,000	Reg. Table 2 Item 36 10.7.2	M
Transition Allowance – placement longer than 6 weeks	Reg. Table 2 Item 37 10.7.3	S
Funeral expenses application after 90 days	Reg. 22 10.8	S
Payment to advocates outside area	Reg. 23 10.9	S
Exceptional Circumstances – over \$5,000	Reg. 25 10.12	M

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 26	11 Security Deposits	CH 11

Intent

When required, security deposits may be guaranteed for recipients in the amount of their approved shelter allowance including any excess shelter approved. Those receiving Provincial Training Allowance (PTA) through the Ministry of Advanced Education may also be eligible.

Policy

11.1 Security Deposit Guarantee

A security deposit is money given to a landlord or agent to be held as security for the payment of a liability of the tenant agreement. Rather than providing funds at the commencement of a tenancy, the security deposit is guaranteed in writing.

Security deposits may be guaranteed, in most cases, when recipients move. Security deposits and lease renewals prior to October 1, 1997 (\$125) will remain in effect until the recipient moves. Recipients requesting a security deposit after October 1, 1997 are not required to return a previously issued \$125 deposit.

Guaranteed security deposits are paid to landlords upon successful claim through the Office of Residential Tenancies (ORT) or through written agreement of the recipient to the claim. The guaranteed amount is the approved shelter allowance. This amount can change subject to increase or decrease of the shelter allowance. Those with rental costs above the approved shelter allowance amount may make private arrangements on the additional deposit amount with the landlord.

In shared accommodation, the guarantee is applied to the amount issued to each recipient.

A guarantee may be required when a youth receiving services from Child and Family *Programs* applies.

A guaranteed security deposit paid to the landlord is considered an overpayment as specified in *The Saskatchewan Assistance Act* Section 13.1 (5) except for relocating for employment or training, family violence or death. In these exceptional cases, the overpayment is waived by noting the circumstances in a file recording.

Social Housing - When recipients move from one unit to another, a transfer fee may be provided if required. Effective October 1, 2012, a security deposit equal to the minimum shelter rate for a single unemployable (see Chapter 9.3) may be provided to new tenants if required.

11.2 A security deposit is not guaranteed when:

- a recipient renting a property with an existing guarantee moves to another property owned by the same landlord. The security deposit guarantee is transferred;
- a recipient is paying board and room;
- it has already been provided to the landlord;
- it has not been requested by the landlord;
- it is not within the jurisdiction of *The Residential Tenancies Act*;
- a spouse moves. If the applicant moves the security deposit guarantee is transferred to the spouse remaining in the premises;
- a recipient has an agreement for sale and pays all rental monies to purchase price and is responsible for maintenance and taxes;
- a new applicant remains in the same residence and has not paid a security deposit.

For recipients leaving SAP and their eligibility for a security deposit, see Chapter 10.6.2.

11.3 Appeals

Recipients may dispute a landlord's Notice of Claim for Social Services Guarantee to the ORT within 2 years from the end of tenancy. For overpayment recoveries, see Chapter 15.11.

If the recipient appeals the overpayment decision, he or she has 30 days to contact the Ministry concerning the overpayment.

11.4 Advocates

Upon request, the Ministry may provide \$45 for an advocate (other than a spouse or dependant) to attend an ORT hearing. Payment may be made for one hearing on an application concerning a security deposit matter. See Chapter 10.9.

11.5 Rent Arrears

For rent arrears while on SAP, see Chapter 9.10

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification	Documentation
	Recipient's verbal statement should be noted in a chronological recording.	
11.1 and 11.2 - Security deposit guarantees		<ul style="list-style-type: none">• Form 1006• Chronological recording to waive overpayment

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POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 27	12 Trusteeship	CH 12

Intent

A trustee may be appointed to handle a recipient's funds when the Ministry is satisfied that he or she is incapable of managing the benefit. See Chapter 3, Intent.

A trustee is responsible for the administration of SAP benefits solely for the purposes specified in the Trustee's Agreement. All trustees must notify the Ministry of any changes in the recipient's circumstances, keep records of and account for funds, and submit an accounting documentation upon the request of the Ministry.

Policy

12.1 Guidelines governing the appointment of trustees

Any responsible person who is prepared to administer the benefit in the best interests of the recipient may be a trustee.

Families are the first resource. A contracted agency is considered if no family member is available or willing to provide this service or should such an arrangement not be in the recipient's best interests.

12.2 Persons/Agencies who may be trustees

Families are the first resource to provide trusteeship services.

Contracted third party organizations are funded by the Ministry to provide trustee services.

Private Trustee - A private trustee is appointed if it would be in the best interests of the recipient and the ministry to have a private trustee manage the recipient's funds. A private trustee can be appointed for a maximum of five recipients. Caution must be taken not to appoint anyone who may be in a conflict of interest.

Public Guardian and Trustee (PGT) - Some recipients are placed under the jurisdiction of the Public Trustee if certified as incompetent under *The Adult Guardianship and Co-decision-making Act*. Where the PGT does not act as the property guardian or trustee, a private trustee may be appointed. The PGT is not required to sign a trustee agreement nor account for funds received as this is required by the Provincial Auditor.

Ministry of Social Services, third party payments - The Ministry may act as trustee and distribute recipient benefits to one or more payees where no one is prepared to act as a trustee in the local area. The Ministry informs each payee of the amount paid. The amount paid cannot exceed the amount provided for the specific need. See Chapter 16.3.1.

12.3 Establishing a case on trusteeship

The supervisor approves the appointment of a trustee except when the Ministry acts as trustee.

The worker, recipient and the trustee discuss the reasons for trusteeship and the services offered by the trustee. The recipient is advised in writing of the trusteeship and the right to appeal this decision. If the recipient registers an appeal, the trusteeship is maintained until the appeal process is completed. The recipient also has the right to appeal to the agency administering trusteeship services if dissatisfied with their services.

The trustee and the worker sign a Trustee Agreement (form1056a). When a trustee is appointed a specific date is established for review of the need for a trustee. The need for a trustee is assessed at the time of annual review.

12.4 Managing Trusteeship Cases

All SAP funds are paid to the trustee on behalf of the recipient whether a trustee fee is paid or not. No payments are made to other third parties, except direct payments to SaskEnergy or SaskPower, in cases in which arrears were deferred prior to May 1, 2007 or other direct payments deemed appropriate (e.g., utilities, invoices).

The worker advises the trustee of any changes in the recipient's benefits.

Trustees are notified that the Ministry reserves the right to conduct an audit of transactions related to the trusteeship and that all receipts, invoices, and cancelled cheques must be kept until written authority for their destruction is granted or five years have passed.

Trustees are responsible for giving notice to vendors (landlords, utility companies, etc.) regarding any changes in the recipient's financial circumstances which affect them.

Where the Ministry acts as trustee, the Ministry informs the recipient in writing of the arrangement, the distribution of benefits, and of the right to appeal. This arrangement is reviewed at regular intervals or at the time of the annual review.

12.5 Payment for Trustee Service

12.5.1 General

The monthly fee provides for record keeping and counseling services provided to the recipient, as well as any bank charges and transportation expenses the trustee may incur while providing trustee services to the recipient.

The fee is not intended to cover special travel arrangements that a trustee may provide to the recipient when no other means of public transportation is available. In such instances, special transportation costs may be paid for the recipient. (See Chapter 10.5).

12.5.2 Trustee Fees and Services provided (fees effective May 1, 2015)

Private Trustees - \$76.00/month/recipient

Contracted community-based organizations - \$107.00/month/recipient (signed agreement with the Ministry).

Staff, operators, members of the board of group homes, licensed special care facilities, personal care home operators, approved home operators, or immediate family members (parents, siblings, son or daughter) are not paid a fee-for-service to act as a trustee.

Services provided by trustees:

- administer the recipient's finances to ensure that ongoing maintenance needs are met.
- establish and supervise the recipient's monthly budget.
- teach the recipient how to budget and manage his or her financial situation.
- advise the Ministry immediately of any changes in the recipient's circumstances (e.g., change of address, receipt of income, change in number of dependants, etc.).
- notify vendors (landlords, utility companies, etc.) regarding changes which affect the amount of payment.
- provide supportive services such as menu planning, consumer education, purchasing (e.g., groceries, furniture), locating suitable accommodation, referrals to other resources.

It is expected that contracted community-based organizations will provide more specialized services in these areas than a private trustee can offer.

12.5.3 The Public Guardian and Trustee (PGT)

The administration fee for the PGT is paid through the monthly cheque process according to Regulation Section 27. Payment amount is the same as that provided for fees and services to contracted organizations and includes the GST and set up fee (see *Chapter 12.5.2*).

12.6 Accounting from Trustees

Trustees are required to maintain a separate accounting for each recipient and record the manner in which funds are disbursed.

The private trustee, excluding parents, siblings, son or daughter, forwards the completed trustee accounting form 1056B or other appropriate accounting ledgers every 12 months.

Contracted organizations complete the accounting form every 6 months.

For level of care arrangements complete form 1056C.

In cases in which a trustee cannot provide an accounting within the prescribed period the accounting may be deferred for up to three months with the approval of the supervisor.

The PGT is not required to account for funds received as this accounting is required by the Provincial Auditor. Documentation of recipient's income and assets is not required.

The supervisor may waive the requirement for an annual accounting when a trustee:

- submits a monthly accounting
- cannot provide the form in such circumstances as destruction of documents by natural disaster, work stoppages at an agency, or other similar circumstances.
- dies or refuses to provide accounting.

12.7 Recipient Appeal Procedures

Recipients on trusteeship have the right to appeal the Ministry's decision to have their benefits being handled by a trustee. When the services are handled through an agency and the recipient is dissatisfied with their services he or she may appeal to the agency.

12.8 Recipients Access to Financial Records held by the Trustee

Recipients receiving services from a trustee have access to their financial records.

12.9 Mismanagement of Trusteeship Funds

If a trustee is suspected of mismanaging a recipient's funds, the worker discusses the matter with the trustee. The trusteeship may also be cancelled if an overpayment is calculated on the recipient's file during the period of trusteeship. Collection is deferred until responsibility for the overpayment is established. If the trustee is responsible for the overpayment, the file is referred to the Ministry's Accounts Receivable Unit which will pursue collection from the trustee. When the trustee is in receipt of SAP, the overpayment may be transferred and recovered in accordance with procedures outlined in Chapter 15.11.

12.10 Cancellation or Change of Trusteeship/Direct Payment

The worker notifies the trustee and/or payee and the recipient in writing that the trusteeship has been cancelled and requests the final Trustee Accounting Report.

When a trusteeship is cancelled and the trustee is holding an accumulation of benefits on the recipient's behalf the total amount accumulated should be given to the new trustee or the recipient. The Ministry advises the trustee to give the funds to the new trustee or to the recipient. If any of these accumulated funds are to be recovered against outstanding overpayments, the trustee should return the funds to the Ministry.

When a recipient dies and SAP funds are being held by a trustee, the funds are forwarded to the recipient's estate or the Ministry if there is no next of kin or no will.

When the Ministry acts as trustee, see Chapter 16.3.1.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
12.1 – 12.3 - Trustee appointment		<ul style="list-style-type: none">• <i>Form 1056</i>• Letter to recipient re: right to appeal and process for appeal
12.6 - Trustee accounting		<ul style="list-style-type: none">• <i>Form 1056</i>• 6 months for contracted services and 12 months for private trustee

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POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 31, 33, 34	13 Changes in the Amount of Benefits, Cancellation	CH 13

Intent

Benefit amounts depend on the recipient’s needs and resources. Any changes in needs or resources may cause an increase, decrease, or cancellation of benefits.

Policy

The recipient is required to report all changes in circumstances to the Ministry immediately. Adjustments are made accordingly and the recipient is advised in writing. (See Chapter 7)

When a third party provides unverified, previously unreported information which may affect the recipient's eligibility, the matter is discussed with the recipient. The recipient is provided with written notice prior to adjusting benefits.

13.1. Changes in Employment Status

When an employable person becomes not fully employable for one month or more, any adjustment to the shelter allowance is made effective the date the recipient provides information to the Ministry confirming the change in employability.

When a not fully employable person becomes employable, an adjustment to the shelter allowance is effective 6 months following the change in status as long as he or she remains in the same residence. See Chapter 9.4.5.

13.2 Changes in Income

Income is reported monthly. If monthly income does not vary, it is reported when first received and as changes occur. For garnisheed income, see Chapter 6.3.3.

13.3 Changes in Family Composition

13.3.1 Children

Increase - When there is an increase in the number of children, form 1243 is completed and the entitlement is recalculated. A newborn child is added effective the date of discharge from the hospital if the recipient advises the Ministry within 30 days. After 30 days the child is added effective the date of notice. Only children born outside the province are nominated for health coverage. For children from another family see Chapter 2.3.4.

Decrease - When children leave the family for any reason, health benefits are to be cancelled immediately by the Ministry. Financial benefits continue to the end of that month and no overpayment is assessed. If another cheque has already been issued which includes the child, no overpayment is assessed (e.g., month end).

Children remain on the file up to 6 months when they are living outside the community of residence for medical purposes (e.g., treatment) or school attendance. For absences longer than 6 months, supervisor's approval is required. For children's benefits see Chapter 10.4.1 and Chapter 10.4.7.

Wards of the Minister living with an alternate caregiver or foster parent are not eligible for financial or health benefits (clients may be eligible for excess shelter, see Chapter 9.4.7 and 9.4.8). Wards of the Minister are added effective the date wardship is discharged based on verbal confirmation from Child and Family *Programs* or the parent.

A Person of Sufficient Interest (PSI) is a court-appointed designation of an adult for the care of a child(ren). Children who are living with a PSI are not eligible for health and financial benefits (clients may be eligible for excess shelter, see Chapter 9.4.7). Children who are already on the budget of a PSI as of December 31, 2012 will remain on file.

13.3.2 Visiting a Spouse

When a recipient who resides in a residential facility (e.g., nursing home) stays temporarily with their spouse, the adult allowance is pro-rated for the duration of the visit. See Chapter 9.1. For shelter see Chapter 9.4.6.

13.3.3 Marital Status

In the case of divorce, separation, death, or change of the head of the family, form 1001 is completed. When a spouse is added, form 1218 is completed.

Separation/Reconciliation - If the new head of the family requires benefits, the benefits are provided from the date of application to include shelter and utilities, if required. No overpayment is assessed for the former head of the family whether there is continuing eligibility or not. If reconciliation occurs within the month of separation, no further benefits are issued and no overpayment is assessed.

New Family Unit - If both adults received benefits during the month no overpayment is assessed for that month.

13.3.4 Incarceration

See Chapter 3.3. No overpayment is assessed for benefits provided for the month in which the incarceration occurred.

Families - If the head of a family is incarcerated for more than 30 days, application form 1001 is completed by the spouse.

A trustee may be appointed to handle shelter and utility benefits for up to 90 days for single parents incarcerated in the province if required to keep the family intact.

13.3.5 Death

No overpayment is assessed for benefits provided for the month in which the death occurred.

13.4 Absence from Accommodation

No overpayment is assessed when a recipient temporarily (30 days or less) resides in short-term accommodation (hotel) or in a special facility (e.g., family shelter, addiction treatment centre, respite home, jail) and has already received a benefit during the month.

13.4.1 Special Care Homes/Group homes – absence

Temporary Absence

First 30 days - no reduction in the special care home resident charge or group home charge.

31 - 60 days - reduce the special care home resident charge or group home fee-for-service by \$1.50 /day (in lieu of the cost of meals). For homes licensed through Community Living Service Delivery (CLSD) to serve recipients with an intellectual disability, the \$410 basic board and room rate and the CLSD top-up are reduced equally.

Over 60 days - cancel the resident charge or group home fee.

Death or Permanent Departure of a Resident

When notice has not been given, payment for the special care home resident charge or group home charge may be continued for 7 days following the date of the departure or until the bed is occupied, whichever occurs sooner. Payment for the 7-day notice is not provided where the resident charge was cancelled because the recipient was absent more than 60 days. When a recipient is given notice to leave, payment is cancelled from the date of discharge.

Payment for the special care home resident charge may not exceed 7 days after the death of a recipient. See Regulation Table 2, item 10.

13.4.2 Approved Private Service Homes, Personal Care Homes and Family Homes Temporary Absence

First 30 days - no reduction in the benefits

31 - 60 days - reduce the level-of-care benefit by half. For homes licensed through CLSD to serve recipients with an intellectual disability, the \$410 rate and the CLSD top-up are reduced equally.

Over 60 days - cancel the level-of-care benefit.

Permanent Departure

When a recipient leaves permanently and no notice or insufficient notice has been given (e.g., 30 days), payment may be continued for 30 days or until the bed is occupied, whichever occurs sooner. Payment is not provided where the level-of-care benefit had been cancelled because the recipient was absent more than 60 days. When a recipient is given notice with cause, as determined by Ministry, payment may be continued for 30 days or until bed is occupied; whichever occurs sooner. If notice is given to leave without cause, payment is cancelled from date of discharge.

For recipients in family homes, the benefit is cancelled immediately.

When a recipient leaves a home pending the results of a review of circumstances in the home, payment may be continued for 30 days or permanent placement of the resident, whichever occurs sooner.

13.4.3 Recipients admitted to Hospital (excluding those living in Special Care Homes, Approved Private Service Homes, Personal Care Homes and Family Homes).

First 30 days - make no change to the benefit.

More than 30 days - the benefit is adjusted the first of the following month.

Single Person

If the stay in hospital will be less than three months, the shelter and utilities or board and room and the personal allowance is provided. If the stay is over three months and shelter and utilities or board and room is required to maintain the residence, these needs may be provided with the supervisor's approval.

Member of a Family Unit

The family is considered a unit and the needs of the family member in hospital are calculated on the basis of the personal allowance and special needs (e.g., disability travel).

13.4.4 Vacation/Summer Camp

There is no change in benefits when recipients who receive level-of-care benefits to attend summer camp or are on vacation for a period up to 30 days. For travel to Camp Easter Seal see Chapter 10.5.2.

13.4.5 Addiction Treatment Centres, Emergency Accommodation or Family Shelters

Form 1001a is used to issue the personal allowance and other needs except for those already receiving benefits. See Chapter 2.4.3 for family shelters. No accommodation or treatment charges are provided. The personal allowance is provided from the date of admission (prorated for the month of admission) until the last day of the month that the recipient leaves (whether the program is completed or not).

For those already receiving these benefits, the adult allowance is provided for the full month of admission. In the month of discharge, the adult allowance is prorated from the date the recipient leaves treatment. No overpayment of the adult allowance is assessed.

Shelter and utility benefits may be provided during the period of admission if required to maintain permanent accommodation.

13.5 Relocation

13.5.1 Within the province

Recipients are free to move. If they require benefits to move, see Chapter 10.6.5 for moving expenses.

13.5.2 Outside the province

Contact is made with the other province to obtain agreement if the recipient will require financial benefits. Prior arrangements for moving are not required in some provinces. A recipient's plan to move to another province is approved by the manager. The recipient is advised that further eligibility can only be determined by the other province.

13.5.3 Temporary absence from Saskatchewan

Benefits may be provided with the Service Manager's approval in situations such as:

- recipient participating in a training program as part of an approved plan;
- taking medical treatment not available locally; or
- other temporary absence up to 30 days. In exceptional circumstances, an extension may be approved (up to six months).

13.6 Review with Recipient

Before changing, holding, cancelling, or reinstating benefits, the circumstances of the recipient should, whenever reasonably possible, be reviewed with the recipient.

If it is not possible to review the recipient's circumstances in person, inquiries may be made to obtain any information necessary to determine eligibility. These inquiries should be made with the recipient's prior knowledge if at all possible.

The eligible recipient is notified in writing of any decision that results in a change of benefit or impacts eligibility and of the right to request a reconsideration of the decision or to appeal the decision.

13.7 Cancellation

See Chapter 20.1.5 for cancellation of health benefits.

Cancellation of benefits and file closure may be completed 30 days from the last day of the month benefits was issued. The effective closure date is the last day of the month benefits were issued whether or not the recipient was entitled to those benefits.

Cancellation of benefits and file closure are completed immediately in the case of the recipient's death, marriage/common-law, *request for application to the Saskatchewan Income Support (SIS) program*, or leaving the province. An overpayment is not assessed for the month in which the change occurred.

The file may be closed after the appeal period has passed:

- 20 days after the regional hearing, or
- immediately following the date of interim benefits following a Social Services Appeal Board decision to deny benefits.

For recipients with a budget surplus over a two-month period due to recurring wage income or accumulated benefits exceeding the exemption, cancellation of benefits and file closure may be completed within 60 days from the last day of the month benefits was paid. (See Chapter 6.3).

If there is an Assignment of Rights in place and benefits are no longer required, the worker contacts the AEMOHELPLINE by e-mail. See Chapter 6.2.

The recipient is to be advised in writing of the reason for the cancellation except for death or leaving the province. See Chapter 15.10 for collection of overpayments.

For re-application see Chapter 2.4.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
13.1-13.7 - Changes – income, name, children, marital status, incarceration, absences from home, family shelters, relocation	Wards – recipient verbal statement	<ul style="list-style-type: none"> • <i>Form 1009</i> • <i>Form 1243</i> • <i>Form 1218</i> • <i>Form 1001</i> • <i>Form 1114</i> • <i>Form 1005</i> • Relocation – <i>Form 1006, Form 1009</i>, memo from Mental Health or CLSD (see Chapter 9.2.4) • Income – stubs submitted monthly. If does not vary (e.g., CPP) at time first received and when change occurs. • <i>Form 1243</i> not required when family size decreases (e.g., child turns 19, becomes a ward, etc.

Delegation of Authority

The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager

Approval Items	Reference	Approval Required
Temporary absence of children – absence longer than six months	13.3.1	S
Shelter/room and board over 3 months while in hospital – other needs	13.4.3	S
Providing benefits to recipients out of province	13.5.3	M

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POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 29, 30	14 Review of Financial Eligibility	CH 14

Intent

Each recipient’s eligibility shall be reviewed every time there is a change in circumstances, but not less than once a year (e.g., application date in January – annual review month will be January of the following year). Benefits may be provided with the supervisor’s approval, if the review is overdue.

14.1 Annual Review

Annual reviews include an assessment of the recipient’s circumstances, including needs, assets, income, employability, case plans, efforts to obtain support, the amount of voluntary support, the need for trusteeship and recommendations. Continuous special needs granted are reviewed to determine whether they are still required.

Reviews are carried out in person by the Income Assistance worker. The review declaration (form 1009) or other reporting document or process authorized by the Ministry for completion of the review is used and a chronological recording is completed. Signatures are compared with those on file.

Form 1009 may be completed by mail for regional administrative/static cases with all of the following criteria:

- partially employable or unemployable and no change is expected;
- childless;
- no income or non-fluctuating income (e.g., Canada Pension Plan (CPP));
- minimal personal contact (6 or fewer per year).

The Service Manager may approve a review by mail in exceptional circumstances.

For children with non-parental caregivers see Chapter 2.3.4	
For trustees see Chapter 12.	For farmers see Appendix B.
For self-employed recipients see Appendix C.	For Health Services only see Chapter 5.2.
For non-registered Indians on reserve and Ranch Ehrlo residents, see Chapter 5.2.	

14.2 Provincial Administration Service Centre

Cases located in the Provincial Administration Service Centre may complete Form 1009 (Annual Review) by mail. A review of circumstances is not required for residents of Valley View Centre.

14.3 Other Reviews

Whenever there is a change in a recipient's circumstances all necessary documents are completed by the recipient.

SAP Program Verification / Documentation Requirements
This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
14 - Annual review assessment of needs, assets, income, employability, case plan, amount of voluntary support, need for trusteeship		<ul style="list-style-type: none"> • Form 1009 • Form 1092 for special diet • Documents and chronological recording confirming that needs, assets and income have been reviewed and noting any changes in recipient circumstances and case plan. • For Non-Registered Indians living on reserve - documentation from Band • If the amount of recurring income has not changed, documentation is not required at annual review. • If no medical report for partially employable or unemployable per Chapter 2.2 or 4, supervisor approves at annual reviews.

Delegation of Authority		
The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager		
Approval Items	Reference	Approval Required
Annual Review by mail in exceptional circumstances	14	M
No medical for partially employable or unemployable	14 (see Chapter 2.2 and 4)	S

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Act Section 29.3, 29.5	15 Overpayments	CH 15

Intent

An overpayment refers to any benefits provided to which the recipient is not entitled. Overpayments are recovered from future benefits or other means.

Policy

15.1 Overpayment Defined

The amount paid in excess of entitlement is calculated as an overpayment:

- if benefits were paid during a period when budget shortfall did not exist
- if benefits were paid in excess of the amount permitted
- if the recipient was ineligible for other reasons
- if the recipient receives the recoverable portion of the Transition Benefit for Children

Before benefits can be granted, eligibility must be established. Benefits cannot be granted when there is no entitlement with the intention of recovering it as an overpayment. This does not apply to emergency advances or to issuing additional benefits when a recipient loses money (see Chapter 19.2).

Overpayments are calculated on the basis of actual benefits paid in excess of entitlement. Inappropriate use of income or assets may affect eligibility. These funds are not assessed as an overpayment. The amount of benefits paid in excess of the entitlement is an overpayment.

15.2 No Overpayment is Assessed

No overpayment is assessed in the following situations:

- Where a disability allowance was provided pending receipt of a medical report (see Chapter 4) and the report does not confirm a disability.
- Where benefits were provided to meet needs and it later becomes known that the funds were not used for that purpose, unless duplicate funds are issued.
- For payment of a guaranteed security deposit when the recipient relocates for employment or training, family violence or death. See Chapter 11.
- Decrease in family size when children leave the family. See Chapter 13.3.1.
- Separation/Reconciliation, see Chapter 13.3.3.
- New Family Unit - If both adults received benefits during the month no overpayment is assessed for that month.
- Incarceration (see Chapter 13.3.4).

- Death (see Chapter 13.3.5).
- When OAS, GIS and/or CPP benefits are received the recipient's benefits are not recalculated to create an overpayment equal to the death benefits received. Financial Services Branch, Collections Unit, consider the death benefits received as a refund to the Ministry. See Chapter 10.8.6.

15.3 Methods of Overpayment Calculation

For recurring declared income see Chapter 6. For disposal of declared income while receiving SAP benefits, see Chapter 6.

Undeclared Income

For suspected fraud, see *Chapter 15.5*.

Undeclared Lump Sum Income

An overpayment of benefits is calculated from the month after the income was received. Any available exemptions are applied to the lump sum income. Any surplus income is applied to the following month(s) and any benefits issued in excess of entitlement are calculated as an overpayment.

If the recipient used some of the income to purchase assets from which money can be recovered within a reasonable period of time, benefits are suspended. The recipient is advised to use the proceeds to meet basic living needs. 15% is added to the recipient's needs for the period of time benefits are not provided. (See Chapter 6.3 and Chapter 6.3.2).

Undeclared Recurring Income

The monthly entitlement is recalculated from the month after the income commenced. Needs provided through SAP are included in the monthly budget. If the recipient has a budget surplus, further benefits are suspended. For contacting employers about undeclared wages, see Chapter 3.6.1.

Inaccurate Information

If the recipient's circumstances are not as declared (e.g., income), an overpayment for past benefits is assessed using available information. No income estimates or averages are to be used. The recipient is notified of the overpayment and that it may be adjusted as further details are determined. If fraud is suspected, see *Chapter 15.5*.

15.4 Posting and Notification of Overpayment

An overpayment is assessed and posted on the electronic file. The recipient is notified in writing of the reason, the amount and the specific details concerning the overpayment. The recipient is notified in writing if the amount is changed for any reason or recovered in full. If benefits are cancelled and the overpayment has not been fully recovered the recipient is notified, in writing, indicating the amount of the outstanding balance. Voluntary repayment is also requested. The recipient is advised of Canada Revenue Agency's refund set-off process by the Ministry's Financial Services Branch, Accounts Receivable Unit.

15.5 Suspected Fraud

If it appears that a recipient deliberately gave false information or withheld information in order to receive a benefit to which he or she was not entitled, the case is reviewed with the supervisor and Quality Assurance Unit to determine if a referral to the police is appropriate. If so, the Quality Assurance Manager approves the case to be sent to the appropriate law enforcement agency, after ensuring written notification is sent to the recipient advising of the right of appeal regarding the overpayment assessment, and the appeal process has been completed or the time period to appeal has passed.

The following criteria are considered:

- length of time over which the alleged fraud occurred;
- the intent to commit fraud by the recipient;
- the Ministry's due diligence in ensuring the recipient was informed of reporting requirements; and
- assessment of the case by the Ministry.

15.6 Fraud Convictions

When recipients are convicted of fraud, they are obliged to repay the full amount of any overpayment resulting from the fraud. If restitution is ordered by the court, the amount paid through restitution is deducted from the overpayment. The overpayment remains until the total amount is repaid in full, whether or not the recipient serves a period of incarceration, restitution is ordered in a different amount, or other similar circumstances.

15.7 Assignment of Overpayments

When spouses separate, the head of the family is responsible for the full amount of the overpayment. If the spouses subsequently reconcile the overpayment is recovered regardless of any change to the head of household.

If a person has an overpayment and becomes a spouse in a different family, the overpayment cannot be recovered from the entitlement without the written consent of the head of the family. Care must be taken to ensure the new head of the family has a full understanding of this undertaking. Any existing overpayment of the head of the family is recovered first. Any overpayment incurred by the couple is recovered next. The spouse's overpayment is recovered last. The spouse remains responsible for the overpayment, if she or he subsequently separates.

If the head of the family dies and there is an outstanding overpayment it cannot be transferred to the spouse if he or she applies for SAID or SAP benefits.

15.8 Bankruptcy and Overpayments

A person may become bankrupt in several ways:

- by making an assignment in bankruptcy (voluntary declaration)

- by being petitioned into bankruptcy (debtor is forced into bankruptcy by his/her creditors)
- by an insolvent person making a proposal

Once the assignment or petition is made the recipient is no longer entitled to deal with financial resources. These are transferred to a trustee in bankruptcy (usually an accountant). Creditors may no longer take any action to try to recover the money owed to them.

Upon bankruptcy the file is reviewed to determine whether there is an outstanding overpayment. If the overpayment is being recovered the deduction is immediately discontinued whether or not the Ministry is listed as a creditor. Any recoveries made after the bankruptcy date are refunded to the recipient. The amount of the overpayment for the benefit period up to and including the date the bankruptcy has been filed cannot be recalculated once the bankruptcy has been filed. Any overpayments that arise after the date of declaration for bankruptcy for benefit periods of the bankruptcy claim period are immediately collectible.

Proofs of Claim are forwarded to the Ministry's Accounts Receivable Unit, for processing. If any amount of the outstanding overpayment was calculated on a paper file it is forwarded with the Proof of Claim. The Accounts Receivable Unit files the claim with the trustee in bankruptcy. A copy is returned to the local service centre with the file.

When a discharge order is granted by the court, all debts of the recipient are cancelled. Any existing overpayment which arose before the bankruptcy is cancelled as an uncollectible debt unless it can be proven through a court action the debt arose through fraud, false pretenses or fraudulent misrepresentation or breach of trust.

The Board of Revenue Commissioners approves the cancellation of the overpayment. The Accounts Receivable Unit forwards a copy of the cancellation approval notification to the worker and posts the debt as cancelled which reduces the overpayment balance. The overpayment is not adjusted by the worker.

15.9 Cancelling Overpayments

Cases are identified by the Accounts Receivable Unit. Only the Board of Revenue Commissioners can approve cancellation of the overpayment. The Accounts Receivable Unit forwards a copy of the cancellation approval notification to the worker and enters the overpayment balance, if any, on the file. The overpayment balance is not adjusted by the worker.

15.10 Collection of Overpayments

An overpayment is a debt owing to the Crown and may be recovered from entitlement, through court action or by other means. There is no time limitation for pursuing suspected fraud action through the criminal justice process.

When a deceased recipient has an executor or an administrator, the rules of estate administration require ordinarily that they pay out personal debts before they distribute assets. The executor or administrator, if known, is notified of any overpayment.

15.11 Recovery of Overpayments

Recovery Rates

Section 29.5 of *The Saskatchewan Assistance Act* authorizes the recovery of overpayments. The following rates are used to recover overpayments from future entitlement and are not intended to preclude recovery by other means.

Overpayment Recovery Rates

Net SAP Payment *	Recovery Rate Per Month
\$ 0 - 310.00	\$25
310.01 - 430.00	\$35
430.01 - 570.00	\$50
570.01 - 720.00	\$65
720.01 - 870.00	\$80
870.01 - 1,000.00	\$95
1000.01 +	\$110

* Net SAP Payment = Total of basic needs and continuous special needs, minus utilities, shelter, non-exempt income and advance recoveries.

Overpayment recoveries are only collected from the Net SAP payment as described above. Third party (utility/other vendors) or Joint (landlord/client) payments are not considered in the calculation of overpayment recovery rates.

The recovery rate for those who are employed is 60% of the exempted earnings to a maximum of \$85, plus the appropriate rate as indicated above based on the Net SAP*.

When the amount of entitlement is less than the overpayment, the recovery rate is the amount of the monthly entitlement less \$1. See Chapter 16.1.1.

A higher recovery rate may be used if requested by the recipient.

A lower recovery rate may be approved by the supervisor for those recipients:

- whose overpayment was the result of Ministry or administrative error
- who receive board and room benefits
- who receive level of care benefits

The recovery may be deferred by the supervisor for those recipients:

- whose overpayment is being appealed
- who declare bankruptcy (see *Chapter 15.8*)

Decisions by Regional Appeal Committees or the Social Services Appeal Board to defer overpayment recoveries are forwarded to the Accounts Receivable Unit.

15.12 Underpayments

Underpayments occur when the amount of benefits is less than the budget shortfall. The underpayment amount is subtracted from any outstanding overpayment, except when an underpayment occurs due to an administrative error, as a result of Ministry error or when the Social Services Appeal Board has not upheld the Ministry's decision to deny a benefit.

Underpayments are assessed from the date:

- the recipient advises of the change, or
- with the supervisor's approval, from the date the change occurred where needs were unidentified.

There is no limit on the time frame for which an underpayment can be calculated and issued to the client. If the time frame is over 2 years, a manual adjustment (form 1246) is required.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
15.4 - Posting overpayments		Form letters 2002, 2003, 2005
15.7 - Assignment of overpayment		Written consent from spouse
15.8 - Bankruptcy		Proofs of claim form

Delegation of Authority		
The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager		
Approval Items	Reference	Approval Required
Fraud referral to Quality Assurance Manager	15.5	S
Fraud referral to police	15.5	M
Deferral of overpayment recovery	15.11	S
Underpayment for unidentified needs	15.12	S

POLICY STATEMENT

SASKATCHEWAN ASSISTANCE PROGRAM

Legislative Authority	Subject:	
Saskatchewan Assistance Program Policy	16 Payment of Benefits	CH 16

Intent

The manner of paying benefits is outlined.

Recipients are provided a monthly statement of their benefits.

Policy

SAP benefits are paid in advance. When the first payment is after the first of the month benefits are calculated proportionately to the last day of the month.

For the purpose of prorating benefits, all months consist of 30 days.

The method of payment is determined by the worker. Wherever possible, recipients are expected to use direct deposit.

Where a recipient chooses either joint or direct payment for their rent, the actual amount of rent may be provided. Consent must be obtained. In those instances where the actual rent exceeds the shelter allowance, the worker will inform the recipient of the budget pressure and encourage them to seek more affordable accommodation.

If a budget deficit of less than \$1 or other small amounts exists, the monthly benefit is issued when the total accumulated is \$10. Health coverage is continued.

16.1 Payments to Recipients

16.1.1 Monthly Payments

Monthly payments are used whenever possible, including retroactive payments to special care homes, special needs and other adjustments.

Adjustments of less than \$10 are issued on monthly payments rather than by overnight or emergency cheques, unless an urgent situation exists.

16.1.2 Overnight and Emergency Payments

Overnight payments or emergency cheques are used until the case is established on the monthly payment system.

Emergency cheques are used when there is an immediate need essential to the health and/or safety of the recipient or other family members, and an overnight payment would not be available in time to meet the immediate need.

16.1.3 Mid-Month Payments

Mid-month payments may be provided for those recipients whose net benefit after shelter, utilities, special needs and overpayments or advance recoveries is \$50/month or more. Recipients on trusteeship and those receiving level-of-care benefits are not included.

16.1.4 Direct Deposit - Electronic Funds Transfer (EFT)

Recipients are expected to have their benefits deposited electronically to their bank account by completing form 1031, except when a recipient:

- has a seizure order in place or seizure proceedings have commenced.
- lives in a remote area where there are no accessible banking services.
- is unable to obtain a bank account.

Other exceptional circumstances may be approved, based on a request from the recipient.

Direct deposit is expected for any type of payment except joint payment cheques. Recipients are responsible for payment of service charges and overdrawn accounts. Applicants who have a bank account are expected to return the direct deposit authorization form 1031 to the Ministry within 15 days of the application. Applicants who do not have a bank account are expected to contact a financial institution and open a bank account within 60 days of the application unless exceptional circumstances exist.

Recipients may request cancellation of direct deposit by completing form 1030. In cases where the direct deposit has been cancelled, the requirement of direct deposit is reviewed upon re-application.

16.1.5 Payments to Trustees

Payments may be made to trustees on behalf of the recipient. Funds for recipients are paid to the trustee, including the Public Guardian and Trustee, except for direct payments deemed appropriate (e.g., utilities, invoices), which may be paid direct to vendors.

16.2 Joint Payment Cheques

A joint payment cheque may be issued for rent when requested by a recipient or for those who require support to manage their benefits (e.g., eviction notice poses a threat to health and safety). A cheque payable to the recipient and the landlord is issued to the recipient.

The payment amount may not exceed the actual amount of rent and is not to include utilities. The worker reviews the request with the recipient to ensure that the amount of the joint payment will not cause undue hardship. Verbal consent is accepted (noted in a chronological recording).

For direct payment of utilities to a third party, see Chapter 16.3.

Joint payment cheques are not issued:

- to new applicants who have an established residence (6 months or more) and have no rent or utility arrears.
- to those who do not request it.
- to those who are employed.
- when the amount of the entitlement is less than the shelter need.
- when the landlord is bankrupt or owes taxes and a third party (e.g., Canada Revenue Agency, municipality) demands payment. In these situations, rental benefits are made payable to the recipient.

Information regarding joint payment rent cheques is provided to landlords or agents upon inquiry. The recipient's personal circumstances cannot be discussed.

When the landlord has not received the joint payee cheque, either the recipient or landlord signs a statutory declaration. Both signatures are not required. See Chapter 17.3.

16.3 Third Party Payments

Whenever possible, funds should be provided directly to the recipient.

Third party payments may be used to make direct payments to vendors or suppliers. The amount paid cannot exceed the amount provided for the specific need.

When a direct payment is cancelled or changed, the worker advises all payees receiving direct payment of any changes or cancellation one month prior to the effective date of the change. In situations in which one month's notice cannot be provided (e.g., whereabouts unknown, death), the next payment is cancelled and the payees notified as soon as possible.

Payments made directly to vendors or suppliers should not include GST.

Third party payments may be used to make direct payments to landlords for utilities that are not in the recipient's name (see Chapter 9.11.3) when there are arrears or for those who state they are unable to manage their own utility payments. Payment should include the GST.

16.3.1 Direct Payment of Rental Benefits

Rent may be paid direct to a landlord when requested by a recipient or for those with money management issues where rental arrears have occurred and the recipient would otherwise require a trustee to manage their benefits. Verbal consent is required.

A portion of the adult allowance benefit may be included to ensure that the full amount of rent is paid. The worker reviews the request with the recipient to ensure that the amount of the direct

payment will not cause undue hardship. A consent form (Direct Rent Payment Consent – form 1023) authorizing the issuance of a direct payment that exceeds their shelter allowance must be signed by the recipient.

16.3.2 Requisitions

Requisitions are used in situations in which an emergency cheque cannot be issued. See *Chapter 16.1.2*. Payments are made on the basis of an application or duly authorized requisition or Transient Aid form. For the definition of Transient see *Chapter 2.3.7*. Requisitions and Transient Aid forms are only valid in Saskatchewan.

16.3.3 Invoices

The Income Assistance worker authorizes a vendor to provide goods/services to a recipient. A bill is submitted and the worker authorizes payment through the invoice system or by consolidated payment (overnight cheque). Whenever possible, funds are provided directly to recipients when they receive the bill.

16.3.4 Multiple Billing

Payment may be made for several recipients on one billing for services rendered by a vendor following authorization by the recipient's worker. This payment method is used only where services are rendered occasionally.

16.3.5 Electronic Billing

Payment of the actual monthly cost for recipient utilities (SP/SE) may be provided through electronic billing when there are arrears or for those who state they are unable to manage their own SP/SE payments. GST is not included in the payment.

16.3.6 Reimbursement of Third Parties

When the vendor contacts the worker following return of the stopped cheque, a copy of the recipient's second statutory declaration is provided. If a vendor believes that the recipient cashed the cheque, he or she may wish to provide the statutory declaration and the cheque to the police.

Reimbursement may be approved by the worker when it is determined that the vendor took all precautions to confirm the identity of the recipient cashing the cheque. An overpayment is assessed on the file. See *Chapter 17*.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
16.1.4 - Direct Deposit	Recipient verbal statement with respect to living in a remote area.	<ul style="list-style-type: none">• No direct deposit: letter from bank refusing bank account, garnishee documents, written request from recipient• Form 1031• Form 1030 to cancel

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Program Policy	17 Lost, Stolen, or Not Received Cheques	CH 17

Intent

When a recipient does not receive a cheque, loses it or it has been stolen, benefits may be provided to prevent hardship.

Policy

17.1 Initial Process

No action to grant minimal benefits is taken:

- until three working days following the cheque mailing date if the cheque is not cashed; **or**
- if more than 30 days have elapsed since the date of issue and the cheque has been cashed.

Joint Payee Cheques - either party (recipient or landlord) may sign a statutory declaration. It is not necessary to obtain the signatures of both payees.

17.2 If the cheque has not been cashed

Benefits, including rent by joint payment cheque, may be reissued as an emergency advance after the statutory declaration has been taken and a stop payment has been placed on the cheque.

17.3 If the cheque has been cashed

If the recipient or landlord acknowledges the endorsement or there is sufficient reason to believe he or she endorsed the cheque, no further action is taken and any benefits issued to the recipient for the month is assessed as an overpayment.

If the recipient or landlord does not acknowledge the endorsement, a statutory declaration is taken and placed on file.

If less than 30 days have elapsed since the cheque was issued, benefits are issued as required and are not immediately assessed as an overpayment. Rental benefits paid through joint payment may be reissued as an overpayment to the recipient after the landlord indicates the signature is not his or hers. If the recipient remains in the premises, future rent payments are paid through a trustee. If the recipient leaves the premises in the same month the landlord may claim the security deposit. Payment should not be made twice for the same month. (See Chapter 11 for security deposits).

If more than 30 days have elapsed, no additional benefit is issued.

The benefit issued is an overpayment if it is determined that the recipient cashed the cheque.

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
17 - Lost/stolen, or not received cheques		Photocopy of cheque if cashed and second affidavit (form 3628) completed.

POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 34, 35, 36, 37	18 Reconsideration and Appeals	CH 18

Intent

Individuals interacting with the Saskatchewan Assistance program have the right to appeal if:

- they were not allowed to apply or reapply for income support;
- their benefits or request for increase in benefits was not processed within a reasonable time;
- their application for income support was denied;
- their benefits were cancelled, changed or withheld;
- they were assessed an overpayment; or
- they feel the amount of income support does not meet their needs.

Policy

18.1 Reconsideration

Within 30 days of being notified of a decision, a recipient, or person acting on behalf of a recipient, may ask the Manager, Service Delivery to reconsider a decision with respect to the following matters:

- determination of financial eligibility
- discontinuation of benefits
- assessment of an overpayment

Upon receipt of the request to reconsider a decision, the Service Manager reviews the case within 10 days to determine if an error has been made.

Appropriate corrective action is taken by the worker if an error was made and recipients are advised in writing. Recipients wishing to withdraw the appeal may do so verbally or in writing.

If no error was made, the Service Manager schedules a regional appeal committee hearing to be heard within 20 days of the reconsideration decision.

The recipient is advised in writing regarding the date, time and location of the hearing.

If the recipient appeals after 30 days, the request is filed with the committee chairperson who advises the recipient that a hearing cannot proceed because the time period has lapsed.

If the recipient appeals and circumstances have not changed from the previous appeal, the request is filed with the committee chairperson with a brief report from the Ministry. The committee chairperson advises the recipient whether a hearing will be provided.

A trustee or group home operator may make an appeal on behalf of the recipient if the recipient wishes. A trustee or group home operator may not appeal an assessment of an overpayment debt for which they have been deemed responsible.

For security deposit appeals, see Chapter 11.3.

18.2 Regional Appeal Committee hearing

Calendar days are calculated as follows:

- In the calculation of the appeal period the first day shall be excluded and the last day shall be included.
- If the appeal period expires on a holiday the time is extended to the next day that is not a holiday.
- If the appeal period expires on a day when a business office is not open the time is extended to the next day on which the office is open.

When recipients request benefits prior to the hearing, minimal benefits may be provided until the appeal is concluded. See Chapter 8.

The following format is used for the Ministry's report to the appeal committee:

- Date of Appeal
- Name
- Address
- Birth Date
- Marital Status
- Ages of Dependents
- Background (related to issue being appealed)
- Education, Employment History, Vocational Goals (if relevant to issue being appealed)
- Present Situation
- Applicable Act, Regulation, and Policy references
- Reason for Appeal
- Reason for Ministry's Decision
- Budget entitlement

The Ministry report includes information from the staff person most familiar with the recipient and should only reflect information which bears directly on the issue(s) under appeal. If information or documents from a named source are part of the report his/her consent is obtained.

A copy of the report is provided to the recipient three working days prior to the hearing.

Hearings are held in private.

Recipients may call witnesses and present evidence.

Appeals may be conducted by teleconference/speaker phone call, or in person, as determined by the Service Manager and the Regional Appeal Committee chairperson. The Regional Appeal Committee

may convene at the most convenient office location to hear the appeal by teleconference/speaker phone call.

If held by teleconferencing/speaker phone call, the recipient, Ministry representatives and other participants (witnesses, advocates) will be provided a telephone number to call at the scheduled hearing time by the Regional Appeal Committee secretary.

Recipients are provided a fax number to submit written evidence or they may submit it to the nearest regional office for distribution to the Regional Appeal Committee chair and Ministry representatives.

If recipients cannot participate in the hearing they may have someone do so on their behalf.

The Regional Appeal Committee may wish to consult with Ministry officials on technical matters.

If the recipient or the Ministry wishes an adjournment this request is provided, generally in writing but a verbal request by the recipient may be considered, to the chairperson of the Regional Appeal Committee. Appeals should be resolved as quickly as possible.

Secretarial services and telephone charges are provided by the Ministry.

Decisions made by the Regional Appeal Committee are binding unless overturned by the Social Services Appeal Board.

18.3 Social Services Appeal Board hearing

Recipients or the Service Manager who are dissatisfied with a decision of the Regional Appeal Committee have the right to appeal to the Social Services Appeal Board (SSAB).

The appeal must be received within 20 calendar days from the date the Regional Appeal Committee's decision is given in writing.

If the recipient appeals after 20 days, the request is filed with the Board chairperson who advises the recipient that a hearing cannot proceed because the time period has lapsed.

If the circumstances changed since the Regional Appeal Committee hearing, the recipient or Ministry may wish to withdraw the appeal. This withdrawal must be done in writing to the Board Chairperson.

Recipient appeals are to be made in writing to the Service Manager and shall include the grounds of the appeal. Service Manager appeals are made in writing to the SSAB and shall include the grounds of the appeal. The Service Manager forwards a completed Request for Appeal form (1068) to the secretary of the SSAB. The client must be notified that an appeal has been requested by the Ministry as per the regulations (section 37(3)(b)). This may be provided through a letter to the client (template 4005). A copy of form 1068 shall be provided and any other information that has not been previously provided (e.g. any new information). Also provide a copy of the summary of the Regional Appeal hearing that is provided to the SSAB.

Appeals for Northeast, Northwest and Centre committees are normally heard in Saskatoon. Those for Southeast and Southwest committees are normally heard in Regina. From time to time, appeals heard by the SSAB may be held outside of Saskatoon and Regina, when logistically reasonable.

When recipients request benefits prior to the hearing, minimal benefits may be provided until the appeal is concluded. See Chapter 8.

The following material is to accompany the Request for Appeal:

- The letter sent to the recipient informing of the decision and right to appeal.
- The recipient's letter or form 1067 requesting a Regional Appeal hearing.
- The Ministry's report prepared for the Regional Appeal hearing and documents presented to the Regional Appeal Committee.
- The summary of the Regional Appeal hearing includes: recipient information (name, address); those present at the hearing (names and capacity); reason for appeal; recipient's position; Ministry's position; decision (direct quote from the Regional Appeal chairperson) and recorder's initials.
- The letter to the recipient conveying the decision of the Regional Appeal Committee.
- The recipient's letter requesting a hearing before the SSAB.
- Any other documents or information submitted by the recipient and/or Ministry representatives.

The above material is provided to the SSAB members three calendar days prior to the hearing.

When the SSAB receives a Request for an Appeal form an appeal hearing is scheduled within 30 calendar days from the date it is received by the Service Manager.

If the recipient or the Ministry wishes an adjournment this request is provided, in writing, to the chairperson of the SSAB. Appeals should be resolved as quickly as possible.

The SSAB notifies the recipient and the Ministry of the time, date and place of the hearing.

Summary of the Regional Appeal Hearing is made available to the recipient and advocate three calendar days prior to the hearing.

Appeals may be conducted by teleconference/speaker phone call, or in person, as determined by the Service Manager and the Board Chairperson.

If held by teleconference/speaker phone call, the recipient, ministry representatives and other participants (witnesses, advocates) will be provided a telephone number to call at the scheduled hearing time by the secretary of the SSAB.

Recipients are provided a fax number to submit written evidence or they may submit it to the nearest Income Assistance service delivery centre for distribution to the Board chairperson and Ministry representatives.

The summary of the Regional Appeal Committee hearing, is made available to the recipient/advocate.

If recipients cannot participate in the hearing someone may do so on their behalf.

Ministry representatives, including the staff member most familiar with the recipient, participate in hearings.

Decisions made by the SSAB are final unless subsequently appealed and overturned by the Court of Queen's Bench on matters of law.

Delegation of Authority		
The supervisor or Income Assistance Service Delivery manager writes a chronological recording indicating approval of the request. S = Supervisor, M = IASD Manager		
Approval Items	Reference	Approval Required
Verbal withdrawal of appeal	18.1	S

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POLICY STATEMENT

Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 38	19 Emergency Payments	CH 19

Intent

Emergency payments may be advanced to a recipient to meet urgent needs and these payments are recovered from future benefits or assessed as an overpayment.

Policy

19.1 Emergency payment granting criteria

- cash and liquid assets are considered the first resource;
- the need is essential to the health and/or safety of the recipient or other members of the family unit and must be met;
- determine whether expected income will be received in time to meet all or a portion of the need;
- only the minimum amount necessary is provided. (e.g., partial payment of full amount of need may be acceptable to vendor).

An emergency advance payment may be made:

- for a need for which a benefit has already been provided. (e.g., a family that spends the entire cheque and is without food before month end; spoiled or stolen food).
- when an applicant with a child(ren) identifies unmet children's needs (e.g. families from another province, new applicants who have no remaining resources from their last child benefit and parents or caregivers eligible for, but not receiving, the Canada Child Benefit).

19.1.2 Recovery

The emergency advance payment is recovered from the next monthly cheque. Where the payroll date has passed the recovery is made from the following month's cheque. If exceptional circumstances exist (e.g., a large recovery resulting in financial hardship) the overpayment recovery rate schedule may be approved. (See Chapter 15.11).

19.2 Replacement of Lost or Stolen Cash

When a recipient reports lost or stolen cash:

- a statutory declaration indicating the circumstances of the incident is obtained from the recipient;
- the declaration is retained on the file;

- if additional benefits are required an emergency discretionary advance may be issued. For granting criteria and recovery see *Chapters 19.1 and 19.1.2.*

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement is noted in a chronological recording.	Documentation
19.2 – Replaced of lost cash		Statutory declaration

	POLICY STATEMENT	SASKATCHEWAN ASSISTANCE PROGRAM
Legislative Authority	Subject:	
Saskatchewan Assistance Regulations Section 40(2)	20 Supplementary Health	CH 20

Intent

The Ministry of Social Services nominates eligible recipients (except registered Indians) for supplementary health coverage. Supplementary health services and items are provided by the Ministry of Health.

Policy

20.1 Universal Insured Services (no nomination made)

All Saskatchewan residents are eligible for certain benefits at no charge or at a reduced charge, as part of insured services provided by hospitals and physicians, the Hearing Aid Plan, the Special Support Program and the Saskatchewan Aids to Independent Living (SAIL) program. Saskatchewan residents with high prescription drug costs relative to their incomes should be referred to the Special Support Program at Health. Information and applications are available at all pharmacies.

For a summary of benefits for SAP recipients and Family Health Benefit recipients, see Appendix at the end of this chapter.

20.1.1 Supplementary Health Services

While recipients eligible for financial benefits may *be* eligible for supplementary health benefits, the health benefits are administered by the Ministry of Health. **Benefits cannot be provided for health-related costs unless specifically indicated in Chapters 9 and 10, Regulation Table 2.** When fees are part of Health's co-payment charges recipients are expected to pay this cost from their own resources. Registered Indians receive health benefits through Health Canada.

Supplementary health services are available to recipients through Health. Commitments should not be made on behalf of Health. Recipients or vendors, who have questions about eligibility for glasses, dentures, etc., should contact Health directly.

Note: Form 1092 may be completed by a health professional (e.g., physician, nurse practitioner, chiropractor, psychologist, etc.). The Ministry of Health determines which health professionals are paid for completing the report.

The following services are provided by the Ministry of Health: dental, optical, hearing aids, chiropractic, drugs, podiatry medical supplies and appliances and ambulance. (See Appendix at the end of the chapter).

Vendors must request prior approval from Health to provide some of the supplementary health services.

Dental Services

Dental benefits for fully employable recipients are restricted for six months. There is no restricted period for recipients assessed as not fully employable.

Drugs

Recipients should ask their physicians to ensure that prescribed drugs are on the formulary so they are accessing all available coverage.

Plan 1

The prescription dispensing fee for recipients with this coverage is \$2.00. No funds are provided through SAP. Recipients nominated for Plan 1 include those who reside in family homes, personal care homes, and hospitals. There is no charge for drugs prescribed to recipients in hospital.

Plan 2

Transients may be nominated for Plan 2 (see *Chapter 20.1.2*)

Those under 18 years-of-age receive this coverage from Health automatically.

Those with high drug costs may qualify for Plan 2 coverage. The request to the Drug Plan may be made by the recipient, physician or other health professional.

Plan 3

Recipients nominated include residents of:

- Approved Community Living and Mental Health Private Service Homes
- Community Living and Mental Health group homes
- Special Care Homes where the resident receives Saskatchewan Assistance Program or Seniors Income Plan (SIP) benefits
- Addiction Treatment Centres

Northern Medical Travel - See *Chapter 10.5.4*.

20.1.2 Eligibility for Supplementary Health Services

Applicants eligible for financial benefits may be eligible for supplementary health benefits. Registered Indians and non-permanent residents may receive coverage through Health Canada. For non-registered people living on reserves, form 1115 is used to determine eligibility for supplementary health coverage. (See Chapter 5.2 Health Services Only Eligibility).

Temporary Health Coverage

Form 1117 may be issued in cases where an emergency health problem exists and treatment (e.g., drugs.) is required immediately. The Ministry of Health determines eligibility.

Procedures:

- The appropriate form is completed.
- A health web nomination must be processed. Workers should ensure that nominations have gone through before providing clients with a form.
- A THC may only be issued for a maximum of 14 days for Plan 1 or 2.
- Effective and cancellation dates must be on the THC.

Other Health Coverage

Registered Indians are not eligible for health benefits since they retain their Indian health coverage administered by Health Canada whether on or off reserve. Family members who are not Registered Indians are not included in the Health Canada coverage and may be eligible for health coverage using form 1115 (see Chapter 2.4.6).

An 18-year-old who is part of an eligible family is eligible for benefits as a dependant of the family. Supplementary health benefits will be cancelled automatically when the person reaches age 19.

Transients – If an urgent medical need exists, the Transient Aid application form (1113) is completed and the transient is nominated for Plan 2 Supplementary Health coverage through the web nomination and the temporary health coverage form (1117) is completed. Coverage is issued for up to four working days. Plan 2 Supplementary Health coverage provides formulary prescription drugs, emergency road ambulance services and other emergency health needs. Workers should ensure that nominations have gone through before sending transients to pharmacies. If the need is an emergency, refer the transient to the nearest emergency room or call 9-1-1.

Refugee - The federal government provides health coverage for one year or until the refugee finds full-time employment whichever is sooner. Recipients who have not been granted refugee status may only be nominated for coverage for a specific time number of days to cover a serious medical emergency. Before providing any coverage, recipients should be referred to Citizenship and Immigration Canada (CIC) for services. Refugee claimants may receive health coverage through CIC.

Persons residing in Community Training Residences (CTR) are not eligible for supplementary health benefits through the Ministry of Social Services, but through the Ministry of Justice and Attorney General.

Those sentenced to federal halfway houses are not eligible for supplementary health benefits. Coverage is provided by the federal government. Those not sentenced, but residing voluntarily in a federal halfway house, may be eligible for supplementary health benefits.

Extended health benefits for a recipient with a disability - supplementary health benefits may be extended for one year to a recipient with a disability who leaves SAP for employment. For health benefits after one year, refer to Chapter 5.2.

20.1.3 Payment for Non-Formulary Drugs

The physician contacts the Drug Plan for approval of drug costs. If approved for payment Drug Plan officials will inform the physician and recipient. If not approved for special drug authorization no funds are provided by either Ministry of Health or Ministry of Social Services.

Coverage may be available through the Drug Plan, Special Support Program for those who incur high monthly drug costs.

20.1.4 Out of Province or Out of Country Health Services

Whenever health services outside the province are required the need is confirmed by the referring physician or cancer clinic. When health services outside of Canada are required confirmation must be obtained from Health (Out of Country Committee). Upon confirmation, benefits may be provided for related needs (e.g., travel, sustenance, accommodation). Social Services does not make payments for any medical or hospital charges.

20.1.5 Cancellation of Supplementary Health Benefits

An assessment is completed to determine if there is eligibility for ongoing supplementary health benefits before the benefits are cancelled (see Chapter 5.2).

Supplementary Health Coverage		
	* SAP	Family Health Benefits
Dental Coverage	<ul style="list-style-type: none"> - a range of routine dental services such as examinations, x-rays, cleaning, restoration, extractions and dentures - persons obtaining dentures will be asked to pay a small fee - persons who choose to upgrade services may be required to pay for a portion of the service or the entire cost - employable recipients receive only emergency services during the first six months of eligibility limited to relieving pain and controlling infection 	<ul style="list-style-type: none"> - no coverage for adults - children receive routine dental services
Drug Coverage*	<p>All plans - Individuals under the age of 18 receive eligible prescriptions at no charge</p> <ul style="list-style-type: none"> - Plan 1 - \$2.00 per prescription for formulary drugs (persons under 18 – no charge) - Plan 2 (transients and those with ongoing multiple prescription needs) - receive formulary drugs at no charge - Plan 3 (those in special care facilities) - receive formulary drugs - All plans provide coverage for a selection of physician prescribed over the counter drugs. 	<ul style="list-style-type: none"> - individuals under the age of 18 receive eligible prescriptions at no charge - semi-annual family deductible is \$100; consumer co-payment is 35% for adult prescriptions

Optometric Services	<ul style="list-style-type: none"> - free eye examinations every 12 months for children - free eye examinations every two years for adults - basic eye glasses are provided 	<ul style="list-style-type: none"> - free eye examinations every 12 months for children - free eye examinations every two years for adults - basic eye glasses are a benefit provided for children only
Emergency Ambulance	<ul style="list-style-type: none"> - coverage includes patient charges for emergency road and air ambulance services 	<ul style="list-style-type: none"> - coverage includes patient charges for emergency road and air ambulance services for children only (no coverage for adults)
Hearing Aids	<ul style="list-style-type: none"> - a benefit for children and adults - <i>coverage includes hearing evaluations and hearing aids</i> 	<ul style="list-style-type: none"> - a benefit for individuals under 18 - <i>coverage for individuals under 18 includes hearing evaluations and hearing aids</i> - no coverage for adults
Medical Supplies	<ul style="list-style-type: none"> - a benefit for children and adults 	<ul style="list-style-type: none"> - a benefit for individuals under 18 - no coverage for adults
Chiropody (Podiatry)	Coverage is available for foot care treatments and appliances provided through private providers in Saskatchewan.	Coverage is available for foot care treatments and appliances provided through private providers in Saskatchewan for individuals under 18. No coverage for adults

Drug Coverage - Those with high drug costs relative to their income may apply for the Special Support Program administered by the Drug Plan (Health).

*Coverage does not extend to services outside of Saskatchewan

SAP Program Verification / Documentation Requirements

This appendix is intended as a summary only. Refer to Regulations and policy.

Policy Reference	Verification Recipient's verbal statement should be noted in a chronological recording.	Documentation
20.1.1 - Health Benefits	Health Services only	<i>Form 1089</i>
20.1.4 - Health Benefits out-of-province or country	Out of province – verbal confirmation by physician or cancer clinic	

Appendix A: Case Planning

Benefits are provided on the basis of need. Recipients are expected to pursue reasonable opportunities, within their capabilities, to become independent.

Workers participate with recipients to develop realistic plans to establish independence, if feasible. The plans take into account recipients' circumstances, strengths and any barriers to employment.

Recipient participation in case plans

Planning is done collaboratively with recipients and others who provide service (e.g., CES, Mental Health, trustees, Child and Family Services). Workers discuss interests and assist the recipient with setting goals to achieve maximum self-sufficiency.

Case planning is a continuous process. As recipients progress through their plans, or as circumstances change, the plans may be reviewed and changes made as appropriate. Plans may be modified at any time.

Referral to appropriate resources

Recipients are referred to available programs and services consistent with their case plan.

Eligibility review

Whenever the recipient proposes reasonable alternative activities leading to self-sufficiency, financial eligibility is reviewed.

When a recipient does not participate in a mutually agreed on case plan activity the worker reviews the reason with the recipient. If the recipient refuses to pursue reasonable opportunities for self-sufficiency and/or does not follow through with requests to develop alternative plans for self-sufficiency, benefits may be suspended. Family considerations such as impact on children may be taken into account in deciding whether benefits are to be suspended. The recipient is advised of the decision in writing and of his/her right to appeal the decision.

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Appendix B: Farm Income

See Chapter 6.4.2

INFORMATION AND FINANCIAL RESOURCES

The following resources are available to assist the recipient:

- Ministry of Social Services, Saskatchewan Employment Supplement Phone #1-888-488-6385, Regina 787-4723.
- Ministry of Agriculture (Ag. Rep) - productivity of land, estimate of the amount payments, information on specialty crops (bees, elk, rabbits), management of farm operation, stabilization programs, marketing boards.
- Agricultural Credit Corporation of Saskatchewan - verification of loans for all farm programs, foreclosure information.
- Farm Credit Corporation - mortgages on land.
- Saskatchewan Crop Insurance - productivity of land, whether insurance is held, whether insurance is assigned to creditors, amount of insurance payments.
- Saskatchewan Water Corporation - provides grants for wells.

Verification of Information

In all cases the recipient must provide the latest tax statement filed with Canada Customs and Revenue Agency. Other sources could include:

- farm account record
- green slips - elevator sales receipts
- permit book - includes information regarding land description, number of acres, whether in stabilization program, amount of grain sold in crop year (August 1 - July 31), ownership of land, if renting provides name of owner, amount of any advances.
- city, town or municipal office - for property and building ownership
- Land Titles - legal description of property, purchase price, ownership, caveats and liens. Also request the General Registration Certificate for information pertaining to writs of execution and maintenance orders.

COMPLETION OF FARM INCOME REPORT

1. Definitions and Instructions

The following headings are on the Farm Income Report:

Total acreage is made up of:

- Seeded acreage (wheat, oats, barley, rye, canola, etc.)
- Summer fallow
- Forage
- New breaking
- Uncultivated land and natural pasture.

Bushels Harvested:

Acres seeded and bushels harvested must be shown. Compare this with the average yield in the district available from the agriculture representative. If there is a considerable discrepancy, an explanation for the low yield should be given. Grade of grain harvested should also be shown.

Unharvested Grain:

Estimate 2/3 of anticipated fall yield with a 2 grade drop in quality.

Crop Held for Seed

Number of bushels held must be related to the number of acres in summer fallow shown on the 1212 together with what the farmer expects to seed next year.

Uncleaned rates:

Wheat	- 2 bushels
Oats and barley	- 3 bushels
Canola	- 10 pounds
Rye	- 2 bushels
Flax	- 1 bushel

Crop Held for Feed

This should be related to the number of animals fed. The value of livestock sold should practically double the value of feed held and/or bought.

Your Share

This is the amount remaining after deductions for feed and seed. Where property is rented, the landlord's share is 1/3 with the renter usually getting 2/3 of the total harvested.

Price per Bushel

This is the amount received at the elevator. Due to freight rate, prices vary from one region to another.

Income

Total income derived from 'your share' multiplied by the price per bushel.

Livestock

A basic herd is considered to be the breeding stock held at the date of application plus female stock held back for replacement.

The natural increase of the basic herd is considered a resource for direct consumption or sale. Natural increase is the livestock that will reach marketable age within the year. Consider 75% of calf survival rate (3 calves weaned from 4 cows). The purchase price for replacing one of basic herd yearly is allowed as a farm expense but the animal sold and to be replaced has to be accounted for in livestock sales. All butchered livestock is considered income except what is used for reasonable consumption by the family unit.

Replacement of the basic herd over time, from heifers of desirable quality should be allowed through purchase and/or allowing the farmer to keep one of natural increase for replacement. The average productive life of a cow is 10 calves or 10 years. Therefore, the rate of replacement of the basic herd should generally be based on 1/10th of the herd being replaced annually.

In the case of poultry farming the purchase of poultry is allowed in order to maintain the flock the farmer had at the time of application. The farmer is not permitted to deduct purchases made to expand his business opportunities as an expense.

When completing the report for the farm year complete the livestock section for actual cattle held, increased and sold during the previous calendar year. Use verified totals for income derived. If the owner disposed of the entire herd during the previous year, the funds realized are considered income.

Produce Sold

Milk, cream, meat, eggs, vegetables, or other produce marketed have to be shown in this area as farm income. Ensure subsidy payments are verified.

Other Farm Income

Farmers obtain verification of crop and hail insurance, rebates and grain payments. There are also fuel rebate programs. If the farmer belongs to a Agri-stability or Agri-invest program, verification is obtained regarding contributions and withdrawals. Contributions are not considered an expense; withdrawals are considered income.

Some farmers trade their work for the other goods and services (e.g., feed, meat, milk, etc.). It is mandatory that a dollar value be placed on goods received and included as farm income.

Employment off the farm is not included in the farm income calculation but is considered as income in the month received as with any employed person.

2. Determination of net Farm Income

- Net income is determined by calculating the gross income and subtracting from it the allowable expenses incurred to produce the gross income. (e.g., gross income from the calendar year - (minus) expenses incurred in the calendar year divided by 12 months = estimate of monthly net income for the previous calendar year).
- Advances are not considered income or an expense since the source of income is the value of all grain produced.

The Farm Income Report consists of two types of information, gross income and expenses (See 3 of *this Appendix*).

Gross income from:

- the previous year's harvest including grain still held for sale.
- livestock sales during the previous year.

- other produce (cream, milk, eggs) sales during the previous year.
- Crop insurance, farm subsidy and any other farming-related payments received during the previous year.
- GST rebate (farm)

Account for total acreage of farm land. A reconciliation using receipts for expenses and income is completed at the end of 12 months.

Where the recipient is operator

Grain

- Gross income from grain is calculated from the crop harvested in the previous year even though some or all of the grain may be sold during the current year.
- To determine grain available for sale when grain from the previous harvest has not yet been sold, deduct the number of bushels required for seed or feed from the number of bushels harvested.
- To estimate the income from the grain available for sale multiply the amount of grain available by the initial price paid for the appropriate grade.
- If the recipient owns land and rents on a crop share basis, it is necessary to show rented land on a separate Farm Income Report form 1212.
- When completing the farm income report, both the current permit book and the previous year's permit book are used. The previous book shows the description of land operated and indicates acres shown and in what grain. If the operator is also involved in a crop share rental arrangement the final grain payment stub is required to determine the grain sold in the previous year.

Livestock

To calculate gross income from livestock, determine the number of livestock sold during the previous calendar year and use actual receipts from those sales.

Where the recipient owns farmland but is not the operator

If the recipient owns land and is renting to someone else, a crop report can be obtained from the operator. In order to verify previous year's report, use the carbon copy of grain tickets issued at the elevator. It is also possible to obtain verification from purchaser with the recipient's consent.

Where farmland is to be sold or used as security for borrowing calculate income on the basis of the rental agreement (usually one-third of the crop to the owner) in the interim.

In farm rentals (farm owned and rented out) allow taxes, mortgage interest on land and fire and hail insurance as expenses unless the rental agreement obligates the owner to assume other expenses (e.g., chemicals, fertilizers) if part of the rental agreement.

Cash rental

For those farmers who reside on the home quarter but are not actual producers, it may be in their best interests to rent their farm on a cash basis rather than on a crop share. The actual rental rate is determined by productivity of the land on a per acre basis. Adequate remuneration should be received. The market value can be obtained by consulting municipality officials who are aware of rent values in their area.

3. Expenses - incurred to produce the farm income.

Expenses

When the recipient is the operator, calculate allowable expenses incurred in the production of income and actually paid for during the previous year.

Allowable expenses are as follows: (Verified by copies of paid bills)

- Accounting/legal fees - accounting fees for income tax returns done by qualified accountants and necessary legal work relative to the farming operation.
- Bank charges.
- Breeding fees.
- Chemicals - pertains to herbicide and insecticides used in current year. Use actual, but costs must not exceed Ministry of Agriculture averages by more than 10%.
- Custom work - some operators do not own combines or other equipment and have this done on a custom basis. The cost of fuel and repairs would be reduced if certain operations are performed by someone else and paid on a per acre basis. Use actual, but costs must not exceed Ministry of Agriculture averages by more than 10%.
- Feed supplements (vitamins, minerals, etc.)
- Feed purchased.
- Fertilizer - pertains to fertilizer used in producing the crop. In cases where fall application is made, this expenditure should be included in next year's expenses.
- Fire insurance - premium is allowed as an expense. Issue as a need (85% of the cost of the premium) if net farm income does not cover the cost.
- Fuel/repairs for the machinery and truck - include all fuel (gas and diesel) used in producing the crop. Costs must not exceed Ministry of Agriculture averages by more than 10%.
- GST on allowable expenses.
- Insurance (crop, hail) - premiums paid for crop insurance. In certain instances, these are deducted from claim. If this is done the payment stub will indicate so. Use of crop insurance should be encouraged.
- Land lease fees and arrears paid on farm property not previously deducted.
- Mandatory contribution for farmer and employees (other than spouse and dependants) CPP, EI, etc.
- Mortgage interest - only mortgages for land owned at the time of application.
- Pasture fees - receipts can be obtained from community pastures or co-operative pastures.
- Repairs to buildings - only repairs to buildings other than farm home (barns sheds, granaries and fencing) may be allowed

- Registration/licensing of farm truck.
- Sales commissions.
- Seed cleaning.
- Seed/feed purchases - certified or registered seed is permitted. If grain was held for seed/feed in the last report this expenditure should be queried.
- Small tools and hardware - allow items of \$200 each or less.
- Taxes - taxes and tax arrears paid on farm property not previously deducted. For taxes on the residential portion of the home quarter see Chapters 9.4 and 9.7.
- Twine - actual cost.
- Veterinary supplies and fees - veterinary charges together with the cost of serum and supplies.
- Wages - wages paid to others for normal operating of the farm other than spouse and dependants.

Expenses - Not Allowed in Calculation of Net Income

- Advances.
- Basic needs, shelter. Shelter payments for mortgage (first) are determined by calculating amount of mortgage for house/land - pay proportion.
- Capital costs - any output of funds used to expand or replace business assets.
- Debts (previous).
- Interest payments on operating loans.
- Inventory adjustments.
- Medical and hospital expenses.
- Farm Income Stabilization Program contributions.
- Principal payments on a mortgage on business or other property.
- Purchase price of equipment or buildings.
- Repairs to home.
- Structural alterations and construction of any buildings.
- Utilities such as light, water, phone and fuel for the home. Advise recipient to obtain separate meter for farms.

Note: Costs of basic needs, shelter and utilities are not allowed as expenses because they may be included as items of need in the budget calculation.

BUSINESS/FARM ASSETS AND LIABILITIES FORM

The Business/Farm Assets and Liabilities Form (1215) is required at the time of application and at annual review to determine the recipient's net worth and debt load.

Property Owned - include legal description of all land owned by applicant and spouse with the assessed values. List all mortgages registered on the property.

Property Leased - include legal descriptions together with the name of the registered owner. The terms of the agreement should be included together with the agreement which is up for review. Copy of these should be obtained. This must be shown to assess the total operation.

Equipment - list all equipment owned by the individual as well as the make, model, year purchased, amount owing, and present value. This information assists in determining the practicality of trading in certain pieces of equipment and indicates whether the recipient has more or less equipment than necessary. If the recipient terminates the business operation, the value of the equipment for disposal will be assessed and considered income.

RECONCILIATION

When completing the annual review in January or February a reconciliation for the previous year is required using verified net income from the farming operation. (See Chapter 14 for Annual Review) The previous year's income tax return is required.

Any difference in net income from the estimate is reconciled by deducting any overpayment and adding any underpayment and adjusting the net monthly income amount for the next crop year.

CASH FLOW

See Chapter 6.4.2 for use of cash flow for farmers. This assessment method may also be used for those who have stopped farming.

The amount of income is determined by subtracting paid allowable expenses as outlined in Section 3 of *this Appendix* from the gross income in the month.

Cash flow is used to the end of the calendar year. At the end of the year an annual farm income report is completed. The net annual income (gross income minus paid allowable expenses) is used to estimate income for the following year and an annual income assessment is used.

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Appendix C: Business Income

Business Income

See Chapter 6.4.1

Information/Financial Resources

The following resources are available to assist the recipient:

- Ministry of Social Services, Saskatchewan Employment Supplement, phone 306-787-4723 (Regina) or 1-888-488-6385
- Federal Business Development Bank of Canada, phone 306-780-7516 (Regina) or 1-888-463-6263 (toll free)
- Centre for Business Development – phone 1-877-780-8381, which includes:
Saskatchewan Economic & Cooperative Development, phone 1-877-551-7332
Western Economic Diversification – phone 1-888-338-9378
Women Entrepreneurs of Saskatchewan, Inc. – phone 1-800-879-6331
Small Business Loans Association – phone 306-787-4707
- Conseil de la Coopération de la Saskatchewan, phone 306-566-6000 (Regina) or 1-800-670-0879
- City licensing offices - check phone listings in the blue pages
- Corporate Registry, Information Services Corporation - 306-787-2962 (Regina)
- Canada Revenue Agency inquiries, GST, Payroll, Corporate Tax and Business Tax, phone 1-800-959-5525
- Saskatchewan Finance, Provincial Sales Tax, phone 787-6645 (Regina) or 1-800-667-6102
- Saskatchewan Opportunities Corporation - phone 306-933-6295 (Saskatoon)
- Small Business Loans Association Program, Ministry of the Economy - phone 306-787-4707 (Regina)
- The financial institution handling the applicant's business account
- Financial auditor - in cases where an audit is necessary to determine eligibility or continued eligibility, the ministry will pay for service charges (See Chapter 10.12)

Verification of Information

In all cases the recipient must provide the latest statement of income and expenses as required by Canada Revenue Agency. Other sources could include:

- Financial institution handling the business account(s)
- Consumer and Corporate Affairs, Corporation Branch, for names used for incorporated companies, names of the other companies involving the recipient yearly profit.
- Saskatchewan Environment, La Ronge (425-4234) for information concerning leases, permits and fur sales.
- City, town or municipal office - for property and building ownership.
- Property search - legal description of the property, purchase price, ownership, caveats and liens. Also request the General Registration Certificate for information pertaining to writs of execution and maintenance orders.
- Freshwater Fish Marketing Corporation, La Ronge

- Wild Rice: Saskatchewan Wild Rice Council, La Ronge
Saskatchewan Agriculture, La Ronge
Pre Cambrian Wild Rice, Denare Beach
Saskatchewan Indian Agriculture Program, La Ronge

Calculation of Eligibility and Entitlement Method

The cash flow method is used. The net amount of income is determined by calculating the gross income and subtracting the allowable paid expenses.

1. Allowable expenses, verified by copies of paid bills, are as follows: (Business portion only)
 - accounting, legal, collection, consulting, related only to the business
 - advertising (newspaper and business pages telephone directory)
 - bank charges - verified
 - basic stock for business operation
 - business motorized vehicle (maintain any leasing/rental agreement in force at time of application)
 - business property tax
 - delivery, express, freight
 - fuel/maintenance/repairs for motorized business vehicles
 - insurance (fire, theft, liability)
 - interest charges on start-up loans
 - licenses
 - mandatory contributions for employer and employees (CPP, Workers' Compensation, etc.)
 - mileage, meals and reasonably priced accommodation for each trip generating business income
 - minor equipment costs/rental for essential business operations
 - mortgage interest on business holdings in existence at time of application
 - office expenses (postage, stationary) to a maximum of 10% of net income
 - rental on business property (indicate to whom paid)
 - telephone charges - other than for the home
 - utilities - other than for the home
 - wages - paid to others, other than spouse or dependants, for normal operation of the business for operators of licensed day care facilities, the first \$50 per child of the monthly payment is an allowable expense.
2. Expenses not allowed in calculation of net income:
 - basic needs, shelter (these needs are provided through SAP)
 - capital costs - any expenditure used to expand or replace business assets
 - interest payments on operating loans
 - inventory expansion
 - medical expenses
 - pension plan contributions except for Saskatchewan Pension Plan
 - previous debts (prior to application)
 - principal payments on a mortgage on business or other property
 - purchase price of equipment or buildings

- repairs to home
- structural alterations and construction of any property or buildings
- utilities for the home (Advise the recipient to obtain a separate meter for the business operation)

Completion of the Monthly Business Income and Expense Report

The Monthly Business Income and Expense Report (form 1214) is used to calculate net income. The report consists of three sources of information.

Income

- derived from the business operation
- returns and benefits (benefits are coupons, discounts)
- other income including cash and any advances (cash draw)

Cost of goods sold

- completed only if the business involves purchasing goods for resale or the manufacture of goods for sale
- includes inventory at the beginning and the end of the month and the cost of obtaining the inventory. Inventory is the goods/products for sale.

Business expenses - costs incurred to generate business income

Net Income is the amount deducted from needs to determine entitlement.

The Business/Farm Assets and Liabilities Form (1215) is required at the time of application and at annual review to determine the recipient's net worth and debt load.

Property Owned - include legal description of all land owned by the applicant and spouse as well as the assessed value. List all mortgages registered on the property.

Property Leased - include legal description as well as the name of the registered owner. The terms of the agreement should be included as well as any agreement which is due for review. A copy of the lease should be obtained. This is necessary to assess the total operation.

Equipment - list all equipment owned as well as the make, model, year purchased, amount owing, and present value. This information assists in determining the practicality of trading in certain equipment and indicates whether the recipient has more or less equipment than necessary. If the recipient terminates the business operation, the value of the equipment will be known.

Cash Flow

See Chapter 6.4.1 for use of cash flow for self-employed recipients. This assessment method may also be used for those who are no longer self-employed.

The amount of income is determined by subtracting paid allowable expenses from the gross income in the month.