

DIRECTORY OF FINANCIAL ASSISTANCE AVAILABLE TO PERSONS WITH DISABILITIES IN NEW BRUNSWICK

November 2015



Premier's Council on the Status of Disabled

Persons

November 2015

Premier's Council on the Status of Disabled Persons
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Financial assistance – Income

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FEDERAL ASSISTANCE

Registered Disability Savings Plan

Website: www.hrsdc.gc.ca/eng/disability/savings/index.shtml

The Registered Disability Savings Plan (RDSP) is a long-term savings plan to help Canadians with disabilities and their families save for the future. If you have an RDSP, you may also be eligible for grants and bonds to help with your long-term savings.

You should consider opening an RDSP if you have a long-term disability and are:

- eligible for the Disability Tax Credit (disability amount);
- under the age of 60 (if you are 59, you must apply before the end of the calendar year in which you turned 59);
- a Canadian resident with a Social Insurance Number (SIN); and
- looking for a long-term savings plan.

You may contribute any amount to your RDSP each year, up to the lifetime contribution limit of \$200,000. With written permission from the RDSP holder, anyone may contribute to the RDSP.

Several financial organizations offer the RDSP, Canada Disability Savings Grant and Canada Disability Savings Bond. To open an RDSP, contact a participating financial organization to complete a registration form.

CPP Disability Benefit

Website:

www.servicecanada.gc.ca/eng/services/pensions/cpp/disability/benefit/index.shtml

The Canada Pension Plan (CPP) disability benefit is a taxable monthly payment that is available to people who have contributed to the CPP and who are not able to work regularly at any job because of a disability.

The CPP disability benefit is not designed to pay for such things as medications and assistive devices.

To qualify for a CPP disability benefit, you must:

- have a severe and prolonged disability
- be under the age of 65
- meet the CPP contribution requirements:
 - four of the last six years, or
 - three of the last six years if you have contributed for at least 25 years.

With very few exceptions, every person over the age of 18 who works in Canada outside of Quebec and earns more than a minimum amount (\$3,500 per year) must contribute to the Canada Pension Plan (CPP). If you have an employer, you pay half the required contributions and your employer pays the other half. If you are self-employed, you make the whole contribution.

You should apply as soon as you develop a severe and prolonged or terminal medical condition that prevents you from working regularly at any job.

Do not delay in sending your completed application forms. You must apply for the CPP disability benefit in writing. The date your application is received affects the date your benefit begins.

If you are aged 60 to 64 and you think you might qualify for a CPP disability benefit, you may also want to apply for a CPP retirement pension. While you cannot receive both at the same time, you may qualify to begin receiving a retirement pension while you wait for your CPP disability benefit application to be assessed, which usually takes longer.

If you are already receiving a CPP retirement pension when your application for a disability benefit is approved, we will switch your retirement pension to a disability benefit if:

- you are still under the age of 65
- you were deemed to be disabled, as defined by the CPP legislation, before the effective date of your retirement
- you have been receiving your CPP retirement pension for less than 15 months at the time you applied for your disability benefit
- you meet the minimum contributory requirements.

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If your disability benefit is approved, you must pay back the retirement pension payments you received. Normally, it's recovered from your first disability payment.

If you sign your application for a disability benefit before you die, your application will be considered. Your estate and survivors may be eligible to receive CPP benefits after your death.

You must apply in writing. Print out the main application form (ISP 1151), the consent forms, and any other necessary forms from the application kit for CPP disability benefits, and mail them to

**Service Canada
PO Box 250 Station A
Fredericton NB E3B 4Z6.**

Before applying, consider the following:

- To help you complete your application, read the General Information and Guide, which is part of the application kit. This guide includes steps for completing your application, changes that may affect your benefits, a mailing checklist, and other useful information about disability benefits.
- If you are a parent or guardian, you could request the child-rearing provision (form is in the application kit) and the children's benefit (a section of the main application form).
- If you are unable to fill out the forms, a family member or a friend can help you. Make sure that you sign where necessary.

Make sure you keep photocopies of everything you submit. If you talk to someone from Service Canada, write down the name of the person and the date and time of your conversation. Keep all the information in one place.

Q: Will my doctor charge me for completing the medical report that is part of my application?

A: We will pay your physician up to a certain amount for completing your medical report. Your physician is responsible for sending us invoices for payment. Should your physician charge more than our set amount, you are responsible for covering any extra costs above the amount we pay.

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You will receive the basic monthly amount fixed for all recipients, plus an amount based on how much you contributed to the CPP during your entire working career.

If you are receiving a CPP disability benefit, your dependent children may also be eligible for a children's benefit.

The CPP disability benefit is not designed to pay for such things as medications and devices. Contact your province if you need financial assistance.

If you have a terminal illness, complete the terminal illness application for a disability benefit under the Canada Pension Plan. Your disability application will be reviewed within 48 hours after it has been received. Your application will be given priority so that benefit payments can start as soon as possible if approved.

If you are receiving disability income from other sources, such as a private insurer or a provincial social assistance program, you may still be eligible to receive the CPP disability benefit. However, these other sources may adjust their payments if you are approved for a CPP disability benefit.

Contact your insurance company or social assistance program for details relating to your particular case.

It takes approximately four months for a decision to be made from the date we receive your application and all the necessary documents.

A member of our staff will call you to explain how your application will be processed, the type of information we need from you, and answer any questions you may have.

As we process your application, a member of our staff will call you. Our medical adjudicators may also ask for additional information or ask you to see another doctor who will evaluate your medical condition. When seeking more information, we have very little control over how quickly we receive it.

If more than four months have passed and you have not heard from us and would like to know the status of your application, contact us at 1-800-277-9914 or by TTY: 1-800-255-4786.

Can I do volunteer work or go to school?

Yes. Without having any effect on your CPP disability benefit, you can:

- do volunteer work
- go back to school to upgrade or complete a degree, or
- take a re-training program.

Can I do paid work?

You can earn up to a certain amount without telling us and without losing your benefits.

If you earn more than the amount allowed, you must contact the Canada Pension Plan (Toll-Free: 1-800-277-9914 or TTY: 1-800-255-4786).

Q: What if I disagree with a decision?

A: You may request a reconsideration of any decision that affects your eligibility or the amount of your Canada Pension Plan disability benefit.

Children's Benefit

Website: www.cra-arc.gc.ca/cdb/

The Canada Pension Plan (CPP) children's benefits provide monthly payments to the dependent children of disabled or deceased CPP contributors.

The child must be either:

- under age 18
- between the ages of 18 and 25 and in full-time attendance at a recognized school or university.

There are two types of Canada Pension Plan (CPP) children's benefits:

- A disabled contributor's child benefit for the child of a person receiving a CPP disability benefit – a monthly payment for a natural or adopted child or a child who is in the care and custody of the person receiving a CPP disability benefit.

- A surviving child's benefit for the child of a deceased contributor – a monthly payment for a natural or adopted child or a child who was in the care and custody of the contributor at the time of death. For the benefit to be paid, the deceased contributor must have made sufficient contributions to the CPP.

A maximum of two benefits can be paid to a child.

To be eligible, the child must be:

- the natural child of the contributor
- a child "adopted legally" or "in fact" by the contributor while under the age of 21
- a child "legally" or "in fact" in the custody and control of the contributor while under the age of 21.

A child may be eligible if the parent or guardian:

- has met the Canada Pension Plan (CPP) contributory requirements
- is receiving a CPP disability benefit or has died.

Once children turn 25, they are no longer eligible for these benefits.

For the benefit to be paid, the deceased contributor must have met the following contributory requirements:

- The deceased contributor must have contributed to the CPP for a minimum of three years.

If the CPP contributory period of the deceased contributor is longer than nine years, they must have contributed to the CPP in one of the following (whichever is less):

- one-third of the calendar years in their contributory period
- 10 calendar years.

The international social security agreements that Canada has with other countries may be used to satisfy these requirements. See lived or living outside Canada.

The monthly children's benefit is a flat rate that is adjusted annually.

Dependent children, or their parent or guardian, should complete an application when any of the following happens:

- a parent or guardian has applied for a disability benefit (you do not have to wait for the benefit to be approved before applying)
- when a child comes into the care or custody of a parent or guardian who receives a disability benefit
- a parent or guardian dies

You should apply as soon as possible. If you delay, you might lose benefits. The Canada Pension Plan can only make back payments for up to 12 months.

If you are applying for a child under age 18, you must complete one of the following:

- the Application for Benefits for Under Age 18 Children of a Canada Pension Plan Disabled Contributor (ISP1152), for a child of a disabled contributor.
- sections 9 to 13 of the Application for Canada Pension Plan Disability Benefits (ISP1151) if you are applying for the disability benefit.
- the Application for a Canada Pension Plan Survivor's Pension and Child(ren)'s Benefits (ISP1300), for a child of a deceased contributor.

If you are a full-time student between the ages of 18 and 25, you must complete these forms:

- Application for a Canada Pension Plan Child's Benefit (ISP1400), and
- Declaration of Attendance at School or University (ISP1401)

If you are between 18 and 25 years of age, you must be attending school full time at a recognized educational institution. You must complete the declaration form when you first apply for a benefit, at the beginning of every school year, and when you return to school after having left for a time. We may also ask you to complete the form at the beginning of each semester if you are on a semester system, or if your attendance starts in the middle of the traditional school year.

If you are caring for a dependent child of a disabled or deceased contributor and the child is under the age of 18, you should apply for the children's benefit on behalf of the child. However, children under age 18 who are living on their own and can show they are capable of managing their own affairs may complete their own application.

If you are a dependent child who is between the ages of 18 and 25 and in full-time attendance at a school or university, you should apply for the children's benefit yourself.

If the child is under the age of 18, the benefit is normally paid to the person with whom the child is living. However, in some cases, the benefit can be paid to the child who has applied.

If the child is 18 or older and qualifies because of full-time attendance at a school or university, the benefit is paid directly to him or her.

The children's benefit is paid during normal school vacations, but will stop if the child has not sent us a signed school attendance form when he or she returns to school following vacation. The Declaration of Attendance at School or University (ISP1401) must be completed each year or semester and signed by both the child and a school official.

If the child leaves school and then later returns to school full time, the child must complete the Declaration of Attendance at School or University (ISP1401) again to reinstate the children's benefit. It will be paid starting the month he or she returns to school. The children's benefit will not be reinstated unless the child applies.

If a child of a disabled parent or guardian is eligible for a monthly benefit and an application has been submitted, the benefit starts the latest of:

- the month the contributor's disability benefit starts, or
- the month after the child is born or becomes the contributor's child.

If a child of a deceased parent or guardian is eligible for a monthly benefit and an application has been submitted, the benefit starts the latest of:

- the month after the contributor dies, or
- the month after the child is born.

The benefit stops after the month in whichever happens first:

- the child turns 18, or, if age 18 to 25, is no longer in full-time attendance at a school or university.
- the parent or guardian's disability benefit stops.
- the month after a child is no longer in the care or custody of the parent or guardian receiving a disability benefit.

- the child dies.

You (the child or the parent or guardian) must tell us about any changes that affect eligibility, such as a child is added to the family or is no longer in your care and custody.

It takes approximately eight weeks to receive your first payment from the date Service Canada received your completed application. If more than eight weeks have passed and you would like to find out the status of your application, contact Service Canada at 1-800-277-9914 or via TTY at 1-800-255-4786.

Q: What are my responsibilities while receiving the children's benefit?

A: You must notify Service Canada if:

- you stop attending school (between the ages of 18 and 25)
- your attendance changes from full-time to part-time
- your "child" relationship to the contributor ends or changes
- you change your name or address.

Note: Benefits are not affected if the child marries, as long as all other eligibility requirements continue to be met.

The CPP defines recognized educational institutions as schools, colleges, universities, and other educational institutions that provide training or instruction of an educational, professional, vocational, or technical nature. The institution must also be recognized by the province in which it is located. If the CPP recognizes the school, and you continue to meet all other eligibility requirements, you will be eligible for benefits if attending a school outside Canada.

In certain situations, you may be eligible for a benefit when you attend school part time. For example, if you are taking courses at more than one educational institution, the course hours may add up to full-time attendance. Each situation is considered individually. Contact us at 1-800-277-9914 or via TTY at 1-800-255-4786 for details.

Your eligibility to the disabled contributor's children's benefit ends the month of your parent's death. However, you could then be eligible for the surviving children's benefit as the child of a deceased CPP contributor.

Q: I work in the summer and contribute to the CPP. Does that affect my eligibility for a children's benefit?

A: No. You receive a CPP children's benefit because you are eligible as the dependent child of an eligible CPP contributor who has died or who receives a CPP disability benefit. The fact that you also contribute to the CPP does not affect your eligibility. The contributions that you make now will entitle you to other CPP benefits in the future.

Disability Tax Credit

Website: www.cra-arc.gc.ca/E/pbg/tf/t2201/README.html

The disability tax credit (DTC) is a non-refundable tax credit that helps persons with disabilities or their supporting persons reduce the amount of income tax they may have to pay. An individual may claim the disability amount once they are eligible for the DTC. This amount includes a supplement for persons under 18 years of age at the end of the year.

For more information, go to www.cra.gc.ca/dtc or see Guide RC4064, Medical and Disability-Related Information.

You are eligible for the DTC only if we approve this form. A medical practitioner has to complete and certify that you have a severe and prolonged impairment and must describe its effects.

To find out if you may be eligible for the DTC, use the self-assessment questionnaire on Information Sheet T2201-1, Disability Tax Credit Certificate. If we have already told you that you are eligible, do not send another form unless the previous period of approval has ended or if we tell you that we need one. You must tell us immediately if your condition improves.

If you receive Canada Pension Plan or Quebec Pension Plan disability benefits, workers' compensation benefits, or other types of disability or insurance benefits, it does not necessarily mean you are eligible for the DTC. These programs have other purposes and different criteria, such as an individual's inability to work.

You can send the form to us at any time during the year. By sending us your form before you file your income tax and benefit return, you may

prevent a delay in your assessment. We will review your form before we assess your return. Keep a copy of the completed form for your records.

You are responsible for any fees that the medical practitioner charges to complete this form or to give us more information. However, you may be able to claim these fees as medical expenses on line 330 or line 331 of your income tax and benefit return.

Once the CRA has received the completed and signed Form T2201, we will assess your application to determine if you are eligible to the DTC. We will then send you a notice of determination to inform you of our decision. If your application is denied, the notice of determination will explain why. For more information, see Information Sheet T2201-1, Disability Tax Credit Certificate, or go to www.cra.gc.ca/dtc.

Send your completed and signed form to the Disability Tax Credit Unit of your tax centre:

St. John's Tax Centre
290 Empire Avenue
St. John's NL A1B 3Z1

If you need more information, go to www.cra.gc.ca/dtc or call 1-800-959-8281.

To get our forms and publications, go to www.cra.gc.ca/forms or call 1-800-959-8281.

Child Disability Benefit (CDB)

Website: www.cra-arc.gc.ca/cdb/

The Child Disability Benefit (CDB) is a tax-free benefit for families who care for a child under age 18 who is eligible for the disability tax credit.

A child is eligible for the disability tax credit when a medical practitioner certifies, on Form T2201, Disability Tax Credit Certificate, that the child has a severe and prolonged impairment in physical or mental functions, and the Canada Revenue Agency (CRA) approves the form.

The CDB is paid monthly to the Canada Child Tax Benefit (CCTB) eligible individuals and also as a supplement to the Children's Special Allowances (CSA).

If you are eligible for the CCTB but you have not filed Form T2201, Disability Tax Credit Certificate, for a child who may be eligible for the CDB supplement complete only the sections of Part A of Form T2201 that apply to you, ask a medical practitioner to complete and certify Part B. Send your completed and signed form to your tax centre. The Canada Revenue Agency (CRA) will determine whether or not you are eligible for the disability tax credit and the CDB supplement.

PROVINCIAL ASSISTANCE

SOCIAL DEVELOPMENT

Contact information for Department of Social Development

Sartain MacDonald Building
551 King Street
PO Box 6000
Fredericton NB E3B 5H1

Telephone : (506) 453-2001
After hours emergencies:
(800) 442-9799
Fax : (506) 453-7478

1 (866) 426-5191
Moncton
Richibucto
Sackville
Shediac

1 (866) 441-4340
Saint John
St. Stephen
Sussex
Hampton
St. George

1 (866) 444-8838
Fredericton
Woodstock
Perth-Andover

1 (866) 441-4249
Edmundston
Grand Falls

1 (866) 441-4245
Campbellton
Kedgwick

1 (866) 441-4341
Bathurst

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1 (866) 441-4246
Miramichi
Neguac

1 (866) 441-4149
Caraquet
Tracadie
Lamèque
Shippagan

Social Assistance Program

Financial assistance is given to people who have no other income to meet their basic needs of food, clothing and shelter. By law social assistance is the payer of last resort. This means that all other income must be considered when determining how many dollars will be provided.

Eligibility for social assistance is determined for each household by identifying all the income from all sources of all people who live in the household. If this total household income is less than the rate which applies to that household, the household is able to receive social assistance. The amount of assistance depends on the amount of household income. The rate which applies to the household is based on the number of people in the household and whether or not they can work. For example, a single mother with one child may receive \$861 each month. If she has no income at all, she would receive the full \$861. If she has income of \$300 a month, then she would receive \$561 in social assistance.

A person or household is simply assessed to find out whether or not they need help based on all income of all members living in the household. This means that there is no discrimination with regard to gender, marital status, or sexual orientation. Also, there is no need to ask about the relationships of the people in the household. This policy has exceptions for people with disabilities, single parents, boarders and some people who live with their parents.

Social assistance benefits are not reduced by the amount of child tax benefits that families receive. But they are reduced by child support payments. This policy recognizes that parents have the main responsibility for the financial support of their children. Parents who do not have custody should have to support their children if they can. Taxpayers should not be required to take on this financial duty. Family support payments are deducted dollar for dollar from social assistance cheques. Clients are encouraged to work with departmental staff to register all child support

payments with the Court and set them up payable to the Minister. In these situations the clients will continue to receive their full income assistance cheque. This ensures clients do not go through hardship if the non-custodial parent does not make the monthly payment.

A person or household who gets social assistance may be able to receive other benefits. All social assistance clients get a health card. This helps pay for things like prescriptions drugs, dental and vision care, and some other health needs. Some clients may be able to get help to pay for their winter fuel. Some disabled clients receive a disability supplement in the amount of \$100.00 monthly.

Social Assistance Rate Schedule A

Social assistance rates are established by Government. Social assistance is provided to individuals on the basis of the number of members of their household and some determination of their employability. There is one schedule which is referred to as rate table Schedule A.

There are three rate programs:

➤ **Transitional Assistance**

For those who are employable, as well as, those requiring support and intervention to become employable. This generally means single person who are able to work and also those with a temporary medical problem. Most families are provided assistance under this program.

➤ **Transitional Assistance Single Employable**

This indicates the case is eligible for the Transitional Assistance –Single Employable (TA-SE) rate of assistance. It is automatically calculated by the system, based on the information entered into the system. Single person units who do not have a designation and are not certified blind, deaf or disabled will receive this rate of assistance, including those who meet the following criteria:

- Single clients living in the parental home
 - Who have an SD Medical Report completed by a physician stating that they are unable to work for 6 months or more or that they are 7 months pregnant. (SD assesses the impact of the medical condition on the individual's ability to work),
 - Who are 55 years of age and older

➤ Extended Benefits Program

For those who are certified by the Medical Advisory Board as blind, deaf or disabled. It also includes some clients who have been on assistance for many years and who have a Special Designation.

Long-Term Needs

The Long-Term Needs Designation will be given to those applicants/clients who are 19 years of age or older and meet at least one of the following conditions:

- Meets criteria for long-term client by Mental Health (written verification required)
- Is assessed by Social Development as meeting criteria of the Long-Term Care Strategy (written verification required)
- Is in receipt of CPP Disability or any other disability pension under the Pension Act
- Has medical reports covering a 24-month period and the Medical Advisory Board approves the Long-Term Needs designation. For applicants this would mean having one Medical Report stating the individual's condition has existed for 24 months.

The designation is permanent and is to remain with the client regardless of how long they are off assistance.

The designation serves three main purposes.

- It allows the individual to have an exemption from the Household Income Policy.
- It guarantees the individual the Transitional Assistance rate of assistance.
- It eliminates the need to submit a Medical Report every six months.

The Medical Advisory Board's decision for the Long-Term Needs designation is not appealable and must not be taken to the Regional Family Income Security Appeal Board.

For an applicant, the designation is effective the date of application. For clients, the designation is effective the date of the Medical Advisory Board approval or supervisor approval.

Health Card

SD health cards are required by many financial institutions as identification. Health card PDP coverage is administered by the NB Prescription Drug Program (PDP). Health card ambulance coverage is administered by Ambulance Services, Department of Health.

All programs are subject to benefit guidelines and limitations and have specific eligibility criteria.

Coverage - Exceptions

All active clients are eligible for the health card if they do not have coverage under another plan. In the following exceptions, a health card may only be required for identification purposes (i.e. with no coverage), or upon clarification with the respective plan, partial coverage may be issued:

- client and/or dependents may have coverage from their spouse/parent as part of the terms of separation or divorce,
- status Indians (Natives), or
- post-secondary students with compulsory health insurance coverage.

Coverage of the client's dependents should be clarified, as dependents of a Native or a student may be covered by their respective health plans for some costs.

Coverage - Partial versus Full

Applicants/dependents aged 19 years or older are eligible for only PDP and Ambulance coverage until they have been in receipt of assistance for three (3) months. Exceptions to this are clients/dependents who are:

- in provincial institutions,
- certified Blind, Deaf or Disabled,
- pregnant,
- discharged from a psychiatric facility,
- former wards of the province with expired guardianship,
- former clients (who had full coverage) canceled less than 30 days,
- former clients (who had full coverage) canceled within the last 6 months for reasons of employment, or
- suffering from the following illnesses:
 - cancer,
 - lung disease,
 - diabetes,

- heart condition, or
- HIV positive/AIDS.

The system will determine health card coverage and dates, based on information entered on the case when initially set up at Registration. The system will adjust coverage accordingly for adults after 3 months to full coverage. The system will also automatically extend the Health Card every 6 months if case is still active.

Health Card under Section 4(4)

Requests for a health card from those who are not eligible for assistance must be assessed under Section 4(4). Health cards issued under this Section may be for any period up to 12 months. Health cards issued under this section will be approved for a period of 12 months, unless circumstances require a shorter duration. Although the entire Household must be assessed for eligibility, the card should be issued to provide coverage only to the specific individual(s) requiring the card.

Applicants who have the Long Term Needs, Designated Needs or Blind, Deaf or Disabled certification and who are not living with a legal or common-law spouse or child would be considered as a separate unit when applying for Health Card Only benefits.

All clients who have been diagnosed with diabetes and are insulin dependent will have coverage for their insulin and their diabetic supplies. Insulin pump and supplies for adults are not covered. There may be coverage for children under the age 19 through the department of Health's New Brunswick Pediatric Insulin Pump Program (PIPP).

All clients who have been diagnosed with diabetes who are not insulin dependent but are treated by diet alone or taking oral medications may have coverage for a limited number of testing strips, and supplies such as lancets, alcohol and swabs. A medical form completed by a physician, nurse practitioner and /or certified diabetic educator will determine the quantity of test strips that are needed.

Seniors 65 years of age and over who qualify for coverage under the New Brunswick Prescription Drug Program would be eligible for their insulin under this program.

Seniors 65 years of age and over may purchase extended health benefits from the Medavie Blue Cross Seniors' Health Program. Diabetic supplies is one of the benefits covered under this program. Should a senior not apply for this coverage within 60 days following either their 65th birthday, the cancellation of other coverage or eligibility for NB Medicare as a new resident they will face a one-year waiting period for certain benefits which includes diabetic supplies.

Applicants, including seniors who have coverage under other medical plans may be put at a financial disadvantage, depending on their participation fees and/or benefit restrictions under their plan. Depending on the amount of such disadvantage, consideration may be given to assisting these applicant with the additional costs incurred, or in issuing an SD health card. Families requesting dental or optical services for children 0-18 years of age should first be referred to the Health Smiles, Clear Vision plan administered by Medavie Blue Cross. If they have been found ineligible for this plan they may then be assessed under Section 4(4) for dental or optical coverage.

Emergencies

Municipalities are responsible for emergency planning and response. However in the event that the situation requires a response greater than what the municipality can provide they have the option to declare a state of emergency. This state of emergency brings the resources of the province to the aid of the municipalities. In extreme or widespread circumstances it is the province who declares the state of emergency.

For unincorporated areas or Local Service Districts by agreement with NBEMO the Department provides Emergency Social Services without the declaration of a formal state of emergency as no municipal government is in place to make this determination.

Undeclared Emergencies

An Undeclared Emergency is a situation where no formal declaration has occurred and which forces occupants from their residence. This could range from a single family house fire to a larger situation to which a municipality is still able to provide the required services.

In an undeclared emergency, individuals may be referred to the Department for emergency benefits as provided within current policies and

procedures. It must be determined if relatives, friends or community organizations, ex: Red Cross, exist that could provide items of basic need, or if the victims themselves have personal resources (i.e., insurance coverage, bank accounts, etc.) If so, these resources must be utilized prior to granting any assistance via regular SA benefit or a 4(4) application.

Applicants:

An application for income assistance is required at the earliest opportunity.

For those who are not eligible for basic assistance, emergency services may be granted for a total maximum period of up to eight (8) days, during which time the individual(s) must secure alternate accommodations. The emergency services may include accommodations, and/or a meal allowance of \$7.00 per person meal for restaurant meals, or \$8.00 per person per day for groceries. For housing repairs as a result of the Undeclared Emergency, individuals may be referred to the Housing Sector of the Department.

All assistance issued to those who are not eligible for basic assistance is under Section 4(4).

For those who are eligible for basic assistance, emergency services are granted as a client.

Clients:

Clients with no other available resources may be issued the following as special benefits:

- to replace basic items such as food, clothing, shelter, a client may be eligible for an amount equal to one month's basic assistance up to the amount of the household's Basic Household Rate minus what is available from other resources (ex., Red Cross).
- to replace household items (household setup) such as dishes, household linens, appliances (fridge, stove, washer) etc. A client may be eligible for up to a maximum of \$2000.00 in accordance with the Household Setup Policy.
- for housing repairs as a result of the emergency, individuals must be referred to the Housing Sector of the Department.

Declared Emergencies

A Declared Emergency is a situation that is declared such by the Minister of Public Safety or by a local municipality. The responsibility of the Department in a declared emergency is to provide Emergency Social Services (ESS). The extent of the response is determined by the Department. These services are food, clothing, lodging, personal social services, registration and enquiry. Each region has an ESS coordinator, and every permanent employee has assigned responsibilities in connection with the emergency plan for their region, and should have a copy of the fan-out chart.

In most declared emergencies, the response needed from SD will be initiated departmental staff on the Provincial Action Committee or by contact with the Emergency Measures Organization (EMO) and will be according to the emergency plan for their region.

In a declared emergency, there is no difference in how we respond to our clients vs. non-clients. The level of support and amount of benefits issued will be determined by ESS personnel taking into consideration the requirements of the individual affected, the nature of the emergency, the availability of other resources and guidance from government.

The manner in which the benefits are actually paid is usually only decided once the emergency has been dealt with.

Emergencies in Unincorporated Areas

Departmental response to an Emergency in an unincorporated area is the same as it is to a Declared Emergency.

Fuel Supplement

The fuel supplement is designed to provide assistance to eligible households to assist with the costs of winter heating. The Regular Fuel Supplement is available from November to April of each year to social assistance recipients who meet the criteria.

The Fuel Supplement can provide assistance to cover some of the costs of winter heating, over and above what is included in the basic assistance rate. Eligibility is determined on a case-by-case basis. Many clients are

already receiving some type of special assistance related to their heating costs either through SD or others.

Clients who are not considered eligible are those who:

- Have accommodation costs of less than \$100/month.
- Are receiving the Income Supplement which is \$100/month through the heating season
- Are in subsidized housing where heating has been factored into the monthly cost
- Live with their parents, are in a boarding situation, have only lot rent, or are in “maintenance only” accommodations.

The types of fuel supplements are Social Assistance Recipients:

- The Electric Fuel Supplement is provided to eligible households who heat with electricity (fully or partially) in the amount of \$150.00 per month, it is available from November to April.
- The Non-Electric Fuel Supplement of \$145.00 per month is available to eligible households from November to April.
- The Bulk Fuel Supplement of \$870.00 for the purchase of wood or oil is provided from November through April. The benefit can be provided monthly at \$145.00 per month or in a bulk format.

Both Social Assistance Recipients and non-Social Assistance Recipients:

- The Emergency Fuel Benefit can be provided on a case by case basis to a client or applicant who is experiencing a winter hardship/emergency situation as it relates to winter heating costs. The benefit can be up to \$550.00 per calendar year.

Emergency Fuel Benefit

The emergency fuel benefit is designed to provide assistance to eligible households to assist with the costs of winter heating.

Any household in New Brunswick that is in an emergency situation and unable to afford the cost of heating its home may be eligible to receive this benefit. The department will assess eligibility on a case-by-case basis

An emergency fuel benefit of up to \$550 per calendar year may be provided to eligible New Brunswick households whether or not they are

receiving social assistance. This benefit is provided to eligible applicants regardless of what type of heating they use.

Examples of an emergency situation include:

- a high heating bill due to the cold, which means that you are not able to pay your rent or mortgage;
- having to choose between feeding your family and paying your winter heating bill; or
- an illness resulting in unexpected high medical costs, which have made it hard to pay your heating bill.

For the purpose of assessing need for the emergency fuel benefit, the department will assess all household expenses, but remove the requirement that assets be depleted in order to qualify for assistance.

The asset exemption will ensure that items such as investments (RSPs, GICs etc.), life insurance cash value, etc. are not considered in determining if the household is in need of an emergency fuel benefit, and cash-in-hand and bank accounts will only be considered if they exceed \$2,000. This will allow people to seek assistance for a present-day emergency without sacrificing savings for the future.

All New Brunswick households who find themselves in an emergency situation may apply for the emergency fuel benefit, because eligibility will be assessed on the basis of whether or not a household is in deficit, based on income and expenses. A benefit of up to \$550 per calendar year could be provided, depending on the size of the household deficit.

Heating Allowance

The Heating Allowance provides assistance for the heating costs of subsidized households in Social Development's rental programs and in Non-Profit and Cooperative Housing projects whose rental payments are subsidized by the Department. The Heating Allowance is part of the rental payment calculation for clients subsidized under these programs and is utilized to reduce their monthly rental payment.

Eligible clients are households who pay their own heating bills and are in rental units owned by Social Development or in Non-Profit and Cooperative

Housing projects whose rental payments are subsidized by the Department.

The Heating Allowance is designed to provide assistance for the Heating Costs of clients living in rental units owned by Social Development and in Non-Profit and Cooperative projects whose rental payments are subsidized by the Department. The Heating Allowance reduces the monthly rent payment of these clients with the amount of the Heating Allowance varying depending on the type of unit, number of bedrooms or the unit's location.

DEPARTMENT OF FINANCE

Revenue and Taxation Division
PO Box 3000
Fredericton, NB E3B 5H1

Telephone: 1-800-669-7070

New Brunswick Low-Income Seniors' Benefit

To assist low-income seniors in New Brunswick, the government offers an annual benefit to qualifying applicants.

To qualify for the 2016 annual benefit of \$400 the applicant must have been a resident of New Brunswick on December 31, 2015 and a recipient of a benefit under the Old Age Security Act (Canada), notably:

- The Federal Guaranteed Income Supplement (GIS) during 2015 (must be 65 years or older) or
- the Federal Allowance for the Survivor during 2014 (must be between 60-64 years old) or
- the Federal Allowance during 2015 (must be between 60-64 years old).
- Important: Persons in receipt of a Federal allowance who are under the age of 60 do not qualify for this benefit.

Where both spouses receive the GIS and reside in the same household, only one \$400.00 benefit will be granted. However, where spouses live separately (for example, one residing in a nursing home), both will be eligible for the benefit.

Application forms will be available online and the Department of Finance will begin to issue payments after April 1, 2016. To access the application

for the 2016 benefit, go to <http://www2.gnb.ca/content/gnb/en/departments/finance/promo/seniors.html>. Forms can also be obtained by visiting any Service New Brunswick Center.

Should you require further information on this program, please contact the Department of Finance, Revenue and Taxation Division at 1-800-669-7070.

If you do not currently receive the GIS or one of the other federal benefits and would like more information, please contact the federal Department of Human Resources and Skills Development Canada at:

1-800-277-9914 for service in English, or 1-800-277-9915 for service in French.

2016 Home Energy Assistance Program

The Home Energy Assistance Program provides a \$100 benefit designed to help low-income families cope with high energy prices. The program will provide a payment of \$100 to families with incomes up to, and including \$28,000.

To be eligible, applicants must:

- Maintain a principal place of residence within New Brunswick at the time of application (either a house, an apartment, or a living unit that is a self-contained domestic establishment with its own access and contains a kitchen, bathroom and sleeping facilities);
- Have had a total family income (applicant and spouse or common-law partner) of \$28,000 or less in 2014.
- Be a resident of New Brunswick as of December 31, 2014 and have filed a 2014 New Brunswick Income Tax Return.
- Provide a copy of an electricity bill for your home dated after November 1, 2015. If electricity costs are included in your rent, provide the name and telephone number of your landlord at the time of application.

The department of Finance will process the applications and issue the benefit to qualifying applicants. In special circumstances where the total family income for 2014 was over \$28,000 and the expected total family

November 2015

income will be \$28,000 or less for 2015 (example: loss of employment or other reasons), an applicant may still be eligible for the benefit.

Application forms will be available January 2016. When submitting their applications, applicants must provide information on their total family income, and a copy of a recent electricity bill (dated after November 1, 2015). Only one benefit per household (address) will be provided.

Application forms will also be available January 2016 at Service New Brunswick centres, online at www.snb.ca or by calling the department of Finance at 1-800-669-7070.

It is important to note that the deadline to apply for the 2016 benefit is June 30, 2016.

For more information on this program, please contact the department of Finance, Revenue and Taxation Division at 1-800-669-7070, Monday to Friday, 8:15 a.m. to 5 p.m.