

New Brunswick

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Social Assistance Program

assistance to meet their basic needs such as food, rent, utilities and clothing. The program may also help you with other needs such as child care, transportation, prescription drugs and more.

Eligibility: all of the income is added up from all sources of all people who live in your household. If the total household income is less than the rate for your family type, the household is likely eligible to receive financial help. The amount received depends on the total household income.

HOW:

Step 1: Gather the following information before you contact the Department of Social

Development:

You will be asked to provide:

- Your mailing address
- Your residence address (if it is different from your mailing address)
- Your rental or mortgage costs

For every member in the household, you will be asked to provide:

- First and last name
- Birthdate
- Medicare number
- Social Insurance Number (SIN)
- Income (like employment, child support, Employment Insurance, etc.)
- Assets (what every family member owns - like a car or a house)

Step 2: Call the provincial number for screening and intakes at 1-833-SDDSTel (1-833-733-7835).

- You will be asked questions to determine if you may be eligible to receive Income Assistance.

Step 3: If you are eligible for Income Assistance, an appointment will be scheduled for you to complete the application package and provide required documentation to the department.

Low-Income Seniors' Benefit

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

Eligibility: To be eligible for the \$400 benefit, a person must have been a resident of New Brunswick on Dec. 31, 2020, and have received one of the following federal benefits under the *Old Age Security Act*:

- Guaranteed Income Supplement (65 years or older)
- Allowance for Survivor Program (between 60 and 64 years old)
- Allowance Program (between 60 and 64 years old)\
- 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.

HOW: apply online, or print the application, complete it and mail it to:

Finance and Treasury Board, Revenue Administration Division,
PO Box 1900,
Fredericton, N.B., E3B 5G4.
The application deadline is Dec. 31, 2021.

More information about the program, and on how to apply, is available from Finance and Treasury Board, Revenue Administration Division, at 1-800-669-7070.

Note: s3.2 - 3.10 of this document are applied through the same social assistance program unless otherwise indicated

3.2 - Day Care

Day Care Assistance may be considered for parents/legal guardians, who require child care for the following reasons:

- job search activities,
- employment,
- education/training,
- social special needs, including Early Childhood Initiatives (ECI), or
- undergoing medical treatment,

Services must be accessed in a licensed child care facility approved by the Department of Education and Early Childhood Development. If a parent cannot access a licensed facility, they may be eligible for subsidy under the Alternative Child Care Program.

Eligibility:

- The maximum payable days for subsidy are 23 days per month per child.

- Seeking Employment - Parents must be in receipt of social assistance, have completed an EA, have an active case plan approved by their Social Development case manager and be in Work Services seeking employment program
- Once the parent becomes employed, their income will be used to determine their ongoing eligibility within the Day Care Assistance Program.
- The client must submit a detailed list (every one to two weeks) of their job search activities including the employers contacted, when, how and any documentation from the prospective employer to support the search activities.

Age of Children

- infants (0-23 months)
- preschoolers (2 yrs-school entry) and:
- school aged children 5 years to 12 years old, with payment payable up to and including the month of their 13th birthday and;
- school aged children, with payment payable up to and including the month of their 14th birthday for those requiring overnight care

Alternative Child Care - Parents must demonstrate that they do not have reasonable access to a licensed day care facility within a 5 km radius of the home, workplace or training institution. Reasonable access means that a licensed day care has available spaces during the hours they are required and for the appropriate age of the child

An Alternative Child Care provider must be at least 19 years of age and not have more than four pre-school children, or five children if at least one is of school age or two infants under two years of age, or only eight after school children in their care, otherwise they must be licensed through the Department of Education and Early Childhood Development. As with babysitting, immediate family members cannot be considered as service providers. This includes parents or grandparents or someone residing in the household. In order to be approved as an Alternative Child Care Provider, the parent and child care provider must fill out the Alternative Child Care Request Form

The following applicants do not qualify for the Alternative Child Care benefit:

- Parents receiving social assistance
- child protection cases where the child is in the care of the Minister
- children referred to child care services under the Early Childhood Initiatives (ECI)

Rates - Alternative Child Care

	Maximum Daily Rate	
Type of Care	less than 2 years	2-13 years

Full Time (attendance on a regular basis for more than 4 hours per day)	\$18.50	\$16.50
Part Time (attendance on a regular basis for two to four hours per day)	\$9.75	\$9.25
After school (children between 5-14* years of age attending during the regular school day, outside school hours)	N/A	\$9.25

High School Student Daycare Assistance Subsidy Rate

In order to qualify for the high school student subsidy rate, parents must meet the eligibility criteria based on the following:

- must be 16 years old or older
- attending high school or in training equivalent to which is recognized by the department of Education and Early Childhood Development.
- The goal must be that once their training is completed they will have successfully obtained their high school diploma.
- The parent may also be working while in training
 - Full time rate for \$27.00
 - Part time rate or after school \$13.50

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

HOW: An application for income assistance is required at the earliest opportunity. (see first page for information on how to apply)

If an individual is referred to the Department for emergency benefits, it must be determined if relatives, friends or community organizations can provide assistance or if the individuals themselves have personal resources (i.e. insurance coverage, bank accounts etc.).

- 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 per 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.

3.4 - Funerals

Applications must be considered under Section 4/4 of the Family Income Security Act. Assessment for eligibility is based on the following:

- the financial situation of the deceased and
- the financial situation of the family (sister, brother, parent, child, grandparent, spouse and common-law spouse) who are part of the deceased's household.

Our decision is regarding the ability, not the willingness, of the family who are part of the deceased's household to pay.

3.5 - 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).

Prescription Drug Plan Coverage may be approved up to a maximum of 60 months.

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).
- 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.
- Prescriptions Not covered by PDP - Clients must request that their doctor apply to PDP for approval of the drugs. PDP will send written documentation to the SD district office - bills may be paid based on need or monthly cost may be added as an ongoing Special Benefit, as over the counter drugs cannot be covered by the card.

Coverage for certain Health Card benefits is administered by the Health Services Program in the central office of SD. These programs include:

1. [Mobility and Adaptive Equipment Loan Program](#)
2. [Dental Program](#)
3. [Enhanced Dental Program](#)
4. [Hearing Aid Program](#)
5. [Medical Supplies / Services Program](#)
6. [Therapeutic Nutrients Program](#)
7. [Orthopedic Program](#)

8. [Respiratory Program](#)
9. [Ostomy / Incontinence Program](#)
10. [Prosthetic Program](#)
11. [Vision Program](#)

1. Health Services Mobility and Adaptive Equipment Loan Program - The Mobility and Adaptive Equipment Loan Program loans specific mobility and adaptive equipment to eligible clients of the Department to support them in the performance of their activities of daily living and enable them to live and be cared for safely.

Eligibility:

This program is available to:

- clients of Social Development and their dependents
- individuals who have special health needs and who qualify for assisted health care under Section 4/4 of the Family Income Security Act and Regulations.

Clients must have one of the following:

- a valid white Health Card showing “SUPPLEMENTARY” IN THE ‘BASIC HEALTH ELIGIBILITY’ BOX OR “CREQUIP” (Convalescent/ Rehab Equipment) or “MAEQUIP” (Mobility & Adaptive Equipment Loan Program) indicated in the “ADDITIONAL HEALTH ELIGIBILITY” box
- a valid yellow Health Card showing “Y” under “OTH” in the “VALID ONLY FOR”
- a valid yellow Health Card showing “X” under “SUPP” in the “VALID ONLY FOR” box

2. Health Services Dental Program

This program assists clients of this department who are over the age of 19 with coverage for specific dental benefits that are not covered by other agencies or private health insurance plans.

Benefits covered under this program are:

- Exams, x-rays
- Dentures and repairs
- Specific types of fillings

This program does not cover:

- Orthodontic services and appliances
- Fluoride treatment
- Sealants
- Root canals on posterior teeth
- Oral surgeries not specified in the contract with the NB Dental Society

Clients are eligible for a maximum of \$1000 per year, excluding emergency and prosthetic services.

Clients will be charged up to a 10 per cent participation fee for dentures and denture repairs.

Once a treatment plan has been determined the dental professional will advise of the amount payable. The participation fee is paid directly to the dental professional and may be required before dental services are provided.

With the exception of certain types of fillings, there is no cost to eligible clients for (all) other dental services.

Eligibility:

This program is available to:

- Clients of this department and their dependants 19 years of age and older
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations.

Clients must have one of the following:

- A valid white Health Services Card indicating “DENTAL” coverage in the BASIC HEALTH ELIGIBILITY section
- OR
- A valid yellow Health Services Card with a “Y” or an “X” under DENT in the VALID ONLY FOR box

3. Health Services Enhanced Dental Program

Benefits covered under this program are:

- Complete oral exam,
- Cleaning,
- Scaling/ root planning
- Root canal on anterior teeth,

This program does not cover:

- Orthodontic services and appliances
- Fluoride treatment
- Root canals on posterior teeth

Eligibility:

Clients of this department who are:

- Between the ages of 19 and 64,
- Participating in Career Development Options programming,
- In need of additional treatment to support employment or educational goals

Clients must have: A valid white health Services card indicating “ENHANCED DENTAL” in the BASIC HEALTH ELIGIBILITY section

4. Health Services Hearing Aid Program

This program assists clients of this department with coverage for the purchase and maintenance of hearing aids services which are not covered by other agencies or private health insurance plans.

This program covers:

- Behind the Ear (BTE), In the Ear (ITE) and In the Canal (ITC) hearing aids
- Repairs & ear molds

This program does not cover:

- BAHA hearing aids
- Personal FM systems
- Cochlear implants
- Hearing aids for cochlear implants
- Batteries for hearing aids or cochlear implants
- Hooks, filters or tubing
- Convenience options such as T-coil, directional microphone, etc.
- Cleaning/drying
- Pocket Talkers
- Hearing tests or evaluations

Eligibility

This program is available to:

- Clients of this department and their dependents
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations

Clients must have one of the following:

- A valid white Health Services Card showing “SUPPLEMENTARY” in the BASIC HEALTH ELIGIBILITY section, or “HA.” (Hearing Aid) in the ADDITIONAL HEALTH ELIGIBILITY section

OR

- A valid yellow Health Services card with a “Y” under the OTH in the VALID ONLY FOR box, or an “X” under SUPP in the VALID ONLY FOR box

In situations where an applicant/client has existing coverage for a hearing aid but would be in financial hardship to pay their co-pay, SD may assist them with the difference, The hearing aid must be a benefit of the program and not cost more than the maximum amount (\$1000 per hearing aid).

5. Health Services Medical Supplies / Services Program -assists clients with coverage for specific medical supplies not covered through other Health Services Programs.

This program covers the following medical supplies:

- Blood Pressure Monitors for long term use
- Burn Supplies (Burn garments, Burn dressings)
- Central venus access device supplies (example Port-o-cath)
- Canes, crutches and 2-wheeled walkers
- Foot Nail Care for services (clients of income assistance only)
- Infusion Pump monthly rental and the purchase of necessary supplies
- Personal emergency response system rental (example Lifeline)
- Pressure gradient garments (Medical grade compression stockings –knee or thigh length, compression sleeves
- Special Authorization benefits (compression pantyhose, compression wraps, custom made compression garments)

Eligibility:

This program is available to:

- Clients of this department and their dependents
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations

Clients must have one of the following:

- A valid white Health Services Card showing “SUPPLEMENTARY” in the BASIC HEALTH ELIGIBILITY section, or MS.” (Other Medical Supplies) in the ADDITIONAL HEALTH ELIGIBILITY section
- A valid yellow Health Services card with a “Y” under the OTH in the VALID ONLY FOR box, or an “X” under SUPP in the VALID ONLY FOR box

6. Health Services Therapeutic Nutrients Program

This program covers:

- Total Parenteral Nutrition (TPN) pump and supplies
- Enteral feeding formula, pump rental and supplies
- Dietary Supplement

This program does not cover: Supplies not specifically related to the feeding

Eligibility:

Department of Social Development clients and their dependents who hold a valid white Health Card indicating

- “Supplementary” in the BASIC HEALTH ELIGIBILITY section
- OR
- “TN.” (Therapeutic Nutrients) in the ADDITIONAL HEALTH ELIGIBILITY section
- Department of Social Development clients who hold a valid yellow Health Card that indicates
- a “Y” under the OTH in the VALID ONLY FOR box.

Clients must not have any other medical coverage to be eligible for full benefits. Social Development client’s residing in Nursing Homes are not eligible for benefits in this program.

7. Health Services Orthopedic Program

This program covers

- Specific custom fitted braces and supports
- Custom made braces
- Therapeutic and Orthopedic design footwear
- Custom made shoes and insoles
- Modifications & Repairs

This program does not cover:

- Support bras
- Cervical pillows
- Soft or unfitted supports and braces
- Non-custom insoles
- Non-custom wrist braces and splints braces and supports for short term use
- Braces and supports for sports purposes

Eligibility:

This program is available to:

- Clients of this department and their dependents
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations

Clients must have one of the following:

- A valid white Health Services Card showing “SUPPLEMENTARY” in the BASIC HEALTH ELIGIBILITY section, or “OR.” (Orthopedic) in the ADDITIONAL HEALTH ELIGIBILITY section,

OR

- A valid yellow Health Services card with a “Y” under the OTH in the VALID ONLY FOR box, or an “X” under SUPP in the VALID ONLY FOR box

Additional benefit specific criteria may apply.

In order to be eligible for full benefits through this program, you must not have any other coverage for the service(s) required.

8. Health Services Respiratory Program

This program covers:

Purchased Equipment

- Aerosol machines, Portable Nebulizers
- Aerochambers
- Chest vibrators
- Spirometer
- Lung volume recruitment
- Humidifiers
- Dehumidifiers
- Suction machines
- CPAP machines (up to \$1400.00) / BPAP machines (up to \$3000.00)
- Oxygen conserving devices
- Cough assist machines

Purchased Supplies

- Aerosol masks & supplies
- Nebulizer supplies
- Suction supplies
- CPAP and BiPAP masks & supplies
- Cough Assist masks & supplies
- Ventilation masks & supplies
- Tracheostomy supplies

Rentals

- Concentrators
- Oxygen conserving devices
- Oxygen saturation monitor
- Liquid oxygen systems
- Portability systems
- Oxygen cylinder refills
- BPAP S/T and BPAP with AVAP machines
- Ventilators, related equipment and supplies

Eligibility

- Clients of this department and their dependents

- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations
- Oxygen Services available to clients age 64 and under
- Services MUST be provided through an eligible Respiratory Services Vendor

Clients must have one of the following:

- A valid white Health Services Card showing “SUPPLEMENTARY” in the BASIC HEALTH ELIGIBILITY section, or “Respiratory Services” in the ADDITIONAL HEALTH ELIGIBILITY section
- OR
- A valid yellow Health Services card with a “Y” under the OTH in the VALID ONLY FOR box, or an “X” under SUPP in the VALID ONLY FOR box

9. Health Services Ostomy / Incontinence Program

This program covers supplies directly related to the management of:

- A colostomy, ileostomy or urostomy
- Internal, external or intermittent catheterization
- Incontinence

The following items are not covered by the Health Services Ostomy/ Incontinence Program:

- Gloves used for general patient care
- Sterile gloves
- Intestinal remedies and other over the counter medications
- General purpose moisturizers
- Prescription drugs
- Dressings for wounds other than an ostomy site
- Pouch covers
- Room deodorants
- Rubbing alcohol or alcohol swabs
- Antiseptic
- Scissors, stoma hole cutters when not provided with the appliance
- Wipes – medicated and non-medicated
- Anti-diarrheal products
- Bowel prep products
- Stool softeners
- Any products not directly related to management of an ostomy, catheterization or incontinence

Eligibility:

- Department of Social Development clients and their dependents who hold a valid white Health Card indicating

- “Supplementary” in the BASIC HEALTH ELIGIBILITY section
OR
- “OS.” (Ostomy Supplies) in the ADDITIONAL HEALTH ELIGIBILITY section
- Department of Social Development clients who hold a valid yellow Health Card that indicates a “Y” under the OTH in the VALID ONLY FOR box

10. Health Services Prosthetic Program

This program covers:

- Limb prostheses (arm, leg, foot)
- Artificial larynx (Servox device, voice prostheses)
- Ocular prostheses (artificial eye)
- Breast prostheses and 1 bra
- Modifications and repairs

This program does not cover Myo-electric prostheses

- Prosthetic limbs are payable once every 5 years.
- Artificial larynxes and artificial eyes are eligible every 3 years.
- Breast prostheses and bras are eligible once every 2 years.
- Modifications and repairs are considered as required.

Eligibility

This program is available to:

- Clients of this department and their dependents
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations

Clients must have one of the following:

- A valid white Health Services Card showing “SUPPLEMENTARY” in the BASIC HEALTH ELIGIBILITY section, or “PR” in the ADDITIONAL HEALTH ELIGIBILITY section

OR

- A valid yellow Health Services Card with a “Y” under the OTH in the VALID ONLY FOR box a “X” under SUPP in the VALID ONLY FOR box

In situations where an applicant/client has existing coverage for a prosthetic device but would be in financial hardship to pay their co-pay, SD may assist them with the difference. The prosthetic device must be a benefit of the program and not cost more than the maximum amount the department has determined for that benefit.

11. Health Services Vision Program

Benefits covered:

- Major exams
- Emergency exams
- Minor exams (subject to prior approval)
- Visual fields test
- Selected frames
- Corrective lenses
- Cases

This program does not cover

- Progressive bifocal or trifocal lenses
- Intraocular or trifocal lenses
- Tinted or photo chromic lenses (transition lenses)
- Cosmetic items
- Ineligible frames
- Medical or surgical eye treatment
- Replacement of lost or broken frames or lenses
- Vision aids

Adults (19 and Over) are eligible once every 2 years.

There is a 30 percent participation fee on dispensing services, frames and some diagnostic services. Once a treatment plan has been determined, the optical professional will advise of the amount payable.

Eligibility:

This program is available to:

- Clients of this department and their dependents 19 years of age and older
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations

Clients must have one of the following:

- A valid white Health Services card showing “OPTICAL” in the BASIC HEALTH ELIGIBILITY section

OR

- A valid yellow Health Services card with a “Y” or an “X” under the OPT in the VALID ONLY FOR box

Additional benefit specific criteria may apply.

In order to be eligible for benefits through this program, you must not have any other

Vision coverage.

Note: Coverage for children 18 years of age and under now falls under the Healthy Smiles, Clear Vision Program administered by Medavie Blue Cross effective September 1, 2012. Further information on the Healthy Smiles, Clear Vision Program can be found under Related Links.

3.6 - Prenatal Benefits

helps expectant mothers in NB have healthier babies.

Eligibility

- Be a resident of New Brunswick,
- Provide proof of pregnancy from a doctor
- Individuals living on a Federal Reserve are not eligible.
- Expectant mothers younger than 16 years of age must apply with parents.
- Pregnant teenagers, 18 years of age and under, who are in the care of the Minister are not eligible for the Prenatal Benefit Program.
- All income is considered with the exception of
 - Assistance with Rental Costs subsidies
 - Child Tax Benefit
 - Foster Home Payments
 - GST Credit
 - Subsidized Adoption Payments

Rates

Monthly Net Income	Monthly Prenatal Benefit
\$0 - \$1,833	\$81.44
\$1,834 - \$1,917	\$74.14
\$1,918 - \$2,000	\$64.89
\$2,001 - \$2,083	\$55.64

\$2,084 - \$2,166	\$46.39
\$2,167 - \$2,250	\$37.14
\$2,251 - 2,333	\$27.89
\$2,334 - \$2,416	\$18.64
\$2,417 - \$2,500	\$9.39
\$2,501	\$0.00

HOW:

an application to the Prenatal Benefit Program may be an application for prenatal benefits only. If the prenatal benefit is for an existing SA client or someone looking for basic assistance in addition to prenatal benefits, then the normal application process and necessary documentation would be followed as per existing policies and procedures.

3.7 - Repatriation

Eligibility

- Clients must be at least 19 years of age.
- Clients under 19 years of age may be referred to Access and Assessment with Social Development.
- Repatriation must be considered to be in the best interest of both the client and SD; and must be voluntary. Client must have explored all other resources, including family. The requested destination must be within Canada.
- One of the following situations must be present and must be confirmed before repatriation may be approved:
 - marriage break-up or
 - a report of family violence or
 - a medical problem preventing client from living in his/her current environment or
 - secured employment, preferably full-time and permanent in the requested destination or
 - any situation where repatriation is judged to be in the best interest of both the client and the Department.

Eligible Costs - Repatriation benefits include only the cost of transportation to the requested location using the most economical method. Depending on the client's situation, consideration may be given for food while traveling for a prolonged period of time, and/or for moving furniture. This must be looked at on an individual basis.

HOW:

The following information is required to assess eligibility:

- the reason for the client's request to relocate to that province and
- the name, address, and telephone number of the contact person in the receiving province. Depending on the situation, this could be a family member, friend, or employer, and
- any other pertinent information
- confirmation from Access and Assessment with SD that no child protection order exists with regard to children in the Household being moved.

The case manager will communicate with the contact person to verify information given by the client. If for some reason the contact person is not willing to accept the client, the case manager will notify the client. If the client still wishes to relocate, the Department must decide if this is the best alternative.

Specific Special Benefits / Supplements

3.9.1 - AHES

- Needed for each:
 - Email from the AHES worker giving details of approval
 - Invoice from supplier
- Food
- Fuel
- Medical Supplies and Services
- Shelter
- Transportation - Community Transportation
- Transportation - Private
- Transportation - Taxi

3.9.2 - Assistance with Rental Costs

Assistance For The Disabled - those who are certified Blind, Deaf or Disabled, and who are already in receipt of this benefit. No new applicants are entitled to this benefit.

Room & Board For The Disabled - those who are certified Blind, Deaf or Disabled, and who are already in receipt of this benefit. No new applicants are entitled to this benefit.

3.9.4 - Emergency

Food

This special benefit is only available to clients who are in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances).

The client must take advantage of all available resources in the community (i.e. local food bank, soup kitchen, churches, Salvation Army, relatives and friends, etc.) or any other potential resources that may be able to meet their need.

- Determine that a critical emergency exists
- Confirm that the client is in a priority group
- Provide client direction and options of 3rd party service providers
- Assess the extent of the need and determine the specific amount of benefit

Rent, Mortgage or Accommodations

- This special benefit is only available to applicants and clients who are in a priority group who also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances).
- The applicant or client must provide confirmation of eviction, foreclosure of mortgage.
- No Social Development Housing (i.e. subsidized rent, public housing, non-profit housing) arrears are to be paid under this benefit.
- The client or applicant must take advantage of all available resources in the community (i.e. churches, Salvation Army, relatives and friends, emergency shelters, etc.) or any other potential resources that may be able to meet their need.

3.9.5 - Family Support Order Services

- Birth Certificate This special benefit may be available to clients in receipt of assistance and Daycare Only clients to pay for a birth certificate to establish or confirm paternity when pursuing support. It is usually requested to identify or confirm the father's name. Paid upon receipt of invoice from Vital Statistics.
- Blood Test This special benefit may be available to clients in receipt of assistance and Daycare Only clients in order to establish paternity. Responsibility for the cost of blood tests is determined by the court.
- Transportation - Community Transportation This special benefit may be available to clients in receipt of assistance and Daycare Only clients to pay for travel for blood tests and/or court appearances and who require the use a Community Transportation Agency. This benefit is payable upon proof of attendance at the hospital or court.
 - Payment is made based on the mileage required for the trip and typically should not exceed \$0.35 per KM.

- Transportation - Private pay for travel at 22 cents per km. for blood tests and/or court appearances. Payable upon proof of attendance at the hospital or court.
- Transportation - Taxi - This special benefit may be available to clients to pay for travel for blood tests and/or court appearances. Within the city or town limits, the actual cost of the taxi fare is paid; otherwise it is paid at 33 cents per km. Paid as a one issue only, payable upon proof of attendance at the hospital or court.

3.9.6 - Fuel Supplement

Bulk Fuel

Eligibility:

- Confirmation of rent or mortgage amount and that heat is not included.
- Confirmation with Social Development Housing that no heating allowance was included in the calculation of a loan.
- Estimate for cost of wood or oil.
- Payment will be for the lesser amount of the estimate or the maximum benefit amount of \$870.

Electric/Non-Electric

Eligible households who heat with electricity (fully or partially) are entitled to the Electric Fuel Supplement of \$150 per month. Households who do not heat with electricity are entitled to the Non-Electric Fuel Supplement of \$145 per month.

Eligibility:

- are receiving the Income Supplement benefit (clients who are eligible for both the Fuel Supplement and the Income Supplement must decide which benefit they prefer, as both cannot be issued for the same month).
- have heating costs included in their rent payment.
- live in the parental home.
- are in a rooming or boarding situation.
- have rental costs less than \$100 per month.
- have mortgage costs less than \$100 per month.
- are living in "maintenance only" accommodation.
- are in subsidized housing where heating costs are factored into the rent, mortgage or loan payment.
- live in Public Housing where they do not pay their own heating invoice.
- rent from a Non-Profit Housing Group.
- are in the Rent Supplement program (if they receive a heat supplement).
- have a loan with SD - Housing and the account number begins with a year: i.e.: 1978 (if they receive a heating allowance).
- have a loan with SD - Housing and the account number begins with 000 (as almost all of these clients receive a heating allowance). These should be checked individually as there are a few clients who do not receive a heating allowance and might be entitled to the fuel supplement.

Required Documents:

- Confirmation of rent or mortgage amount, type of heat, and the fact that heat is not included in the rent/mortgage
- Confirmation with Social Development Housing that no heating allowance is included in the calculation

Emergency Fuel

covers all types of heating, may be provided to any client or applicant in an emergency situation who experiences hardship situations with respect to winter heating costs. Eligible households are permitted to access this emergency once per calendar year. The benefit is intended for current bills only and not for arrears.

The benefit, up to \$550 may be provided to:

Clients who:

1. Are in receipt of income support under the Extended Benefits or Transitional Assistance programs.
2. Live in their own home including rental accommodations, that is do not live in the parental home, or in a room and board situation where heat is included.
3. Do not already receive a heating allowance via a subsidized mortgage or loan.
4. Can demonstrate that they are in an emergency situation.

For applicants / non clients who:

1. Can clearly demonstrate they have exhausted all options for payment with the service provider.
2. Can demonstrate that they are in an emergency situation.
3. Have not received an Emergency Benefit in the last calendar year.

Required Documents:

- Confirmation of rent or mortgage payment and heat source
- Confirmation of why the applicant/client is in an emergency situation

3.9.8 - Household Furnishing

The client must take advantage of all available resources in the community (i.e. churches, Salvation Army, relatives and friends, community support groups, classified ads, used furniture, etc.) or any other potential resources that may be able to meet their need.

Appliance And Furniture Repair - in priority groups only. One estimate that validates it worth repairing the appliance or furniture. If the client appears to know the problem but requires a repair person to correct it, an estimate is not necessary if this is impossible or costly.

Bed - in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances). Written estimates for bed or mattress cover: Two estimates are required for items costing over \$200, one estimate if under \$200.

Crib - in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances). Clients should begin planning to acquire a crib once they are aware of the pregnancy.

Kitchen Table and Chairs - in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances).

Refrigerator - New - in a priority group that also demonstrates they are in an emergency situation (unavoidable and unforeseen circumstances). The first choice of purchase should be used items. Refrigerators should be repaired if feasible.

Refrigerator - Used - in a priority group that also demonstrates they are in an emergency situation (unavoidable and unforeseen circumstances).

Smoke Detectors - in a priority group who live in their own home that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances). Clients may only be reimbursed after purchase - to a maximum of \$10. This benefit may be paid only once per client.

Stove - New - in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances).

Stove - Used - in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances).

Washer - New - in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances).

Washer - Used - in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances).

3.9.9 - Medically Related Expenses

- [Child Care](#)
- [Diabetic Supplies \(excludes Health Card Only\)](#)
- [Diabetic Supplies - 4\(4\) Health Card Only](#)
- [Dressings - Cancer Patients](#)
- [Infant Formulas](#)
- [Incontinence Supplies](#)
- [Monthly Disability Supplement](#)
- [Special Authorization/Over The Counter Items](#)
- [Special Diet](#)
- [Specialized Infant Formula \(Milk Allergy\)](#)

Child Care - require child care for one child aged 13 years or younger for medical reasons. Child care may be provided if the parent is in hospital, or has been discharged from the hospital and is unable to care for the child. The client must have explored the option of family assisting with child care. Payments are not to be approved when the caregiver is a unit member or parent of the child.

The rate is \$3.25 per hour per child to a maximum of \$40 per day and is paid upon receipt of an invoice from the sitter detailing hours worked. A separate childcare statement is required for each individual child requiring childcare. This benefit is expected to be for short-term intervention only.

Required Documents:

- Written confirmation from physician re: length of stay in the hospital and expected period the client is unable to care for the child.
- Invoice from sitter detailing hours worked.

Diabetic Supplies - excludes Health Card only

This special benefit may be available to all applicants/clients who are:

- Newly diagnosed with diabetes
- Taking oral medications
- Insulin dependent

The quantities of test strips that are approved are dependent on the client's diagnosis and treatment recommended by the health professional.

These clients are eligible for Basic Assistance or 4(2)(b) benefits and require diabetic supplies. The supplies could include test strips, lancets, syringes (only for insulin dependent) and swabs. Insulin and medications are covered by the Health Card.

Required Documents:

1. Proof of eligibility (i.e.. Request for Blood Glucose Test Supplies form for up to a year in duration from their doctor, nurse practitioner or certified diabetic educator)
2. One estimate for cost from the pharmacy

Diabetic Supplies - 4(4) Health Card Only

This special benefit may be available to all clients who are:

- Newly diagnosed with diabetes
- Taking oral medications
- Insulin dependent

The quantities of test strips that are approved are dependent on client's diagnosis and treatment recommended by the health professional.

Required Documents:

1. Proof of eligibility (i.e. Request for Blood Glucose Test Supplies form for up to a year in duration from their doctor, nurse practitioner or certified diabetic educator)
2. One estimate for cost from the pharmacy

Dressings - Cancer Patients

This special benefit may be available for cancer patients requiring special dressings. Dressings for burn victims must be approved by Health Services.

Required Documents:

- Confirmation from physician
- Estimate for the monthly cost

Incontinence Supplies - available to all clients who need incontinence protection and who are not confined to a wheelchair or bed. For clients confined to a wheelchair or bed, these supplies must be authorized by and paid for by Health Services.

Required Documents:

- Confirmation from physician stating diagnosis
- Estimate of monthly cost of supplies

Infant Formulas - available to infants over the age of four months who need infant formula for medical reasons. Assistance with the cost of a maximum of four cases (12 cans per case) of infant formula may be provided, if it is medically supported.

This benefit should only be provided if the infant no longer qualifies under the Pre/Postnatal Benefits Program or does not qualify for assistance through the Department of Health's programs.

- The Pre/Postnatal Benefits Program: New mothers may be eligible for assistance with the cost of Infant Formula/Milk for up to a maximum of four months beginning when the newborn baby is discharged from the hospital.
- The Department of Health's Tube and Supplemental Feeding Program (available through Public Health): Therapeutic nutritional products/special formulas may be provided through these programs to children under the age of 18

Special Diet

The monthly special diet benefit of \$40 is available to assist clients with additional food costs for only those clients who are:

- receiving palliative care.
- HIV positive.
- have undergone a major organ transplant such as liver, kidney, heart or lung.
- children up to 19 years of age that are diabetic and insulin dependent.
- diagnosed with AIDS, Celiac disease, Hepatitis C, Cystic Fibrosis, Chronic Inflammatory Bowel Disease (Ulcerative Colitis and Crohn's disease) or Phenylketonuria (PKU).
- cancer patients who in active treatment such as recovering from surgery, receiving radiation, chemotherapy, immunotherapy, bone marrow or stem cell transplantation.
- patients on dialysis for chronic renal failure.

Clients suffering from PKU should be referred to the "Phenylketonuria Provincial Management Program: at (506) 869-2435 or through their local dietician.

Required Documents: Clients must have a physician complete the Request for Special Diet form that must clearly indicate which of the above conditions the client suffers from. Benefits can be established for up to one year. Renewals will require a prescription (not another form) from the doctor requesting the benefit continue indicating the clients medical condition has not changed.

Specialized Infant Formula (Milk Allergy)

This special benefit may be available to infants with a medical need for hydrolyzed infant formula designed to treat cow's milk protein allergy. The infant must demonstrate at least one of

the following symptoms to be eligible: hives, eczema, enteropathy (bloody stools, watery diarrhea and failure to thrive), severe reflux (vomiting with all feeds and failure to thrive).

Only the following products are available through this program: Alimentum, Nutramigen, Pregestimil.

Infants receiving the Specialized Infant Formula benefit are not eligible to receive Postnatal Benefits through Social Development nor participate in the Department of Health’s Tube and Supplemental Feeding Program during the same time period they are receiving this benefit.

The Specialized Infant Formula medical referral form is available at the physician’s office. The physician will provide their patient with the completed referral form to apply for this benefit.

The Medical Referral Form should be renewed every 4 months up to the age of 24 months. Infants greater than 24 months of age are not eligible for this benefit.

This benefit is also available to families who are not eligible for social assistance. Applicants will need to be assessed under the 4(4) policy.

Maximum amount of formula required by age:

Age	Alimentum	Nutramigen A+	Pregestimil A+
	Maximum # Cases/Month (24 cans per case)	Maximum # Cans/Month	Maximum # Cans/Month
0-1 months	5 cases	9 cans	9 cans
2-12 months	6 cases	12 cans	12 cans
>12 months	4 cases	8 cans	8 cans

Required documents:

1. Specialized Infant Formula Referral Form completed by the child's physician, pediatrician, or nurse practitioner.
2. Estimate of monthly cost from pharmacy.

3.9.10 - Medical Transportation

- [Food and Shelter](#)
- [Community Transportation](#)
- [Private Vehicle](#)

- [Public Transportation](#)
- [Taxi](#)

Food & Shelter

This special benefit may be available to all clients who require food and shelter when making medical trips outside the region or province. The standard rate is \$ 7 per meal up to a maximum of \$21 per day per person, unless meals are provided by hospital. Where daily rates established by service providers (i.e., IWK) are higher, the service providers rate would be covered. If the client is staying in a housekeeping unit, the standard rate will be \$8 per day per person for groceries instead of a meal allowance. Provision can be made for meals, at the same rate, for a person required to accompany the client and also for lodging (usually at a hostel) for the person accompanying the client.

Required Documents:

- Written confirmation from the physician, stating diagnosis, transportation required, length of time needed
- For accompaniment - a letter from the physician stating client cannot travel alone for medical reasons
- Verbal confirmation from the supplier of accommodations including estimate of cost, followed up by invoice for payment
- Proof that the appointment was kept

Community Medical

This special benefit may be available to clients who require transportation for medical reasons and who use a Community Transportation Agency.

May be paid:

- in emergency situations
- if frequent medical attention is required, creating financial hardship (documented by physician)
- medical service is not available within 25 km. If service is available within 25 km, only to be paid outside area if:
- client is referred outside region with documentation from physician as to why client cannot obtain service in region or
- client has had surgery outside region and is returning for checkup.

The most economical method of transportation must be paid if medical condition of client will permit.

Guidelines to these payments:

Payment is made based on the mileage required for the trip and typically should not exceed \$0.35 per KM

Public Transportation

This special benefit may be available to clients who require transportation for medical reasons and who use public transportation.

NOTE: This special benefit may also be selected to pay the Medical Transportation - Taxi benefit within a municipality according to the criteria etc. for that benefit. This is necessary as the regular taxi rate may not be based on a per km. amount.

May be paid:

- in emergency situations.
- if frequent medical attention is required, creating financial hardship.
- medical service is not available within 25 km. If service is available within 25 km, only to be paid outside area if:
 - client is referred outside region with documentation from the physician as to why client cannot obtain service in region or
 - client has had surgery outside region and is returning for checkup.

The most economical method of transportation must be paid if medical condition of client will permit.

Guidelines to these payments:

Bus/train: cover cost of fare.

Air transportation: use HopeAir (www.hopeair.org) or Air Canada's Medical fare (if available in your region); full fare paid only if no other options are available.

Required Documents:

- Medical report completed by physician, stating diagnosis, transportation required, number of trips, and length of time needed
- If going outside the area for services available within area, documentation as to why client cannot obtain service in region
- Proof that the appointment was kept
- Confirmation of cost - i.e. estimate, invoice or receipt

Taxi

This special benefit may be available to clients who require transportation for medical reasons and who use taxi. May be paid:

- in emergency situations.
- if frequent medical attention is required, creating financial hardship.
- if medical service is not available within 25 km.

If service is available within 25 km, only to be paid outside area if:

- the client is referred outside region with documentation from the physician indicating why the client cannot obtain service in region.
- the client had surgery outside region and is returning for checkup.

The most economical method of transportation must be paid if medical condition of the client will permit. Regardless of the number of clients in a vehicle, payment is only made for one.

Payment is to a maximum of 43 cents per km (HST included) outside municipality. If within municipality where municipal taxi rates must be paid, choose Public Transportation.

Required Documents:

- For ongoing - Medical Report, completed by the physician, stating diagnosis, transportation required, number of trips, and length of time needed.
- If going outside the area for services available within area, documentation as to why the client cannot obtain service in region.
- Proof that the appointment was kept.

Private Vehicle

This special benefit may be available to clients who require transportation for medical reasons and who travel by private vehicle, whether their own or another's. May be paid:

- in an emergency situation.
- if frequent medical attention is required creating financial hardship.
- if medical service is not available within 25 km.

If service is available within 25 km, only to be paid outside area if:

- the client is referred outside region with documentation from physician indicating why the client cannot obtain service in region or
- the client has had surgery outside region and is returning for checkup.

The most economical method of transportation must be paid if medical condition of client will permit. Regardless of the number of clients in a vehicle, payment is only made for one.

Payment is limited to 25 cents per km for all vehicles.

Required Documents:

- For ongoing benefits - a report from physician stating diagnosis, transportation required, number of trips, and length of time needed.
- If going outside the area for services available within area, documentation as to why client cannot obtain service in region.
- Proof that the appointment was kept.

3.9.11 - Treatment Program Transportation

- [Community Transportation](#)
- [Private Vehicle](#)
- [Public Transportation](#)
- [Taxi](#)

Community Transportation

This special benefit may be available to clients who require daily transportation to a pharmacy or clinic in order to receive a prescribed medication within a treatment program (e.g. Methadone Program) and who use Community Transportation. This benefit is available to basic assistance and 4(2)(b) clients only and not those receiving assistance under subsection 4(4).

Treatment Program Transportation guidelines include:

- Daily transportation benefits will be offered to clients for a maximum total of 18 months.
- A combined maximum of \$200 per month may be issued for methadone transportation.
- If monthly bus passes are being issued for the daily transportation, no extra coverage is to be issued.
- The most economical means of available transportation must be used.
- This benefit may only be provided if the dispensing pharmacy or clinic is greater than 2.4 kilometres from the client's residence.
- Daily transportation benefits will be calculated based on the distance to the dispensing pharmacy that is closest to the client's place of residence.

Guidelines to these payments:

Payment is made based on the mileage required for the trip and typically should not exceed \$0.35 per KM.

Transportation (private vehicle)

This special benefit may be available to clients who require daily transportation to a pharmacy or clinic in order to receive a prescribed medication within a treatment program (i.e., Methadone Program) and who travel by private vehicle, whether their own or another's. When the vehicle being used is not the client's, the special benefit is still paid to the client as opposed to the owner of the vehicle.

Treatment Program Transportation Guidelines include:

- Daily transportation benefits will be offered to clients for a maximum total of 18 months.
- A maximum of \$200 per month may be issued for this benefit.
- The most economical means of available transportation must be used.

- This benefit may only be provided if the dispensing pharmacy or clinic is greater than 2.4 kilometres from the client's residence.
- If monthly bus passes are being issued for the daily transportation, no extra coverage is to be issued.
- Daily transportation benefits will be calculated based on the distance to the dispensing pharmacy that is closest to the client's place of residence.

Guidelines to these payments:

Payment is limited to 20 cents per km for all vehicles.

Regardless of the number of clients in a vehicle, payment is only made for one.

Required documents:

Proof of daily attendance from the pharmacy or clinic every month.

Transportation (public transportation)

This special benefit may be available to clients who require daily transportation to a pharmacy or clinic in order to receive a prescribed medication within a treatment program (i.e., Methadone Program) and who use public transportation.

NOTE: This special benefit may also be selected to pay the Treatment Program Transportation - Taxi benefit within a municipality according to the criteria for that benefit. This is necessary as the regular taxi rate may not be based on a per km amount.

Treatment Program Transportation Guidelines include:

- Daily transportation benefits will be offered to clients for a maximum of 18 months.
- A maximum of \$200 per month may be issued for this benefit.
- The most economical means of available transportation must be used.
- This benefit may only be provided if the dispensing pharmacy or clinic is greater than 2.4 kilometres from the client's residence.
- If monthly bus passes are being issued for the daily transportation, no extra coverage is to be issued.
- Daily transportation benefits will be calculated based on the distance to the dispensing pharmacy that is closest to the client's place of residence.

Guidelines to these payments:

Bus: cover cost of fare.

Required documents:

Proof of daily attendance from the pharmacy or clinic every month.

Transportation (taxi)

This special benefit may be available to clients who require daily transportation to a pharmacy or clinic in order to receive a prescribed medication within a treatment program (i.e., Methadone Program) and who use public transportation.

Treatment Program Transportation Guidelines include:

- Daily transportation benefits will be offered to clients for a maximum of 18 months.
- A maximum of \$200 per month may be issued for this benefit.
- The most economical means of available transportation must be used.
- This benefit may only be provided if the dispensing pharmacy or clinic is greater than 2.4 kilometres from the client's residence.
- If monthly bus passes are being issued for the daily transportation, no extra coverage is to be issued.
- Daily transportation benefits will be calculated based on the distance to the dispensing pharmacy that is closest to the client's place of residence.

Guidelines to these payments:

- Payment is to a maximum of 33 cents per km outside a municipality. If within a municipality where municipal taxi rates must be paid, choose Public Transportation.
- Regardless of the number of clients in a vehicle, payment is only made for one.

Required documents:

Proof of daily attendance from the pharmacy or clinic every month.

3.9.12 - Other Supplements

- [Income Supplement](#)
- [Disability Supplement](#)
- [School Supplement](#)

Income Supplement

Eligibility for this special benefit is determined by NB Case and is available to families with at least one dependent aged less than 19 years:

- who pay more than 30 per cent of their basic unit rate toward rent costs OR
- whose board costs total more than 30 per cent of their basic unit rate after 30 per cent of the board costs is deducted to consider food costs.

This benefit is not available to clients:

- who are in subsidized rental units.
- who are homeowners (with or without mortgages).
- with monthly rent costs less than 30 per cent of their Basic Unit Rate.

- who are in receipt of Income assistance with Rental Costs (ARC) benefits. Clients have the option to cancel their ARC benefits in order to receive the Income Supplement if it is more beneficial.
- who are in receipt of the Fuel Supplement.

This supplement is an ongoing special benefit of \$84 per month from May to October, and \$120 per month from November to April. You can only receive the income supplement for one full month. If assistance begins after the 1st of the month, the income supplement will not be issued until the next month.

Monthly Disability Supplement

This special benefit is available to clients who are certified Blind, Deaf or Disabled and who have not received the automatic Disability Supplement Benefit for the same month.

To be eligible for the monthly disability supplement, a client must:

- Be 18 years of age or older.
- Have an approved, active Blind, Deaf or Disabled Medical.
- Be an active client in receipt of basic assistance.
- Be eligible for/or in receipt of benefits under Section 4(2)(b).

For newly certified Blind, Deaf or Disabled clients, or those reapplying for assistance with an approved Blind, Deaf or Disabled medical, the Monthly Disability Supplement benefit is used to manually request the supplement for:

- the current month.
- retroactive payments for prior months.
- applicants or clients eligible under Section 4(2)(b).

Individuals eligible for this benefit are entitled to a maximum of \$100 per month.

New Brunswick School Supplement

The New Brunswick School Supplement (NBSS) is a once a year payment to assist low-income families in New Brunswick with the cost of back-to-school supplies for their school aged children.

The supplement will be issued to individuals:

- who are residents of New Brunswick on July 1, 2021;
- who have filed a 2020 income tax and benefit return (if married or living common law, both spouses/partners must file a 2020 return);
- who receive a New Brunswick child tax benefit (NBCTB) payment for July 2021 for a child that is at least 4 years 7 months of age and no older than 17 years 6 months old on July 1 of the benefit, inclusive; and
- whose adjusted family net income for 2020 is \$20,000 or less.

Individuals who meet these conditions will receive \$100 for each eligible child for whom they have full custody and \$50 for each eligible child for whom they share custody.

The majority of NBSS payments will be issued on July 20, 2020. They will be included with the integrated payment for the Canada child tax benefit (CCTB) and NBCTB.

The NBSS is fully funded by the Province of New Brunswick.

3.9.13 - CDO Regular Employment

- [Child Care](#)
- [Clothing](#)
- [Fees/Dues](#)
- [Relocation Expenses](#)
- [Special Clothing/Equipment](#)
- [Transportation](#)

Child Care

This special benefit may be available to assist clients who have a developed case plan and wish to access unsubsidized employment opportunities. Clients are encouraged to use licensed daycare facilities whenever possible; sitter costs will only be considered when daycare is not feasible. Top-ups to daycare rates are not payable for this benefit. Payments are not to be approved when the caregiver is a unit member, parent, or grandparent of the child. Sitter costs will normally only be provided for children aged 13 years or younger. The rate is \$3.25 per hour per child and is paid upon receipt of an invoice from the sitter detailing hours worked. A separate child care statement is required for each individual child requiring childcare.

Required Documents:

- Confirmation from Post-Secondary Education, Training and Labour as to whether a child care allowance is being paid; and if so, the amount
- Confirmation of employment, and hours worked (i.e., income stubs)
- Invoice from sitter detailing hours worked.
- Case plan.

Clothing

This special benefit may be available to assist clients who have a developed case plan and require personal clothing to access unsubsidized employment opportunities. All requests must be assessed individually and can only be provided in exceptional circumstances. Maximum amount is \$150.

Required Documents:

- Confirmation of employment and need
- Estimate of cost
- Case plan

Fees/Dues

This special benefit may be available to assist clients who have a developed case plan and wish to access unsubsidized employment opportunities. Requests for this benefit must be assessed on an individual basis. This benefit may only be paid in exceptional circumstances.

Required Documents:

- Written request from employer including estimate of cost
- Case plan

Relocation Expenses

This special benefit may be available to assist clients who have a developed case plan and wish to access unsubsidized employment opportunities. The most economical means of relocation must be accessed.

The cost of relocating the client and/or their family may be considered when:

- the client has permanent, non-subsidized, confirmed employment, and if
- other options for funding have been explored and confirmed.

Required Documents:

- Confirmation as to whether a relocation allowance is being paid; and if so, the amount
- Written confirmation from the employer that the work is full time, permanent and non-subsidized
- Estimate for cost of the most economical means of moving
- Case plan

Special Clothing/Equipment

This special benefit may be available to assist clients who have a developed case plan and wish to access unsubsidized employment opportunities.

Clothing refers for example to hard hat, work gloves etc.

Equipment requests must be made by the employer.

A maximum of \$200 total may be made for special clothing and/or equipment.

Required Documents:

- Request from employer
- Estimate of cost
- Case plan

Transportation

This special benefit may be available to assist clients who have a developed case plan and wish to access unsubsidized employment opportunities. This benefit may only be provided as a one

issue benefit until receipt of first pay. The most economical method of transportation must be used at the following rates:

Private Vehicle: 20 cents per km. The driver receives this rate only once, regardless of number of passengers.

Bus: Actual cost of fare.

Community Transportation: Payment is made based on the mileage required for the trip and typically should not exceed \$0.35 per KM.

Local: An allowance of \$3 per day may be provided for those who live too far to walk, but not far enough to receive an applicable benefit.

3.9.14 - CDO Subsidized Employment

- [Child Care](#)
- [Clothing](#)
- [Fees/Dues](#)
- [Special Clothing/Equipment](#)
- [Transportation](#)

Child Care

This special benefit may be available to assist clients who have a developed case plan and wish to access subsidized employment opportunities. Clients are encouraged to use licensed Day Care facilities whenever possible; sitter costs will only be considered when Day Care is not feasible. Top-ups to Day Care rates are not payable for this benefit. Payments are not to be approved when the care giver is a unit member, parent, or grandparent of the child. Sitter costs will normally only be provided for children aged 13 years or under. The rate is \$3.25 per hour per child and is paid upon receipt of an invoice from the sitter detailing hours worked. A separate childcare statement is required for each individual child requiring childcare.

Required Documents:

- Confirmation from Post-Secondary Education, Training and Labour as to whether a child care allowance is being paid; and if so, the amount
- Confirmation of enrollment in a CDO subsidized employment program.
- Invoice from sitter detailing hours worked.
- Case plan.

Clothing

This special benefit may be available to assist clients who have a developed case plan and require personal clothing to access subsidized employment opportunities. All requests must be

assessed individually and can only be provided in exceptional circumstances. Maximum amount is \$150.

Required Documents:

- Confirmation of employment and need
- Estimate of cost
- Case plan

Fees/Dues

This special benefit may be available to assist clients who have a developed case plan and wish to access employment opportunities. Requests for this benefit must be assessed on an individual basis. This benefit may only be paid in exceptional circumstances.

Required Documents:

- Written request from employer including estimate of cost
- Case plan

Special Clothing/Equipment

This special benefit may be available to assist clients who have a developed case plan and wish to access subsidized employment opportunities.

Clothing refers for example to hard hat, work gloves etc.

Equipment requests must be made by the employer.

A maximum of \$200 total may be made for special clothing and/or equipment.

Required Documents:

- Request from employer
- Estimate of cost

Transportation

This special benefit may be available to assist clients who have a developed case plan and wish to access subsidized employment opportunities. This benefit may only be provided as a one issue benefit until receipt of first pay. The most economical method of transportation must be used at the following rates:

Private Vehicle: 20 cents per km. The driver receives this rate only once, regardless of number of passengers

Bus: Actual cost of fare

Community Transportation: Payment is made on the mileage required for the trip and typically should not exceed \$0.35 per KM.

Local: An allowance of \$3 per day may be provided for those who live too far to walk, but not far enough to receive an applicable benefit.

3.9.15 - CDO Training

- [Child Care](#)
- [Clothing](#)
- [Medical Examination](#)
- [Relocation Expenses](#)
- [School Supplies](#)
- [Special Clothing/Equipment](#)
- [Student Activity Fees](#)
- [Text Books](#)
- [Training Purchases](#)
- [Training Related Expenses](#)
- [Transportation](#)

Child Care

This special benefit may be available to assist clients who have a developed case plan and wish to access training opportunities. Clients are encouraged to use licensed daycare facilities whenever possible; sitter costs will only be considered when daycare is not feasible. Top-ups to daycare rates are not payable for this benefit. Payments are not to be approved when the caregiver is a unit member, parent, or grandparent of the child. Sitter costs will normally only be provided for children aged 13 years or younger. The rate is \$3.25 per hour per child and is paid upon receipt of an invoice from the sitter detailing hours worked. A separate childcare statement is required for each individual child requiring childcare.

Required Documents:

- Confirmation from Post-Secondary Education, Training and Labour as to whether a child care allowance is being paid; and if so, the amount
- Confirmation of enrollment in a CDO training program
- Invoice from sitter detailing hours worked
- Case plan

Clothing

This special benefit may be available to assist clients who have a developed case plan and wish to access training opportunities. All requests must be assessed individually and can only be provided in exceptional circumstances. Maximum amount is \$150.

Required Documents:

- Confirmation of training
- Estimate of cost
- Case plan

Daycare Subsidy Top-Up

Where the Day Care provider rate is greater than the SD subsidy rate, we may subsidize the difference at a maximum of \$5/day per child.

Day Care assistance top-up may be considered for CDO clients while they participate in training. The top up would be the difference between the maximum rate provided by the *Day Care Assistance Program* and the daily rate charged by the Day Care. The enhancement amount would be paid to the client, not the Day Care.

If the child is a member of a two parent unit, one parent must meet the training criteria and the other parent must meet any one of the day care criteria.

The maximum amount of Day Care subsidy top-up allowed is 23 days per month per child at a maximum of \$5/day. This amount is to be paid directly to client at the beginning of the month.

Example: If the day care subsidy rate is \$24.50 per day and the Day Care is charging \$27.00 per day, the top up would be \$2.50 per day.

Required Documents:

- Confirmation from DPETL as to whether a child care allowance is being paid; and if so, the amount.
- Confirmation of training participation and hours of attendance in school.
- Invoice from child care provider.
- Approved SD Case plan.

Medical Examination

This special benefit may be available to assist clients who have a developed case plan and wish to access training opportunities. The cost of such examinations may be paid when required as a pre-requisite to admittance to training institutions.

Required Documents:

- Request from training institution
- Invoice from physician

- Case plan

Relocation Expenses

This special benefit may be available to assist clients who have a developed case plan and wish to access training opportunities. The most economical means of relocation must be accessed.

The cost of relocating the client and/or their family may be considered when:

- the client will be attending a post-secondary institution outside the region for an extended period of time, and if
- other options for funding have been explored and confirmed.

Required Documents:

- Confirmation from post-secondary institution
- Estimate of cost
- Case plan

School Supplies

This special benefit may be available to assist clients who have a developed case plan and wish to access upgrading or skills training opportunities. A maximum of \$50 may be issued to purchase supplies such as pens, pencils, binders, loose leaf etc., for upgrading or skills training.

Required Documents:

- Confirmation of enrollment in upgrading or training program
- Case plan

Special Clothing/Equipment

This special benefit may be available to assist clients who have a developed case plan and wish to access training opportunities.

Clothing refers for example to hard hat, work gloves etc.

Equipment requests must be made by the training facility.

A maximum of \$200 total may be made for special clothing and/or equipment.

Required Documents:

- Request from training institution
- Estimate of cost
- Case plan

Student Activity Fees

This special benefit may be available to assist clients who have a developed case plan and wish to access training opportunities. Student activity fees may only be paid to training institutions.

Required Documents:

- Confirmation from Employment and Social Development Canada as to whether student activity fees are being paid; and if so, the amount
- Request from training institution
- Case plan

Text Books

This special benefit may be available to clients as per the criteria in the CDO policy.

Required Documents:

- Confirmation of the need for books, and that they are not covered by tuition
- Estimate of cost
- Case plan

Training Purchases

This benefit is used as a last resort when short-term training is purchased for a client, as part of an active case plan, when it is not covered by any other agency.

Required Documents:

- Written request from the service provider outlining need and cost
- Case plan

Training Related Expenses

This special benefit may be available to assist clients who are participating in training and who require items not covered by other CDO benefits.

Required Documents:

- Written request from the training institution outlining need and cost
- Case plan

Transportation

This special benefit may be available to assist clients who have a developed case plan and wish to access training opportunities. If the client is in receipt of transportation allowance from another agency such as SDC, payment may only be as a supplement if that rate is lower than what would be paid by SDC. The most economical method of transportation must be used at the following rates:

Private Vehicle: 20 cents per km. The driver receives this rate only once, regardless of number of passengers.

Bus: Actual cost of fare.

Community Transportation: Payment is made based on the mileage required for the trip and typically should not exceed \$0.35 per KM.

Local: An allowance of \$3 per day may be provided for those who live too far to walk, but not far enough to receive an applicable benefit.

3.9.16 - Utilities

- [Telephone](#)
- [Water and Sewage](#)

Telephone

This special benefit may be available to priority groups and is for telephone connection charges only (i.e. not arrears or monthly charges). This benefit will be considered only for medical reasons or in situations of potential violence.

Required Documents:

- Written confirmation by a physician for requests due to medical reasons or
- Written confirmation by the police for requests due to potential violence.

Water & Sewage

This special benefit may be available to priority groups who:

- own their own home.
- have a mortgage payment.
- are in an emergency situation, i.e.: water is to be turned off.

An exception will be created when this benefit is issued to a single-person or multi-person case without children, where in either instance the case is not certified disabled.

Required Documents:

- Written confirmation from the utility that the water or sewage is to be turned off, including amount of minimum payment required to prevent disruption of service.

3.9.17 - Other

- [Clothing](#)
- [Comfort and Clothing Allowance](#)
- [Disasters - Basic Household Rate](#)
- [Extermination Services](#)
- [Household Setup](#)
- [Miscellaneous](#)
- [Property Insurance](#)
- [Relocation In Province](#)
- [Repatriation](#)
- [Security Deposits](#)
- [Transportation - Community Transportation](#)
- [Transportation - Private](#)
- [Transportation - Taxi](#)

Clothing

This special benefit may be available to priority groups only; for reasons not related to CDO programming.

Required Documents:

- Confirmation from client, and documented notes on file
- Estimate of cost

Comfort & Clothing Allowance

This is a special benefit, and should not be confused with the Comfort & Clothing rate of assistance to which some applicants/clients may be entitled. This special benefit may be available to some applicants/clients in institutions, hospitals, or transition houses at a maximum amount of \$135 per month.

NOTE: This may not be issued to clients in a correctional facility (an incarcerated client).

Required Documents:

- Confirmation from the facility stating that the client is a resident and the expected length of stay.

Disasters

This special benefit may be available to clients or applicants who are victims of non-declared disasters. This benefit is equivalent to one month's Basic Unit Rate for that unit, less what is available from resources such as Red Cross. The unit may also be eligible for the Household Setup benefit to a maximum of \$2,000 to replace items lost in the disaster.

Required Documents:

- Confirmation from agency involved with disaster, such as Red Cross, Salvation Army, EMO, Fire Department or Police, etc.

Extermination Services

This special benefit may be available to all clients who have pests such as bedbugs, fleas, rodents, etc. in their residence, which require extermination with the use of chemicals by a company specializing in this service. This benefit may only be approved upon written recommendation from the Public Health Inspector or a Public Health Nurse.

An exception will be created when you issue this benefit to a single-person or multi-person case without children, where in either instance the case is neither youth nor certified disabled.

Required Documents:

- Confirmation of need from Public Health inspector or Public Health nurse

Household Setup

This special benefit is only available to clients who are in a priority group that also demonstrate they are in an emergency situation (unavoidable and unforeseen circumstances) with no insurance or other resources.

Client must take advantage of all available resources in the community (i.e. churches, Salvation Army, relatives and friends, community support groups, classified ads, used furniture, yard sales, etc.) or any other potential resources that may be able to meet their need.

The maximum amount allowed for all benefits issued to set up a household is \$2000. All other resources must be explored first. Household Setup may include the cost of: bedding, towels, dishes, pots/pans, cutlery, refrigerator, stove, washer, kitchen table and chairs, beds and cribs.

Required Documents:

- Confirmation from agency involved (i.e. Red Cross, EMO, Fire Department or Police etc.)

Miscellaneous

This special benefit is to be used for those situations which are rarely encountered but are recognized by the department as valid special benefits. (i.e. seeing eye dogs, language interpreters, etc.)

Property Insurance

This special benefit may be available to priority groups only. Payment may only be made when the result of non-payment will be the loss of the property or denial of eligibility to obtain a loan for repairs or to renew a mortgage.

An exception will be created when you issue this benefit to a single-person or multi-person case without children, where in either instance the case is not certified disabled.

Required Documents:

- Invoice from insurance company
- Confirmation from financial institution that insurance is required in order to renew mortgage

Relocation In Province

This special benefit may be available to priority groups only, for the following reasons:

- client forced out of present accommodations by fire, flood, or abusive situation.
- client's health or safety threatened.

Payment will cover basic moving expenses, not any packing fees and is made as a one issue upon receipt of an invoice. For clients moving from one Social Development district to another, the sending district is responsible for relocation costs. A recommendation (abusive situation) for payment of relocation expenses for clients is a recommendation only - a decision regarding approval rests with the case manager.

An exception will be created when you issue this benefit to a single-person or multi-person case without children, where in either instance the case is not certified disabled.

Required Documents:

- Confirmation from authorities of circumstances. (i.e.: Fire Department, Police, EMO, etc.)
- Invoice

Repatriation

This benefit is available to all clients who meet the criteria as outlined in the Repatriation policy. An exception will be created when you issue this benefit to a single-person or multi-person case without children, where in either instance the case is not certified disabled.

Required Documents:

- Confirmation of method of travel and cost
- Confirmation of situation
- Confirmation regarding contact person in receiving province

Security Deposits

This special benefit may be available to disaster victims, women in transition, and clients diagnosed with HIV or AIDS. They must be in a rental situation where the accommodations are rented in the name of the client, and where it is evident that the monthly rent cost is not beyond the means of the client. Except in extreme situations, it is only paid once per client. It is paid directly to the Office of the Rentalsman by using the Security Deposit Form (select the Other radio button as the Payment Method on the Benefit Detail window), or by voucher to co-op or low rental agencies not covered by the Housing division of the Department of Social Development. Clients should be advised to contact the Rentalsman to have their security deposit transferred when they move. Landlords should contact the Rentalsman when tenants with security deposits move.

An exception will be created this benefit is issued to a single-person or multi-person case without children, where in either instance the case is not certified disabled.

Required Documents:

- Proof of accommodations indicating the need for a security deposit
- For individuals with an HIV/AIDS, confirmation of the diagnosis

Transportation - Community

This special benefit may be available to women in transition and disaster victims to pay for transportation for reasons other than medical, training, or employment. Payment is made based on the mileage required for the trip and typically should not exceed \$0.35 per KM.

Transportation - Private

This special benefit may be available to women in transition and disaster victims to pay for transportation for reasons other than medical, training, or employment. This is paid at 22 cents upon receipt of invoice.

An exception will be created when you issue this benefit to a single-person or multi-person case without children, where in either instance the case is not certified disabled.

Required Documents:

- Confirmation from authorities that a disaster has occurred or
- Confirmation from client or police authorities that abuse has taken place and a note created on file
- Invoice

Transportation - Taxi

This special benefit may be available to women in transition and disaster victims to pay for transportation for reasons other than medical, training, or employment. This is paid upon receipt of invoice at 33 cents per km if outside city or town limits; and at the usual taxi rates if within the city or town limits.

An exception will be created when you issue this benefit to a single-person or multi-person case without children, where in either instance the case is not certified disabled.

Required Documents:

- Confirmation from authorities that a disaster has occurred or
- Confirmation from client or police authorities that abuse has taken place and a note created on file
- Invoice

3.10.1 - Work Services

Child Care

This special benefit may be available to assist clients in Work Services:

- Obtaining Employment: who have completed an EA and have developed a case plan
- Retaining Employment: who have a developed case plan and have found employment.

Clients are encouraged to use licensed daycare facilities whenever possible; sitter costs will only be considered when daycare is not feasible. Top-ups to daycare rates are not payable for this benefit. payments re not be approved when the caregiver is a unit member, parent or grandparent of the child. Sitter costs will normally be provided for children aged 13 or younger. The rate is \$2 per hour for one child and is paid upon receipt of an invoice from the sitter detailing the hours worked.

Required Documents

- Confirmation of Job Search from Work Services Coach
- Invoice from sitter detailing hours worked
- Exit Related Case plan

Retaining - Required Documents

- Confirmation from Social Development Canada as to whether a child care allowance is being paid; and if so, the amount.
- Confirmation of employment, and hours worked (i.e., income stubs)
- Invoice from sitter detailing hours worked
- Case Plan

When retaining employment, this benefit may be provided for a period of six months from the start of employment.

Clothing and Appearance

This special benefit may be available to assist clients who have a developed case plan and wish to improve their appearance to eventually access employment opportunities. Assistance with clothing for up to \$150 and \$50 for appearance for job searching are part of this benefit. A one timed issued benefit of \$200 total may be provided for clothing and appearance.

Required Documents:

- Request from Client
- Receipt from purchases - to ensure they were work related clothing
- If a client returned to Work Services, the benefit could be provided on a case-by-case basis. (The client was laid off and, upon returning to Work Services, they are offered another job which requires different clothing than previous employment)

Criminal Record Check

This special benefit may be able to assist Work Services clients, who have a developed case plan, and wish to access employment opportunities, in a field of employment that requires a criminal record check to be completed as a pre-requisite to getting hired. The benefit covers the cost of a criminal record check, up to a maximum of \$50.

Required Documents:

- Request from potential employer
- Invoice from police/RCMP
- Case Plan

Daycare Subsidy Top-Up

Where the daycare provider rate is greater than the Social Development subsidy rate, subsidize the difference.

Daycare assistance top-up may be considered for Work Services clients during their job search. The top up would be the difference between the maximum rate provided by Social Development and the daily rate charged by the daycare. The enhancement amount would be paid to the client, not the daycare.

If the daycare client only qualifies for \$10 per day, the top up would not be from \$10 to the daily daycare rate, but the difference between the maximum table amount and the daily daycare rate. Social Development would pay \$10 based on income and rate table, plus \$2.50 for top up.

If the child is a member of a two parent unit, one parent must meet the employment criteria and the other parent must meet any one of the criteria as defined above.

The maximum amount of day care subsidy allowed is 23 days per months per child at a maximum of \$5 per day. This amount is to be paid directly to client at the beginning of the months.

Example: If the day care subsidy rate is \$24.50 per day and the daycare is charging \$27 per day, the top up would be \$2.50 per day.

Required Documents:

- Confirmation from Human Resources and Skills Development Canada and Department of Post-Secondary Education, Training and Labour as to whether a child care allowance is being paid, and if so, the amount
- Confirmation of job search or employment and hours worked
- Invoice from child care provider
- Exit Related Case plan for Obtaining Employment clients

Emergency Retention Benefit

This benefit is available to clients of Work Services who found employment within the last six months, and are at risk of losing their job as a result of a financial crisis. Case manager can provide up to \$500 following a thorough assessment of circumstances and identified need.

All requests for this benefit must be assessed to determine whether:

The service or items requested are intended to meet critical emergency needs which, if not satisfied, would cause the client to lose their employment.

If the client(s) have the means or alternative ways of obtaining the services or items requested.

Required documents:

- Confirmation of crisis and need
- Confirmation of employment status
- Work Services case plan
- Cost estimates and/or receipts of items purchased

Intra-Provincial Interview Expenses

This special benefit may be available to assist clients in Work Services who have developed a case plan and wish to attend a scheduled job interview in another region of the province, and to which the employer doesn't permit a telephone job interview. The most economical means of travel must be accessed. Maximum amount for this benefit is \$200 per calendar year..

Required documents:

- Confirmation from employer
- Proof of Interview appointment
- Case plan

Medical

This special benefit may be available to assist Work Services clients who have a developed case plan and wish to access employment opportunities in a field of employment that requires a medical be completed as a pre-requisite to an interview. A copy of the medical would be placed on file. The maximum amount per medical is \$50

Required documents:

- Request from potential employer
- Invoice from physician
- Case plan

Relocation Expenses

This special benefit may be available to assist clients who have a developed case plan and wish to access unsubsidized employment opportunities. The most economical means of relocation must be accessed.

The cost of relocating the client and/or their family may be considered when: the client has permanent, non subsidized, confirmed employment, and if other options for funding have been explored and confirmed.

Required documents:

- Confirmation from Employment and Social Development Canada as to whether a relocation allowance is being paid; and if so, the amount
- Written confirmation from the employer that the work is full time, permanent and non-subsidized
- Estimate for cost of the most economical means of moving

Special Clothing/Equipment

This special benefit may be available to assist clients who have a developed case plan and wish to access unsubsidized employment opportunities.

Clothing refers for example to hard hat, work gloves, etc. Equipment requests must be made by the employer. A maximum of \$200 total may be made for special clothing and/or equipment.

Required documents:

- Request from employer
- Estimate of cost
- Case plan

Specialized Counseling

Counseling sessions are available to clients in work services who have found employment and need help dealing with personal or family issues. The counseling needed is deemed short-term and is meant to assist the clients in retaining employment. The maximum allowable sessions with a service provider is 10.

Required documents:

- Verification that this service is not available through the employer
- A need has to be identified by work services case manager
- Proof of attendance

Transitional Benefit

This special benefit may be provided to work services clients who have developed a case plan and find full time employment. This benefit is intended to assist the client in covering costs related to going to work and to enable them to have a successful transition into the work force. All requests must be assessed individually. A one issue benefit may be provided up to a maximum of \$500.

Required documents:

- Case plan
- Confirmation of employment
- Estimate costs of items needed
- Receipt of items purchased

Transportation

Obtaining: This special benefit may be available to Work Services clients, who have an Employability Assessment, a developed case plan and require transportation to Job Search. It may be provided as an ongoing benefit up to six months or until the client secures employment.

Retaining: This special benefit may be available to assist Work Services clients who have a developed case plan and have found employment. This benefit may only be provided as an ongoing benefit for one month from the start date of employment.

Clients should not receive Transportation for Child Care and Transportation for seeking employment for the same distance travelled. Transportation for seeking employment would begin from the Child Care facility.

The most economical method of transportation must be used at the following rates;

Private Vehicle: 20 cents per km. The driver receives this rate only once, regardless of number of passengers.

Bus: Actual cost of fare.

Community Transportation: Payment is made based on the mileage required for the trip and typically should not exceed \$0.35 per KM.

Local: An allowance of \$3 per day may be provided for those who live too far to walk, but not far enough to receive an applicable benefit.

Taxi: Although the rate is 33 cents per km, the rate will appear as 38 cents when completing the Add a Benefit section. This takes the HST into account. The HST included check box should be selected when creating this benefit.

The maximum monthly amount of this benefit is \$100 per client.

Transportation for Child Care

This special benefit may be available to Work Services clients (obtaining) who have a developed case plan and require transportation to access Daycare/Alternative Child Care or Child Care by paying transportation to the Child Care site. This benefit may only be provided as an ongoing benefit up to six months or until the client secures employment.

The maximum monthly amount of this benefit is \$100 per client.

Required documents:

- Case plan
- Receipts for use of transportation allowance

Clients should not receive Child Care Transportation and transportation for seeking employment for the same distance travelled. Transportation for seeking employment would begin from the Child Care Facility.

Union/Association Fee

This special benefit may be available to assist clients who have a developed case plan and wish to access employment opportunities that require membership and in a particular union or professional association, in which they already possess the skills, experience and qualifications.

Requests for this benefit must be assessed on an individual basis. This benefit covers the cost of the union dues and association fees up to a maximum of \$500.

Required documents:

- Written estimate of cost from the Union and/or Association
- Request from potential employer
- Case plan

HOUSING

- Public Housing
- Rent Supplement Assistance Program
- Rural and Native/Basic Shelter Rental Program
- Housing Assistance for Persons with Disabilities

1. Public Housing Program - assists households in need obtain affordable, adequate and suitable rental accommodation by subsidizing rents in publicly owned rental dwellings.

Eligibility:

- Subsidized rental accommodations are provided to low income rental households whose income is below the established "income ceilings" which vary by household size and by areas within the province. Tenants are chosen on demonstrated need.

HOW: Please contact the housing office of the Department of Social Development in your area:

Please contact the housing office of the Department of Social Development in your area:

Chaleur	1-866-441-4341	Acadian Peninsula	1-866-441-4149
Restigouche	1-866-441-4245	Miramichi	1-866-441-4246
Edmundston	1-866-441-4249	Moncton	1-866-426-5191
Fredericton	1-866-444-8838	Saint John	1-866-441-4340

2. Rent Supplement Assistance Program - Provides assistance to households in need so that they may obtain affordable, adequate and suitable rental accommodation by subsidizing rents in eligible rental dwellings.

Eligibility: To be eligible for assistance a household must first be in at least one of the following situations:

- They occupy a crowded or inadequate dwelling and they currently pay less than 30% of their income for shelter, but basic shelter costs for an adequate and suitable dwelling available in their market would consume 30% or more of their income.
- They pay 30% or more of their income for shelter and an adequate and suitable dwelling available in their market area would consume 30% or more of their income.

- They have a need for special purpose accommodation.
- In addition, where the household does not have a special purpose housing need, the total household income must be at or below the Housing Income Limit which vary by household size and area of the province.

Rural and Native / Basic Shelter Rental Program

Assists eligible off-reserve native and non-native households to obtain affordable, adequate and suitable housing in rural communities with a population of less than 2,500 residents.

Eligibility: Subsidized rental accommodations are provided to low income rental households whose income is below the established "income ceilings" which vary by household size and by areas within the province.

HOUSING ASSISTANCE FOR PERSONS WITH DISABILITIES

For homeowners in need of disabled accessible modifications, assistance is in the form of a forgivable loan up to a maximum of \$10,000.

Programs are offered by the Department of Social Development (SD) and provide financial assistance for:

- Homeowners with total household income at or below the applicable Housing Income Limit undertaking accessibility work to modify a dwelling occupied or intended to be occupied by persons with disabilities.
- Homeowners modifying their property to create a secondary/garden suite for adult persons with disabilities.
- Landlords undertaking accessibility work to modify rental properties with self-contained units having rents that are acceptable to SD and occupied or intended to be occupied by tenants with disabilities with income at or below the applicable Housing Income Limits.
- Landlords undertaking accessibility work to modify rooming houses with bed-unit rents acceptable to SD and occupied or intended to be occupied by tenants with disabilities.

Eligibility: Any individual who is restricted or lacks the ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal may be eligible. Household income must be below the established "Housing Income Limit" which varies by household size and by geographical areas within the province.

- Modifications to existing dwellings must be housing related and/or provide access to permanently install, basic facilities within the dwelling.
- All work shall conform to the requirements of the most current National Building Code.
- Can be any residential property where work will be undertaken to improve accessibility for a disabled occupant/tenant.
- Additions to existing dwellings may also be eligible as long as they meet SD requirements.

HOW: If you have any questions regarding assistance that may be available for persons with disabilities, please contact your regional office of Social Development at 1-833-733-7835.

DISABILITY

Disability Support Program

Provides personalized, flexible disability supports for persons with disabilities in the development of their personal disability support plans. It allows for the provision of independent facilitation and the use of person centered approaches to planning and designing disability supports.

Disability supports that might be provided under this program include:

- Home Support Worker
- Respite
- Personal supports and assistance within and outside the home
- Supports for community involvement and participation
- Personal living skills training
- Transportation supports that are disability specific
- Technical supports and assistive devices not covered under other programs
- Residential facility services

Eligibility:

- You are a resident of New Brunswick
- You are 19 to 64 years of age
- You have a long term disability (this does not include a medical condition that does not result in long term disability or services required to address drug, alcohol, nicotine or gambling addictions).
- You require disability related supports in order to address unmet needs and to establish or maintain your living arrangement in the community, to assist or enhance the capacity of your natural support networks to provide support in the community, or to help you participate in the community, thereby helping to avoid long-term inactivity and stress on yourself or your caregivers.
- You require disability related supports in order to address unmet needs and to assist or enhance the capacity of your natural support networks to help you personally or to help you participate in the community.

HOW: A financial assessment to determine your contribution towards the cost of approved disability supports will be completed. Your income will be considered in determining your financial contribution. There is no cost for the general facilitation services.

Family Supports for Children with Disabilities (FSCD)

- founded on a rights based approach to disability.

- This voluntary program assists families raising children with disabilities with the extraordinary care and supports necessary to enhance their existing strengths. The focus of the program is to service unmet needs and to advocate for access to resources to support family well-being and community inclusion.

ELIGIBILITY

- Eligibility looks beyond the child's disability to examine all relevant factors that affect the child's ability to participate in society. The eligibility criteria considers the child and family's **unmet needs** as a result of the child's disability.
- For the purpose of the Family Supports for Children with Disabilities program, a disability is defined as a lifelong physical, sensory, cognitive or neurological condition or impairment which in interaction with various barriers, significantly limits a child's ability to function in daily living. It does not include a condition for which the primary need is for medical care or health services to treat or manage the condition, unless it is a chronic condition.
- - has a disability that significantly limits their ability to participate in activities of daily living;
 - are under the age of 19;
 - are a resident of New Brunswick;
 - has a valid New Brunswick Medicare card or evidence that application for this card has been made;
 - has at least one written letter of support/assessment from a professional indicating the nature of their disability.
- While involved with the Family Supports for Children with Disabilities program, parents maintain responsibility for their child's overall care.
- Participation in the Family Supports for Children with Disabilities program may involve a family contribution towards services for families who have the financial means to contribute. The contribution amount is determined during the application.
- Eligibility for the Family Supports for Children with Disabilities program is **not** based on family income or the child having a specific diagnosis.

HOW: For more information about the Family Supports for Children with Disabilities program, please visit www.gnb.ca/socialdevelopment

or call the Social Development office in your region. 1-833-733-7835