

## APPLICATION FOR LOW INCOME ELIGIBILITY FOR ALBERTA HEALTH SERVICES (AHS) ALLIED HEALTH – EDMONTON ZONE FUNDED COMMUNITY PHYSIOTHERAPY

## SECTION A – APPLICANT'S PERSONAL INFORMATION (please print)

PATIEN	NT NAME:
ALBER	TA HEALTH CARE NUMBER:
physiot physiot prograi	eligible for further Alberta Health Services (AHS) Allied Health – Edmonton Zone funded therapy treatments based upon your income status, you will need to <b>provide proof</b> to your therapy clinic that you are currently covered under one of the following government subsidy ms. If you do not participate in any of the programs listed below in Section B, but have a low please complete either Section C or Section D instead.
treatm	neet one of the low income qualifications, you will receive up to 4 more funded physiotherapy ents paid by AHS, Allied Health – Edmonton Zone. You may receive further visits if your case is ed by Allied Heath.
	SECTION B – GOVERNMENT SUBSIDY PROGRAM
	Alberta Adult Health Benefits – for people living on AISH or Income Support
	Alberta Aids to Daily Living (AADL) cost share exemption card
	Alberta Seniors Benefit
	Alberta Student Finance Board Assistance (student loans)
	Alberta Works – Alberta Child Health Benefit Plan
	Alberta Works Income Support
	Assured Income for the Severely Handicapped (AISH)
	Federal Guaranteed Income Supplement (GIS) for seniors
	Special Needs Assistance for seniors
•	that evidence of participation in one of the above government subsidy programs has been ted to me.
	witnessed and signed by a staff member Date  otal Physiotherapy)

## **SECTION C – LOW INCOME**

Eligibility is based on **line 260 of your latest Taxation Notice of Assessment**. If your Alberta Health and Wellness account includes a spouse/adult interdependent partner, the taxable income from your spouse's/partner's latest Taxation Notice of Assessment must also be included. If the income is less than these values, you or your dependents are eligible for further AHS – Edmonton Zone funded physiotherapy treatments. Place a check beside the line corresponding to your family size if the reported income last year was less than the amount indicated.

Family Size	Income (combined, if applicable) — Line 260	Check Appropriate Box
Single	\$20 970	
Family – with no children	\$33 240	
Family – with children	\$39 250	

Low Income status is **not** applicable to full time students under the age of 25 currently covered by parental or guardian Alberta Health Care and/or extended health benefit plans.

I declare that I have provided accurate and complete information about the total of my combined (if applifamily annual income and am aware that making a false statement may result in penalties pursuant to the Criminal Code of Canada.				
Client or Legal Guardian Signature	 Date			

## SECTION D – TEMPORARY HARDSHIP

If you do not qualify based on last year's income, but have had recent financial difficulty, please complete this section.

Place a check beside the line corresponding to your family size if your total gross income for the past 3 months has been less than the amounts indicated.

Family Size	Total Gross Income for the past 3 months	Check Appropriate Box
1	\$ 4290	
2	\$ 6810	
3+	\$ 8010	

declare that I have provided accurate and complete information about the total of my combined monthly
gross income, excluding child tax credits, student loans or GST credits. I am aware that making a false
statement may result in penalties pursuant to the Criminal Code of Canada.

Client or Legal Guardian Signature	Date	

The information provided on this application form is collected pursuant to Section 20 and Section 27 (1) (b) of the Health Information Act. It will be held in the strictest confidence and used only for the purposes of determining your eligibility for AHS Allied Health – Edmonton Zone funded physiotherapy. If you have any questions regarding the collection of this information, please contact Community Rehabilitation at (780) 735-3490.