

DIRECTORY OF FINANCIAL AID FOR PERSONS WITH DISABILITIES IN NEW BRUNSWICK

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This document is available in alternate formats, upon request, and in French.
Ce document est disponible en médias substitués et en Français.

Please note that material contained in this guide is subject to change at any time without notice. Individuals having difficulty finding a specific phone number or address for a program or service can call the Premier's Council on the Status of Disabled Persons for assistance.

The Premier's Council on the Status of Disabled Persons maintains a number of other useful resources which can be accessed online at www.gnb.ca/council. They include:

- *Directory of Services Offered to Persons with Disabilities in N.B.*
- *Directory of Financial Assistance for Student with Disabilities in N.B.*
- *Sources of Funding Assistance and/or Rehabilitation Equipment Loans Programs*
- *Directory of Career Counseling and Job Placement Services*
- *Funding Sources for Barrier-Free Access*

These are also available in French, print version or in alternate formats upon request.

While every effort is made to insure the accuracy of this information, we would request that if any errors are found that the Premier's Council is notified. We will promptly make corrections and/or changes.

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FEDERAL ASSISTANCE

Canada Pension Plan – Disability Benefits

Website: www.hrsdc.gc.ca/eng/oas-cpp/cpp_disability/index.shtml

Background and Benefit Amounts

The Canada Pension Plan (CPP), initiated in 1966, pays a monthly benefit to workers who have contributed to the plan for a minimum number of years and have become disabled as defined by CPP legislation. A benefit for children of disabled beneficiaries is also available for each child under the age of 18, or between the ages of 18 and 25 and attending school or university full time. CPP benefits are delivered by Service Canada, part of Human Resources and Skills Development Canada (HRSDC). The CPP is funded through contributions from working Canadians over the age of 18 and their employers, who contribute an amount to the CPP, based on annual employment income.

The CPP Disability program was designed to provide protection to working Canadians against the loss of earnings due to a disability which prevents them from working regularly at any job, regardless of the cause of disability. CPP benefit rates are adjusted each January to reflect a rise in the cost of living. As of January 2011, the maximum amount of a CPP Disability pension was \$1,153.37 per month. The benefit for dependent children is a fixed amount, and was set at \$218.50 per month in January 2011.

Qualifying for CPP

To qualify for CPP Disability benefits, you must:

- Be under 65 years of age
- Have stopped working because of medical condition.
- Paid into the CPP for at least four of the last six years **OR**
- paid into the CPP for at least 25 years and made valid contributions to the Plan in three of the last six years

Under Section 2(a) of the *Canada Pension Plan Act*, a person is “considered to be disabled only if ... [they] have a severe and prolonged mental or physical disability...” A disability is considered to be severe if the applicant is incapable of pursuing “any substantially gainful occupation.” A disability is considered prolonged if the applicant’s condition is likely to be long-term and of indefinite duration, or if it is likely to result in death.

To meet the CPPD contributory requirements you must have contributed to the CPP program in four of the past six years, or 3 of the last 6 for those with at least 25 years of valid contributions. During those years, you must have earned at least 10% of the Year’s Maximum Pensionable Earnings (YMPE). In 2010, for example, the YMPE was

\$47,200. To qualify for benefits, you must have earned more than \$4,700 in 2010, if that is one of the four years of work you are using to qualify.

If you do not meet those requirements, or if you have not contributed for enough years, you may still be able to receive benefits. You may still qualify if:

- you have delayed in applying, and had enough years of contributions when you first became disabled, but don't have enough now;
- you were medically incapable of applying;
- you stopped or reduced payments to CPP while raising your children, if they were under seven years old;
- you acquired CPP credits from your former spouse;
- you worked in another country with which Canada has a Social Security Agreement and you contributed to that country's pension plan;
- you used to receive CPP disability benefits, and have made the required contributions each year since you stopped receiving benefits.

Applying for CPP

To apply for benefits, you will need to complete the CPP Disability Benefits application kit. You can get this kit by contacting Service Canada:

- For service in English 1-800-277-9914
- For service in French 1-800-277-9915
- TTY 1-800-255-4786
- Online at www.servicecanada.gc.ca/eng/isp/contact/contact_us.shtml

The kit contains a guide to help you complete the application, as well as the following forms:

- Questionnaire for Disability Benefits;
- Application for Disability Benefits;
- Consent for Service Canada to Obtain Personal Information;
- Medical Report (to be filled out by both you and your doctor);
- Child Rearing Dropout Provision (if you cared for your children under the age of seven).

Each of the forms comes with printed instructions and references, to help you complete the application. If you cannot fill in the forms yourself, a relative, friend, caregiver or personal representative can fill them in on your behalf. You must fill in your Social Insurance Number at the top of each page on all of the forms. You do not need to provide proof of birth with your application. However, the Canada Pension Plan has the right to request proof of birth at any time, when deemed necessary. If you are applying for children's benefits and did not provide a Social Insurance Number, a certified true copy of the children's original birth certificate must be submitted for each child. Service Canada will direct you to the appropriate Vital Statistics office if you want a birth certificate. In New Brunswick, for example, a birth certificate can be obtained from Vital Statistics for a fee of \$25.

Any original document you submit will be returned to you by Service Canada. If you don't want to submit an original document, you can submit a certified copy. All Service Canada offices can certify photocopies, free of charge. In addition, your doctor, lawyer, religious leader, social worker, pharmacist, accountant, bank manager, Member of Parliament (MP) or Member of Legislative Assembly (MLA) can certify the required documents. You cannot certify your own documents when applying. The person certifying the document must indicate their official position, the date the document is being certified, and add this sentence to the document: "This photocopy conforms to the original document which has not been altered in any way."

The initial medical report should be completed by the doctor most familiar with your medical condition. Most doctors will charge for filling out the report. Service Canada will help pay for the completion of the medical report, by directly paying your doctor up to \$85. You are responsible for any costs over that amount. Ask your doctor if they will be returning the medical report to you, or directly to Service Canada. If the medical report is returned to you, send it to Service Canada with the rest of your documents.

Once your application has been approved, you will be notified by mail of the calculated amount of your benefits and the effective date. The calculation is based on both a flat rate, and a calculation based on how long and how much you contributed to CPP. If your claim for CPP Disability benefits is accepted, there is a three month waiting period. You will be eligible to receive your benefits in the fourth month after you are considered to be disabled. Your child's payments start at the same time as your disability benefits payments. If you apply sometime after you have become disabled, CPP can make up to one year of retroactive payments. Your payments will usually arrive sometime in the last three banking days of each month. You can get Direct Deposit forms from your bank or local Service Canada office; payments are deposited on the third-last banking day of each month.

Taxing CPP Benefits

CPP Disability benefits are taxable income. Unless you ask Service Canada to make a deduction, no taxes are taken from your benefits when they are issued. At income tax time, Service Canada will issue you with a T4A(P) form to include with your income tax return. The children's portion of the CPP Disability benefit is not usually considered to be taxable income if it is paid directly to the contributor. If it is paid to a dependant over 18 years of age, the benefit is taxable and Service Canada will issue a T4A(P) in the dependant's name.

If you will end up owing taxes at the end of the year, it may be more convenient to have taxes deducted directly from your benefits each time they are paid. You should calculate what your tax liability will be for the year before taking this step; for help in calculating your tax liability, contact your local tax services office. You will be asked to provide your social insurance number, date of birth and the total income amount you reported on line 150 of your last tax return. If you feel you should have tax withheld from your benefits, you will need to fill out a Form TD3, *Request for Income Tax Deduction on Non-Employment Income*, and send it to Service Canada.

Appealing a CPP Decision

If your application is not approved, your benefits are stopped, or if you aren't satisfied with the amount of your benefits, you have the right to an appeal. There is one internal level of recourse and two external levels.

- Request for Reconsideration by Service Canada - this request must be made in writing to your local Service Canada office within 90 days after you are notified in writing of the decision. Your request for reconsideration will be reviewed by staff members who had no part in the original decision. You are responsible for providing Service Canada with any new information you may have, as well as all other information needed to support the appeal.
- Appeal to the Commissioner of Review Tribunals - the Office of the Commissioner of Review Tribunals (OCRT) is an independent agency, completely separate from HRSDC. Again, if you wish to appeal the reconsideration by Service Canada, you must notify the OCRT in writing within 90 days after you are notified of the Service Canada reconsideration decision letter. You will be given a date, time and location of a hearing. The review tribunal is made up of three people; a lawyer, a health professional in the case of disability appeals, and a member of the community at large. You can bring someone to help you with your case, and Service Canada will also send a representative. This hearing is closed to the public.
- Appeal to the Pension Appeals Board (PAB) - the PAB is also an independent organization removed from HRSDC. After the OCRT review, you or HRSDC can appeal the decision to the PAB in writing within 90 days after you are notified in writing of the decision of the Review Tribunal's decision. The PAB first decides if there are grounds for an appeal. If there are no grounds, the OCRT decision will stand. The PAB panel is made up of three judges and is open to the public. HRSDC is always represented by legal counsel, and you may wish to hire a lawyer at this stage as well. You may be eligible to claim some of the costs related to the hearing.

Reassessing Eligibility

Service Canada advises beneficiaries that CPP Disability benefits are not a permanent pension, and that periodically, Service Canada may review medical and employment information. If you return to work, or if your medical condition improves to the point where you could return to work, you must advise Service Canada (please see Allowable Earnings exemption on page 5). If you do not, and receive benefits to which Service Canada feels you were not entitled, you will have to pay back the benefits you received. However, you do not have to advise Service Canada if you take on volunteer work. As a result, you may want to try some volunteer work to test your ability to return to work, increase your confidence, or add to your resume.

Service Canada looks carefully at all client information and may reassess clients for various reasons including:

Scheduled follow-up

Service Canada will follow-up with clients identified at initial application, reconsideration and appeal or at reassessment as having potential for employment. The focus is on offering guidance and counselling support for a return to work (if appropriate).

Third party complaints

Canada Revenue Agency and Employment Insurance share information with Service Canada. If this information sharing reveals employment or employment income, Service Canada may follow up to ask if you may be able to return to work.

If Service Canada reassesses your file, you will receive a reassessment kit, which includes a questionnaire, a medical report to be filled in by your doctor, and a consent form. With your consent Service Canada can request additional information from other treating physicians, psychologists, specialists, hospitals, schools and employers.

Returning to Work Support

If you call Service Canada and ask for help in returning to work or seeking training, you will be contacted by a vocational rehabilitation case manager who may be able to assist you.

You do not have to advise Service Canada if you attend an educational program, but you must advise Service Canada if you have completed an educational or vocational training program.

CPP Disability recipients are eligible for a return-to-work trial period during which you can earn a salary and still receive benefits. If, during that time, you are unable to work because of your illness, all you need to do is contact Service Canada. If you are able to continue working after your work trial your benefits will stop.

Automatic Reinstatement

Automatic Reinstatement is a safeguard for disability beneficiaries who self-report their return to work. It allows Service Canada to restart your disability benefits if you cannot continue working because of a recurrence of the same or related disability. This is available for two years from the time your benefits stopped but you must apply within one year of the recurrence.

Fast Track Re-application

Fast Track Re-application is another way for you to get back on disability benefits if you are not entitled to Automatic Reinstatement. You must have stopped because of a recurrence of the same or related disability. This is available to you for up to five years from the date your benefits stopped. To re-qualify you must have paid enough contributions to the CPP since your benefits were stopped.

Allowable Earnings

You can earn up to \$4,700 from work in 2010 without informing Service Canada and without losing your benefits. This amount may change in future years.

Once you earn \$4,700 from work, Service Canada would like to talk to you to discuss your current work situation and your future work goals. If you can only work once in a while, you may be allowed to earn more than \$4,700 while still receiving CPP disability benefits. It is important to talk to a staff member so that Service Canada can look at your individual situation.

If you believe you are able to work on a regular basis, Service Canada staff may be able to help you achieve your goals through the CPP vocational rehabilitation program. As new technology, medical treatments and skills training are making it possible for some people with disabilities to re-enter the work force, this program is designed to help you return to work.

To find out more about the CPP disability program, or other CPP benefits and services, please **contact us**:

Click: www.servicecanada.gc.ca/eng/sc/cpp/disability/disabilitypension.shtml

Call: From Canada or the United States:

1 800 277-9914

If you have a hearing or speech impairment and use a teletypewriter (TTY):

1 800 255-4786

From outside Canada and the United States:

(613) 990-2244 (collect calls accepted)

Please have your Social Insurance Number ready when you call us.

Visit: a Service Canada Centre

Tax Credits and Deductions

Website: www.cra-arc.gc.ca/tx/ndvdl/sgmnts/dsblts/ddctns/menu-eng.html

You may be able to take advantage of a number of tax breaks offered by the Canada Revenue Agency (CRA). There are three main options to consider: the disability tax credit (DTC), the medical expense tax credit, and the attendant care tax deduction. The DTC applies to those who have a “severe and prolonged impairment in physical or mental functions,” as certified by the applicable type of qualified practitioner authorized for the given type of impairment. All or a portion of this credit can be transferred to an individual who provides support to the person with the disability, if he or she does not need it to reduce his or her own tax payable. The medical expense tax credit applies to individuals who have paid out significant medical expenses for themselves or qualifying dependants. The attendant care expense deduction is available to those who require a full-time

attendant because of an impairment in physical or mental functions or to those who have paid for this service on behalf of a person with such an impairment.

DTC– Background and Eligibility

The DTC (shown as the disability amount on line 316, and the disability amount transferred from a dependant on line 318 of the income tax and benefit return) is a non-refundable tax credit that reduces the amount of income tax that people with disabilities, or the people supporting them, may have to pay. Eligibility is based not merely on the fact that you may have a disability, but on the effect that disability has on you. Not everyone with a disability will be eligible for this tax credit. You are not automatically eligible, for example, if you receive Canada Pension Plan disability benefits. To be eligible for the DTC, you must have a severe and prolonged impairment in physical or mental functions that markedly restricts your ability to perform at least one of the basic activities of daily living, as defined by legislation. While that may sound simple enough, each criterion has strict definitions that must be met.

A disability is “prolonged” if it has lasted or can reasonably be expected to last for a continuous period of at least twelve months. “Markedly restricted” means that all or substantially all the time, you are unable (or it takes you an inordinate amount of time) to perform at least one of the basic activities of daily living , even with therapy (other than life-sustaining therapy) and the use of appropriate devices and medication.

The criteria for the DTC include the following:

- vision
- basic activities of daily living:
 - walking
 - speaking
 - hearing
 - elimination (bowel or bladder function)
 - feeding
 - dressing
 - performing the mental functions necessary for everyday life
- life-sustaining therapy to support a vital function
- cumulative effects of significant restrictions (applicable to 2005 and later tax years)

Note: Working, housekeeping, and social or recreational activities are not considered qualifying activities for any of the above criteria.

How to apply for the DTC

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

To apply for the DTC, you will first need to get Form T2201, *Disability Tax Credit Certificate*. This form can be requested either by calling the CRA at 1-800-959-2221 or by downloading it from the CRA Web site. You must complete Part A of the form, which involves supplying simple personal information and giving your authorization for the CRA to contact the medical professional who certifies the form, should additional clarification be needed. The type of qualified practitioner that is allowed to certify a particular type of impairment is detailed on page 2 of the form. You will then have to take the form to the appropriate qualified practitioner for certification of Part B. Once both Part A and Part B have been completed, the form should be sent to the tax centre that processes your income tax and benefit return. Form T2201 can be submitted at any time during the year or with your tax return. Once the form has been received by the CRA, your eligibility will be determined on the basis of the details provided by the certifying qualified practitioner and the legislative requirements of the applicable criteria. As soon as your eligibility to the credit has been determined, you will be sent a letter advising you of the decision.

Unused credits

When you complete your return, you may find that you don't need all of the disability amount to reduce your federal income tax to zero. If that happens, your spouse or a "supporting person" may be able to claim the unused part of the amount. The CRA considers someone to be a supporting person if that person provides one or more of the basic necessities of life such as food, shelter, or clothing. More than one supporting person can make a claim for the same dependant, as long as the total amount claimed by those supporting persons is not more than the unused part of the disability amount.

Child Disability Benefit

Website: www.cra-arc.gc.ca/E/pbg/tf/rc66/README.html

The Child Disability Benefit (CDB) is a non-taxable supplement to the Canada Child Tax Benefit (CCTB) and Children's Special Allowances and is available for children under the age of 18 who qualify for the DTC. The CDB is based on family income, with a sliding scale for families with more children.

How to apply

Once DTC eligibility has been established for your child, your CDB benefit will be calculated automatically, provided you already receive the CCTB. Your CDB payment will be included with your CCTB payment.

If you receive the CCTB for a child with a severe and prolonged impairment in physical or mental functions, but Form T2201 has not been filed on behalf of that child, get a copy of the form, have it completed and signed by a qualified practitioner, and send it to your tax centre.

If you have not applied for the CCTB for your child, but the other criteria have been met, complete and mail Form RC66, *Canada Child Benefits Application*, to your tax centre. The CRA will determine whether or not you are entitled to receive the CCTB and the CDB.

Registered Disability Savings Plan (RDSP)

Website: www.cra-arc.gc.ca/E/pub/tg/rc4460/README.html

In Budget 2007, the Government introduced a new Registered Disability Savings Plan (RDSP), to help parents and others save to ensure the long-term financial security of a person with a severe disability. The RDSP program was implemented in December 2008. If the conditions are met, the Government of Canada will pay Canada Disability Savings Grants (CDSGs) and Canada Disability Savings Bonds (CDSBs) into RDSPs to encourage long-term savings through this vehicle.

In general, any individual eligible for the Disability Tax Credit (DTC), his or her parent or his or her other legal representative can establish an RDSP. The DTC-eligible individual will be the plan beneficiary. The plan will consist of three main elements.

Parents, beneficiaries and others wishing to save may contribute to an RDSP with the written permission of the plan holder. Contributions to an RDSP for a beneficiary will be limited to a lifetime maximum of \$200,000, and they will be permitted up until the end of the year in which the plan beneficiary turns 59.

RDSP contributions within a given year will attract CDSGs at matching rates of 100%, 200% or 300%, depending on the beneficiary's family income and the amount contributed, up to a maximum lifetime CDSG limit of \$70 000. An RDSP will be eligible to receive CDSGs up until the end of the year in which the plan beneficiary turns 49.

CDSBs of up to \$1 000 per year will be provided to RDSPs established by low- and modest-income families, up to a maximum lifetime CDSB limit of \$20 000, and they will not be contingent on contributions. An RDSP will be eligible to receive CDSBs up until the end of the year in which the plan beneficiary turns 49.

Contributions to an RDSP will not be tax deductible and will not be included in income when paid out of an RDSP. The investment income earned in the plan will accumulate tax-free. CDSGs, CDSBs and investment income earned in the plan will be included in the beneficiary's income for tax purposes when paid out of an RDSP. Payments from an RDSP will have to start by the end of the year in which the beneficiary turns 60.

To address concerns about the possibility that the beneficiary of a parent-initiated plan who continues to meet the DTC criteria related to the effects of an impairment might be able to force the premature collapse of the plan by rescinding his or her DTC certification, Budget 2008 introduced amendments to the RDSP rule that provide for a mandatory collapse of the plan if the beneficiary ceases to be eligible for the DTC. This would allow instead for a mandatory collapse of the plan only when the beneficiary's condition has factually improved to the extent that the beneficiary no longer qualifies for the DTC. This change will provide greater certainty for parents planning to establish an RDSP for their child.

Budget 2008 also announced that the RDSP program will be reviewed three years after it becomes operational to ensure that RDSPs meet the needs of Canadians with severe disabilities and their families.

RDSPs will help provide a brighter future for children with severe disabilities and give parents greater peace of mind in planning for that future.

Budget 2010 proposes to extend the existing RRSP rollover rules to allow a rollover of a deceased individual's RRSP, RRIF, or RPP proceeds (hereafter referred to as RRSP proceeds) to the RDSP of a financially dependent infirm child or grandchild.

An individual who qualifies to be an RDSP beneficiary and who meets the age and residency requirements for RDSP contributions will be eligible to roll over RRSP proceeds received as a result of the death of their parent or grandparent to their RDSP if the requirements under the existing RRSP rollover rules are satisfied (that is, if the RDSP beneficiary was financially dependent on the deceased individual by reason of physical or mental infirmity). An infirm child or grandchild is generally considered to be financially dependent if the child's income for the year preceding the year of death did not exceed a specified threshold (\$17 621 for 2010). An infirm child with income above this amount may also be considered to be financially dependent, but only if the dependency can be demonstrated based on the particular facts.

The amount of RRSP proceeds rolled over into an RDSP will not be permitted to exceed the beneficiary's available RDSP contribution room. The lifetime

contribution limit for RDSPs is \$200 000. The rolled-over proceeds will reduce the beneficiary's RDSP contribution room, but will not attract Canada Disability Savings Grants. These proceeds will be considered private contributions for the purpose of determining whether an RDSP is a primarily government-assisted plan (a plan where Canada Disability Savings Grants and Canada Disability Savings Bonds paid to the plan exceed private contributions made to the plan, and which is consequentially subject to a number of additional requirements). Since the amount of RRSP proceeds rolled over to an RDSP will not have been subject to income tax, the amount will form part of the portion of a disability assistance payment that is included in the beneficiary's income when withdrawn from the RDSP.

In recognition of the fact that families of children with disabilities may not be able to contribute regularly to their plans, Budget 2010 proposes to amend the Canada Disability Savings Act to allow a 10-year carry forward of CDSG and CDSB entitlements.

Starting in January 2011, CDSB entitlements will be determined and paid into the plan for the preceding 10 years (not before 2008, the year RDSPs became available), based on the beneficiary's family income in those years. Balances of unused CDSG entitlements will also be determined and maintained for the same period. CDSGs will be paid on unused entitlements, up to an annual maximum of \$10 500.

For more information on RDSPs, visit the Canada Revenue Agency Web site at Registered Disability Savings Plan or call 1 800 959-8281 (TTY users call 1-800-665-0354).

Medical Expense Tax Credit

Background and Eligibility

Website: <http://www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/lns409-485/452-eng.html>

You can claim amounts paid for certain medical expenses if you have not been or are not entitled to be reimbursed from another source, such as a private insurance plan or your provincial health plan.

You can claim medical expenses at line 330 that you or your spouse or common-law partner paid for yourself, your spouse or common-law partner; or your or your spouse's or common-law partner's children/grandchildren born in 1993 or later and who depended on you for support for the 2010 income tax return.

Medical expenses for all other dependants must be claimed on line 331. For example, medical expenses you paid for a child/grandchild aged 18 years of age or older; parent; grandparent; brother; sister; uncle; aunt; niece; or nephew, would be claimed at line 331, as long as they lived in Canada for part of the year. Also note that the 12-month period you chose for medical expenses at line 330 must be used for a claim at line 331. Note that you have to calculate, for each dependant, the medical expenses that you are claiming on line 331. The total of these expenses must exceed the lesser of the threshold amount for the tax year in question or 3% of the dependant's net income for the year (line 236) up to a maximum of \$10 000.

Generally, you can claim amounts paid for eligible medical expenses, even if the costs were incurred outside Canada. However, expenses incurred outside Canada that would not qualify even if they had been incurred in Canada are not eligible for the medical expense tax credit.

To qualify for the credit, your expenses have to be more than the lesser of 3% of your net income and the threshold amount for the tax year in question. For example, an individual whose net income is \$70,000 in the 2010 tax year would have to subtract the lesser of \$2,100 (3% of \$70,000) and \$2,024 (the threshold amount for 2010) for a claim on his or her 2010 tax return. In this example, the individual would deduct \$2,024 from the total amount of medical expenses paid to arrive at the eligible amount of medical expenses. Any remaining expenses would be eligible for the medical expense tax credit.

Eligible Medical Expenses

The following is a list of expenses that may be eligible for the medical expense tax credit:

- Payments to a qualified medical practitioner – The Canada Revenue Agency (CRA) has added a list of qualified medical practitioners by province/territory to its Web site. To find out if the payments you made to certain professionals are eligible, go to Authorized Medical Practitioners(see Website: www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/Ins300-350/330/ampp-eng.html);
- Payments made to a public or licensed private hospital;
- Payments for artificial limbs, wheelchairs, crutches, hearing aids or personal assistive listening devices, prescription eyeglasses, contact lenses or personal assistive visual devices, dentures, pacemakers, prescription drugs, and prescription medical devices (including costs incurred in respect of some of these items – for example, batteries for hearing aids);

- Amounts paid to purchase and install outdoor or indoor ramps where stairways impede mobility;
- Amounts paid to enlarge halls and doorways to allow access to the various rooms of your home;
- Amounts paid to lower kitchen or bathroom cabinets for ease of accessibility;
- 20% of the cost of a van that has been adapted or is adapted within 6 months of when you acquire it to be able to transport an individual who uses a wheelchair, to a maximum of \$5,000;
- 50% of the cost of an air conditioner prescribed by a medical practitioner for an individual with a severe chronic ailment, disease, or disorder, to a maximum of \$1,000;
- Reasonable moving expenses (that have not been claimed as a moving expenses on anyone's return) to move an individual who has a severe and prolonged mobility impairment, or who lacks normal physical development, to housing that is more accessible to the individual or in which the individual is more mobile or functional, to a maximum of \$2,000;
- Reasonable amounts paid to alter the driveway of the primary residence of an individual with a severe and prolonged mobility impairment, to allow easier access to a bus;
- Travel expenses – If medical treatment or service is not available locally, you may be able to claim the cost of travelling to get the treatment somewhere else. If you travel more than 40 kilometres, one way to obtain equivalent medical services, you can claim travel costs. A letter from your family physician to confirm that the services are not available locally is required. If you travel more than 80 kilometres one way, you may be eligible to claim meals and lodging in addition to travel expenses;
- Amounts paid for attendant care, or for care in a recognized establishment;
- Medical expenses (lines 330 and 331) – Cosmetic procedures and related expenses qualify as a medical expense when incurred after March 4, 2010, only if they are required for medical or reconstructive purposes. For more information read Guide RC4064, *Medical and Disability-Related Information*.

The above list is not all-inclusive. For more information and details, go to “Which medical expenses are eligible?” (See website: www.servicecanada.gc.ca/eng/sc/cpp/disability/disabilitypension.shtml)

Non-Eligible Expenses

There are a number of expenses that are commonly claimed as medical expenses, but that are in fact not eligible. They include the following:

- Fees for athletic or fitness clubs;

- Amounts paid for birth control devices (non-prescription);
- Amounts paid for blood pressure monitors;
- Amounts paid for diaper services;
- Health plan premiums paid by an employer and not included in your income;
- Amounts paid for health programs;
- Amounts paid for organic food;
- Amounts paid for over-the-counter medications, vitamins, and supplements, even if they are prescribed by a medical practitioner;
- Amounts paid for personal response systems like Lifeline and Health Line Services;
- Amounts paid under the provincial and territorial plans like the Alberta Health Care Insurance Plan and the Ontario health Insurance Plan. For a complete list of non-eligible plans, go to www.cra.gc.ca/medical; and
- Travel expenses for which you can get reimbursed.

Note: the above list is not all-inclusive

Disability Supports Deduction

Instead of claiming attendant care expenses under the Medical Expenses Tax Credit, you can choose to claim attendant care expenses (see attendant care information below) under the Disability Supports Deduction on line 215. You can claim a disability supports deduction if you paid expenses that no one has claimed as medical expenses (Line 330 and Line 331), and you paid them so you could:

- Be employed or carry on a business (either alone or as an active partner);
- Do research or similar work for which you received a grant; or
- Attend a designated educational institution or a secondary school where you were enrolled in an educational program.

Attendant Care

Attendant care costs may be claimed at line 330 or line 215 if you meet the following requirements:

- Full-time attendant care services can be claimed if the person with the impairment qualifies for the disability amount (Form T2201, *Disability Tax Credit Certificate*, is required) **or**
- a medical practitioner certifies in writing that this expense is necessary and that the impairment is likely to be indefinite.

Part-time attendant care services can only be claimed if the person with the impairment qualifies for the disability amount (an approved Form T2201 is required).

If you are claiming an amount for attendant care, the attendant must have been 18 years of age or older when the amounts were paid and cannot be your spouse or common-law partner.

To make this claim, complete Form T929, *Disability Supports Deduction*.

Refundable Medical Expense Supplement

This refundable tax credit is available to working people with low incomes and high medical expenses. For the 2010 tax return, an individual can claim a supplement of up to \$1,074 if there is a claim for disability support deduction or medical expenses, and their adjusted family net income is less than \$23,775, and has at least \$3,135 of earned income. You can claim this credit for the same expenses that you used to claim the Disability supports Deduction on Line 215 or as medical expenses on Line 330. Make your calculations on the *Federal Worksheet* in the forms booklet.

Receipts

Receipts must show the name of the patient, the date of the service, the type of service, and the amount paid. A receipt for attendant care services or therapy should also include the company's name or the name of the individual to whom the expense was paid. Receipts for amounts paid to an individual should also show the individual's social insurance number and the name of the medical practitioner where applicable. Invoices that have been marked as "paid" may be accepted as supporting documentation provided the information outlined above is on the invoice.

If you are filing a paper return, include your receipts and any receipts for the person that you are claiming (other than for premiums paid to a health services plan, which you should keep in case the CRA asks to see them) and other documents.

If you are filing your return electronically, retain your receipts in case the CRA requests them at a later date.

Tuition and Education Amounts

If you were enrolled in a qualifying education program, not only can you claim your tuition amount, you can also claim \$400 for each whole or partial month that you were enrolled full-time. You can also claim \$400 a month if you were forced

to attend part-time because of a disability. If you were enrolled part-time for other reasons, you can claim \$120 a month for the time you were enrolled.

Federal Excise Gasoline Tax Refund Program

Website: www.cra-arc.gc.ca/tx/ndvdl/sgmnts/dsblts/xcs-tx/menu-eng.html

If you are medically certified as having a permanent disability due to a mobility impairment that would make using public transportation hazardous to your health, you can apply for a refund of part of the federal excise tax on the gasoline you buy; (*more information in the vehicle owners sections*).

GST/HST Information

Website: www.cra-arc.gc.ca/tx/ndvdl/sgmnts/dsblts/gsthst-tpstvh/menu-eng.html

Some of the goods and services used by persons with disabilities are supplied exempt from or zero-rated for the goods and services tax/harmonized sales tax (GST/HST). This means you will not pay GST/HST on these expenses, nor will you be eligible to claim a rebate for the GST/HST you did pay.

For more information on these and other tax programs, call us at 1 800 959-8281 or if you are using a TTY, at 1 800 665-0354. If we cannot resolve your enquiry over the telephone, you can arrange to meet with an agent at a tax services office.

You can also visit the CRA on-line at www.cra-arc.gc.ca. There, you will find Guide RC4064, *Medical and Disability-Related Information*, which provides detailed information on the credits mentioned above as well as other credits/deductions that you may be eligible to claim. The guide also has printable copies of all the forms you will need to file a claim.

PROVINCIAL ASSISTANCE

Income Assistance

Website: www2.gnb.ca/content/gnb/en/services/services_renderer.200975.html

Qualifying for Benefits

Under the program, there are a number of ways to qualify for assistance. Persons with disabilities will most likely fall under one of two categories: as applicants with long-term needs or as disabled applicants.

Long-Term Needs Category

The regulations under the *Family Income Security Act* define “long-term needs” as:

one or more significant physiological, anatomical or psychological impairments that render a person unable to engage in social or economic activities for a prolonged period of time and that can lead to long term unemployment, but are not so major as to render the person disabled.

The Department of Social Development (see website: www2.gnb.ca/content/gnb/en/departments/social_development/persons_disabilities.html) will designate you as a long-term needs client if you meet at least one of the following conditions:

- you have written verification that you meet the criteria for a long-term client from Mental Health;
- you are assessed by the Department of Social Development as meeting the criteria of the Long-Term Care Strategy, and have written verification to show it;
- you receive a CPP Disability pension or any other disability pension covered by the *Pension Act*; or
- you have medical reports covering a 24-month period stating your condition has existed for 24 months, and the Medical Advisory Board approves the Long-Term Needs designation.

The long-term needs designation serves three main purposes:

- it makes you exempt from the Household Income Policy;
- it guarantees you the Transitional Rate of assistance; and
- it eliminates the need to submit a medical report every six months.

The decision of the Medical Advisory Board, as to whether or not you qualify for the long-term needs designation, cannot be appealed. As well, Social

Development will not pay for a medical report used to apply for the long-term needs designation. This designation will not raise your benefits level above the transitional rate. All of these factors must be weighed when deciding if you will apply under the disabled or long-term needs categories.

Disabled Category (Extended Benefits)

To qualify as disabled, an applicant must meet the following criteria:

- they are in financial need, as determined by the department's regular intake process;
- they have been certified as disabled by the Medical Advisory Board; and
- they are aged 18 years or older.

After going through the regular intake process to determine financial need, a needs assessment specialist will conduct a registration interview and complete a Disability Category - Social Report. You must sign an Authorization to Obtain Information form as part of the application. In addition, you will have to undergo a medical examination in order to complete the Disability Category - Medical Report. Social Development will pay up to \$50 of the cost of getting this report completed. The regulations under the *Family Income Security Act* state that "disabled" refers to:

a person, suffering from a major physiological, anatomical or psychological impairment, as verified by the Medical Advisory Board... that is likely to continue indefinitely without substantial improvement and that causes the person to be severely limited in activities pertaining to normal living.

The Medical Advisory Board is made up of doctors, a departmental representative and the Secretary of the Board. It acts only as an independent advisor to Social Development, reviewing applications and recommending whether or not applicants are eligible for disabled or long-term need status.

The Regular Intake Process

To apply for provincial income assistance, call the nearest Social Development office. Look in the Province of New Brunswick blue pages of your phone book for the number under "Social Assistance/Social Development" or "Social Development". See list of contact numbers and regions on page 30. A Social Development telephone screener will ask you a few basic questions about your personal situation to determine whether or not you are eligible for assistance. If you appear to be eligible, you will be asked to come in to register in person.

You will be asked a number of detailed questions related to your financial needs. Be prepared to bring copies of the following:

Social Insurance Number and Medicare cards for each adult member of the household. If you do not have these, Social Development will temporarily accept two other pieces of identification, such as a driver's license or birth certificate, but if the proper cards are not received within four months, your file will automatically be cancelled.

A Medicare card and birth certificate for each child under 16 in the household. If the child has a SIN card, you must bring it. If the child is a newborn, Social Development will temporarily accept the hospital bracelet or bassinet card, but again, if the proper cards are not received within 4 months, your file will automatically be cancelled.

Verification of address. If you rent, you will need a copy of the lease, the most recent rent receipt (including the landlord's name, address and phone number, and if heat and lights are included), or a completed Residence Confirmation Form. If you are in a room and board situation, you must complete a Residence Confirmation Form. If you own your home and have a mortgage, you must bring in a copy of your mortgage agreement or a clear and detailed receipt from the mortgage holder. If you own your home without a mortgage, you must bring in a copy of your deed or of your most recent tax bill. If you live on a property and provide maintenance services, you must bring in written verification from the property owner, indicating the owner's name, address, and phone number, as well as the terms or condition of the applicant residing in the home, such as their responsibilities.

Statement of non-support, for single-parent applicants or applicants aged 16 - 18 years. Include any separation, divorce or custody papers if you have them.

Record of Earnings (separation slip) and the last pay stub from your last job.

Income verification, such as pay stubs, financial statements, or a letter from your employer.

Asset verification.

In addition, bring in all of your bills and any documentation you may have detailing your expenses. This may also include the cost of prescription medicines. Your pharmacist should be able to provide a written estimate of prescriptions your doctor has made. Even if you have not purchased these medicines, they are prescribed by your doctor and as such should be included as part of your monthly expenses. Any documents which show your income and

expenses will be reviewed. If you are giving original documents to Social Development, be sure to make copies for your own files.

The Intake Process: Assets

As part of the intake process, Social Development will look at your available fixed and liquid assets. Fixed assets are those which provide a potential source of income and which are essential for applicants to maintain what Social Development calls “a reasonable level of existence.” They will be noted in your file, but they do not affect your eligibility for assistance. Fixed assets include but are not limited to the following:

- your residence and any associated out buildings;
- a vehicle used for routine transportation, work, medical reasons, or shopping;
- real estate, specifically the property on which your residence is located; or
- assets which you need to maintain your livelihood, such as a woodlot or equipment, fishing or farming equipment, or tools.

You must notify Social Development before selling, transferring or assigning any of these fixed assets, since the money received from these transactions are considered to be income.

Liquid assets include cash and property which does not fall under the fixed asset category. Social Development requires excess assets to be sold at fair market value within a reasonable period of time, so that you will have less of a need for assistance. Liquid assets can include but are not limited to:

- money held as cash or in bank accounts;
- insurance cash value; or
- any investments which can be legally cashed in, even if you are penalized for doing so. This includes GICs and RRSPs.

Your children's registered education trust funds, and any investments which can't be liquidated, even with penalty, are exempt when calculating liquid assets.

In general, applicants must have liquid assets of less than \$1,000 for a single person household and less than \$2,000 for multi-member households, and insurance with a cash surrender value of under \$2,000 to qualify for assistance. There are also some exemptions for disabled clients:

- liquid assets to a maximum of \$3,000 for each person in the household who is disabled, and an additional \$1,000 for each person in the household

who is not disabled to a maximum total of \$4,000 for a household of more than one person; and

- documented trust funds and accumulated interest up to \$200,000 established for disabled persons;
- Registered Disability Savings Plans of \$200,000 in contributions, \$70,000 in grants and \$20,000 in bonds; and
- Up to \$800 per month associated income from an RDSP or trust fund.

When you apply for income assistance, Social Development will also look at any income you may have. This does not just include income from any wages you receive. Social Development believes that their applicants should first access any and all resources available to them, such as CPP, EI, child support, student aid, investment income, private insurance, and so on. If you are under 19 years of age, they will ask why your parents are unable to support you. If you are disabled, you must first apply for CPP Disability benefits. They will calculate any income by looking at the gross amount. Again, there are exceptions. They will not look at assistance for rental costs subsidies, child tax benefits, foster home payments, subsidized adoption payments, or GST credits when calculating income.

The Intake Process: The Economic Household Policy

As a further part of their needs assessment, Social Development will look at all of the members of your household to determine the needs of the economic unit. Social Development has defined an Economic Household in very broad terms; two or more persons residing together who share the responsibilities of the household, and benefit economically from the sharing of food, shelter, and/or facilities. This can include a spouse (either married or common-law), parent, child, or roommate. When Social Development has determined that there is an economic household, they will consider it to be one household eligible for only one assistance cheque. This will often result in benefits being refused, cancelled or decreased, depending on the individual situation.

There are some exceptions to this rule, two of which most directly apply to people with disabilities. Clients who have been certified as having a disability can share accommodations without their income assistance benefits being affected, with the exception of married or common-law relationships, or children. If the legal or common-law spouse or child is also certified blind, deaf or disabled, then they may be considered as separate cases.

Those with the long-term needs designation are considered as a separate case from all other individuals, essentially making them exempt from the household income policy. They can live with almost anyone, except for a legal or common-law spouse or a dependent child. Thus, if you have declared yourself to be in a

common-law relationship, to Social Development or any other agency (CRA, CPP, etc.) you will still fall under the household income policy. Since Social Development will verify your information from other government sources, don't tell them you are not in a common-law relationship if you have told other agencies that you are.

Benefit Rates

The current rate for those receiving transitional assistance is \$537 per month, assuming there is only one person living in the unit. This would be the case for those applying under the long-term needs designation. There is also a provision for the Extended Benefits program, or disability rate, under which recipients would receive \$618 per month, again assuming that there is only one person living in the unit. You can only qualify for this program if you have become severely and permanently disabled, and are assessed as such by the Medical Advisory Board. In addition to direct financial assistance, you will also receive a Health Card and may be eligible for special emergency benefits.

Disability Supplement

The disability supplement is a monthly benefit provided to social assistance recipients who have been certified as deaf, blind or "disabled." The benefit recognizes that people with disabilities face considerable disability-related expenses and require additional support to purchase these essential goods and services. Effective October 1 2011, the monthly benefit is \$87.50.

Wage Exemption Amounts

Depending on the number of people in your household and the level of benefits you are receiving, you are eligible for a wage exemption. This wage exemption allows people to earn a specific amount of money without affecting your benefits.

One-person households receiving extended benefits are entitled to a maximum wage exemption of \$250 per month. One-person households in the Transitional Assistance program are entitled to a maximum wage exemption of \$150 per month. Households of more than one person receiving extended benefits are entitled to a maximum wage exemption of \$300 per month. Households of more than one person in the transitional assistance program are entitled to a maximum wage exemption of \$200 per month.

Extension of Health Card Benefits

A one-time extension of health card benefits is available to social assistance recipients who have been on assistance for one year or more and who are making the transition to employment. The health card would be available for a maximum of three years, or less if the employer has a health plan that the employee is eligible to receive.

One-time Transitional Benefit

Up to \$500 may be provided to clients with a case plan who have the potential for long-term/permanent transition into the labour market.

Applications for Health Card Only: Section 4(4)

Website:

www2.gnb.ca/content/gnb/en/departments/social_development/persons_disabilities.html

Background and Application Process

If you don't qualify for income assistance, you may still be able to obtain a provincial Health Card to pay for medical expenses. Most people don't qualify for income assistance because of the needs assessment process. However, subsection 4(4) of the General Regulations under the *Family Income Security Act* allows Social Development to determine an applicant's eligibility without imposing the strict needs assessment limitations. You can use this section to apply for the Health Card or a one-time Special Benefit.

To apply, see the list of contact numbers and regions on page 30 and call the number as if you were applying for income assistance. You will then talk to one of Social Development's screening agents. They will ask for your Social Insurance Number, your Medicare number and date of birth. As this is a service provided on the basis of your financial needs, they will also consider the following:

- your income;
- your monthly bills (rent/mortgage, power, phone, cable, etc.); and
- how many people live in the "economic unit" (including spouse, children, and roommates).

Application Documentation

When you apply for a health card under Section 4(4), you will require all of the documentation needed to apply for regular benefits. You will also need a letter from your doctor, explaining the nature of your condition and an estimated cost of your treatment, as well as proof of all expenses and income considered for Section 4(4) applicants that aren't normally considered for regular benefit applicants. The following are expenses which may be considered under a Section 4(4) application:

Alimony, bank loans, cable, car insurance, car payment/loan, child care, child support, clothing, credit cards, finance companies, loans, food, heat, house insurance, housekeeping, hydro, life insurance, medical expenses, medical transportation (gas), mortgage, NB Power loans, property tax, rent, student loan

payments, telephone, transportation for training, and other expenses such as funeral expenses or room and board.

These expenses are calculated according to the cost of basic services each month, and do not take into account arrears or extra services. For example, only the cost of basic telephone and cable are considered; an exception to this is that Social Development will consider long-distance telephone calls to doctors and hospitals.

Assets and Income

For the Health Card applications, Social Development will look at your real net income, and at your net income for renewals. Again, they will look at some forms of income which they would not consider for regular benefit applicants, such as:

- Child Tax Benefit
- GST Credit
- Foster home payments
- Subsidized adoption payments

They will also consider the following liquid assets, not normally considered:

- Income generated by trust funds established for Blind or disabled persons;
- Lump Sum Payments to HIV/AIDS infected haemophiliacs, thalidomide victims & survivors;
- Lump sum compensation payments to sexual abuse victims; and
- Lump sum compensation payments to Japanese Canadians.

If you receive a health card through this section, it can only be used for the person in the household who requires the services. In addition, the card will only cover those services approved by Social Development, and not all normal health card benefits. If you are approved for a health card only, you are not eligible for any other special benefits.

Special / Emergency Benefits

Background and Eligibility

There are some specific special and emergency benefits available to recipients of provincial income assistance. Households not in receipt of income assistance may also be eligible and are assessed on a case by case basis. These are usually reserved for those in a “priority group,” namely:

- blind or disabled: recipients certified by the Medical Advisory Board or who are also in receipt of a federal disability pension (CPP Disability);

- disaster victims;
- families with dependants under 19 years of age who also have high shelter costs (where the household is paying 40% or more of the household's total income for shelter, not including utilities and heat);
- women who are six months or more pregnant or with infants up to six months old, and their infants;
- women leaving an abusive situation;
- recipients who are part of the deinstitutionalized project; and
- "youth at risk" recipients (16 - 18 year old clients living outside the parental home while still attending school).

Deductions will not be made from your assistance cheque to recover part of the cost of any special benefits. The benefits will only be granted if the applicant has exhausted all other sources of income; for disabled clients, 75% of the income generated by any trust funds set up for them should be applied to special needs benefits.

In cases where items are to be purchased, they should never be purchased from Social Development staff members or their relatives, and Social Development staff are not to recommend or direct clients to a specific vendor.

What is an "Emergency"?

Social Development will review all requests for special benefits to determine if your request will meet a critical emergency need which, if not granted, would cause severe hardship, and if you have other options or means available to obtain the service or items requested. To be considered an "emergency" situation by Social Development, yours must be an unavoidable or unforeseen situation which requires an immediate response, or a situation which would leave you without food, shelter or warmth, or medical services or supplies which you need within two days. If Social Development determines that the benefits you requested are essential, a critical emergency exists, and that you cannot otherwise obtain the benefit by yourself or through help from your family or community, then it is their policy that they cannot refuse your request.

The following table shows special and emergency benefits available through the Department of Social Development:

<u>Special / Emergency Benefit</u>	<u>Availability</u>	<u>Comments</u>
Medical Transportation	Available to any clients under the following situations: a) an emergency situation in which no other options are	Can be used to pay either public or private transportation. However, the amount does not

	<p>available;</p> <p>b) frequent scheduled medical attention is required, documented by a physical and/or financial hardship;</p> <p>c) scheduled medical appointments where one-way distance to the doctor is more than 25 km.</p>	<p>usually cover your actual costs.</p>
Household furnishing	<p>Restricted to the priority groups.</p>	<p>Can cover such items as a new or used refrigerator, stove, washing machine, kitchen table and chairs, box spring and mattress, baby crib and mattress, and smoke detectors. There is quite a time-consuming process involved in getting any of these items.</p>
Funerals	<p>Available to all clients who meet the criteria.</p>	<p>Social Development will first verify if other resources, such as CPP death benefits or family help, are available.</p>
Security Deposits	<p>Restricted to people diagnosed with HIV/AIDS, disaster victims and women in transition.</p>	<p>Social Development will only pay for one security deposit, so it is important not to lose it. When you move from one apartment to another, the security deposit can be transferred.</p>
Property Insurance	<p>Restricted to priority groups.</p>	<p>Payments are made only in situations where non-payment will result in the loss of your property or deny your eligibility for a loan for repairs or a mortgage renewal.</p>
Household Items	<p>Those in priority groups may be granted these items if</p>	<p>Can cover such items as bedding, towels, dishes,</p>

	they have no other financial means available to obtain them.	pots and pans, and cutlery.
Emergency food	Restricted to priority groups.	
Rent	Rent or mortgage may be paid for members of the priority groups where there is a confirmation of a threat of eviction or foreclosure.	
Water and sewage	Restricted to the priority groups, and further restricted to those who own their own home or carry a mortgage, and where an emergency exists.	
Telephone	Restricted to priority groups.	Social Development will pay the connection costs for a telephone for medical reasons, or in a situation of potential violence.
Incontinence supplies	Available to all clients who meet the criteria.	In general, covers diapers and other supplies for incontinent clients.
Dietary supplements	Available to all clients who meet the criteria.	Can cover the cost of Boost, Ensure and other dietary supplements. Not to be confused with the special dietary supplement.
Special dietary supplements	Individuals can access this item with documentation from a doctor which states your diagnosis and the reasons why you would be placed in a life-threatening situation without the special diet allowance.	Limited to a maximum of \$30 per month.
Clothing	Restricted to priority groups.	
Child-care for	Available for all clients who	Social Development will

medical reasons	meet the criteria. This is for clients who have children 13 years of age or younger who need child care because the client was in the hospital or has returned from the hospital and needs assistance during recovery.	pay a rate of \$2 per hour for the first child, or a maximum hourly rate of \$2.50 per hour for two or more children, to a maximum of \$25 per day.
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Fuel Supplement (electric and non-electric)

Website:

www2.gnb.ca/content/gnb/en/services/services_renderer.200719.html

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

The Fuel Supplement can provide assistance to cover some of the costs of winter heating, over and above what is included in the basic assistance rate. Eligibility is determined on a case-by-case basis. Many clients are already receiving some type of special assistance related to their heating costs either through SD or others.

Clients who are not considered eligible are those who:

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

The types of fuel supplements are:

Social Assistance Recipients:

- The *Electric Fuel Supplement* is provided to eligible households who heat with electricity (fully or partially) in the amount of \$150.00 per month, it is available from November to April.

- The *Non-Electric Fuel Supplement* of \$145.00 per month is available to eligible households from November to April.
- The *Bulk Fuel Supplement* of \$870.00 for the purchase of wood or oil is provided from November through April. The benefit can be provided monthly at \$145.00 per month or in a bulk format.

Both Social Assistance Recipients and non Social Assistance Recipients:

Enhanced Emergency Fuel Benefit Program (see website: http://www2.gnb.ca/content/gnb/en/services/services_renderer.200993.htm): The enhanced energy emergency fuel benefit is to help low-income New Brunswickers offset their energy costs. The program builds on the Department of Social Development's existing emergency assessment by providing up to \$550 in emergency funding to qualifying New Brunswick households. The enhanced benefit also removes the requirement that potential applicants deplete their assets to qualify for assistance. This means that items such as investments, cash-in-hand, and bank accounts with less than \$2,000 will not be considered in determining if a household needs the benefit.

All New Brunswick households who find themselves in an emergency situation may apply for the Enhanced Emergency Fuel Benefit by contacting their regional office. If an applicant requires the benefit in two consecutive years, their dwelling will automatically be prioritized for a low-income retrofit. This enhanced program complements Social Development's other heating supplements. It is also supplemented by a variety of energy efficiency programs that can provide medium- and long-term solutions to high heating costs.

Energy Efficiency Programs

Home Heating System Upgrade Bonus (HHSUB)

A new Home Heating System Upgrade Bonus (HHSUB) of \$500 will be made available to participants of Efficiency NB's Existing Homes Energy Efficiency Upgrades and Existing Multi-Unit Residential Building Upgrades programs, as well as the Department of Social Development's Energy Efficiency Retrofit Program for Low Income Households. Participants in these programs receive this bonus for switching from low-efficiency home-heating systems to high-efficiency ENERGY STAR- or EPA-rated systems between Nov. 5, 2008 and March 31, 2010.

The \$500 HHSUB is offered to participants in Efficiency NB's Existing Homes Program in addition to the grant of up to \$2,000 or an interest-free loan of up to \$10,000. Participants in the Multi-Unit Program are eligible for a grant of up to \$10,000 (based on the number of units). For more information on these programs, visit Efficiency NB (website: www.energycnb.ca/home.html) or call 1-866-643-8833.

Low Income Retrofit Program

Website:

www2.gnb.ca/content/gnb/en/services/services_renderer.19556.html

The Low Income Retrofit Program provides up to \$4,500 to help low-income homeowners and \$1,500 per unit to owners of apartments occupied by low-income tenants with efficiency upgrades. For more information about programs offered by the Department of Social Development visit www2.gnb.ca/content/gnb/en/departments/social_development.html, or call your regional office:

Acadian Peninsula: 1-866-441-4149

Chaleur: 1-866-441-4341

Edmundston: 1-866-441-4249

Fredericton: 1-866-444-8838

Miramichi: 1-866-441-4246

Moncton: 1-866-426-5191

Restigouche: 1-866-441-4245

Saint John: 1-866-441-4340

Department of Social Development Appeals

Website:

www2.gnb.ca/content/gnb/en/services/services_renderer.200995.html

Like most government agencies, Social Development has established an appeal system to review decisions made by the Department with which you may not be satisfied. Upon appeal, the decision will be reviewed to determine if it was made in accordance to the various Acts, statutes and policies which govern the Department. If you are unable to request or participate in an appeal because of illness, disability or incapacity, then a representative can act on your behalf. You have the right to appeal if:

- the Department is taking too long to make a decision about your assistance;
- your request for assistance was turned down;

- some or all of your assistance was stopped; or
- you have not been granted enough assistance for your needs.

Certain decisions cannot be appealed through the Social Development appeal process. Of greatest relevance to persons with disabilities is the fact that Section 4(4) decisions and decisions of the Medical Advisory Board cannot be appealed. In addition, special need emergency benefits (for items such as shelter, property taxes, household repairs and supplies, and items of basic need) and non-financial issues (such as case planning issues) cannot be appealed, and you cannot appeal your ineligibility for assistance if you have not completed the application process.

There are two levels of internal appeals at Social Development. The first is the “Request for Review”, in which an area reviewer will review your file to see whether or not the *Family Income Security Act* or its regulations have been followed in your case. Your first step is to request a “Request for Review” form, fill it in and return it within thirty days of receiving a Notice of Decision from Social Development, or at any time if you feel there has been an unreasonable delay in reaching a decision over your request for assistance. After the area reviewer receives the Request for Review, they have fifteen working days to review your case and send you a letter letting you know the outcome. The written letter will contain the particulars of the decision, the reasons for making the decision, and if you have the right to appeal to the next level of appeal, a description of how to appeal and the form needed to do so, the “Request for Appeal”.

If you are unhappy with the area reviewer’s decision, your next step is to seek an appeal hearing of the Regional Family Income Security Appeal Board. Within twenty days of receiving a decision from the area reviewer, you must fill in and return the Request for Appeal form to the address provided on the form. After the Board receives your request, they will have twenty days to hold an appeal hearing. You will be sent a letter detailing when and where your appeal hearing will take place. The hearing will be held in the same town or city as your Social Development regional office, and if you cannot afford to get to the hearing, you can ask the Board for assistance to help pay some of your travel costs. You can bring someone to the appeal and have them speak on your behalf, whether it is a family member, friend, caregiver or your lawyer.

On the day of the hearing, you will wait outside of the appeal room until your case is called. At the hearing, besides you and anyone you bring with you, will be the area reviewer responsible for the decision you are appealing, the Chair of the Appeals Board in your region, and two other Board members, at least one of whom is a former recipient of income

assistance. To protect your privacy, the hearing is not open to the public. You should bring to the hearing any other information that is important to your appeal, but not already included in your case file. The area reviewer will also be bringing any documents relevant to your appeal.

When you are called into the appeal room, the Chair will introduce you to the other members of the Board and explain the hearing process to you. It is an informal process, where each side gets to tell their story. The Board will ask the area reviewer for the information in your file, and they will ask you about your monthly expenses and anything else that is important to your case. Be sure to tell them everything which could affect your case, no matter how insignificant you feel it may be, because they will be basing their decision on what you have to say to them.

Within 15 days after the appeal hearing, the Board will send a letter to both you and the area reviewer stating the nature and reasons for their decision. The Board may decide that the Department did not make the right decision and rule in your favour, or they may agree with the Department and the original decision will stand.

These are the locations of the province's eight regional Family Income Security Appeal Boards, and where the local Social Development offices are located. Hearings are held in the following communities:

- Region 1 - Richibucto/Sackville/Shediac/Moncton
- Region 2 – Saint John/Sussex/St. Stephen
- Region 3 – Fredericton/Woodstock/Perth-Andover
- Region 4 – Edmundston/Grand Falls
- Region 5 - Restigouche
- Region 6 – Chaleur/Bathurst
- Region 7 – Miramichi/Néguac
- Region 8 – Acadian Peninsula

Department of Finance

2012 New Brunswick Home Energy Assistance Program

[Website: www.gnb.ca/0162/programs/HEAP/About_the_program-e.asp](http://www.gnb.ca/0162/programs/HEAP/About_the_program-e.asp)

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

To be eligible, applicants must:

- Maintain a principal place of residence (home) within New Brunswick at the time of application;
- Have had a total family income (applicant and spouse or common-law partner) of \$28,000 or less in 2010.
- Be a resident of New Brunswick as of December 31, 2010 and have filed a 2010 New Brunswick Income Tax Return
- Provide a copy of an electricity bill for your home dated after July 1, 2011. If electricity costs are included in your rent, provide the name and telephone number of your landlord at the time of application.

The Department of Finance will process the applications and issue the benefit to qualifying applicants. In special circumstances where the total family income for 2009 was over \$28,000 and the expected total family income will be \$28,000 or less for 2011 (example: loss of employment or other reasons), an applicant may still be eligible for the benefit.

Application forms are now available. When submitting their applications, applicants must provide information on their total family income, and a copy of a recent electricity bill (dated after July 1, 2011). Only one benefit per household (address) will be provided.

Application forms are also available at Service New Brunswick centres, or by mail from

Department of Finance
P.O. Box 3000
Centennial Building
Fredericton, NB, E3B 5G5

It is important to note that the deadline to apply for the 2012 program is June 30, 2012.

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