

Saskatchewan Assured Income for Disability

April 2024

saskatchewan.ca



Table of Contents

Version Updates	14
1. Vision Statement and Intent	15
Vision Statement	15
2. Application and Intake	17
2.1. Complete Application and Consent.....	17
2.2. Incomplete Applications	17
2.3. Rapid Reinstatement.....	18
2.4. Re-Application.....	19
2.5. Applicant in a Family Unit	19
2.5.1. Guidelines for Determining Family Units and Spousal Relationships....	19
2.6. Employability Status and Disability for Spouses	20
2.7. Application Criteria for Special Groups	21
2.7.1. Those who received assistance for basic needs from another province or an Indian Band for the month of application.....	21
2.7.2. Children with non-parental caregivers	21
2.7.3. Assisted Adoption Program.....	22
2.7.4. Non-Canadians/Sponsored Immigrants/Canada Ukraine Authorization for Emergency Travel Sponsored Immigrants	22
2.7.5. Canada-Ukraine Authorization for Emergency Travel	23
2.8. Requisition for Goods and Services (1131).....	23
2.9. Temporary Health Coverage (THC 1117).....	24
2.10. Supplementary Health Application – Individuals who are not Status Indians on a Saskatchewan First Nation (1115).....	24
2.11. Requirement to Provide SIN and HSN	24
2.11.1. No SIN	25
2.11.2. No HSN.....	25

2.11.3. No Identification	25
2.11.4. Name Change.....	25
SAID Program Verification/Document Requirements	25
3. Eligibility	31
3.1. Eligibility Date	31
3.1.1. Individuals and Family Units Who are Eligible	31
3.1.2. Child Turning Age 18 at Time of Application	33
3.1.3. Waiver of Saskatchewan Residency Requirement.....	33
3.2. Individuals and Family Units Who Are Not Eligible	33
3.3. Post-Secondary Students	35
SAID Program Verification/Document Requirements	36
4. Disability Assessment.....	38
4.1. Disability Assessment Process.....	39
4.1.1. Disability assessment for those living independently	39
4.1.2. Approval for Waiver of SAID Disability Assessment.....	39
4.1.3. Disability Assessment Process for Those in Residential Care	40
4.2. Reassessment	41
SAID Program Verification/Document Requirements	42
5. Budget Shortfall	43
5.1. Budget Shortfall Method.....	43
5.2. Health Services Only Eligibility	43
6. Income and Assets	45
6.1. Income	46
6.2. Possibility of Maintenance	46
6.3. Income Assessment	48
6.3.1. Prior to Application	48
6.3.2. After Application	48

6.3.3. Garnisheed Income	49
6.3.4. Orderly Payment of Debt Obligations	49
6.4. Income from Insurance Settlements	49
6.5. Enforcement of Maintenance Orders.....	49
6.5.1. Assessment of Direct Shelter Payments	50
6.6. Retroactive Payments	50
6.7. Clients Who Live in Approved Private-Service Homes and Group Homes Licensed by Disability Programs.....	50
6.8. Income Exemption	50
6.8.1. Wages	50
6.8.2. Dependent Children	51
6.8.3. Board and Room Income.....	52
6.8.4. Suite Rental Income	52
6.8.5. Work Assessment.....	52
6.8.6. Trusteeship Fees, Advocate Fees, and Honoraria.....	52
6.8.7. Clients who provide level-of-care services	52
6.8.8. Self-Employment Income.....	53
6.8.9. Day Programs.....	53
6.8.10. Payments Made by the Ministry on Behalf of a Child in Care	54
6.8.11. Gifts Exceeding \$200.....	54
6.8.12. Saskatchewan Rental Housing Supplement.....	54
6.8.13. Seniors Income Plan.....	54
6.8.14. Guaranteed Income Supplement – Top Up	55
6.8.15. Per Capita Distribution Payments	55
6.8.16. Child Support Income.....	55
6.9. Assets.....	55
6.9.1. Liquid Asset Exemptions at Time of Application.....	55
6.9.2. Real Assets	56

6.9.3. Inherited Home.....	56
6.10. Excess Assets.....	57
6.11. Disposal of Assets	57
6.11.1. Sale of an Inherited Home – Non-Resident	58
6.11.2. Sale of a Home – Primary Residence	59
6.11.3. Proceeds from Sale of Matrimonial Home	59
6.12. Liquid Assets Savings Exemption – After Application	59
6.13. Other Exemptions	60
6.13.1. Registered Education Savings Plan (RESP)	60
6.13.2. Saskatchewan Pension Plan (SPP)	60
6.13.3. Money held in Trust.....	60
6.13.4. Registered Disability Savings Plan (RDSP).....	61
6.13.5. Investments	62
6.13.6. Inheritance Income	62
6.13.7. RDSP Contribution – Time Limit Extension	64
6.13.8. Veterans Affairs Canada Benefits	64
6.14. Calculating the Period of Self-Support	65
6.14.1. Consideration of Income at Time of Reapplication Against Period of Self-Support.....	66
6.15. Change of Residence for Care	66
6.16. Exemptions – No Verification or Documentation Required.....	66
SAID Program Verification/Document Requirements	68
7. Approval or Denial	73
7.1. Approval or Denial of Benefits	73
8. Temporary Benefits and Date Benefits Commence	74
8.1. Temporary Benefits	74
8.2. Date Benefits Commence.....	74
9. Emergency Benefits, Living Income, Disability Income and Personal Benefits	76

9.1. Living Income Benefit with Shelter.....	76
9.1.1. Criteria for Excess Living Income – Supervisor’s Approval.....	79
9.1.2. Excess Living Income – Time to Seek Alternate Accommodation	80
9.1.3. Excess Living Income – Low Vacancy Rates to June 30, 2015	81
9.1.4. Excess Living Income – Maintaining Two Residences	81
9.1.5. Excess Living Income to a Maximum of \$150	81
9.1.6. Excess Living Income – Mobility and Access.....	81
9.1.7. Excess Living Income – Exceptional Medical Circumstances.....	82
9.1.8. Excess Living Income – Unusual or Exceptional Behaviour	82
9.1.9. Excess Living Income – Long Term Residents	82
9.1.10. Excess Living Income – Family Size Changes.....	82
9.2. Social Housing.....	83
9.2.1. Shelter Portion of the LI benefit.....	84
9.2.2. Rent Geared to Income	84
9.2.3. Security Deposit.....	84
9.3. Home Ownership	84
9.4. Other Shelter Arrangements.....	86
9.5. Shared Accommodation – including clients sharing with homeowner	87
9.6. Modified Living Income.....	87
9.7. Long Term Residences (Salvation Army, Lighthouse)	88
9.8. Assisted Living.....	89
9.9. Personal Living Benefit.....	89
9.10. Meals Purchased Away from Home	90
9.11. Accommodation Away from Home or Temporary Emergency Shelter	90
9.12. Utilities Benefit	90
9.12.1. Laundry.....	92
9.12.2. Telephones	93
9.12.3. Utilities Not in the Client’s Name.....	93

9.12.4. Equipment Rentals	94
9.12.5. Utilities Metered to Publicly Funded Housing	95
9.12.6. Equalized Payments – Settle-up and Cancellation.....	95
9.12.7. Cancellation and Case Closure	95
9.12.8. Utility Arrears – Prior to Application	95
9.12.9. Wood and Water Delivery.....	96
9.12.10. Garbage/Recycling Pick-up and Septic	97
9.13. Disability Income Benefit	97
9.14. Family and Residential Support Benefits.....	98
9.14.1. Level-of-Care and Group Home Benefits.....	98
9.14.2. Activity Benefit.....	100
SAID Program Verification/Document Requirements	101
10. Exceptional Needs Benefit.....	106
10.1. Exceptional Needs Benefits.....	106
10.1.1. Special Telephone Equipment.....	106
10.2. Exceptional Disability-Related Supports Benefits	106
10.2.1. Clothing recommended by physician or a health professional	106
10.2.2. Special Food Items	107
10.2.3. Home Care Services	109
10.2.4. Attendant Care.....	109
10.2.5. Laundry Service	109
10.2.6. Household Task Benefit	109
10.2.7. Service Animals	109
10.2.8. Adult Respite Care	110
10.3. Disability Related Mobility Aids, Devices and Equipment Benefits	110
10.4. Special Benefits for Children	110
10.4.1. Transition Benefit for Children (TBC).....	110
10.4.2. Education Expenses for Children.....	112

10.4.3. Child Care.....	112
10.4.4. Pre School	114
10.4.5. Active Child Protection Cases	114
10.4.6. Special Maternity and Infant’s Clothing	114
10.4.7. Child Access (Visiting Children’s) Benefit.....	114
10.5. Transportation Benefits	114
10.5.1. Medical Purposes.....	115
10.5.2. Travel needs due to disability.....	117
10.5.3. Registered Indians.....	118
10.5.4. Northern Travel.....	118
10.5.5. Training, employment, or other programs outside of the community of residence	119
10.5.6. Travel costs to take children to childcare	119
10.5.7. School transportation benefits.....	119
10.5.8. Travel for special needs children in a licensed childcare facility	119
10.5.9. When families are not a resource, travel benefits may be provided to:	119
10.6. Housing Supports Benefits	120
10.6.1. Shelter Arrears Prior to Application	120
10.6.2. Shelter Arrears While on SAID.....	121
10.6.3. Security Deposits	122
10.6.4. Repairs to the Primary Residence	122
10.6.5. Household Equipment, Furniture, Furnishing and Supplies	123
10.6.6. Moving Costs	124
10.7. Employment, Training and Transition Benefits.....	126
10.7.1. Clothing required for training/graduation.....	126
10.7.2. Expenses incidental to commencing employment	126
10.7.3. Participation Benefit	127
10.7.4. Evaluation Program - SaskAbilities	128

10.7.5. Education and Training Incentive (ETI) – Regulation Section 28.11 – 28.9.....	128
10.7.6. Continued Program Benefit (time limited)	129
10.8. Funerals	130
10.8.1. Eligibility – Regulations Section 24	131
10.8.2. Amount of Benefit – Regulations Section 24	132
10.9. Advocates	135
10.10. Northern Living Supplement Benefits	135
10.11. Pest Control	136
10.12. Exceptional Circumstances Benefits.....	136
SAID Program Verification/Document Requirements	138
11. Security Deposits	147
11.1. Security Deposit Guarantee	147
11.2. A security deposit is not guaranteed when:	148
11.3. Appeals	148
11.4. Advocates	149
SAID Program Verification/Document Requirements	149
12. Payment to Trustee.....	150
12.1. Persons/Agencies who may be trustees.....	150
12.1.1. Personal and Property Guardians.....	151
12.2. Establishing a case on trusteeship.....	151
12.3. Managing Trusteeship Cases.....	152
12.4. Payment for Trustee Service	152
12.4.1. General	152
12.4.2. Trustee Fees and Services Provided	152
12.4.3. The Public Guardian and Trustee (PGT).....	153
12.4.4. Property Guardian	153

12.5. Accounting from Trustees	154
12.6. Client Access to Financial Records held by the Trustee	154
12.7. Mismanagement of Trusteeship Funds	154
12.8. Cancellation or Change of Trusteeship/Direct Payment	155
SAID Program Verification/Document Requirements	155
13. Changes in Amount of Benefits, Cancellation	157
13.1. Changes in Family Composition	157
13.1.1. Children	157
13.1.2. Visiting a Spouse	158
13.1.3. Marital Status.....	158
13.1.4. Incarceration.....	159
13.1.5. Stop Payment Notice	159
13.1.6. Death	160
13.2. Absence from Accommodation	160
13.3. Relocation	162
13.3.1. Within the province	162
13.3.2. Outside the province.....	163
13.3.3. Temporary absence from Saskatchewan.....	163
13.4. Review with Client	163
13.5. Cancellation	163
SAID Program Verification/Document Requirements	164
14. Review of Financial Eligibility	166
14.1. Review	166
14.2. Other Reviews.....	166
SAID Program Verification/Document Requirements	167
Delegation of Authority	168
15. Overpayments	169

15.1. Overpayment Defined.....	169
15.2. No Overpayment is Assessed	169
15.3. Methods of Overpayment Calculation	170
15.4. Posting and Notification of Overpayment.....	171
15.5. Assignment of Overpayments	171
15.6. Bankruptcy and Overpayments.....	172
15.7. Cancelling Overpayments.....	173
15.8. Collection of Overpayments.....	173
15.9. Recovery of Overpayments.....	173
15.9.1. Recovery Rates.....	173
15.9.2. Overpayment Recovery Rates	173
15.10. Underpayments	174
SAID Program Verification/Document Requirements	175
Delegation of Authority	175
16. Payment of Benefits.....	176
16.1. Payments to Clients	177
16.1.1. Monthly Payments.....	177
16.1.2. Overnight and Emergency Payments	177
16.1.3. Mid-Month Payments	177
16.1.4. Direct Deposit – Electronic Funds Transfer (EFT).....	177
16.1.5. Payments to Trustees.....	178
16.2. Joint Payment Cheques.....	178
16.3. Third-Party Payments.....	179
16.3.1. Direct Payment of Rental Benefits	179
16.3.2. Requisitions	180
16.3.3. Invoices.....	180
16.3.4. Multiple Billing.....	180

16.3.5. Electronic Billing.....	180
16.3.6. Reimbursement of Third Parties	181
16.4. Advance Payments for Household Items and Clothing.....	181
SAID Program Verification/Document Requirements	181
17. Lost Stolen or Not Received Cheques	183
17.1. Initial Process.....	183
17.2. If the cheque has not been cashed	183
17.3. If the cheque has been cashed.....	183
SAID Program Verification/Document Requirements	184
18. Reconsideration and Appeals.....	185
18.1. Reconsideration	185
18.2. Regional Appeal Committee Hearing	186
18.3. Social Services Appeal Board Hearing	188
18.4. Appeal of a Medical Report (1092) or the Disability Impact Assessment	190
Delegation of Authority	191
19. Emergency Payments	192
19.1. Emergency payment granting criteria	192
19.1.1. Recovery	192
19.2. Replacement of Lost or Stolen Cash.....	193
20. Supplementary Health	194
20.1. Universal Insured Services (no nomination made).....	194
20.1.1. Supplementary Health Services.....	194
20.1.2. Eligibility for Supplementary Health Services	196
20.1.3. Payment for Non-Formulary Drugs	197
20.1.4. Out of Province or Out of Country Health Services	197
20.1.5. Cancellation of Supplementary Health Benefits.....	197
SAID Program Verification/Document Requirements	200

Appendix A201
Appendix B202
Appendix C204
Appendix D208

Version Updates

Chapter/Section	Update
<u>3.2. Individuals and Family Units Who Are Not Eligible</u>	<ul style="list-style-type: none"> Individuals in receipt of SEI are not eligible to receive SAID benefits during the same month. The ministry will determine with the client which program is best suited to the client and their circumstances.
<u>6.8.1. Wages</u>	<ul style="list-style-type: none"> Earned income exemptions have been increased for households without children.
<u>9. Emergency Benefits, Living Income, Disability Income and Personal Benefits</u>	<ul style="list-style-type: none"> Rate increase as part of the 2024/25 Budget for Living Income Benefit with Shelter, Modified Living Income, Approved Private Service Home and Mental Health Approved Home Benefit Rates, Personal Living Benefit, and Education Expenses for Children.
<u>10.12. Exceptional Circumstances Benefits</u>	<ul style="list-style-type: none"> Funds for identification may be provided in specific circumstances. A copy of the identification is required within 2 months, or the benefit will be assessed as an overpayment.
<u>12. Payment to Trustee</u>	<ul style="list-style-type: none"> Changes made to update authorities under which trusteeship is provided.
Housekeeping Changes	<ul style="list-style-type: none"> Updates to Assignment of Rights policy, and other language clarity.

The Saskatchewan Assured Income for Disability Program	
Chapter 1	Legislative Authority
Vision Statement and Intent	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 3

1. Vision Statement and Intent

Vision Statement

Saskatchewan citizens with significant and enduring disabilities have access to long-term income support based on the impact of a person’s disability, offering the dignity of greater choice of services and increasing a person’s participation in community.

Legislative Authority

The Saskatchewan Assistance Act is the legislative authority which provides for the granting of benefits to persons in need. The Act authorizes the SAID program as a needs-tested program.

The Saskatchewan Assured Income for Disability Regulations, 2012 provide the legislative authority for SAID, the amount of benefits, the conditions under which benefits are cancelled or reduced and the conditions in which appeals can be made.

Intent

The **SAID Policy Manual** describes Ministry policy for delivery of the program under the authority of *The Saskatchewan Assured Income for Disability Regulations, 2012*.

In this policy manual, the term benefit is used to describe financial payments to a client under the authority of the SAID Regulations and policies.

This page intentionally left blank.

The Saskatchewan Assured Income for Disability Program	
Chapter 2	Legislative Authority
Application	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 4

2. Application and Intake

Intent

This chapter describes how someone may apply for SAID benefits.

Policy

The ministry requires that those seeking SAID benefits must complete an application. Applications for SAID can be completed online through the applicant's Saskatchewan.ca account, over the phone or in-person. Applicants must provide information about their household members, disability, residency, age, income, assets, and needs.

2.1. Complete Application and Consent

The date of application is defined as the date a complete application is submitted by the applicant to the ministry, including the applicant's completion of the ministry's consent form. An application is considered complete when all the mandatory information in the application form is completed and submitted in full.

The applicant and the applicant's spouse, if any, confirm the application and provide consent. If an application is not completed within 15 days, a new application is required.

When an applicant calls the ministry's Client Service Centre and has someone help them complete the application on their behalf, the applicant, or someone who has authority to act on their behalf, (e.g., power of attorney), must give consent to proceed with the application.

2.2. Incomplete Applications

If an application is submitted online through the Saskatchewan.ca account but is missing required information to determine eligibility, the ministry may contact the applicant to discuss the required information. Applicants have 30 days from

the day they submitted an application for benefits to provide the ministry with the required information.

If the SAID Disability Impact Assessment is not completed within four months from the date of application, a new SAID application is required. In exceptional circumstances, when a delay in completing the SAID Disability Impact Assessment is due to circumstances beyond the applicant's control, the four-month period may be extended with approval from the supervisor.

2.3. Rapid Reinstatement

SAID applicants who were determined to have a significant and enduring disability during a previous SAID involvement and were deemed eligible for the program may be eligible for Rapid Reinstatement if they:

- Meet financial eligibility;
- Have had no significant changes to their medical circumstances; and
- Have sufficient documentation on file. This includes one of the following:
 - A Disability Impact Assessment (DIA) and a Medical Report Form that confirms the enduring (permanent) nature of the disability; or
 - An assessed level of care of 2 or higher on Daily Living Support Assessment (DLSA), Medical Report Form (1093) or Minimum Data Set (MDS) used for special care homes (see Verification Documentation Requirements and Chapter 4.1.3) and resides in a:
 - Disability programs approved private-service home licensed under *The Residential Services Regulations*;
 - Mental Health Services approved home, as defined in *The Mental Health Services Act*;
 - Special Care home (nursing home) defined under *The Facility Designation Regulations*;
 - Personal care home licensed under *The Personal Care Homes Act*;
 - A hospital or Health Centre approved pursuant to *The Provincial Health Authority Act* (if not requiring acute care);
 - Family home (receiving personal care from a relative as defined in *The Personal Care Homes Act*); or
 - Medical Report Form that confirms the enduring (permanent) nature of the disability and MERT approval for Waiver of SAID Disability Assessment;

- Documentation verifying receipt of Canada Pension Plan Disability (CPPD) benefits or the Canada Pension Plan Post-Retirement Disability Benefit (CPPPRDB); or
- Resides in a disability programs or Mental Health Services group home licensed under *The Residential Services Regulations*.

If the applicant does not meet the eligibility criteria outlined above, they are not eligible for Rapid Reinstatement and are required to complete a new Medical Report Form (1092) and/or DIA to determine eligibility. If the Medical Report Form does not clearly indicate the disability is enduring (permanent) in nature, a new Medical Report Form must be completed, or supervisor approval must be documented in order for the applicant to be deemed eligible for Rapid Reinstatement.

2.4. Re-Application

Individuals may reapply for SAID at any time regardless of the date of previous denial or cancellation of benefits (including appeal decisions). In the case of reapplication from an applicant who appealed, a denial would stand if the applicant's circumstances remain unchanged. If the circumstances which precipitated the decision have changed the applicant's eligibility is reassessed.

2.5. Applicant in a Family Unit

Where a couple lives as a family, and both have a significant and enduring disability, the couple should select which person will be the applicant. Wherever possible, the head of the household should be the person with a significant and enduring disability. Family unit is defined in Regulation 2(l).

2.5.1. Guidelines for Determining Family Units and Spousal Relationships

When a couple does not declare a spousal relationship after a period of 3 months cohabitation while receiving benefits, the following guidelines are used to determine whether the couple is living as a family. The following factors suggest a couple is living as a family. Information on these factors is to be provided by the applicant:

Living Arrangements

- Do they maintain separate living accommodation? Are separate addresses used for bank, driver's licenses, or vehicle registrations?

- In whose name and address are the utilities metered?
- Do they use the same phone number?

Living Accommodations

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

Financial Matters (economic interdependence)

- Who pays for the monthly rent or mortgage, utilities, groceries, and household supplies?
- Are there joint bank or credit accounts?
- Are there joint loans or do they guarantee for one another?
- Are any assets jointly owned?
- Who are the clients on insurance policies?
- Who claims the children as dependants (e.g., income tax return, registered savings plans)?
- Do they claim the person with whom they are living as a spouse on their income tax return?

Family Matters

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

2.6. Employability Status and Disability for Spouses

The following are guidelines for assessing the employability of an eligible client's spouse.

Fully Employable

Spouses who are capable of working 36 hours per week or more, including people who are employed, self-employed, or are enrolled and participating in an upgrading or training program that is intended to enhance their ability to become employed are considered fully employable.

Partially Employable or Unemployable

Spouses are considered partially employable when they are only capable of working on a part-time or casual basis or whose employment capacity is limited due to behavioral, educational, or family reasons.

A Medical Report Form is required when a spouse is considered partially employable or unemployable for health reasons as they may be eligible for the Disability Income Benefit (see section 9.13). If the spouse has a permanent disability, confirmed by a Medical Report Form, they are referred for a DIA to determine whether they are SAID eligible themselves.

2.7. Application Criteria for Special Groups

2.7.1. Those who received assistance for basic needs from another province or an Indian Band for the month of application

Minimal benefits may be provided as defined in Chapter 8. Full benefits may be provided the following month. Travel funds may be provided for the applicant to return to his or her former residence.

2.7.2. Children with non-parental caregivers

Children under 18 are not eligible for benefits. Children from families may be included as dependants if the family is eligible for benefits.

Non-parental caregivers

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

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

If the arrangement for the child(ren) is long-term, the caregiver is required to pursue support action under *The Family Maintenance Act*. Support action may be waived. See Chapter 6.2.

2.7.3. Assisted Adoption Program

When adopted through the Ministry of Social Services' Assisted Adoption program, the child(ren) is added as a dependant to the parent(s) file. The adoption worker is consulted prior to providing special needs to prevent duplication of benefits.

2.7.4. Non-Canadians/Sponsored Immigrants/Canada Ukraine Authorization for Emergency Travel Sponsored Immigrants

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

Eligibility is considered:

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

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

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

satisfaction of the province. These cases are referred to Income Assistance Programs, Program and Service Design.

Non-Canadians – see Chapter 3.2.

Refugees

Resettled Refugees – Resettlement is the term used by IRCC to describe the legal process of bringing a refugee to Canada to live as a permanent resident. Resettled refugees may be categorized as “Government-assisted” or “Privately-sponsored” depending on the way in which they have been referred for resettlement and the party responsible for the provision of resettlement assistance. These refugees receive financial assistance from IRCC (Adjustment Assistance) or a contracted agency for the first year in Canada or until they are placed in full-time employment (30 days or more). If they require assistance after one year or lose their job, or the private sponsor defaults, they may apply for SAID benefits.

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

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

2.7.5. Canada-Ukraine Authorization for Emergency Travel

Individuals residing in Saskatchewan on a Canada-Ukraine authorization for emergency travel document may be eligible for benefits if all other eligibility criteria are met.

2.8. Requisition for Goods and Services (1131)

Form 1131 may be used to provide minimal benefits (see Chapter 8) pending the determination of eligibility for benefits. It may also be used to establish the date of eligibility, provided the application (form 1001a) is completed within 30 days.

2.9. Temporary Health Coverage (THC 1117)

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

2.10. Supplementary Health Application – Individuals who are not Status Indians on a Saskatchewan First Nation (1115)

Form 1115 is used by individuals who are not Status Indians on a Saskatchewan First Nation who receive benefits from a band and who are not eligible for Non-Insured Health Benefits for First Nations and Inuit. To complete an assessment for health services, see Chapter 20.1.2. Children eligible for Family Health benefits may be eligible for northern medical taxi. See Chapter 10.5.4.

2.11. Requirement to Provide SIN and HSN

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

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

A hard copy is not required:

- When the SIN or the HSN is not available for both the applicant and spouse at application, the applicant and spouse are asked to present one of the following documents for identification:
 - driver's license (current);
 - band registry card;
 - passport/immigration documents;
 - birth or baptismal certificate; or
 - any photo identification.

These identification documents are photocopied and returned to the applicant.

Where photocopying is not possible, the Assured Income Specialist lists the documents examined and notes the information in a chronological recording.

2.11.1. No SIN

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

2.11.2. No HSN

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

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

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

2.11.3. No Identification

If no identification is available at application, a physical description is noted in a chronological recording and benefits may be provided for up to 30 days. Benefits may be provided for an additional 30 days if one of the documents noted in Chapter 2.11 is provided.

2.11.4. Name Change

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

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
	Client's Verbal Statement should be noted in a chronological recording	
2.1 Complete Application and consent –	Verbal verification from individual acting on behalf of the client on legal authority (e.g.	

Authority to provide consent on behalf of the client.	power of attorney, court appointed Property Guardian, an official of the Public Guardian and Trustee office)	
2.2 Unemployable familial reasons	Verbal confirmation from CFS for foster child	<ul style="list-style-type: none"> • Form 1092 or 1093 for health reasons, high risk pregnancy • written confirmation from health care professional for member of the family unit requiring care
2.2 Disability		<ul style="list-style-type: none"> • Form 1092 or 1093 within 60 days (other than for noted exceptions)
2.3.1 Received assistance from another province	Verbal or written verification from band or province regarding date and amount of last assistance	
2.7.2 Adding dependants to family of non-parental caregiver		<ul style="list-style-type: none"> • Caregiver provides verification of any income received by dependants (e.g., CPP Orphan's benefits). • CFP assessment if caregiver has active protection file. • Contact with CFP worker to confirm whether an assessment of caregiver should be completed if caregiver has closed protection file.

		<ul style="list-style-type: none"> • Letter from parent, Legal Aid, or private lawyer re: support.
2.3.3 Assisted Adoption	Contact with adoptions worker to verify special needs granted by Assisted Adoption Program	
2.7.4 Immigrants and refugee claimants		<ul style="list-style-type: none"> • Form 1001a • Form letter #1005 • CIC document for inability to obtain SIN
2.3 Rapid Reinstatement	Verbal confirmation from special care home administrator, including level of care required, if Minimum Data Set (MDS) is unavailable.	<p>Disability Impact Assessment (DIA) and a Medical Report Form (1092 or 1093) that confirms the enduring (permanent) nature of the disability;</p> <p>OR</p> <p>Has an assessed level of care of 2 or higher on Daily Living Support Assessment (DLSA) face sheet, Medical Report Form (1093) or Minimum Data Set (MDS) assessment/report used for special care homes;</p> <p>OR</p> <p>Medical Report (1092 or 1093) that confirms the enduring (permanent)</p>

		<p>nature of the disability and MERT approval for Waiver of SAID Disability Assessment; or Medical Report Form (1092 or 1093) that confirms the enduring (permanent) nature of the disability and documentation verifying receipt of Canada Pension Plan Disability (CPPD) benefits or the Canada Pension Plan Post-Retirement Disability Benefit (CPPPRDB);</p> <p>OR</p> <p>Resides in a disability programs or Mental Health Services group home licensed under <i>The Residential Services Regulations</i>. Written confirmation from the home that the individual resides in the home.</p>
<p>2.5. Spouse’s consent if not at initial interview</p>		<ul style="list-style-type: none"> • Form 1003 within 60 days
<p>2.5. Consent is signed by Property Guardian or Power of Attorney</p>		<ul style="list-style-type: none"> • Court order – Property Guardian and Power of Attorney

2.11. Identification	SIN provided by applicant HSN provided by applicant or by Healthelectronically when client is nominated for supplementary health benefits	<ul style="list-style-type: none"> • No ID at all available – physical description of client recorded on electronic file. • Either no SIN or no HSN –copy of current driver’s license, photo ID, band registry card, passport or immigration documents, birth/baptismal certificate within 30 days. • Assured Income Specialist notes documents examined in a chronological recording where copying is not possible. • No further ID required if on file from previous applications and individual is personally known by a ministry employee.
----------------------	---	--

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
Grant extension for application beyond 15 days.	2.1.	S

Extending four-month period for completing SAID Disability Assessment.	2.2.	S
Not employable – poor work history or social problems.	2.6.	S
No SIN or HSN after 60 days	2.11.1 and 2.11.2	S

The Saskatchewan Assured Income for Disability Program	
Chapter 3	Legislative Authority
Eligibility	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 5, 6, 7 and 8

3. Eligibility

Intent

Eligibility for the SAID program is to be determined by:

- verification of financial eligibility and
- verification of the anticipated duration of underlying health conditions, as well as an assessment of financial, residency, and age requirements; and
- an assessment of the impact of a disability

Policy

3.1. Eligibility Date

The date of SAID eligibility is the date on which the ministry determined an applicant met all eligibility requirements in Section 3.1.1.

For temporary benefits eligibility, see Chapter 8.1.

3.1.1. Individuals and Family Units Who are Eligible

To be eligible, the applicant must have submitted a complete application, as established by the ministry, and:

- physically reside in Saskatchewan;
- be age 18 years or older;
- be a Canadian citizen or a non-Canadian authorized to be in Canada (Chapter 2.7.4);
- have a budget shortfall as defined in Chapter 5.1;
- produce evidence of lack of self-support which includes application for income support programs for which the applicant could be eligible, including but not limited to, Old Age Security, Canada Pension Plan benefits, and Employment Insurance;
- have a significant and enduring disability as confirmed by a medical report form and the Ministry's Disability Impact Assessment (DIA); or

- meet the criteria in (a) to (e) and one of the following:
 - provide documentation verifying receipt of *Canada Pension Plan Disability* (CPPD) benefits or the Canada Pension Plan Post-Retirement Disability Benefit (CPPPRDB) (see below);
 - have a current Medical Report Form that confirms the enduring (permanent) nature of the disability and an Approval for Waiver of SAID Disability Impact Assessment recommended by the Service Manager and approved by the Ministry Eligibility Review Team;
 - reside in a disability programs or Mental Health Services group home licensed under *The Residential Services Regulations*;
 - have an assessed level-of-care of 2 or higher on a Daily Living Support Assessment (DLSA), Medical Report Form (1093) or Minimum Data Set (MDS) used for special care homes (see Chapter 4.1.3) and resides in a:
 - Disability programs approved private-service home licensed under *The Residential Services Regulations*;
 - Mental Health Services approved home, as defined in *The Mental Health Services Act*;
 - Special care home (nursing home) defined under *The Facility Designation Regulations*;
 - Personal care home licensed under *The Personal Care Homes Act*;
 - A hospital or Health Centre approved pursuant to *The Provincial Health Authority Act* (if not requiring acute care); or
 - Family home (receiving personal care from a relative as defined in *The Personal Care Homes Act*).

Individuals who are found not eligible for SAID due to not confirming a significant and enduring disability through a medical report and a Disability Impact Assessment (DIA) as per 3.1.1(f) above but who later receive CPPD or CPPPRDB benefits are required to complete a new SAID application to establish their SAID eligibility date.

An individual who has applied for CPPD benefits or the CPPPRDB prior to or at the time of SAID application and is later eligible for either benefit, SAID benefits are backdated to the date of the completed SAID application.

Those who reside on a Saskatchewan First Nation in a licensed facility

Cases in which a SAID applicant is residing in a residential care facility licensed by the province are referred to Income Assistance Programs, Program and Service Design for review prior to benefits being approved.

3.1.2. Child Turning Age 18 at Time of Application

Applicants with children aged 18 at the time of SAID application may have them included in the household as a dependant for the duration of the month in which they turned 18.

3.1.3. Waiver of Saskatchewan Residency Requirement

An individual who is not a Saskatchewan resident may receive SAID benefits with the Manager's approval if there are compassionate, compelling, or medical reasons for needing benefits. Examples include an individual receiving medical treatment or in exceptional circumstances, allowing an individual in an Immigration and Career Training (ICT) approved program to receive benefits when residing in a community bordering Saskatchewan (e.g., Lloydminster). The individual must still meet financial and disability eligibility requirements for SAID.

3.2. Individuals and Family Units Who Are Not Eligible

- A SIS client who does not meet the criteria in Chapter 3.1;
- A Saskatchewan Employment Incentive (SEI) client pursuant to section 7(4) of *The Saskatchewan Employment Incentive Regulations*;
- A Saskatchewan resident who has been absent from the province for over 30 continuous days. Absences over 30 days may be approved in exceptional circumstances due to compassionate, compelling, or medical reasons by a service Manager when the client intends to return to Saskatchewan;
- The applicant does not meet one of the Canadian citizenship requirements mentioned in Regulation 5(1) (a);
- Family members who do not meet one of the Canadian citizenship requirements. (See Chapter 6 regarding the determination of a budget shortfall if a member of a family unit is not eligible due to not meeting citizenship requirements);
- The person is sentenced to a term of imprisonment of more than 30 days in a provincial correctional facility, a youth custody facility, or is an inmate of a federal facility;

- Persons involuntarily committed by the court to the Saskatchewan Hospital, North Battleford under the Criminal Code. For those admitted for assessment only see Chapter 13.2. Those residing at Saskatchewan Hospital voluntarily may be eligible; or
- Registered Indians and their registered dependants who normally reside on a Saskatchewan First Nation are not eligible when the primary reason for residing off the First Nation is:
 - receiving medical treatment;
 - incarceration including residence in Community Training Residences and half-way houses until the sentence is discharged;
 - long-term residence in special care homes, group homes, approved homes, personal care home and temporary residence in safe shelters, addiction rehabilitation centres, detox centres or similar facilities; or
 - attending full-time education with the following conditions:

High School

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

Training Programs

Students who apply for benefits to enroll in an upgrading or approved training program when resources are available on the First Nation as confirmed with the Band/ISC are refused benefits and advised to return to the Band to make alternate arrangements. Individuals who reside away from their Saskatchewan First Nation to attend educational programs approved by the Ministry of Immigration and Career Training for the Education and Training Incentive (ETI) may be eligible for benefits if there are no resources available as confirmed with their Saskatchewan First Nation and/or Indigenous Services Canada (ISC). Effective April 1, 2017, individuals participating in LINC (Language Instruction for Newcomers to Canada) should be directed to apply for income assistance benefits.

Residing on a Saskatchewan First Nation means residing on a Saskatchewan reserve as defined in the *Indian Act* (Canada).

3.3. Post-Secondary Students

Overview

Clients are required to pursue all sources of income or funding available to them prior to seeking support from SAID. This includes funding available through the Canada-Saskatchewan Integrated Student Loans (CSISL) Program or educational funding provided through a Saskatchewan First Nation.

Eligibility and Obligation

Full-time post-secondary students are not eligible for SAID unless they are enrolled in a program that, in the judgement of the Service Manager, offers a reasonable prospect for employment and that leads to a vocational goal approved by the Service Manager. Part-time student status does not impact eligibility for SAID benefits, so long as all other SAID eligibility criteria are met.

To remain eligible for SAID, full-time post-secondary students are required to apply for student loans, in addition to any other funding available to them, to help cover their living expenses while attending post-secondary courses. SAID benefits may be provided to top-up student loan funding, but the CSISL Program is the primary funding program for those who study full-time. Part-time post-secondary students are not required to apply for student loans to maintain their eligibility for SAID benefits.

Clients enrolled in full-time or part-time Adult Basic Education (ABE), Short Skills Training (4 plus weeks) and related courses are required to apply for Education and Training Incentive (ETI) to maintain their eligibility under SAID.

Exemptions

Student-loans received by part-time students through the CSISL Program are fully exempt in SAID.

CSISL program recipients receive a Notice of Assessment from the Ministry of Advanced Education which lists the amount of funding provided for each category of student needs. For full-time students, the value associated with the following categories are exempt from the calculation of resources in SAID:

- Tuition/Fees

- Books
- Computers / Computer Related Expenses
- Transportation (Local and Return)
- Childcare
- Miscellaneous

The Notice of Assessment also contains a list of benefits. For full-time students, the value associated with the following benefits are exempt:

- Canada Student Grant for Persons with Disabilities
- Canada/Saskatchewan Student Grant for Services and Equipment for Persons with Disabilities

All other benefits provided through student loans are considered financial resources in the assessment of eligibility for SAID benefits.

For all students, all payments received for scholarships, fellowships, and non-government bursaries other than the value of free room and board provided as part of a scholarship, fellowship or non-government bursary are also exempt.

All benefits received through Saskatchewan First Nations are treated as non-exempt income in the calculation of resources for SAID clients. Students that receive funding from their First Nation might be eligible for SAID benefits after all income, expenses and exemptions are considered, if the client is not residing on a First Nation and continues to meet all other SAID eligibility requirements.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
	Client's Verbal Statement should be noted in a chronological recording	
3.1.1 Individuals and Family Units Who Are Eligible	The ministry will accept verbal confirmation that the client has applied for CPPD or CPPPRDB.	Confirmation of application for CPPD or CPPPRDB OR

		Chronological recording noting waiver of requirement to apply
3.1.3. Waiver of Saskatchewan Residency Requirement	Clients must provide documentation that supports the need for benefit.	Examples include: <ul style="list-style-type: none"> • Medical documentation • Confirmation of enrollment from the post-secondary institutions or career service suppliers.
3.2 Off a Saskatchewan First Nation for Education	Written or verbal contact with band regarding residency, education, funding resources, etc.	

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
Approval for Waiver of SAID Disability Assessment	3.1.	MERT
Waiver of Saskatchewan Residency Requirement	3.1.3.	M
Granting extension for applicant has been absent from Saskatchewan for more than 30 calendar days.	3.2.	M
Full-time Post-Secondary Students	3.3.	M

The Saskatchewan Assured Income for Disability Program	
Chapter 4	Legislative Authority
Disability Assessment	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 9

4. Disability Assessment

Intent

The processes used in assessing the impact of disability are to result in assessments that are:

- unbiased;
- relatively simple to use;
- easily understood by program participants, their families, and support networks;
- equitable across different types of disabilities; and
- consistent across geographic regions of the province and over time.

The selection of assessment processes used to assess disability impact should be determined through collaboration between Ministry of Social Services officials and the disability community.

Individuals who administer disability assessments should be suitably trained, have appropriate competencies, and be authorized by the ministry.

Administrative structures should be established to ensure assessment decisions are kept separate from, and not allowed to influence funding decisions.

Provisions should be made to use multiple sources of information in the assessment of disability impact, including the applicant, as well as family, and other caregivers where appropriate and feasible.

Disability assessments should be carried out in an applicant's home unless they choose otherwise.

Disability assessments should be sensitive to a person's circumstances, including availability to services and supports, both in the household and in the broader community.

To the extent possible, provisions should be made to accept other assessments and indicators of disability impacts as the basis for eligibility in SAID.

Policy

4.1. Disability Assessment Process

4.1.1. Disability assessment for those living independently

If an applicant who is living independently has a budget shortfall an assessment of the person's disability will be determined using the Medical Report Form (1092) and the SAID Disability Impact Assessment (DIA).

The ministry must first determine applicants have an 'enduring' disability prior to referring them for a DIA to determine the significance. To confirm 'enduring', a medical professional must indicate on the medical report that the disability is permanent.

Applicants who do not have a confirmed 'enduring' disability are not eligible for SAID and will be advised of the decision in writing and of the right to appeal that decision.

Applicants who are confirmed to have an 'enduring' disability are referred for a DIA. DIAs are conducted by contracted assessors who are not Ministry employees and who are approved by the Minister. If the applicant meets a predetermined DIA threshold, SAID benefits may be provided.

An applicant who is financially eligible but does not meet the DIA threshold will be advised of the decision in writing and of the right to appeal that decision (see Chapter 7.1).

4.1.2. Approval for Waiver of SAID Disability Assessment

In exceptional circumstances the Service Manager or Ministry approved third party assessor may recommend to the MERT that the applicant has a significant and enduring disability for the purpose of eligibility without a disability

assessment being completed. An Approval for Waiver of SAID Disability Assessment form must be submitted to the MERT for approval.

An exceptional circumstance may be considered in situations where:

- the applicant has serious communication challenges related to the applicant's disability;
- pursuing the SAID assessment would cause the applicant severe anxiety or distress;
- the applicant poses a physical threat and all avenues to meet with the applicant in a safe environment have been exhausted; or
- other situations recommended by the Service Manager or Ministry approved third party assessor.

4.1.3. Disability Assessment Process for Those in Residential Care Level of Care Assessment

An applicant with a budget shortfall who is living in a residential facility as described in Chapter 3.1.1(g)(4) may be assessed for SAID eligibility using one of the assessments described below. In most cases, the person will have already been assessed using the DLSA or another instrument to determine level-of-care costs.

If assessed as requiring level 2 care or higher, the applicant may be eligible for SAID if financial eligibility criteria are met. Those living in group homes are assumed to meet the level 2 care requirement and will not require another assessment.

Three assessments used by the Ministry of Social Services and the Ministry of Health have been designated by Minister's Order to determine the level-of-care required for eligibility for the SAID program:

- **Daily Living Support Assessment (DLSA)**, used by the Ministry of Social Services and the Ministry of Health to determine care needs for individuals in CLSD Approved private-service homes and Mental Health Services approved homes.
- **Medical Report (1093)** – Assessment of Level-of-Care used by the Ministry of Social Services to determine level-of-care needs for individuals in family homes and personal care homes.

- **Minimum Data Set (MDS)** - Revised for Saskatchewan Supportive Care Facilities, used by the Ministry of Health, to determine level-of-care needs for individuals in special care facilities (nursing homes and non-acute care hospitals). Regional Health Authorities administer the MDS – called the Resident Assessment Instrument (RAI) Long-term Care - for admission to special care facilities.

4.2. Reassessment

SIS recipients living in family homes, personal care homes, CLSD Approved Private-services Homes, and Mental Health Services Approved Homes who are not eligible because they are assessed as requiring less than level 2 care, may request a new level-of-care assessment.

Those living in approved homes who request reassessment are referred to CLSD or Mental Health Services for reassessment according to CLSD or Mental Health's assessment protocols.

Recipients living in family homes or personal care homes are referred for assessment through the SAID disability assessment process to determine eligibility for SAID.

If the disability assessment process score indicates that the person living in a family home or personal care home is not eligible for SAID, the person is advised in writing of the decision and the right to appeal.

In cases where it is determined that an applicant is not eligible for SAID through the disability assessment (DA) process, the DA is valid for a period of one year from the date of the assessment. If more than one year has passed since the last assessment, a new, full assessment is required for those who wish to reapply.

Those who are reapplying due to a change in their disability impact, need not have another full assessment if less than one year has passed since the last assessment. The Ministry's Eligibility Review Team (MERT) can make adjustments to the previous assessment if warranted, taking into consideration new information (e.g., medical report form).

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
	Client's Verbal Statement should be noted in a chronological recording	
4.1.2 Level of Care		<ul style="list-style-type: none"> • Front page of Daily Living Support Assessment (DLSA) for Approved Private Service Homes or memo from Mental Health • Form 1093

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
SAID Disability Assessment Waiver	4.1.2	MERT

The Saskatchewan Assured Income for Disability Program	
Chapter 5	Legislative Authority
Budget Shortfall	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 10, 11, and 12

5. Budget Shortfall

Intent

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

Policy

5.1. Budget Shortfall Method

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

5.2. Health Services Only Eligibility

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

Assessment for health benefits only is calculated for the upcoming 12-month period using form 1089. Benefit rates are used for living income and exceptional needs benefits. Annual utilities, including telephone for those in residential care facilities, and actual medical costs (including medical travel costs) are considered. Estimates from a health professional may be used to verify estimated medical costs (e.g., dental, optical). SAID financial benefits are not issued.

An assessment for health services only is completed for those in disability programs approved private-service homes or licensed group homes for individuals with income of \$410 or greater (see Chapter 9.14.1).

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

For individuals who are not Status Indians, living on a Saskatchewan First Nation, application form 1115 is used. (See Chapter 2.10) For the annual review, documentation from the First Nation to confirm that the client continues to receive assistance is required.

For the annual review for residents of Ranch Ehrlo and Eagles Nest, confirm that the client continues to reside at a Ranch Ehrlo residence or at Eagles Nest.

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

The Saskatchewan Assured Income for Disability Program	
Chapter 6	Legislative Authority
Income and Assets	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 13, 14, 15, 19, 20, 45 and Appendix Table 1

6. Income and Assets

Intent

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

Personal assets are not considered as an available resource for the purposes of the SAID program. Personal assets include, but are not limited to, items such as cars, computers, furniture, boats, jewelry, electronic equipment, hobby equipment, tools, etc.

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

Overpayment recoveries from benefits such as Canada Pension Plan Disability (CPPD), Workers' Compensation Board (WCB), or Employment Insurance (EI) are not made through garnishees and are not considered an allowance deduction. Clients are expected to contact the income source to make other recovery arrangements.

Policy

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

If a member of the family unit does not meet the citizenship requirements mentioned in Chapter 3.2, no Living Income (LI) or other benefit is provided for the individual or is included in the calculation of the family budget. The income and assets of the individual are, however, included in the budget calculation to determine eligibility for SAID.

6.1. Income

Income is:

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

6.2. Possibility of Maintenance

As a condition of eligibility, applicants are expected to pursue every possibility of self-support including maintenance payments. Support matters are dealt with separately from access or custody issues. See Chapter 6.8.16. for income exemptions for child support payments.

Definitions:

Assignment of Rights– permits the Minister to receive support payments on behalf of an individual. It also provides the authority to pursue a variation of the order or agreement. As of April 2023, no new Assignments of Rights may be authorized.

Maintenance Agreement – a voluntary signed agreement establishing support payments.

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

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

Variation Order – is any change by the court to the order/agreement. Any variation action is referred to Central Office.

Waiver of Maintenance

Pursuit of maintenance agreements or order is waived when:

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

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

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

No Maintenance Agreement/Order

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

Client Has Maintenance Order or Agreement

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

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

Cancellation of Benefits

The Assured Income Specialist immediately notifies Financial Services Branch AEMOHELPLINE by e-mail. Do not wait until the electronic file is closed. This notification is essential to ensure ongoing support payments are sent directly to the client.

6.3. Income Assessment

6.3.1. Prior to Application

- For the purposes of determining initial eligibility, an applicant has an excess income if all sources of income received by the applicant and the applicant's spouse, if any, within 30 days of the application is equal to or greater than the monthly benefit and is not eligible; or
- The Assured Income Specialist may approve the disposal of income in the previous 30 days to application if, in the opinion of the Assured Income Specialist, the funds were used for expenses related to shelter, food and other reasonable expenditures of personal necessity. Generally, the disposal of income received prior to application that would be exempt after application (e.g., Canada Child Benefit, and the Saskatchewan Employment Supplement) are accepted as reasonable expenditures because these benefits are intended to assist with shelter, food, and childcare and other reasonable family expenditures).

6.3.2. After Application

- For the purposes of determining ongoing eligibility, all sources of non-exempt;
- income received by the applicant and the applicant's spouse, if any, is considered income in the month following the date it was received (e.g., wage receive June 15 is applied to the July entitlement);
- If the income from the previous month exceeds the current month's budget shortfall, no benefits are issued;
- Lump sum income received after application is applied to the following month's entitlement from the date received and the monthly benefits are reduced by the amount of the lump sum; or
- If there is no further eligibility, the client is advised in writing as to the length of time the income is to meet their needs as well as an explanation regarding the assessment (see Chapter 6.15). If the individual reapplies for

benefits prior to the specified time period, the disposal of income is reviewed.

6.3.3. Garnisheed Income

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

6.3.4. Orderly Payment of Debt Obligations

Orderly payment of debt obligations is not considered an allowable deduction or expenses.

6.4. Income from Insurance Settlements

Payments from a municipal, provincial, or federal government, or an agency or corporation associated with those levels of government for compensation for pain and suffering are fully exempt in SAID.

Payments for pain and suffering made by private insurance companies and out-of-pocket expenses such as homemaking or living assistance resulting from loss or injury are exempt in SAID up to \$10,000 per claim.

All other payments are assessed as income unless exempt under Regulations.

Lost income – insurance payments to replace lost income are not exempt.

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

6.5. Enforcement of Maintenance Orders

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

6.5.1. Assessment of Direct Shelter Payments

When a respondent makes shelter payments directly to a financial institution or landlord through a separation agreement, court order, divorce decree, or private agreement, the payments are assessed as income.

If the direct payments are voluntary and not within 10% of the federal child support guidelines, the client renegotiates the agreement amount or is referred to Legal Aid (see Chapter 6.2).

6.6. Retroactive Payments

Payments from such sources as OAS/GIS, War Veterans Allowances, Workers' Compensation, Canada Pension Plan, or Employment Insurance are considered income for the following month. No overpayment is assessed for the period the retroactive benefit represents. The client is advised in writing of the time period over which the retroactive payment is expected to meet living requirements, see Chapter 6.14.

6.7. Clients Who Live in Approved Private-Service Homes and Group Homes Licensed by Disability Programs

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

6.8. Income Exemption

The following income and asset exemptions are not exhaustive. For a complete list of exemptions refer to Regulations 13(3) to 13(8), Appendix Table 1.

An income exemption request and review form should be sent to Income Assistance Programs, Program and Service Design for review of income not already exempted in regulations or through a Minister's Order.

6.8.1. Wages

Eligible clients have an annualized wage exemption from the date of eligibility.

- Wage exemptions are based on the calendar year (January-December). Any unused exemption from one year will not be carried forward to the next year.

Monthly payments made through the *Canada Pension Plan Disabled Contributor's Child* (CPP-DCC) benefit and surviving child's benefit, are fully exempted in SAID whether paid to the parent on behalf of the child or paid directly to the child.

6.8.3. Board and Room Income

For clients who receive revenue for providing room and board, 25% of the gross amount charged but not less than \$25 is assessed as income. See Regulation 13(5).

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

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

6.8.4. Suite Rental Income

For clients who receive revenue for providing suite rental in their home, 40% of the gross amount charged but not less than \$40 is assessed as income. See Regulation 13(6).

6.8.5. Work Assessment

Income received for a work assessment through the Workforce Development for Persons with Disabilities (WFDPD) is considered wages, not a training allowance. Clients are eligible for the wage exemption.

6.8.6. Trusteeship Fees, Advocate Fees, and Honoraria

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

6.8.7. Clients who provide level-of-care services

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

6.8.8. Self-Employment Income

Self-employed means working for oneself as a freelancer or owner of a business. Income derived from this work, or the business is considered self-employment income. The Monthly Income and Expense Report (Form 1214) is used to determine the income.

Net amount of self-employment income is determined by subtracting the monthly allowable business expenses from the gross amount of self-employment income. See Appendix C for allowable expenses.

The annual earned income exemption is applied against the net self-employment income to determine financial eligibility.

In situations when a client has multiple sources of self-employment income, all income and business expenses from self-employment are calculated together for the same month.

If business expenses from self-employment exceed the gross amount of self-employment income, the residual business expenses may not be deducted from non-exempt income sources such as the *Canada Emergency Response Benefit* (CERB) or *Employment Insurance* (EI), because they are not income earned from a job or self-employment. Excess business expenses cannot be used to reduce the amount of other non-exempted income and may only be deducted from the self-employment income.

Any monthly business expense deductions exceeding the maximum amount of self-employment income will not be carried forward to future monthly benefits.

6.8.9. Day Programs

Any allowance received from a non-profit organization/agency for participation in educational, therapeutic, or rehabilitative programs is exempt. To be eligible for the full exemption, the individual is paid directly by the non-profit organization/agency and the rate of pay is less than minimum wage. If these two criteria are not met, the earned income exemption is applied.

6.8.10. Payments Made by the Ministry on Behalf of a Child in Care

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

6.8.11. Gifts Exceeding \$200

Casual gifts up to \$200 per year per member of the family unit are exempt.

Gifts exceeding \$200 per year that are received during the period of eligibility are exempt, provided the funds are contributed to a RDSP within six months from the date the gift is received.

In exceptional circumstances, the six-month time period for making contributions to a RDSP may be extended with the Service Manager's approval.

6.8.12. Saskatchewan Rental Housing Supplement

Effective October 1, 2016, the Saskatchewan Rental Housing Supplement (SRHS) benefit is no longer fully exempt. See Chapter 9.1.1

If at any time after October 1, 2016, any client (including existing), begins to receive a combination of the SRHS and excess Living Income (LI), the excess (LI) is reduced by an amount up to or equal to the SRHS benefit. The reduction amount is not to exceed the amount of the excess LI provided. The SRHS received in the current month, excluding any retroactive amount, is used to reduce the excess LI amount in the following month.

6.8.13. Seniors Income Plan

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

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

6.8.14. Guaranteed Income Supplement – Top Up

Effective September 1, 2016, the Guaranteed Income Supplement (GIS) top up is considered income.

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

6.8.15. Per Capita Distribution Payments

Per capita distribution payment (PCD) resulting from a *specific claim* settlement agreement with the Government of Canada, under the authority of the *Specific Claims Tribunal Act (Canada)*, are exempt effective November 22, 2023. This exemption includes PCD amounts paid on or after the effective date or the residual of PCD amounts held by the client on application for SAID.

6.8.16. Child Support Income

Maintenance payments for child support up to \$600 per month per household are exempt.

Retroactive or lump sum payments for child support will be calculated based on the date the income was received.

6.9. Assets

Liquid Assets – include, but are not limited to, cash on hand, funds on deposit in a financial institution including Registered Retirement Savings Plans (RRSP), the cash surrender value of an insurance policy, cryptocurrency and the realizable value of a stock, bond or other security, investment certificate, a bequest pursuant to a will, an award of damages from a court order and settlement of a claim.

6.9.1. Liquid Asset Exemptions at Time of Application

The maximum liquid asset exemption is established in Regulation 11(6). The exemption is the amount of the applicant's liquid assets up to the maximum at

the time of application. At application, each household member is allowed a liquid asset exemption of \$1,500.

An applicant is allowed the liquid asset exemption at the time of the application only. A client that acquires income or other assets after an application is submitted, or if their household composition changes, cannot use the liquid asset exemption in order to exempt the income or asset. These additional assets and incomes are considered when assessing the client's SAID benefits.

A period of up to 180 days to convert non-exempt liquid assets into cash may be permitted with the supervisor's approval. A liquid asset may be waived as a resource for genuine reasons with the Service Manager's approval (e.g., lump sum SAID benefits back payment due to delays in completion of disability assessment).

Bank or Credit Union Account

A bank account which has a zero balance or is overdrawn is not an asset and verification of the account is not required. Additionally, if the declared balance is less than \$100, verification of the bank account is not required. Funds in a bank account greater than \$100 must be verified by a bank statement. For temporary benefits pending bank verification, see Chapter 8 – Temporary Benefits.

A period of up to 180 days to convert non-exempt liquid assets into cash may be permitted with supervisor's approval.

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

6.9.2. Real Assets

Property (primary residence, home quarter section of land)

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

6.9.3. Inherited Home

The value of a home that was acquired by inheritance is exempt for the period of time that the client resides in the home. If the inherited primary residence is sold see Chapter 6.12.2.

6.10. Excess Assets

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

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

Applicants have 180 days to dispose of non-exempt property. An excess asset may be waived as a resource for genuine social or economic reasons with the Service Manager's approval. For example, jointly owned property that cannot be sold without the co-owner's agreement may be exempted as an asset.

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

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

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

6.11. Disposal of Assets

The disposal of assets over \$1,500 within six months prior to the application is considered (amount of assets, date received, sources and expenditures).

Prior to Application

- Applicants provide information regarding any assets they owned or in which they had an interest during the six-month period prior to application. The details concerning use of assets and any transfers are reviewed including whether the payment received was adequate in relation to the

market value minus any encumbrances as well as the disposition of any proceeds.

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

After Application

- For the purpose of determining ongoing eligibility, proceeds from any non-exempt liquid asset of an applicant and spouse, if any, is considered an available financial resource and is applied as income to the entitlement month after the date it is received.

6.11.1. Sale of an Inherited Home – Non-Resident

The net income, after legal and real estate fees, from the sale of a home acquired by inheritance combined with any other proceeds received as part of an inheritance is exempt up to a maximum of \$100,000 if the client does not reside in the home (see Chapter 6.14.6). For example, a client may choose not to reside in a home acquired by inheritance due to the location of the home, inaccessibility, or inadequate disability-related services or supports.

In the case of an inherited home the client has not lived in that was sold prior to an application made after January 31, 2011, only the funds the applicant has on hand at the time of application from the sale of the home combined with any other proceeds received as part of an inheritance may be considered exempt to a maximum of \$100,000.

- Income from the sale of the home combined with any other proceeds received as part of an inheritance exceeding \$100,000 is exempt provided that the funds are contributed to a RDSP within six months from the date of the sale.
- In exceptional circumstances the six-month time limit may be extended with the Service Manager's approval.

- Any remaining funds are considered a financial resource, including income from the sale of the home that exceeds the maximum available RDSP contribution.

6.11.2. Sale of a Home – Primary Residence

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

- to purchase a new home within 12 months;
- to contribute to a RDSP within six months from the date received. In exceptional circumstances, the time limit may be extended with the approval of the Service Manager; and/or
- to pay for expenses related to the client's disability.

With the approval of the Service Manager, proceeds from the sale of the home may be used to complete necessary renovations or accessibility modifications to the new home within 24 months.

6.11.3. Proceeds from Sale of Matrimonial Home

Proceeds from the sale of a matrimonial home are not considered income when used for the following:

- to purchase a new home within 12 months;
- to contribute to a RDSP within six months from the date received. In exceptional circumstances, the time limit may be extended with the approval of the Service Manager; and/or
- to pay for expenses related to the client's disability.

6.12. Liquid Assets Savings Exemption – After Application

Savings of SAID benefits that are held in a bank account, trust account or invested in a financial institution are exempt up to \$1,500 per household member.

This amount is in addition to the liquid asset exemption used at the time of application (see Regulation 14(3)(g)).

SAID benefits held in savings that exceeds the available liquid asset exemption amount remain exempt if contributed to a RDSP within a reasonable period of time (6 months or longer – see Chapter 6.14.7) or used to meet costs related to the applicant's disability.

6.13. Other Exemptions

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

6.13.1. Registered Education Savings Plan (RESP)

Money withdrawn from a Registered Education Savings Plan (RESP) is only exempt if it is used for the educational benefit of the intended client.

6.13.2. Saskatchewan Pension Plan (SPP)

The SPP is not considered a financial resource to clients until age 55. Clients are required to explore other early retirement options (e.g., CPP, early retirement benefits).

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

6.13.3. Money held in Trust

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

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

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

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

Trust funds that are not available for distribution or funds provided for items not covered by SAID benefits are not assessed in calculating entitlement. Where

payments are made from any trust fund for needs that benefits would cover, the payment is assessed as income.

Trusts established pursuant to *The Dependents' Relief Act* – Under the Act an application may be made to the court, challenging a will where inadequate provisions have been made for the support of a client. Following a review, the court may negate the terms of the will and establish a special trust for the client up to a maximum of \$100,000. Once established, the trust can be used at the discretion of the appointed trustee to enhance the well-being of the client.

Discretionary Trusts – A trust usually, but not always, established as a result of a will in which an individual is named as a trustee and has complete control over the disposition of the funds. These trusts are usually set up by the family for a family member with a disability.

Payments from a discretionary trust established as a result of a will are exempt up to a maximum of \$100,000 (see Chapter 6.14.6). When payments from a discretionary trust established as a result of a will exceed a total of \$100,000 the payments are not assessed as income where:

- the payment is contributed within six months to a Registered Disability Savings Plan. The time period may be extended in exceptional circumstances with the approval of the Service Manager;
- the payment is used for an expense that is related to the client's disability (e.g., assistive technology) with the approval of the Service Manager; or
- the payment is used for an expense other than those provided for through Regulations.

A copy of the will should be sent to Income Assistance Programs, Program and Service Design for review.

The \$100,000 inheritance exemption does not apply to discretionary trusts set up outside of a will. Payments from a discretionary trust established outside of a will are assessed as noted above, without the initial \$100,000 exemption.

6.13.4. Registered Disability Savings Plan (RDSP)

Funds held in, or money withdrawn from an RDSP are exempt.

6.13.5. Investments

Clients are expected to redeem or sell investments such as Guaranteed Investment Certificates (GIC), bonds, mutual funds, or shares even if a loss is incurred.

The value of investments at redemption or sale is verified.

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

6.13.6. Inheritance Income

Inheritance Income Received After Application

- "Inheritance" means any real, personal, or liquid asset that is received from the estate of a decedent; the proceeds of a life insurance policy and, effective December 6, 2012, lump sum payments and transfers of property received pursuant to Section 7 of *The Dependents' Relief Act* (DRA).
- The combined total of inheritance income received after January 31, 2011, and during the period of eligibility, as a lump sum payment or in installments, is exempt up to a maximum of \$100,000 per family unit.

Inheritance Income Received Prior to Application

- The combined total of income received from inheritance that is received after January 31, 2011, and *The Dependents' Relief Act* payments received after December 6, 2012 [see Regulation 2(p)], is exempt to a maximum of \$100,000, if the funds are still held by the applicant at the time of application.
- A review of the disposal of inheritance income during the 6 months prior to application is required if the full amount of the inheritance income exceeded \$100,000 when it was received.

Example 1: A person receives an inheritance payment of \$80,000 in February 2012. At the time of application in June 2012, the person has \$60,000 remaining from the inheritance payment that is invested in a

Guaranteed Investment Certificate (GIC). The rest of the funds from the \$80,000 inheritance have been spent.

- Only the \$60,000 the applicant has on hand at the time of application is exempt.
- A review of the disposal of the \$20,000 is not required because the original inheritance payment amount received was less than \$100,000.

Example 2: A person receives an inheritance payment of \$190,000 in February 2012. At the time of application in June 2012 the person has \$102,000 remaining from the inheritance payment held in a savings account.

- A review of the disposal of the \$88,000 is required because the original inheritance amount received within the 6-month period prior to application exceeded \$100,000.
- If the disposal is considered appropriate the maximum inheritance exemption of
- \$100,000 is provided.
- The applicant is given 6 months to contribute the additional \$2,000 to a RDSP.

Inheritance Income exceeding \$100,000

- The combined total of inheritance income amounts exceeding \$100,000 per family unit are exempt, provided that the funds are contributed to a RDSP or with the assured income specialist's approval is used for an expense related to the disability of the individual or member of the individual's family unit within 6 months from the date the inheritance payment is received.
- Amounts that are not contributed to a RDSP or used for a disability-related expense within the 6-month period are considered a financial resource.

Interest Income from Inheritance Income

Interest earned from an inheritance payment is exempt provided, if:

- the combined amount of the inheritance payment received plus the interest does not exceed \$100,000;
- the interest is contributed to a RDSP within 6 months; or
- with the approval of the Service Manager, it is used for an expense related to the client's disability (e.g., assistive technology).

Inheritance Income Documentation

The following information is required to verify inheritance or life insurance income:

- In the case of inheritance income:
 - a copy of the will and/or documents related to the settlement of the estate;
- In the case of life insurance income:
 - a copy of the life insurance policy showing the name of the client and the amount of the benefits;
- Financial records confirming the amount of the inheritance or life insurance payment and the amount of interest earned on invested funds; and
- Any other information the ministry requires.

If there were non-inheritance or non-life insurance sources of funds as well as inheritance or life insurance funds received prior to application and it is not possible to determine which funds have been spent, the Service Manager has the authority to decide that the non-inheritance or non-life insurance funds were spent first, and the inheritance or life insurance funds are remaining.

6.13.7. RDSP Contribution – Time Limit Extension

In exceptional circumstances the six-month time period for making contributions to a RDSP or used for a disability-related cost may be extended with the Service Manager's approval.

6.13.8. Veterans Affairs Canada Benefits

The following Veterans Affairs Canada benefits are exempt:

- Disability Benefit: Pain and suffering compensation
Note: The Disability Pension Benefit is not exempt.
- Additional Pain and Suffering Compensation
- Exceptional Incapacity Allowance
- Critical Injury Benefit
- Detention Benefit
- Prisoner of War Compensation
- Attendance Allowance
- Clothing Allowance
- Veteran Independence Program

- Caregiver Recognition Benefit

6.14. Calculating the Period of Self-Support

When non-exempt income exceeds the amount of SAID benefits for more than one month of future benefits, a period of self-support is determined, even if the income has already been spent or disposed of. The period of self-support calculation considers the monthly SAID budget at 115%, using the following formula:

$$T = \frac{L}{\{(115\% \times N) - I\}}$$

where:

L is the amount of the income;

N is the total of the SAID benefits the recipient would otherwise receive for a month;

I is the recipient's ongoing monthly income; and

T is time for period of self-support in months

The number of months calculated will be rounded down to a whole month (e.g., if the calculation results in 7.6 months of self-support, it will be rounded down to 7 months).

EXAMPLE: Single client living in Regina

Living Income	\$655
Shelter	\$474
Disability Income	\$70
Utilities (based on actuals or flat rates depending on the specific case)	\$230
N	\$1,429
115% x N	\$1,643.35
Minus Monthly non-exempt Income (wages, CPP, OAS, etc.) I	- \$500.00
Monthly SAID amount	\$1,143.35
L	\$2,500.00
L Divided by Monthly SAID amount	2.19
Estimated Months of Self-Support (rounded down)	2

6.14.1. Consideration of Income at Time of Reapplication Against Period of Self-Support

When an individual reapplies for SAID benefits before the period of self-support is complete, the ministry will review the disposal of income they received during the period of self-support. The Assured Income Specialist may approve the disposal of income if, in the opinion of the Assured Income Specialist, the funds were used for expenses related to shelter, food, medical expenses and other reasonable expenditures of personal necessity.

If the period of self-support has expired and the individual reapplies for SAID benefits, a six-month review is completed for disposal of assets, similar to new applicants.

6.15. Change of Residence for Care

A change in residence for care refers to a situation where one spouse resides in a residential care facility. If both spouses apply for assistance separately, each application is assessed separately, and the appropriate cash and liquid asset exemption is applied.

One half of jointly held assets are considered an available resource.
The home in which the applicant/spouse resides is an exempt asset.

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

6.16. Exemptions – No Verification or Documentation Required

Regulation 13(2) and Appendix Table 1

All non-earned income must be reported by applicants/clients.

Certain sources of non-earned income are exempt from the calculation of resources when determining eligibility and the benefit amount. These include but not limited to:

- Canada Child Benefit;
- Saskatchewan Employment Supplement;

- Contributions other than for ordinary maintenance to clients who require special care;
- Earnings of dependent children attending school;
- Basic stock herd on a farm and/or essential equipment to carry on farming or business operations;
- Payments made by the Ministry, Indigenous Services Canada or ICFS agencies to primary caregivers on behalf of children;
- Contributions to the cost of funerals made by relatives other than the surviving spouse or the parent of a deceased child;
- Cash surrender value and dividends of an insurance policy unless paid out;
- Assets held on November 30, 1972, by persons who were admitted to a mental health institution or who were residents of Valley View Centre and have remained in residential care;
- Scholarships, fellowships, and non-government bursaries other than the value of free board and room provided as part of a scholarship, fellowships, and non-government bursaries;
- Payments of compensation related to a claim with respect to abuse sustained while attending an *Indian Residential School*;
- Payments of compensation – other than payments for rent or a security deposit ordered by Office of Residential Tenancies or court related to a residential tenancy dispute;
- Awards for meritorious conduct or service;
- Training allowance received from non-profit organizations (e.g., day programs);
- Gifts under \$200 per year per member of the family unit.

Income Exemptions – Regulations 12(3)(a)

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

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
6. Income	<p>Client's Verbal Statement should be noted in a chronological recording</p> <ul style="list-style-type: none"> • Client verbal statement for room and board/suite or room rental. • Cash payments for maintenance or support, where there is no order or agreement. • Casual earnings (e.g., lawn mowing or other periodic work). • Gifts over \$200 per year per member of the family unit 	<p>Client provides:</p> <ul style="list-style-type: none"> • Wages – pay stubs, bank deposit statement (will not indicate which deductions are made) or note from employer. • Ongoing income – cheque stubs, direct deposit advice (will not indicate which deductions are made), bank statement or written statement. • CPP/OAS/GIS/GIS Top-Up at application, review and as changes occur. • EI – stubs or EI search or printout. • Self-employed – business plan and form 1214 within 30 days. • House rental – copy of rent receipt, mortgage, insurance, tax statements. • Insurance settlements – statement from payer. • Interest – bank statement or T5. • Maintenance – separation agreement, divorce decree, voluntary agreement.

		<ul style="list-style-type: none"> • Benevolent organizations – statement. • Trusts – statement from trustee (at least once annually). • Income Tax Refunds – Assessment Notice from Canada Revenue Agency. • Direct Mortgage Payments – copy of agreement or divorce decree. • Student Loans/Bursaries – client verbal statement and confirmation from Ministry of Advanced Education. • Caretaking – rental agreement. • Retroactive payments – cheque stub. • Disposal – pay stub, bank deposit statement for recurring income (except children’s benefits). • Trusts administered by Public Trustee – statement from Public Trustee at time of application and annual review.
<p>6. Assets</p>	<ul style="list-style-type: none"> • Client verbal statement for a bank account which has a zero balance or is overdrawn. • Funds in a bank account greater than or equal to \$100 must be verified by a bank statement. 	<ul style="list-style-type: none"> • Cash and liquid assets (e.g., funds in bank account [greater than \$50], stocks, bonds, mutual funds, shares, RRSPs) – statement from bank, broker, investment or financial company or passbook. No ATM slips unless information on ATM

	<ul style="list-style-type: none"> • Funds in a bank account with less than \$100 do not need to be verified. 	<p>slip matches other supporting documents e.g., direct deposit form. Any difference between the amount declared at application and the documented amount received later is noted in a chronological recording.</p> <ul style="list-style-type: none"> • Declared financial transactions over \$1,500 – bank statement or passbook, or form 1002. • Mortgages or agreements for sale, title search. • Securities, shares – statement from financial agent. • Real – e-mail Quality Assurance re: title search. • Disposal – receipts, bills of sale, client statement, or other documentation. • Trusts—Copy of will or documentation from trustee. • Trusts administered by Public Trustee— statement from Public Trustee at time of application and three-year review.
<p>6. Income and Asset Exemption</p>	<ul style="list-style-type: none"> • Casual gifts – client verbal statement • Gambling gains, lottery prizes, bingo prizes and other prizes – client verbal statement. 	<p>Client Provides:</p> <ul style="list-style-type: none"> • Wages – pay stubs, statement of earnings. • Prepaid funeral – statement from funeral director. • Cash/liquid assets – bank statement, form 1002.

	<ul style="list-style-type: none"> • Day program – client verbal statement 	<ul style="list-style-type: none"> • Compensation for pain and suffering made by government. <ul style="list-style-type: none"> ○ Verbal declaration required for fully exempt sources of income. • Act administrators.
6.2. Support Waiver		<ul style="list-style-type: none"> • Chronological recording.
6.2. Support orders or agreements		<ul style="list-style-type: none"> • Copy of order or agreement.
6.2. Support – voluntary payments within guidelines	Client verbal statement about respondent’s income	<ul style="list-style-type: none"> • Support agreement • Renegotiated agreement if below support guidelines.
6.8.2. Dependent Children	Canada Pension Plan Disabled Contributor’s Child (CPP-DCC) Benefit and surviving child’s benefit	<ul style="list-style-type: none"> • Verbal confirmation required for CPP-DCC.
6.8.16. Child Support Income	Client verbal statement for child support income up to \$600	<ul style="list-style-type: none"> • Separation Agreement; • Divorce decree; • Court order; • Written statement from payer and/or client; or • Voluntary agreement.
6.13.8	Veterans Affairs Canada Benefits	<ul style="list-style-type: none"> • Decision letter from Veterans Affairs Canada or Digital Account Statement from my VAC account.

Delegation of Authority

<p>S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team</p>

Approval Items	Reference	Approval Required
Waiver of liquid asset	6.9.1	M
90 days to convert liquid asset	6.9.1	S
Waiver of excess asset	6.10	M
Disposal of asset prior to specified period of support	6.11	M
RDSP Contribution Time Limit Extension	6.11.1 and 6.11.2	M
Proceeds from the sale of primary residence used for necessary renovations or accessibility modification within 24 months	6.11.2	M
RDSP Contribution Time Limit Extension	6.13.7	M
Payments from a discretionary trust: expense related to client's disability	6.13.3	M

The Saskatchewan Assured Income for Disability Program	
Chapter 7	Legislative Authority
Approval or Denial	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 16

7. Approval or Denial

Intent

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

Policy

7.1. Approval or Denial of Benefits

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

Notification is made as soon as possible after the decision is made.

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

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

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

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

The Saskatchewan Assured Income for Disability Program	
Chapter 8	Legislative Authority
Date Benefits Commence and Temporary Benefits	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 17 and 21

8. Temporary Benefits and Date Benefits Commence

Intent

The applicant should not experience undue financial hardship if eligibility cannot be immediately determined or if awaiting the outcome of an appeal. Temporary benefits may be provided in these instances.

Policy

SIS benefits may be provided as outlined in section 8.1 below to SAID applicants awaiting SAID eligibility determination. Benefits and rates listed in all other sections of the SAID policy are not provided until full SAID eligibility is established. SAID applicants must meet SIS eligibility criteria to receive temporary benefits while awaiting the outcome of their application.

Benefits are provided from the date of application completion or the date the ministry determines eligibility for benefits is to commence. See Chapter 3.1.

8.1. Temporary Benefits

SIS benefits may be provided:

- if eligibility cannot be immediately determined and need is urgent (e.g., applicants require time to submit bank account verification); or
- for new SAID applicants, if financially eligible for SAID, the individual may receive SIS benefits to meet immediate needs, during the disability impact assessment and appeal processes.

8.2. Date Benefits Commence

If the individual meets the eligibility criteria for SAID, benefits are to be retroactive to the date of application submission as received by the ministry or date the ministry determines the applicant is eligible (see Section 3.1.).

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
Temporary benefits beyond 60 days in exceptional circumstances	8.1	S

The Saskatchewan Assured Income for Disability Program	
Chapter 9	Legislative Authority
Emergency Benefits, Living Income, Disability Income and Personal Benefits	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 23 and Table 2

9. Emergency Benefits, Living Income, Disability Income and Personal Benefits

Intent

Benefits are intended to provide for the items essential to meet minimum living requirements for persons with disabilities, recognizing the range of additional costs associated with disability.

Policy

Items essential to meet minimum living requirements include:

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

9.1. Living Income Benefit with Shelter

Living Income (LI) Benefit – The benefit includes funds for accommodation (renters or homeowners), food, clothing, household expenses, personal needs, and incidental expenses (including travel). The benefit is provided to an eligible client and dependants. The amount of the benefit is based on family composition and community of residence. The LI is a consolidated benefit. In SWIN, the LI 01 need must be paired with the appropriate shelter (AH01-04) benefit for the family size and community of residence.

In the month of application, if shelter has been paid, the shelter benefit is prorated from the date of eligibility. If shelter has not been paid, shelter benefits are provided for the full month.

Documentation required in order to receive a LI benefit:

Renters – one of the following is required:

- rent receipt (current or last month's if there is no change in address);

- proof of payment (cashed rent cheque or verification of direct debit);
- rental agreement for the current address;
- signed confirmation from landlord which confirms the cost and address; or
- rent increase notice.

Homeowners – one of the following is required:

- proof of payment;
- certificate of title;
- purchase loan agreement – mortgage;
- home insurance policy;
- property tax statement;
- copy of agreement for sale; or
- joint title – proof of payment, certificate of title, or mortgage-loan agreement.

If the shelter is in the spouse's name only, the spouse must be a member of the family unit.

No Shelter Documentation

When the applicant is unable to provide confirmation of the shelter arrangement as outlined above, the living income benefit may be provided for one month, with the supervisor's approval.

LI benefits are not provided for future months without hard copy confirmation of the shelter arrangement, unless there are exceptional circumstances (immediate eviction threatened, hospitalization of applicant, etc.) and the supervisor's approval is obtained.

Where documentation of the rental/home ownership is not received and exceptional circumstances do not exist, living arrangements are reviewed with the client and benefits are adjusted to reflect the appropriate living arrangement.

Living Income Benefit Rates

Effective May 1, 2024	Living Income Benefit (Includes maximum shelter tier rate)			
	Tier A	Tier B	Tier C	Tier D*
One Adult	\$1,129	\$1,074	\$1,028	\$991
Two Adults	\$1,577	\$1,486	\$1,435	\$1,335
Single Parent				
1 or 2 children	\$1,391	\$1,264	\$1,238	\$1,099
3 or 4 children	\$1,453	\$1,325	\$1,302	\$1,150
5 or more children	\$1,529	\$1,404	\$1,365	\$1,232
Two Parents				
1 or 2 children	\$1,706	\$1,579	\$1,553	\$1,414
3 or 4 children	\$1,768	\$1,640	\$1,617	\$1,465
5 or more children	\$1,844	\$1,719	\$1,680	\$1,547

Shelter Tier rates

Effective May 1, 2024	Maximum Shelter Tier Rates (Included in Living Income benefit)			
	Tier A	Tier B	Tier C	Tier D
Single client	\$474	\$419	\$373	\$336
Childless couple	\$607	\$516	\$465	\$365
Families – single adult				
1 or 2 children	\$736	\$609	\$583	\$444
3 or 4 children	\$798	\$670	\$647	\$495
5 or more children	\$874	\$749	\$710	\$577

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

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

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

Tier D: Other towns and rural areas.

9.1.1. Criteria for Excess Living Income – Supervisor's Approval **Only one excess Living Income provision can be approved per case.**

May 1, 2024 One-Time Adjustment: For those clients receiving a shelter benefit equivalent to their actual shelter need, the actual shelter amount was adjusted to reflect the SAID benefit increase announced as part of the 2024-25 Budget.

Saskatchewan Rental Housing Supplement (SRHS)

As of July 1, 2018, the ministry is no longer accepting applications for the Saskatchewan Rental Housing Supplement (Family Housing Supplement and Disability Housing Supplement). If someone applies for SRHS on or before June 30, 2018, the ministry will review the application for eligibility. Applications dated July 1, 2018 or later are not accepted. The ministry will assess current clients for continued eligibility upon a change in circumstances.

If at any time on or after October 1, 2016, existing clients began receiving a combination of the SRHS and excess LI benefit, the excess LI benefit is reduced by an amount up to or equal to the SRHS benefit. The reduction amount is not to exceed the amount of the excess LI benefit provided. The SRHS received in the current month, excluding any retroactive amount, is used to reduce the excess LI benefit amount in the following month.

Clients who were in receipt of both the SRHS and an excess living income prior to October 1, 2016, may continue to receive the entirety of both benefits. There should be no reduction of the excess LI benefit by the amount of the SRHS benefit. These clients are grandfathered and may continue to receive the entirety of both benefits until they move, or their circumstances change pursuant to Table 1 (8) and Section 33 of *The Saskatchewan Assured Income for Disability Regulations, 2012*.

1. Subject to Table 1 of *The Saskatchewan Assured Income for Disability Regulations, 2012*, and paragraph 2 below, an excess LI benefit may be provided to clients in the amounts and at the intervals set out below, if the criteria established below is met.
2. Eligible clients who were receiving an excess LI benefit in an amount exceeding the amounts set out below, on August 31, 2016, may continue receiving the higher excess LI benefit until there is a change in the eligible client's circumstance or their benefits are terminated.

Saskatchewan Housing Benefit

The Saskatchewan Housing Benefit (SHB) is a monthly benefit that helps eligible Saskatchewan renters with their shelter costs (rent and utilities). SAID clients may receive the SHB under the two targeted stream (Supportive Housing or Seeking Safety from Interpersonal Violence Stream.) SAID clients are not eligible for benefit under the core program of SHB.

A SAID client can receive benefits from the two streams of the Saskatchewan Housing Benefits, however, if at any time, a client begins receiving a combination of the SHB and Excess LI benefit, the excess LI benefit is reduced by an amount up to or equal to the SHB. The reduction amount is not to exceed the amount of the excess LI benefit provided. The SHB received in the current month is used to reduce the Excess LI benefit amount in the following month.

Actual Rent may be provided in the following situations:

9.1.2. Excess Living Income – Time to Seek Alternate Accommodation

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

Amount: An amount not exceeding actual rent being paid for the month circumstances change and up to two months following.

Changes to Actual Shelter Portion of the Living Income for Low Vacancy Rates

9.1.3. Excess Living Income – Low Vacancy Rates to June 30, 2015

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

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

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

Amount: An amount not exceeding the actual rent being paid.

9.1.4. Excess Living Income – Maintaining Two Residences

For clients who must maintain two residences because of a medical treatment or participation in a training or employment opportunity in another location, shelter benefits for the second residence cannot exceed the maximum shelter rate for the number of family members in this accommodation.

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

9.1.5. Excess Living Income to a Maximum of \$150

In the following situations, the shelter amount cannot exceed \$150 above the maximum rate for the family size. Those receiving shelter benefits exceeding \$150 above the maximum rate may continue receiving the higher shelter rate until they move, the family composition changes, or they go off SAID.

9.1.6. Excess Living Income – Mobility and Access

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

9.1.7. Excess Living Income – Exceptional Medical Circumstances

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

9.1.8. Excess Living Income – Unusual or Exceptional Behaviour

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

9.1.9. Excess Living Income – Long Term Residents

Clients have lived in the same residence for ten or more years and continued residence is important to their well-being. For homeowners, insurance and/or property taxes may be considered when providing for excess through this provision (See Chapter 9.3).

Amount: An amount not exceeding \$150, minus the SRHS.

9.1.10. Excess Living Income – Family Size Changes

9.1.10.1. Excess Living Income – Visiting Spouses

A client who has a spouse who usually resides in a care facility who stays periodically with the client (see Chapter 13.1.2 for visiting spouses) may receive a LI benefit that includes a shelter rate amount that includes the visiting spouse.

Amount: An amount not exceeding the Tier shelter allowance including the spouse.

9.1.10.2. Excess Living Income – Foster Homes and Persons of Sufficient Interest

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

Amount: An amount not exceeding the Tier shelter allowance including the number of children approved for the home.

9.1.10.3. Excess Living Income – Alternate Caregivers and Parents with Access
Clients who care for wards as an alternate caregiver or parents with access who have regular (at least monthly) visits with their child(ren) as part of an order or written agreement.

Amount: An amount not exceeding the Tier shelter allowance including the number of children approved for the home.

9.1.10.4. Excess Living Income – Family Size Change Increase

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

Amount: An amount not exceeding the Tier shelter allowance including the additional family members for up to three months prior to the change.

9.1.10.5. Excess Living Income – Family Size Decrease

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

Amount: An amount not exceeding the Tier shelter allowance including the absent family members.

9.1.10.6. Excess Living Income – Temporary Absence

Family members are temporarily absent because of:

- education – for the duration of the course;
- incarceration – see Chapter 13.1.4 for up to 90 days; or
- in care of the Minister – for the duration of the wardship or agreement.

Amount: An amount not exceeding the Tier shelter allowance including the absent family members.

9.2. Social Housing

The Social Housing Rental Program provides low-cost rental housing for seniors and families with low income.

If 2 recipients (separate files) are sharing a social housing unit, each recipient is eligible to receive a LI benefit.

9.2.1. Shelter Portion of the LI benefit

- SAID clients receive the Tier shelter rate/LI benefit based on their community of residence.
- The full amount of the LI benefit is provided to each client in shared arrangements.
- Excess LI benefit is not provided except for homeowner's insurance, or if the client operates a foster home or cares for a child(ren) as a PSI.

9.2.2. Rent Geared to Income

When gross income exceeds \$1,300 per month the housing authority calculates rent at 30% of income. In some cases, the client's rent or mortgage amount may be reduced. The Assured Income Specialist refers these clients to the housing authority for a shelter adjustment. The financial eligibility of the client is reviewed in these cases.

9.2.3. Security Deposit

When clients move from one unit to another, a transfer fee may be provided if required. A security deposit equal to the minimum shelter rate for a single unemployable (see Chapter 9.1 Shelter Tier Rates) may be provided to new tenants if required.

9.3. Home Ownership

The shelter benefit portion of the LI benefit is intended for interest, taxes, insurance, home loan renewal fee, lot rental fee, condominium fees, and equipment rentals (e.g., water heater, water softener).

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

If the property is held in joint title with a former spouse or with others the full amount of the LI benefit (including the shelter portion) is provided if documentation is provided confirming ownership.

Agreements for Sale

These are situations in which rental payments are applied to the purchase price of a property for a prescribed period of time. The seller retains the title until all the payments have been made or the client assumes the home loan. The shelter portion of the LI benefit may be provided (this is intended to cover charges such as property tax, house insurance and interest and equipment rentals (water heater, water softener) if included in the agreement as long as the amount does not exceed the maximum shelter portion of the LI benefit).

Transfer of Legal Title

Funds may be provided for transfer of legal title when an agreement for sale or home purchase loan is completed and fully paid, and the title is solely in the client's name.

Property Taxes and Insurance

The LI benefit is intended to cover property taxes and property insurance. Clients are advised of the requirement to budget the LI benefit accordingly to ensure sufficient funds are available to pay taxes and insurance. Assured Income Specialists review various payment options with clients (e.g., direct payments to municipalities, towns, villages, etc.) to avoid the risk of having insufficient funds to make a yearly lump sum payment.

When determining a need for Excess LI benefit, a benefit for property insurance may be considered for the reasonable replacement cost of insuring a dwelling owned by the client but not for the contents. If a client has an insurance policy covering dwelling and contents and the insurance company does not provide a cost breakdown, 85% of the premium is allowed.

For SIS recipients who did not receive a tax notice prior to converting to SAID, the year's taxes may be paid to the client or to the municipality on a pro-rated basis covering the period of the year the person was receiving SIS benefits. The SAID client is responsible for setting aside or making monthly payments to the municipality, town, village, etc., for property taxes for the remainder of the year that the client receives SAID benefits.

For example:

- Yearly property taxes are \$1,200 (\$100 per month).
- The person receives SIS benefits from January 1 to May 31 at which time the person is enrolled in SAID.

- A lump sum payment may be made to the client or to the municipal tax office on behalf of the client for the five months while in receipt of SIS benefits (January 1 to May 31).
- Clients are responsible for making the property tax payments totaling \$700 for the remaining seven months of the year from their LI benefit.

For clients who live on the home quarter, the LI benefit is intended to cover the residential portion of the property tax. The remaining tax is considered an allowable expense in calculating farm income.

No tax reassessments are done for those SIS recipients who had yearly taxes paid as a lump sum prior to converting to SAID.

Applicants who are homeowners without mortgage payments and who are receiving temporary benefits while waiting for the disability impact decision, may receive funds for actual monthly property taxes and insurance up to their maximum shelter rate from the date of application. Once SAID eligibility has been established, the file is adjusted effective the date of application to allow for the maximum living income benefit and the property taxes and insurance are deleted.

9.4. Other Shelter Arrangements

When rent is reduced in exchange for caretaking duties and no wage is paid, the LI benefit for the tier and family size is provided. No income is assessed since no wage is paid.

When a client buys his or her own food and does not pay for accommodation the Modified LI benefit is provided.

When shelter payments are made directly to a financial institution or landlord through a separation agreement, court order, divorce decree, or a private agreement, the full LI benefit is provided, and income is assessed up the shelter tier rate. If the payment made is greater than the maximum shelter tier rate, no additional income is assessed.

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

Clients who own or rent accommodation may rent portions (room or suite) of their premises to others, including clients. They are considered landlords and an appropriate income charge is assessed, see Regulation 13(5) and (6).

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

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

9.5. Shared Accommodation – including clients sharing with homeowner

Each client receives the full LI benefit (including the full shelter portion of the LI benefit).

9.6. Modified Living Income

When the client is in receipt of a Modified Living Income (LI) benefit, utility benefits are not provided with exception of telephone and laundry benefits where applicable.

Food Only:

A Modified LI benefit is provided when the client is required to buy his or her own food and does not pay for accommodation.

Room and Board:

A Modified LI benefit for room and board is provided when the client is required to pay for accommodation and food. The benefit includes accommodation, food, clothing, personal needs, and incidental expenses. A Disability Income benefit of \$70 is provided to each adult in a case with a documented disability. A benefit for telephone service may be provided (see Chapter 9.12.2).

Room Rental:

Room rental rates are provided to single clients and childless couples for sleeping accommodation which has no cooking and no bathroom facilities in the room. The rate includes utilities, except laundry and telephone. A Disability Income benefit

of \$70 is provided to each adult in a case with a documented disability. A benefit for telephone service may be provided (see Chapter 9.12.2).

A landlord/agent may require security deposit. Shelter benefits in excess of the shelter tier rates are not provided. If the accommodation has cooking and bathroom facilities it is considered a suite and the LI benefit is provided.

Room rates are not used when clients reside in hotels, hostels, Salvation Army residences, the YM/YWCA, or for families. Clients residing in hotels are eligible for shelter and meals away (see Chapters 9.10 and 9.11) and the Personal Living Benefit (LI 06) (see Chapter 9.9).

When the need for a Modified LI benefit is declared on the application no further documentation is required.

<p>Modified Living Benefit (Room and Board or Room Only) A benefit for the cost of accommodation, food, clothing, personal needs, and incidental expenses. Effective May 1, 2024</p>	
One Adult	\$865
Two Adults	\$1,385
Additional per child amount	\$85

9.7. Long Term Residences (Salvation Army, Lighthouse)

Clients living in long term residences at the Salvation Army (Regina, Saskatoon) or the Lighthouse (Saskatoon) receive a special income benefit of \$420 per month, effective May 1, 2024. The client is also eligible for the travel benefit (\$20). The total amount provided to the client in these living arrangements is \$445. In addition to the special income benefit that is paid to the client the residential facility receives a resident fee for lodging, meals, services, and partial personal supports.

LI codes (LI 07 for Salvation Army and LI 08 for Lighthouse) in the amount of \$420 per month are used for these living arrangements rather than the LI 06 code.

9.8. Assisted Living

Typically, those in assisted living settings do not need 24-hour medical care provided by a nursing home but do need some assistance in day-to-day living. Assisted living is semi-independent housing, a middle option between home support and residential care.

These facilities provide supervision or assistance with activities of daily living, coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being.

Assisted living facilities may resemble:

- Private apartments that are self-contained that include their own bedroom and bathroom, with a small living area and kitchen;
- Individual living spaces may resemble a dormitory or hotel room consisting of a private or semi-private sleeping area and a shared bathroom; or
- Facilities usually have a common area for residents to socialize, as well as a central dining room for eating meals.

Assisted Living Benefit Rates (effective May 1, 2024)

Family Size	Shelter	Excess shelter for exceptional circumstances	Purchase of Meals	Personal Living Benefit	Laundry	Disability Travel
Single	Tier Schedule	\$150	\$300	\$305	\$10	\$20
Couple	Tier Schedule	\$150	\$600	\$610	\$15	\$40

9.9. Personal Living Benefit

Effective May 1, 2024, a personal living benefit of \$305 per month is provided to adults in hospital, residential care facilities (group homes, approved private-service homes, personal care homes, family homes, family shelters, treatment centres) and to clients residing in rooms without cooking facilities who receive a benefit for restaurant meals (other than Salvation Army residences). Clients may receive \$55 per child per month.

9.10. Meals Purchased Away from Home

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

Clients residing in rooms without access to cooking facilities or where meals are not provided may receive a benefit to purchase meals at \$10.00 per day (based on a 30- day month). The personal living benefit is also provided.

Clients and a required driver may receive a benefit for restaurant meals when traveling for medical appointments away from the community of residence.

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

9.11. Accommodation Away from Home or Temporary Emergency Shelter

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

The benefit rate for temporary emergency shelter provided by a community-based organization is \$80 per night per household member. This amount includes meals. Benefits under 9.10 Meals Purchased Away from Home are not provided when the \$80 per night rate is used.

The emergency shelter benefit is not provided when the emergency shelter is under contract with, or is receiving grant funding from, municipalities, the Government of Saskatchewan, or the Government of Canada for the provision of emergency shelter beds.

9.12. Utilities Benefit

A utilities benefit may be provided to a client who is eligible for the LI benefit (LI 01) and pays for any of the following utilities: power/electricity; energy/home heating; water and sewer; telephone and laundry

Monthly Fixed Utility Benefit	
Telephone	\$30
Power/Electricity	
First Person	\$84
Additional amount per person	\$13
Maximum amount (5 persons or more)	\$136
Energy/Home Heating	
First Person	\$93
Additional amount per person	\$8
Maximum amount (5 persons or more)	\$125
Water	
First Person	\$50
Additional amount per person	\$6
Maximum amount (5 persons or more)	\$74
Laundry	
1 person	\$10
2 people	\$15
3 people	\$20
4 or more people	\$25

Clients have the option of receiving a fixed utility benefit amount for electricity, home heating and water/sewer services or a benefit amount that covers the actual verified cost of electricity, home heating and water/sewer services.

Clients who use propane, oil or wood for home heating may receive the actual cost for home heating and the fixed rate for electricity or water/sewer.

- Clients may change from actual utility costs to fixed amounts at any time;
- Clients may change from fixed utility amounts to actual costs, once per year, when any outstanding amounts are paid (e.g., after settle-up);
- GST charges are included for clients who pay their own actual utility costs (not on direct payments or electronic billing); and
- Except for clients who use propane, oil, or wood for home heating all utilities are either paid by fixed, or by actual, not some fixed and some actual.

The utility benefit is not provided if the utility has been paid in the month of application. Example: Applicant applies June 15th and has paid utilities for June. No utility benefits are provided for June.

The utility benefit is provided in full if the utility has not been paid in the month of application. Example: Applicant applies June 25th and has not paid utility for June. The utility benefit is provided from the first of the month and is not prorated.

The utility benefit is prorated if the client moves and establishes a utility need after the first of the month (e.g., client moves June 1, but a utility is not connected until June 3, the utility benefit would be prorated from June 3).

Documentation required for a utility benefit:

- Current utility bills (not older than 3 months) in the client and/or spouse's name. If the utility is in the spouse's name only, the spouse must be an eligible family member; or
- Rental agreement, receipt, or other shelter confirmation and a copy of utility bill from property owner where the municipality requires the utility to be in the property owner's name, and the address shown matches the client's address.

Sharing

In shared arrangements, the client on fixed utility benefits receives the full amount for each utility if the client's name is on the utility bill.

If the client chooses to receive actual utility costs (not fixed utility benefits), the actual cost of the client's share is provided when the client's name is on the bill.

If the client and spouse separate and the utility bills are in the spouse's name, funds for utilities are provided when the client provides documentation that the utility bill has been changed to the client's name.

9.12.1. Laundry

Regular laundry benefits are only provided in fixed amounts outlined above. For exceptional laundry benefits, see Chapter 10.2.5.

9.12.2. Telephones

\$30 is provided when clients provide documentation that they have a phone service (includes those who receive the modified LI benefit). This benefit includes a land line at the client's residence or a cell phone with pay as you go or monthly fees.

For "pay as you go" service, the client's name must appear on the activation document or other documents from the service provider. No funds are provided for long-distance charges, deposits, repairs, or internet. For exceptional telephone benefits, see Chapter 10.1.1.

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

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

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

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

9.12.3. Utilities Not in the Client's Name

The actual monthly cost for basic utilities in the client's name is provided to the client with the following exceptions.

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

- there are no more than four separate rental units in the building;

- utility charges are included in the rental agreement;
- the meter for that utility is in the landlord's name;
- copies of the bills indicating the client's share of the costs are provided. (The Assured Income Specialist is not responsible for calculating the client's share of utility charges if the landlord or client submits a billing which includes charges for other tenants); and
- the benefit is proportionate to the number of separate rental units (e.g., 4 suites – client portion cannot exceed 25% of total utility cost).

Funds for utilities may be provided to the client for a utility contracted by the landlord:

Where a municipality will establish a utility only in a homeowner's name and the client is a tenant;

the meter for that utility is in the landlord's name; and

copies of the bill indicating the actual cost are provided.

Funds for utilities may be provided to the client for a utility in another tenant's name:

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

9.12.4. Equipment Rentals

The LI benefit is intended to cover the costs for water heater and water softener rental costs. Water softener rental costs may be provided to homeowners or renters when a physician or other health care professional verifies a need for medical purposes.

Fuel Tank Rental – rental costs are provided to homeowners.

Service Connections

Charges for connecting or reconnecting services for utilities are issued as required. Deposits may be provided for approved moves (see Chapter 9.12.4).

No funds are provided for meter repairs.

9.12.5. Utilities Metered to Publicly Funded Housing

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

9.12.6. Equalized Payments – Settle-up and Cancellation

For clients who choose actual utility costs, the monthly utility payment is the same amount every month. The account may be settled to determine whether there is a credit or debit. Settle up also occurs at moves. When the client moves and the budget billing rate was higher than the actual charges, a refund is made by SaskPower (SP) or SaskEnergy (SE) to the former client or to the ministry, as directed by the ministry.

The equalized payment amount is considered the actual monthly utility charge. The actual amount owing in the settle-up month is provided to the client or vendor. The amount owing is not used to adjust equalized payments for previous months.

Where there is a credit carried forward from the settle-up month, no payment is made until the credit amount is insufficient to cover the equalized payment amount.

9.12.7. Cancellation and Case Closure

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

SP Electronic Billing – SP is advised by Assured Income Specialists when clients whose accounts were paid through electronic payment are no longer eligible for SAID so they can initiate recovery of the deferred arrears from the client. See Chapter 12.10 for cancellation of direct payments.

9.12.8. Utility Arrears – Prior to Application

Funds may be provided for utility arrears outstanding prior to application if there is a threat to the health and safety of the applicant or the applicant's dependants

due to utility disconnection or pending disconnection (as confirmed by the utility provider).

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

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

Utility arrears accumulated while in receipt of SAID

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

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

When clients on fixed utility rates are billed in excess of the fixed rates, a benefit may be provided to cover the actual cost in excess of the fixed rate.

Deferred Utility Arrears

Direct and electronic payment for clients who those who transitioned from SIS to SAID with deferred arrears with SaskPower are continued until benefits are cancelled or when the arrears are fully recovered.

9.12.9. Wood and Water Delivery

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

Wood Guidelines

Payments for wood are paid directly to the recipient and are based on the following guidelines. These guidelines are minimum rates and usage. No receipts

or reconciliation are required when paying the guideline rates and usage per month.

Summer/Winter	Average Number of Loads per Month	Allowable cost per half-ton load (approximately ½ cord)
For period April to September (summer)	1.5	\$120.00
For period October to March (winter)	2	\$120.00

Note: the \$120.00 rate includes the cost of delivery. If the wood costs with delivery are higher than the guidelines, a reconciliation using receipts is completed at least every 2 months.

Where recipients are hauling their own wood, mileage rates may be provided where the total cost of the wood and delivery exceed \$120.00 per load. See Chapter 10.5 for mileage rates.

9.12.10. Garbage/Recycling Pick-up and Septic

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

9.13. Disability Income Benefit

A \$70 disability income benefit is provided to each adult who is assessed as an eligible client and is living in private housing, room and board, or a rooming arrangement.

A \$70 disability income benefit is also provided to an eligible client's spouse if the spouse has a disability which limits ability for employment or training for more than 12 months, but the disability impact is not significant or enduring to the extent that the spouse meets SAID eligibility criteria (see Chapter 2.2).

9.14. Family and Residential Support Benefits

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

9.14.1. Level-of-Care and Group Home Benefits

Disability Programs approved private-service homes and group homes. A rate of \$410 is provided for board and room. Funding for board and room costs exceeding \$410 may be provided through Disability Programs to the home operators. Personal living and other benefits are provided.

Approved Private-Service Homes and Mental Health Approved Homes

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

Daily Living Support Assessment	Effective May 1, 2024
Level 2.0	\$1,470/month
Level 2.5	\$1,748/month
Level 3.0	\$1,959/month
Level 3.5	\$2,247/month
Level 4.0	\$2,529/month
Level 4.5	\$2,818/month
Level 5.0	\$3,099/month

Mental Health group homes are grant funded by the Ministry of Health.

Personal Care Homes – Effective May 1, 2023, the following rates are paid for adults with a disability who receive services in private homes licensed under *The Personal Care Homes Act*.

- Level II \$1,427 per month
- Level III \$1,901 per month

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

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

Determining Level-of-Care and Effective Date of Payment

Approved Private Service Homes

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

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

Personal Care Homes and Family Homes

To determine a level-of-care, form 1093 is completed by a physician within 60 days. Temporary benefits (see Chapter 8.1) are provided until form 1093 is received.

Those assessed as level 2 or higher meet the criteria of having a significant and enduring disability (see Chapter 3.1.1). In disputed cases (e.g., level 2 vs. level 3), a second medical report is obtained, and a further determination is made by the Assured Income Specialist.

If the applicant disagrees with a level-of-care assessment of less than level 2, a SAID disability assessment may be conducted to determine eligibility for SAID. If the assessment determines that the applicant has a significant and enduring disability and is eligible for SAID, level 2 rates may be provided (the SAID assessment score does not establish a level-of-care rate).

No further assessments are required unless it is evident the disability impact has changed. Clients are advised of their right to appeal.

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

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

Special Care Facility Benefit (Special Care Homes/Hospitals)

Special Care Homes– Clients living in Special Care Homes as defined under *The Facility Designation Regulations* are required to pay a resident charge as determined by Health. The resident charge is adjusted quarterly, and changes are made automatically.

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

Facilities Providing Specialized Services

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

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

9.14.2. Activity Benefit

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

SAID Program Verification/Document Requirements

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

Policy Reference	Verification Client’s Verbal Statement should be noted in a chronological recording	Documentation
<p>9.1. Living Income Benefit with Shelter –own home, joint title, agreement for sale, direct mortgage payments, rent, room and board</p>	<ul style="list-style-type: none"> • Room and board – client verbal statement • Room rental – client verbal statement 	<ul style="list-style-type: none"> • When no hardcopy confirmation is initially provided, the supervisor may, for one month only, approve shelter providing there is corroborating evidence that the client is unable to obtain the required confirmation. This decision is recorded in a chronological recording. No additional payment is made until a hardcopy confirmation is obtained. Subsequent shelter payments are not provided until documentation is received unless there are exceptional circumstances (e.g., client faces immediate eviction, landlord or client is hospitalized)

		<p>and will require supervisor's approval. See delegation of authority.</p> <ul style="list-style-type: none"> • Renters – rent receipt (current or last month if there is no change in address), rental agreement for the current address, proof of payment (cashed cheque or directdebit or payment) at application or move, form 1006, rental increase notice including shared arrangements. No documentation is required when rent is provided by joint payment or to a trustee. • Social Housing – no rent receipt required • Homeowners – proof of payment (e.g., bank statement), certificate of title, mortgage/loan agreement, home insurance and tax statements • Joint Title – proof of payment, certificate of title, mortgage/loan agreement
--	--	---

		<ul style="list-style-type: none"> • Agreements for sale – copy of agreement
9.6. Living arrangements – shared room, room rental	<ul style="list-style-type: none"> • Client verbal statement (as described by client) 	<ul style="list-style-type: none"> • Form 1001a • Form 1006a
9.8. Assisted Living		<ul style="list-style-type: none"> • Rent receipt or lease agreement
9.11. Accommodation away from home	<ul style="list-style-type: none"> • Staying with family or friends – client verbal statement 	<ul style="list-style-type: none"> • Hotel – statement, invoice, or receipt
Utilities	<ul style="list-style-type: none"> • Telephone – three-year review verification for “pay as you go” cell phones when current documentation is not available: chronological recording indicating worker has verified service by either calling the phone number listed on the original “hook-up” document and talking to the client, or having the client bring the phone in and checking it is still activated. • Land line – call to confirm at three-year review. 	<ul style="list-style-type: none"> • Telephone – Statement, contractor other form of documentation confirming phone service in • client’s name or if bill not in client’s name, confirmation of land line at client’s • address with supervisor’s approval • Utility bills in client’s name • Utilities metered to landlord or –copy of bill or documentation from landlord • Utility services supplied only in the owner’s name – rental agreement and copy of bill signed by landlord • Utility services only in one tenant’s name in shared

		<ul style="list-style-type: none"> • arrangement – copy of bill signed by customer with whom client shares • Social housing – copy of rental agreement • Receipts for wood/water, fuel tank rental and delivery costs. For wood costs, if the cost is within the guideline rates, no documentation is required. • EPP – bill in client’s name, at rate change or move • Electronic billing on SWIN when utility bills not provided by vendor
9.12.8. Utility Arrears		<ul style="list-style-type: none"> • Utility bill, disconnection notice
9.14.1. Level of Care		<ul style="list-style-type: none"> • Front page of Daily Living Support Assessment (DLSA) for Approved Private Service Homes or memo from Mental Health • Form 1093
9.14.2. Activity Benefit	Client receiving level of care in a licensed facility	

Delegation of Authority

<p>S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team</p>

Approval Items	Reference	Approval Required
Granting shelter without documentation	9.1	S
Telephone in exceptional circumstances	9.12.2	S

The Saskatchewan Assured Income for Disability Program	
Chapter 10	Legislative Authority
Exceptional Needs Benefit	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 22, 23, 24, 25, 26, 27, 28, 29, 30, and Table 2

10. Exceptional Needs Benefit

Intent

Benefits may be provided for certain items of exceptional need for disability and non- disability related expenditures. When eligibility for financial and/or health benefits is established, clients are nominated for supplementary health benefits.

Policy

Approval of the Manager, Service Delivery, is required for requests over \$5,000 in a fiscal year (April 1 – March 31) for items defined in Regulations - Section 23, 27, Items 16, 20, 36, of Table 2.

10.1. Exceptional Needs Benefits

10.1.1. Special Telephone Equipment

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

10.2. Exceptional Disability-Related Supports Benefits

10.2.1. Clothing recommended by physician or a health professional

Where not otherwise provided, a benefit for clothing may be issued for:

- incontinence briefs/napkins used as clothing, except for those receiving palliative care. An average monthly cost of incontinent supplies is established, and actual costs are reconciled annually. The under or overpayment is calculated at year end and a new average is established if

necessary. Where actual costs are paid, an invoice, statement or receipt is required;

- special brassieres and wigs based on demonstrated need;
- clothing necessary due to extraordinary (e.g., rapid, more than 25 pounds) weight change;
- diabetic, support, or compression stockings; and/or
- therapeutic or modified footwear when the footwear is required due to a physical or medical condition, and it is not covered by Saskatchewan Health (includes footwear replacement where there is no change in the condition).

*For clothing advances see Chapter 16.4.

10.2.2. Special Food Items

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

The special food benefit is provided to:

- those who receive the LI benefit (LI 01) or Modified LI benefit (LI 05); and
- children with special dietary requirements

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

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

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

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

Special Diet Rates	Benefit
Calories (all age groups) – for diabetes, weight reduction and modified fats (low cholesterol):	
1900-2499	\$27
2500 +	\$42
Dialysis	\$35
Food Supplements	actual cost

High Protein Diet – for acute conditions where the treatment is intensive and for a specified time period	\$53
Pregnancy or Lactation	\$48
HIV or AIDS (to include food supplements)	\$140

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

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

For those in CLSD group homes the total amount of the special diet, minus \$140, is provided.

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

Other than CLSD group homes (as noted above) funds for special diets are not provided to those receiving level-of-care benefits except when tube feeding is required. For these clients the actual cost for food used for tube feeding products, minus \$120, is provided.

Food supplements:

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

Special Diets for those unable to eat solid food:

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

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

10.2.3. Home Care Services

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

A home care benefit may be provided in exceptional circumstances with the supervisor's approval for services provided other than through the Saskatchewan Health Authority.

This is not intended to compensate family members providing home care.

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

10.2.4. Attendant Care

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

10.2.5. Laundry Service

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

10.2.6. Household Task Benefit

\$25 per month may be provided for the purchase of services (e.g., snow removal, lawn care and/or wall washing) necessary to maintain a home if the spouse or dependant is unable to perform the tasks. The benefit may be provided to renters as well as homeowners except for those who rent rooms or who share accommodation with others.

10.2.7. Service Animals

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

10.2.8. Adult Respite Care

Respite care is temporary care of a person with a disability that provides relief for the usual caregiver.

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

No funds are provided for adult or children's respite care in any other circumstance.

10.3. Disability Related Mobility Aids, Devices and Equipment Benefits

A benefit may be provided for the following:

- Wheelchair/Mobility Scooter repairs – required for mobility purposes related to a disability. Funds may be provided for reasonable repairs, including batteries, for equipment clients own if Saskatchewan Aids for Independent Living (SAIL) or Workers' Compensation Board (WCB) is not a resource;
- Ceiling lift and hoist repairs – required for mobility purposes related to a disability. Funds may be provided for reasonable repairs, including batteries, for equipment clients own, if SAIL or WCB is not a resource;
- Assistive Technology Device repairs – assistive technology devices required for disability-related reasons (e.g., alternative communications device, dynavox). Funds may be provided for reasonable repairs, including replacement of batteries for equipment clients own if SAIL, WCB, or other resources are not available; and/or
- Funds are not provided for the initial purchase of a device, the addition of software or other components or for any portion of the replacement cost of a device if it cannot be repaired.

10.4. Special Benefits for Children

10.4.1. Transition Benefit for Children (TBC)

Benefits for children are provided through the Canada Child Benefit (CCB).

Parents or caregivers must apply for the CCB immediately when there is a change in the number of dependents. The Transition Benefit for Children may be provided in absence of the CCB in the following instances:

One Month Non-Recoverable Benefit

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

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

The TBC benefit is issued for a maximum of one month with the exception of refugee claimants and displaced Ukrainians who are in Saskatchewan under the Canada Ukraine Authorization for Emergency Travel (CUAET) where the benefit is ongoing as long as they maintain eligibility. Refugee claimants are eligible to receive this benefit until their claim and all associated appeals have been determined by the Immigration and Refugee Board.

The benefit is provided for the following children:

- newborns
- youth returning from custody facilities to parents/caregivers
- children returning to care of parents or caregiver from foster care, alternate care, or placement with a designated person of sufficient interest
- Canadians returning from out of the country who are not receiving CCB payments
- refugee claimants (see Chapter 2.7.4) who do not qualify for federal CCB payments. For these refugee claimants, the non-recoverable benefit:
 - must be reviewed monthly and may be extended; or
 - can be issued to those awaiting a claim or appeal decision from Immigration, Refugees, and Citizenship Canada
- a Canada Ukraine Authorization for Emergency Travel (CUAET) client.
 - Must be reviewed once the client has been in Canada for 18 months;
 - This benefit will be ongoing until the child is eligible to receive the Canada Child Benefit.

Emergency benefits for those not eligible for the TBC

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

10.4.2. Education Expenses for Children

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

For each child age 5*	\$ 60
For each child age 6 – 13*	\$ 105
For each child age 14 and older	\$ 160
*Children age 5 in grade 1 receive	\$ 105
*Children age 13 in grade 9 receive	\$ 160

A \$60 School Expenses benefit is provided for children ages 3 and 4 when they are enrolled in a Ministry of Education Pre-Kindergarten program (a verbal declaration of enrollment is accepted).

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

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

Tuition – Tuition fees are the responsibility of school boards.

10.4.3. Child Care

No funds are provided when:

- Family or friends do not charge for services;
- There is an active Child and Family Programs child protection case and the need for childcare is related to the Child and Family Programs case plan; or
- The child is in pre-school unless the pre-school is used for childcare while the parent is in training or is employed.

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

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

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

Funds may be provided in the following circumstances:

- a parent(s) is employed or in training;
- a parent is required to seek employment;
- a parent due to illness or disability is unable to care for a child(ren);
- a child is hospitalized and there are children at home;
- for participation in an approved plan (e.g., AA, support group sessions);
- a parent attends the Fine Option program; and/or
- when child care is required for reasons outlined in Chapter 10.5 – Transportation

Licensed Child Care

Actual cost of licensed child care will be provided to the client in the following circumstances:

- they are employed or self-employed (or on a temporary leave) and require child care to maintain employment;
- they are engaged in a formal education or training program;
- they require medical or rehabilitation services for a condition that prevents them doing any of the above;
- the child has special needs which necessitate child care; or,
- exceptional circumstances as approved by a Manager.

Clients who have received an equivalent benefit through the Child Care Subsidy cannot receive funds for licensed child care in SAID, as per subsection 104(7) of *The Child Care Regulations*. The Child Care Subsidy file will need to be closed to access this benefit through SAID.

If the child in licensed child care is under the age of 6, a flat rate of \$217.50 per month will be issued to the client. No verification document is required. If the child is 6 years of age or older, an invoice or receipt from the child care provider is required to determine the actual cost. A new invoice or receipt will only be required if the amount charged by the child care provider changes.

10.4.4. Pre School

Funds are not provided unless the pre-school is used for childcare while the parent is in training or is employed.

10.4.5. Active Child Protection Cases

Funds are not provided for family support services funded through Child and Family Programs.

10.4.6. Special Maternity and Infant's Clothing

A benefit may be provided as follows for:

- Maternity clothing - \$150
- Layette for newborns (e.g., clothes, bedding) - \$110 per newborn.

10.4.7. Child Access (Visiting Children's) Benefit

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

10.5. Transportation Benefits

Clients are expected to meet their normal travel costs including the cost of license plates from the monthly LI benefit. Clients are expected to seek services from the location nearest their home community. Funds for travel costs are not provided

for visits between non-custodial parents and their children. Ambulance services and some other medically related transportation services are provided by Health.

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

Mileage rate (funds to cover gas, oil)

For those residing south of the 54th Parallel

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

For those residing north of the 54th Parallel

- 24 cents per kilometer for a private vehicle
- 29 cents per kilometer when a driver other than a member of the family unit is required because the client is unable to drive or has no access to a vehicle. (1 mile = 1.6 kilometers)

Travel benefits are provided in the following circumstances:

10.5.1. Medical Purposes

Travel for medical purposes may be provided. Clients are expected to seek services from the location nearest their home community. Under exceptional circumstances, the supervisor may approve travel to another location within the province (e.g., CLSD client whose behavior cannot otherwise be managed, no pharmacy within the community of residence).

For out-of-province travel, see Chapter 20.1.4.

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

Escorts for Medical Travel

This benefit is related to the medical travel of the client and is not for attendant care or for services required when a client is in hospital or receiving treatment. A travel benefit for one non-medical escort to and from a medical appointment or treatment may be approved, upon a request from a medical professional, Mental Health worker or CLSD worker only when there is a legal or medical requirement such as:

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

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

- a family member who is required to sign consent forms or provide a patient history;
- a reliable member of the community;
- physically capable of taking care of themselves and the client and not requiring assistance or an escort themselves; and/or
- proficient in translating.

Support Person Required for Medical Treatment of Life-Threatening Conditions

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

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

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

10.5.2. Travel needs due to disability

The actual cost or mileage rate is provided to clients with a disability when transportation is required for employment, education, and/or medical purposes.

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

Rates may be negotiated by the Service Delivery Manager for transportation of clients by private carriers (e.g., taxi, bus) when more than one client is transported.

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

Cosmopolitan Learning Centre and Industries Services

Effective December 1, 2016, benefits for travel for Community Living Service Delivery (CLSD) clients to attend programs provided by Cosmopolitan Learning Centre (Regina) and Cosmopolitan Industries (Saskatoon) are not to be provided. Clients who were receiving a benefit for travel to Cosmo prior to December 1, 2016, may continue to do so until March 31, 2017. In exceptional circumstances travel may be provided when approved by the Executive Director, Service Delivery.

Travel for other purposes (e.g., medical) and/or individuals who are not clients of CLSD may be provided in accordance with this policy.

10.5.3. Registered Indians

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

10.5.4. Northern Travel

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

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

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

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

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

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

10.5.6. Travel costs to take children to childcare

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

10.5.7. School transportation benefits

Funds for the actual cost or mileage rate is provided for children attending elementary (includes a Ministry of Education Pre-Kindergarten program) or secondary school when transportation is not provided by the school board and when children live more than one kilometer or eight blocks from school or the distance determined by school boards.

10.5.8. Travel for special needs children in a licensed childcare facility

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

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

- Attend a job interview outside the community of residence within Saskatchewan where a similar opportunity does not exist within the community.
- Accept confirmed employment or attend a training program outside of the community of residence.
- Participate in an approved participation plan (e.g., AA, counselling, support group sessions for abused persons or abusers). When there is an active protection case, no benefit is provided for travel related to the Child and Family Programs case plan.
- Attend one visit with a family member with life threatening illness and/or a funeral service for a family member. Family member includes: grandchildren and the family who raised the client (parents, grandparents, siblings). Funds may be provided within or outside the province for a family member. The decision as to the number of family members who receive a

travel benefit is based on specific circumstances. A maximum amount up to \$400 per family unit may be provided. The rate includes travel, accommodation, meals, and childcare costs.

- Visit a member of the family unit (client and his or her dependants – spouse, children) with a serious medical condition and/or attend a funeral service of a member of the family unit. The actual cost of public transportation or the mileage rate, whichever is most economical, is provided.
- A client with a disability to visit a parent once a year, where the visit takes place outside the community of residence within the province and the parent is a SAID client or SIS recipient and is unable to travel due to disability. A maximum of \$400 may be provided. The actual amount is provided if the costs are less than \$400. The rate includes travel, accommodation, meals, and childcare costs.
- For a custodial parent to visit child(ren) in residential care (e.g., hospital) as part of an approved plan where the visit takes place outside the community of residence.
- Attend regional or provincial appeal hearings outside the community of residence, if requested.
- Attend legal aid offices.
- Travel to or from family shelters.
- Attend court appearances within the province - criminal, Family Programs, divorce, child custody/access unless travel costs are provided by another agency/ministry (e.g., Ministry of Justice and Attorney General for subpoenaed witnesses)
- Attend mandatory parent education classes as part of a separation or divorce action.
- Attend an initial visit with birth parents or biological son or daughter within or outside the province. Funds to a maximum of \$400 may be provided.
- Attend a local service centre outside of the community of residence to pick-up SAID benefit cheques in the event of postal disruption.
- Attend disability assessment or reference person sign-off

10.6. Housing Supports Benefits

10.6.1. Shelter Arrears Prior to Application

Mortgage or tax arrears accumulated prior to application may be paid only if the health and safety of the client is threatened and if the unpaid arrears were a

result of lack of funds in the past. Minimal amounts to prevent eviction may be provided.

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

Factors to be considered include:

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

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

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

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

10.6.2. Shelter Arrears While on SAID

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

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

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

Example: Shelter portion of the LI benefit is \$474. Actual rent is \$650

- Client is in arrears of \$650 (one month). An emergency advance for arrears is \$650 which is considered an overpayment.

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

10.6.3. Security Deposits

Clients whose benefits are discontinued due to employment may receive funds for a security deposit in an amount up to the approved shelter portion of the LI benefit.

Payment is made to the client.

10.6.4. Repairs to the Primary Residence

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

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

Clients are expected to cover minor home repairs or maintenance needs through the LI benefit. Advances may also be requested to meet these needs. See Chapter 16.4 for advances.

10.6.5. Household Equipment, Furniture, Furnishing and Supplies

Clients are expected to provide for their household furnishings through the monthly LI benefit. No benefit is provided to those receiving a modified LI benefit, room and board or room rental arrangements, licensed care, or family homes except for infant cribs. No benefit, except for infant cribs, may be provided to clients who have been in receipt of benefits for less than 12 consecutive months unless the need is urgent, approved by the supervisor, and is limited to situations in which not having the item poses a health or safety threat.

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

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

Estimates or receipts are not required when using cost guidelines. The following cost guidelines are used:

Basic Household Equipment and Supplies	Cost	Basic Furnishings	Cost
Cleaning utensils	\$15	Beds	\$250
Cooking Equipment	\$80	Chest of Drawers	\$110
Curtains	\$45	Cribs	\$210
Dishes	\$30	Highchair	\$60
Linens	\$75	Kitchen Table and Chairs	\$250
Lamps	\$45	Sofa and Chair	\$350
		Fridge	\$540
		Stove	\$500
		Washer	\$450
		Dryer	\$320
		Vacuum Cleaner	\$125
Delivery and taxes to be added.			

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

Advances and Household Equipment, Furniture and Supplies

An advance is the first resource when replacing or repairing household items (e.g., fridge, stove, washer). See Chapter 16.4 for advances. A special needs benefit may be provided in addition to the advance if the advance is not sufficient to cover the cost.

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

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

10.6.6. Moving Costs

Within Province

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

Once per year

- for medical or health purposes

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

Once every two years – for eviction

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

The following rates are provided:

- Singles and childless couples \$ 50
- Families \$150

Estimates or receipts are required if the cost will exceed the above amounts.

Out of Province

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

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

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

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

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

Meals – Funds for purchasing meals while moving may be provided:

- \$20 daily per person: \$5/day for breakfast, \$6/day for dinner and \$9/day for supper.

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

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

Moves to Saskatchewan

The Ministry of Social Services will not accept responsibility for moving costs.

Clients may move with the ministry's agreement. For eligibility of those who have received assistance from another province or Indian Band, see Chapter 2.3.1.

10.7. Employment, Training and Transition Benefits

10.7.1. Clothing required for training/graduation

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

- Grade 8 graduation clothing - \$75
- Grade 12 or other graduation clothing/ceremonies - \$175

10.7.2. Expenses incidental to commencing employment

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

Employment Supports (receipts not required):

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

The benefits above may be issued more than once in exceptional circumstances, as approved by the Manager.

10.7.3. Participation Benefit

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

A benefit in an amount not exceeding \$40 per month may be provided for participation in training or a secondary education program. The benefit is provided from the date the case plan is approved or the month the program commences, whichever is later. The benefit is not prorated for attendance, date of commencement or date of completion.

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

Training program related costs approved by Assured Income Specialist:

Transcripts - Funds may be provided for transcripts required for training programs.

Deposits

- Deposits may be provided for approved training
- Course-related costs for online high school courses where this is the only reasonable means for the client to complete high school and it is part of an approved participation plan.
- No book deposits are provided other than a GED book deposit. No other costs are provided.

- Funds for other costs such as criminal records checks, processing fees, Hepatitis B immunization may also be provided.

10.7.4. Evaluation Program - SaskAbilities

Referrals to the Workforce Development for Persons with Disabilities (WFDPD) are made when clients meet the criteria of that program. WFDPD does not provide training allowances for clients who attend short term (30-day or less) vocational assessments. WFDPD pays the assessment fees and clients continue to receive SAID benefits including travel.

10.7.5. Education and Training Incentive (ETI) – Regulation Section 28.11 – 28.9

The Education and Training Incentive provides financial support for individuals who attend Adult Basic Education, workforce development or skills training programs approved by the Ministry of Immigration and Career Training (ICT).

Eligibility for the Education and Training Incentive

To be eligible for the ETI, the client must:

- be enrolled in an approved ETI program through a post-secondary institution or career services supplier;
- be enrolled in full-time studies, unless approved for an extended program plan as a disability accommodation, that is recommended by the post-secondary institution or career services supplier;
- maintain academic and regular attendance requirements, and make satisfactory progress in their studies as determined by the post-secondary institution or career services supplier; and
- maintain SAID eligibility requirements.

The ETI benefit is approved by the Ministry of Social Services. A client is not eligible for the ETI if they have already received ETI benefits for 36 or more months in their lifetime. The ETI may be extended beyond 36 months on the recommendation of the post-secondary institution or career services supplier where they determine exceptional circumstances exist.

Adult(s) in approved educational program	Amounts
One adult without dependants	\$50

Two adults (both in an approved educational program) without dependants	\$100
A single individual or couple (one or both adults in an approved educational program) with one dependant child	\$100
A single individual or couple (one or both adults in an approved educational program) with two or more dependant children	\$200

The ETI is provided on a monthly basis for each month the client is enrolled and attending an approved course. The full ETI is provided for each month the client is participating in their educational program, regardless of the program start or end date. The ETI is prorated for the first month of eligibility, based on the eligibility date for SAID (e.g., ETI eligibility starts on the 10th of the month but SAID eligibility starts on the 15th of the month, ETI would be prorated to the 15th of the month).

When a client does not meet the academic and/or attendance requirements or discontinues from the educational program, the ETI is discontinued effective the last day of the month in which they last attended their approved educational program.

10.7.6. Continued Program Benefit (time limited)

Education and Training Incentive clients are eligible for a Continued Program Benefit if they were in a Provincial Training Allowance program that ended immediately prior to June 30, 2022 and will be in continuous study in that exact same program in the summer or fall 2022. The Continued Program Benefit maintains the level of benefits clients had been receiving from the Provincial Training Allowance.

The Continued Program Benefit amount is calculated based on individual circumstances and the amount does not fluctuate once it is established. Other SAID benefits will be adjusted based on the client’s eligibility. The Ministry of Social Services will advise the client regarding any changes to their SAID eligibility and/or benefits upon a change in circumstances.

The Continued Program Benefit will not be provided for clients who complete or discontinue their current program. A client who had previously received the Continued Program Benefit is not eligible for the Continued Program Benefit if they enroll in another approved educational program at a later date. They may, however, be eligible for the ETI if all eligibility requirements are met.

10.8. Funerals

Intent

This section outlines the funeral and funeral related benefits that may be provided by the Saskatchewan Assured Income for Disability program (SAID), the eligibility requirements for the benefits, the applicable benefit rates, and the delegated authority for decisions.

Policy

To provide the funeral and/or funeral related benefits, all eligibility criteria must be met. Where criteria are met, the ministry may provide funeral benefits to assist with funeral and related expenses for an existing SAID client, their spouse, and/or their dependent children who was in receipt of SAID benefits at the time of death and who has insufficient liquid assets as defined in 10.8.1 below.

For individuals who pass away and are not in receipt of SAID benefits, but require assistance with funeral costs, an application may be made for funeral benefits through the Saskatchewan Income Support (SIS) program. Applications for funeral benefits are to be made by telephone and may be made by the next of kin, a relative, the Executor, or another responsible adult. In the absence of these individuals, the funeral director may make the application.

As a condition of eligibility for the funeral benefit and where the ministry pays for the funeral, the applicant for funeral and related expenses will agree to the CPP Death Benefit being collected by the ministry. In those situations where the family or next of kin has applied for the CPP Death Benefit the ministry will seek repayment from that person.

SAID benefits related to the death of an individual are not provided for any actual amounts or additional expenses, other than those noted in this policy.

Designated Decision-maker

Section 91 of *The Funeral and Cremation Services Act* lists the person(s) eligible to be the authorized decision maker in priority order. Only the authorized decision maker has the right to control the disposition of the deceased's remains. Where there is no person, other than a funeral director, who is willing or able to act as the authorized decision maker, the Minister of Social Services may designate a decision maker through a Minister's Order. The designated person can be any person at the discretion of the Minister. In these instances, the designated person has the right to control the disposition of remains by burial and does not have the authority to authorize cremation. A ministry employee does not have authority to act as the applicant or decision-maker for the deceased person unless specifically named in a Minister's Order.

10.8.1. Eligibility – Regulations Section 24

When determining eligibility, the combined cash value of all liquid assets is reviewed and assessed, and includes but is not limited to:

- cash on hand;
- an amount on deposit in a financial institution or held by a third party that must be paid to a household member on demand;
- a debt held by a third party that must be paid to a household member on demand;
- the cash surrender value of a life insurance policy;
- the realizable value of:
 - a stock, bond, share in a corporation or other security;
 - a mortgage or agreement for sale;
 - a bequest pursuant to a will;
 - an award of damages pursuant to a court decision;
 - a settlement of a claim;
 - a pension fund that is not locked-in;
 - a Registered Retirement Savings Plan (RRSP) and/or a Registered Disability Savings Plan (RDSP) as defined in section 146 of the *Income Tax Act (Canada)*;
 - a registered retirement income fund as defined in section 146.3 of the *Income Tax Act (Canada)*; and/or
 - a beneficial interest in an asset that is held in trust.

The request for SAID funeral benefits is denied if:

- the combined liquid assets of the estate meet or exceed:

- \$4,500 plus the value of the pre-approved transportation costs where there are no additional fees for plot opening and closing services.
- \$4,500 plus the actual cost of plot opening and closing services, plus, where applicable, the value of the pre-approved transportation costs; or
- the total of \$6,500 where plot opening and closing services are required but the cost is unknown, plus, where applicable, any pre-approved travel costs;
- the funeral costs have been pre-paid by the client or another party; and/or
- the funeral benefit application was made more than 90 days after the date of the burial and no exceptional circumstances are present, unless approved by Supervisor.

Where eligibility is confirmed, as per Section 10.8.1, the ministry will provide:

- a \$4,500 flat rate funeral benefit;
- If required, the actual cost of opening and closing the burial plot; and/or
- costs for transportation that exceed 50 kilometres (roundtrip) outside the community of residence of the deceased. Transportation benefits must be approved in advance by the Supervisor.
- The ministry will not seek reimbursement from the estate for any funeral benefits it provides unless it is later determined the assets of the estate were sufficient to cover the costs. Reimbursement will also not be deducted from any payable SAID benefits for which the client was eligible before death.

10.8.2. Amount of Benefit – Regulations Section 24

Flat rate benefit

A flat rate of \$4,500 is provided to the funeral service provider to cover funeral expenses.

The flat rate benefit includes:

- Professional and staff services including coordination and arrangement of bereavement rights and ceremonies with the authorized representative of the deceased.
- Completion and filing of all documents necessary to carry out the services and supplies requested, including, but not limited to, death registration, obtaining a cremation and / or burial permit, and other mandatory documents.

- Use of funeral home facilities and equipment including service areas, preparation room, parking.
- Transfer of deceased from the place of death within 50 Km; including use of hearse or other transfer vehicle.
- Transfer of the deceased to the cemetery or crematorium as required.
- Sanitary care and preparation of the deceased: dressing, hairdressing, casketing to prepare the remains for bereavement rights and ceremonies as requested.
- Embalming fee and/or cremation fee.
- A casket (specific minimum at the discretion of the funeral home).

Items not included in the flat rate benefit

Additional items and services that are purchased by other parties and not included in the funeral benefit amount may include but are not limited to: casket upgrade; flowers; honoraria; memorial books and stationery; obituary notice; and facility charges for receptions or wakes and catering.

Cemetery Plot Opening and Closing

The actual cost for the opening and closing of the cemetery plot and any other fees required for burial will be reimbursed to the funeral service provider, cemetery, or municipality upon receipt of the invoice from the funeral service provider, or the municipality for this service.

The cost of the grave liner, vault, or wood box (where mandatory as determined by the municipality/cemetery) will be paid as part of the opening and closing of the grave costs.

Transportation of Deceased Outside Community of Residence

In addition to the flat rate funeral benefit, funds for transportation of the deceased may be provided when mileage exceeds the first 50 kilometres (round trip) and where the funeral and/or burial is in a location other than the client's municipality of residence at the time of their death. The amount provided is only for the number of kilometres greater than the first 50 kilometres round trip.

Supervisor approval must be given in advance where transportation costs are required (for example, when the person passes away in a location other than the municipality of their residence).

The kilometre rate is the Government of Saskatchewan published rates. Transportation is limited to the boundaries of the province except for the cities of Flin Flon and Lloydminster.

In situations where ground transportation is not available, the actual cost of alternate transportation may be approved by the Manager.

Funds for costs to transport the deceased to a location other than that of the funeral for burial site are not provided through SAID.

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

CPP Death Benefit

Where the ministry pays for the funeral, and as a condition of eligibility for funeral benefits, the applicant for funeral and related expenses will agree to the ministry applying for and collecting the Canada Pension Plan (CPP) Death Benefit.

In those situations where the Executor, a family member or next of kin has applied for the CPP Death Benefit the ministry will make efforts to seek repayment from that person.

Payment Process

All funeral benefit payments are made to the funeral service provider. Payment for cemetery plot opening and closing costs (including the costs of grave liner, vault or wood box as charged by the municipality) may be made to the funeral service provider or the municipality. When the ministry pays a vendor directly for services, GST is not included in the payment.

10.9. Advocates

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

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

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

10.10. Northern Living Supplement Benefits

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

Northern Communities/Northern Living Supplement Benefits

Air Ronge	Denare Beach	Jans Bay	Patuanak	Stony Rapids
Barthel	Deschambault Lake	Key Lake	Peerless	Sturgeon Landing
Beauval	Desharme Lake	Key Lake Mine	Pelican Narrows	Sucker River
Beaver lake	Dillon	Kinoosao	Pemmican Portage	Timber Bay
Black Point	Dipper Lake	La Loche	Pierceland	Turnor Lake
Brabant Lake	Dorintosh	Landing	Points North Landing	Waterhen Lake
Buffalo Narrows	Elak Dase	Loon Lake	Primeau Lake	Waterloo Lake

Camsell Portage	Eldorado	Makwa	Rabbit Lake Mine Site	Weyakwin
Canoe Narrows	Fond Du Lac	McLennan Lake	Rapidview	Whelan
Cluff Lake Mine Site	Garson Lake	Meadow Lake	Sandy Bay	Wollaston Lake
Cole Bay	Goodsoil	Michel	Sled Lake	
Collins Bay	Grandmother Bay	Missinipe	Southend	
Cree Lake	Green Lake	Molanosa	St. George's Hill	
Creighton	Ile a la Crosse	Montreal Lake	Stanley Mission	
Cumberland House	Jane Lake	Neeb	Stony Lake	

10.11. Pest Control

If a client is responsible, funds may be provided if this is a more economical alternative to replacing essential furniture items. If the client claims no responsibility, or if the client lives in a multi-unit building (where treatment of one area will be ineffective) he/she contacts the landlord and requests pest control. If refused, the client contacts Public Health regarding a pest control order. If that fails, the client may apply for an emergency order through the Office of Residential Tenancies (ORT).

10.12. Exceptional Circumstances Benefits

This section is not to be used for granting items not allowed in Chapter 10.1 to 10.9 or for items such as organization fees, weight control programs, music lessons, health or medical items not covered by the Health Ministry (e.g., bubble pack for medication, blood pressure monitor, or over the counter drugs), respite, or legal fees.

A benefit may be provided for:

- Clothing supply seriously depleted – a clothing benefit may be provided if the clothing supply is seriously depleted at the time of application as a result of a disaster or due to extraordinary circumstances.
- Equipment or services for those who have a hearing impairment such as master alert, door beacon, shake awake alarm, interpreter fees, etc.
- Bank Searches and Financial Audits – The ministry pays for service charges incurred in obtaining necessary financial records and conducting audits.
- Certified Copies of Maintenance Orders – Payment may be provided to obtain certified copies of maintenance orders granted in other provinces or countries. There is no charge for maintenance orders from Saskatchewan.
- Medic alert bracelets and related costs (e.g., registration) as recommended by a medical professional (form 1092).
- House Locks – Funds may be provided where safety is a concern whether for accommodation that is owned or rented.
- DNA Blood Testing – Funds may be provided for costs associated with testing required to determine paternity. Testing must be recommended by a lawyer. Whether payment is made is also based on the likelihood of the respondent being a viable financial resource and the potential for successful enforcement of a maintenance order. The ministry will make payment for testing of the client and child only, not the respondent. Payment may be made in advance, if requested.
- Identification – Funds may be provided to the client to obtain documents necessary to confirm eligibility, support a participation plan, pursue education or training, or other exceptional circumstances. The minimum funds required to access identification (such as a birth certificate or non-licensed photo identification) will be provided. This benefit is not intended for acquiring a driver's license or to pay for driver training. If a copy of the identification is not provided within 2 months of the benefit being provided, an overpayment is assessed. In exceptional circumstances, an extension may be approved by a Supervisor.
- Crutches – funds may be provided in emergency situations.
- Storage – Funds may be provided on a short-term basis when clients are unable to move furnishings immediately in such circumstances as:
 - leaves an abusive relationship;
 - new accommodation is not available when anticipated; and
 - short-term admission for health care.

- Funds may be provided for transfer of legal title when an agreement for sale or home purchase loan is completed and fully paid, and the title is solely in the client’s name.
- Funds to pay for probating a will to allow for transfer of title of property inherited by client.
- Mandatory methadone lock boxes for individuals receiving methadone treatment.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification Client’s Verbal Statement should be noted in a chronological recording	Documentation
10.1.1. Special Telephone		<ul style="list-style-type: none"> • Phone bill • First Alert, Life Line – diagnosis of life-threatening illness and recommendation by physician, contract • of monthly bills
10.2.1. Clothing	Client verbal statement for: <ul style="list-style-type: none"> • Commencement of training • Graduation clothing 	<ul style="list-style-type: none"> • Medical clothing – physician or health professional recommendation – form 1092, form 1093, Daily Living Support Assessment (DLSA), note or verbal statement. Receipt required. Copy of requisition for footwear replacement. • Incontinence costs are reconciled annually. • Statement, invoice receipt for actual cost.

10.2.2. Special Food	<ul style="list-style-type: none"> • Lactation – client verbal statement • Infant formula – verbal statement • Specialized formula – health professional 	<ul style="list-style-type: none"> • Form 1092 – required annually. • Pregnancy – statement from physician or health professional • Food supplements and infant formula – receipt or statement
10.2.3. Home Care		<ul style="list-style-type: none"> • Home care bill or statement
10.2.5. Laundry – medical		<ul style="list-style-type: none"> • Form 1092 (if not already on file)
10.2.6. Household Tasks	Client verbal statement spouse or dependant unable to perform household tasks	<ul style="list-style-type: none"> • Form 1092 already on file
10.2.7. Service Animals		<ul style="list-style-type: none"> • Guide/Service dog – veterinarian’s bills or statement, service dog training certification documents
10.3.1. Disability related mobility aids, devices, equipment repair	Client verbal statement for: <ul style="list-style-type: none"> • wheelchair repair • ceiling hoist repair 	
10.4.1. Transition benefit for Children (TBC) – One month Non-recoverable	Client verbal statement not receiving CCB; Verbal statement from Child and Family Programs if child in care or custody	<ul style="list-style-type: none"> • Form 1243 for newborns
10.4.1. Transition benefit for Children (TBC) Canada-Ukraine Authorization for		<ul style="list-style-type: none"> • Travel documentation: A visa or counterfoil (a special sticker added to a passport page) is a travel document; it demonstrates that they were approved to

<p>Emergency Travel (CUAET) client</p>		<p>travel to Canada under the CUAET measures, but it is not evidence of temporary resident status. A fee exemption code “999” will appear on temporary resident visa and temporary resident permit counterfoils</p> <ul style="list-style-type: none"> • A status document: Which identifies Visitor Record, Study Permit, Work Permit or Temporary Resident Permit printed on the form IMM1442B
<p>10.4.2. Educational Expenses</p>		<ul style="list-style-type: none"> • Receipt or statement of costs for home economics, industrial arts projects and/or credit physical education classes or fees for summer school
<p>10.4.3. Child Care</p>		<ul style="list-style-type: none"> • Receipt or statement from caregiver if above the guidelines • Invoice or receipt from licensed child care provider for children 6 years and older
<p>10.4.6. Maternity and Infant’s Clothing</p>	<p>Client verbal statement for layette and maternity clothing</p>	

10.4.7. Child Access Benefit	Child in care – client verbal statement or verbal statement from Child and Family Programs	<ul style="list-style-type: none"> • Copy of the custody order or written agreement and recording
10.5. Transportation Benefits	<p>Client verbal statement for:</p> <ul style="list-style-type: none"> • Employment/training outside community of residence • Child school transportation re: distance to school • Non-continuous travel – job interview, accept employment • Attend activities related to case plan • Attend funeral services • Serious Medical • Attend appeals – verbal request • Travel to/from Family Shelters • Visits with family unit 	<ul style="list-style-type: none"> • Medical travel – appointment card from physician, health care receptionist, form 1092, report or letter from health care professional or taxi receipt or invoice indicating address of health facility or doctor’s office • Medical – if taxi exceeds \$10/day, receipts are required • Bus fare – verbal or website confirmation rate • Attend court appearances – copy of request to attend court
10.6.3. Security Deposits	Client verbal statement	<ul style="list-style-type: none"> • Form 1006a
10.6.5. Household Equipment/Furniture		<ul style="list-style-type: none"> • For payment of insurance deductible, copy of policy • Items necessary for medical reasons – recommendation of physician or health provider • Estimate or receipt required if cost guidelines are not used

10.6.6. Moving Costs		<ul style="list-style-type: none"> • Estimate or receipt required if cost guidelines are not used
10.7.2. Employment Expenses	Client verbal statement	
10.7.2. Employment Supports	Client verbal statement	
10.7.3. Participation Benefit	Client verbal statement	
10.7.5. Education and Training Incentive		<ul style="list-style-type: none"> • Client is included on Confirmation of Enrollment report from post-secondary institutions or career services suppliers • Client is included on the “clients to be paid” report form from post-secondary institutions or career services suppliers
10.7.6. Continued Program Benefit (Time limited)		<ul style="list-style-type: none"> • Client is included on a one-time confirmation list from post-secondary institutions or career services suppliers
10.8. Funerals	Client verbal request for incidental funeral expenses	<ul style="list-style-type: none"> • Form 1244 for those not receiving benefits • Bill from funeral home
10.8.1. Eligibility for Funeral Benefits		<ul style="list-style-type: none"> • Deceased was an active SAID client at the time of death

		<ul style="list-style-type: none"> Income and asset documentation as applicable
<p>10.8.2. Amount of Benefit</p> <p>Flat rate funeral benefit</p> <p>Transportation costs (where round-trip transportation exceeds 50 km or where alternate transportation is required)</p> <p>Opening and closing of cemetery plot</p>		<ul style="list-style-type: none"> Funeral service provider invoice including funeral costs and specifying type of service provided; and Death certificate for deceased Supervisor approval is documented on the client file; Funeral service provider invoice details the transportation requirements for the deceased, including the total number of kilometres travelled round trip; and/or Where alternate transportation is required (other than ground transportation), the funeral invoice includes the method and actual cost of the transportation Funeral or cemetery/municipality invoice listing the actual cost of the service
10.9. Advocates	Client request	<ul style="list-style-type: none"> ORT Office form
10.11. Pest Control	Client verbal request for fumigation	<ul style="list-style-type: none"> Fumigation – invoice, statement or receipt

10.12. Exceptional Circumstances	<ul style="list-style-type: none"> • Bank Search and Audits – no verification required • Hearing impaired – special equipment, interpreting fees –client verbal statement (form 1092 on file) • Client verbal request for: • copies of maintenance orders • crutches • identification – once obtained • methadone lock boxes – verbal statement from methadone clinic 	<ul style="list-style-type: none"> • DNA testing – letter from lawyer • Storage – bill required • Medic Alert bracelet – form 1092 • Letter of Probate for probating a will
----------------------------------	--	---

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
Home Support Services In exceptional circumstances Over \$5,000	Reg. Table 2 Items 19 and 20 10.1.3	S/M
Disability Related Mobility Aids, Devices, Equipment Benefits and Repair – over \$5,000	Reg. Table 2 Item 25 10.3.1.	M
Child Care – Licensed child care for exceptional circumstances	Reg. Table 2 Item 29 10.4.3.	M
Travel – in exceptional circumstances for the client to seek services from a location other than that nearest the home	Reg. Table 2 Item 32 10.5.	S
Travel for those with a disability to attend camp other than Camp Easter Seal, Camp Thunderbird or Camp Buffalo	Reg. Table 2 Item 32 10.5.1.	S

Shelter arrears prior to application over \$5,000	Reg Table 2 Item 33 10.6.4.	S
Household Equipment Over \$5,000 Basic Furnishings except infant cribs – receiving benefits less than 12 consecutive months Waiver of home visit for needs over \$500 Urgent need and not having the item poses a risk to health and safety	Reg. Table 2 Item 36 10.6.5.	M S S S
Moves More than once a year when moving to more adequate or affordable housing Out of province	Reg. Table 2 Item 37 10.6.6.	S M
Expenses incidental to commencing employment over \$5,000 or more than once per SAID application (involvement)	Reg. Table 2 Item 39 10.7.2.	M
Extension beyond 36 months	Reg. 28 10.7.5.	S
Continued Program Benefit	Reg. 28 10.7.6.	S
Funeral expenses application after 90 days	Reg. 24 10.8.	S
Costs for the transportation of the deceased where travel outside the community of residence at the time of death is required and exceeds 50 kilometres round trip	Reg. 24 10.8.2.	S
Alternate travel costs for transportation of the deceased where ground transportation is not available/appropriate	Reg. 24 10.8.2.	M
Payment to advocate outside area	Reg. 25 10.9.	S
Exceptional Circumstances – under \$5,000	Reg. Table 2 Item 16 10.12.	S
Exceptional Circumstances – over \$5,000	Reg. Table 2	M

	Item 16 10.12.	
Exceptional Circumstances -Identification Benefit extension	Reg. Table 2 Item 16 10.12.	S

The Saskatchewan Assured Income for Disability Program	
Chapter 11	Legislative Authority
Security Deposits	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 28

11. Security Deposits

Intent

When required, security deposits may be guaranteed for clients in the amount of the shelter portion of the Living Income (LI) benefit and any approved excess Living Income. Those receiving Education and Training Incentive may also be eligible.

Policy

11.1. Security Deposit Guarantee

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

Guaranteed security deposits are paid to landlords upon successful claim through the Office of Residential Tenancies (ORT) or through written agreement of the client to the claim. The guaranteed amount is the approved shelter benefit amount. This amount can change subject to increase or decrease of the shelter benefit amount.

Those with rental costs above the approved shelter benefit amount may make private arrangements on the additional deposit amount with the landlord.

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

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

A guaranteed security deposit paid to the landlord is considered an overpayment as specified in *The Saskatchewan Assistance Act* Section 13.1 (5) except for

relocating to accessible or modified accommodation due to the impact of the client's disability, relocating for employment or training, family violence or death. In these exceptional cases, the overpayment is waived by noting the circumstances in a file recording.

Social Housing – When clients move from one unit to another, a transfer fee may be provided if required. Effective October 1, 2012, a security deposit guarantee equal to the minimum shelter rate for a single unemployable (see Chapter 9.1) may be provided to new tenants if required.

Affordable Housing – Effective October 1, 2012, a security deposit guarantee equal to one month's rent may be provided to new tenants.

11.2. A security deposit is not guaranteed when:

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

For clients leaving SAID and their eligibility for a security deposit, see Chapter 10.6.3.

11.3. Appeals

Clients may dispute a landlord's Notice of Claim for Social Services Guarantee to the ORT within 2 years from the end of tenancy. For overpayment recoveries, see Chapter 15.9.

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

11.4. Advocates

Upon request, the ministry may provide \$45 for an advocate (other than a spouse or dependant) to attend an ORT hearing.

Payment may be made for one hearing on an application concerning a security deposit matter.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
11.1. and 11.2. Security deposit guarantees	Date of Authorized Application submission	Form 1006a Chronological recording to waive overpayment

The Saskatchewan Assured Income for Disability Program	
Chapter 12	Legislative Authority
Payment to Trustee	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 29

12. Payment to Trustee

Intent

A trustee may be appointed to handle a client's funds when the ministry is satisfied that he or she is incapable of managing the benefit and that other support is not sufficient. A trustee may also be appointed to assist the client with money management skills.

A trustee is responsible for the administration of SAID benefit solely for the purposes specified in the Trustee's Agreement. All trustees must notify the ministry of any changes in the client's circumstances, keep records of and account for funds, and submit an accounting documentation upon the request of the ministry. A trustee will administer the benefit in the best interests of the client.

Trustees fall within the authority of *The Executive Government Administration Act*, *The Social Services Administration Act*, and the following sections of *The Trustee Act, 2009*:

- Part 1;
- Section 7 - Duty of care and duty of good faith;
- Section 8 - Certain trustees who are remunerated may not be relieved from duty of care; and,
- Section 9 - Conflicts of interest prohibited.

Policy

12.1. Persons/Agencies who may be trustees

The ministry will explore who is the most appropriate person to act as a trustee. A contracted third-party organization is considered if no family member is available to provide this service or should such an arrangement not be in the client's best interests.

Private Trustee – A private trustee is appointed if it would be in the best interests of the client and the Ministry to have a private trustee manage the client's funds.

A private trustee can be appointed for a maximum of five clients. Caution must be taken not to appoint anyone who may be in a conflict of interest.

Community Based Organization (CBO) Trustee – As part of a contracted service.

Public Guardian and Trustee (PGT) – Some clients are placed under the jurisdiction of the Public Trustee if certified as incompetent under *The Adult Guardianship and Co- decision-making Act*. Where the PGT does not act as the property guardian or trustee, a private trustee may be appointed. The PGT is not required to sign a trustee agreement.

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

12.1.1. Personal and Property Guardians

A guardian is someone who has the legal authority to make decisions for an adult.

Personal and Property guardians are appointed pursuant to *The Adult Guardianship and Co-decision-making Act*.

Personal guardians have the authority to make decisions about an adult's personal welfare but do not have the authority to make decisions about an adult's finances and property. A personal guardian is required to sign a trustee agreement if they wish to manage the client's monthly benefits.

Property guardians have the legal authority to make decisions and manage an adult's finances and property. A property guardian is not required to sign a trustee agreement (see Chapter 12.6).

12.2. Establishing a case on trusteeship

The supervisor approves the appointment of a trustee. When a trustee is appointed, the trustee and the worker sign a Trustee Agreement (form 1262), and a specific date is established for review of the need for a trustee. The ministry assesses the need for a trustee at the time of review.

12.3. Managing Trusteeship Cases

The ministry pays all SAID benefits to the trustee on behalf of the client, whether a trustee fee is paid or not. The trustee is responsible for making all payments (e.g., utilities, invoices) on behalf of the client.

The ministry advises the trustee of any changes in the client's benefits, including the suspension or cancellation of benefits. The ministry notifies trustees of the following:

- that the ministry has the right to conduct an audit of transactions related to the trusteeship and that all receipts, bank statements, invoices, and cancelled cheques must be kept until written authority for their destruction is granted or five years have passed;
- that trustees are required to notify the ministry of changes in the client's circumstances;
- that trustees are required to submit an accounting report upon the ministry's request; and
- that trustees are required to give notice to vendors (landlords, utility companies) regarding changes in a client's payment or accounts with the vendor.

12.4. Payment for Trustee Service

12.4.1. General

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

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

12.4.2. Trustee Fees and Services Provided

Private Trustees - \$76.00/month/file

Contracted community-based organizations - as per terms of a 3rd party agreement (rates are not set through SAID policy).

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

Services provided by trustees:

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

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

12.4.3. The Public Guardian and Trustee (PGT)

The administration fee for the PGT is paid through the monthly cheque process. The payment amount is the same as that provided for fees and services to contracted organizations and includes the GST and set up fee.

12.4.4. Property Guardian

The court may order that a property guardian be reimbursed for expenses or paid a fee for services from the adult's funds. It may be a one-time payment, or a fixed fee paid on a regular basis. If the property guardian is eligible to receive a fee for service (not an immediate family member, care home operator, etc.), then a private trustee benefit may be issued.

12.5. Accounting from Trustees

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

The private trustee, excluding parents, siblings, son or daughter, forwards the completed trustee accounting form 1056B or other appropriate accounting ledgers every 12 months. Contracted organizations complete the accounting form every 6 months.

For level of care arrangements complete form 1264.

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

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

The property guardian is not required to account for funds received as they have a legal duty to keep accounts of all transactions involving the property and may be required to submit those accounts to the court for inspection.

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

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

12.6. Client Access to Financial Records held by the Trustee

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

12.7. Mismanagement of Trusteeship Funds

If a trustee is suspected of mismanaging a client's funds, the ministry discusses the matter with the trustee. The trusteeship may also be cancelled if an

overpayment is calculated on the client’s file during the period of trusteeship. Collection is deferred until responsibility for the overpayment is established. If the trustee is responsible for the overpayment, the file is referred to the ministry’s Accounts Receivable Unit which will pursue collection from the trustee. When the trustee is in receipt of SIS or SAID, the overpayment may be transferred and recovered in accordance with procedures outlined in Chapter 15.9.

12.8. Cancellation or Change of Trusteeship/Direct Payment

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

When a trusteeship is cancelled, and the trustee is holding an accumulation of SAID benefits on the client’s behalf the total amount accumulated should be given to the new trustee or the client. The Ministry advises the trustee to give the funds to the new trustee or to the client. The trustee will not return the benefit to the ministry. The ministry has no claim to the client’s benefits once it is issued to the trustee.

In the event the trustee is unable to locate a client, the trustee will make reasonable efforts to locate the client using information on hand, determine if the ministry has additional information to assist in locating the client, and/or distribute the funds due to the client in accordance with *The Missing Persons and Presumption of Death Act, The Trustee Act, 2009*, or as otherwise ordered by the Court.

When the Ministry acts as trustee, see Chapter 16.3.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
12.1. – 12.3. Trustee appointment	Client’s Verbal Statement should be noted in a chronological recording	Form 1262

12.2.1. Personal and Property Guardians		Court order – property guardian
12.5. Trustee accounting		Form 1056b or 1264 6 months for contracted services and 12 months for private trustee
12.5. Trustee accounting from property guardian		Not required if copy of Court Order on file
12.8 Cancellation or Change of Trustee		Final Trustee Accounting Report for Level of Care Living Arrangements or Form 1056b

The Saskatchewan Assured Income for Disability Program	
Chapter 13	Legislative Authority
Changes in Amount of Benefits, Cancellation	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 31, 33, and 35

13. Changes in Amount of Benefits, Cancellation

Intent

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

Policy

The client is required to report all changes in circumstances to the ministry immediately. Adjustments are made accordingly, and the client is advised in writing.

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

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

13.1. Changes in Family Composition

13.1.1. Children

Increase – When there is an increase in the number of children, form 1243 is completed and the entitlement is recalculated. A newborn child is added effective the date of discharge from the hospital if the client advises the ministry within 30 days. After 30 days the child is added effective the date of notice. Only children born outside the province are nominated for health coverage. For children from another family see Chapter 2.3.2.

Decrease – When children leave the family for any reason, health benefits are to be cancelled immediately by the ministry. Financial benefits continue to the end of that month and no overpayment is assessed. If another cheque has already

been issued, which includes the child and no overpayment is assessed (e.g., month end).

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

Wards of the Minister living with an alternate caregiver or foster parent are not eligible for financial or health benefits. Wards of the Minister are added effective the date wardship is discharged based on verbal confirmation from Child and Family Programs or the parent.

A Person of Sufficient Interest (PSI) is a court-appointed designation of an adult for the care of a child(ren). Children who are under the care of a PSI are not considered as dependents under the SAID file.

13.1.2. Visiting a Spouse

When a client who resides in a residential facility (e.g., nursing home) stays temporarily with their spouse, the LI benefit (LI 01) is pro-rated for the duration of the visit. The shelter portion of the LI benefit is not provided.

13.1.3. Marital Status

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

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

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

13.1.4. Incarceration

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

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

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

13.1.5. Stop Payment Notice

When a stop payment notice is issued to the client who is a Prolific Violent Offender (PVO) pursuant to subsection 3(3) of *The Warrant Compliance Act*, SAID benefits are to be suspended.

No overpayment is assessed for benefits provided for the month in which the stop payment notice was issued.

13.1.5.1. Prevent Harm to Other Members of the Household

Upon the manager's review of the family circumstances, when there are other members of the family unit that would be negatively impacted by changing benefits, SAID benefits may be maintained at the current rate for up to 90 days to avoid harm to other members of the family. This time period allows the family to plan for the change in their circumstances or the resolution of the stop payment order. Manager approval is required.

If a change of circumstance occurs within the 90-day period, eligibility will be reassessed based on the new information, while still ensuring that the family unit is not negatively impacted as noted in the preceding paragraph. Examples include: the client has moved out of the province, is receiving income that makes them ineligible for income assistance, or there is a change in household membership (such as a separation).

13.1.6. Death

No overpayment is assessed for benefits provided for the month in which the death occurred. If benefits are issued for the following month, no overpayment is assessed.

13.2. Absence from Accommodation

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

13.2.1. Special Care Homes/Group Homes – Absence

Temporary Absence

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

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

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

Death or Permanent Departure of a Resident

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

Payment for the special care home resident charge may not exceed 7 days after the death of a recipient.

13.2.2. Approved Private Service Homes, Personal Care Homes, and Family Homes

Temporary Absence

First 30 days – no reduction in the benefits

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

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

Death or Permanent Departure

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

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

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

13.2.3. Clients admitted to Hospital

(excluding those living in Special Care Homes, Approved Private Service Homes, Personal Care Homes, and Family Homes).

First 30 days – make no change to the benefit.

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

Single Person

If the stay in hospital will be less than three months, the shelter portion of the LI benefit, utilities and the Personal Living benefit is provided. For those receiving the Modified LI the actual cost of the room and board or room rental not exceeding the approved Modified LI rate and the Personal Living benefit is provided. If the stay is over three months and the LI benefit and utilities or the

actual cost of the Modified LI is required to maintain the residence, these needs may be provided with the supervisor's approval.

Member of a Family Unit

The family is considered a unit and the needs of the family member in hospital are calculated on the basis of the Personal Living Benefit and exceptional needs (e.g., disability travel).

13.2.4. Vacation/Summer Camp

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

13.2.5. Treatment Centres, Emergency Accommodation or Family Shelters

Individuals staying in a treatment centre, emergency accommodation or family shelter who were not already receiving benefits must complete an application for benefits. Accommodation or treatment charges are not provided through SAID.

The Personal Living benefit is provided from the date of application, or admission for an existing client (prorated) until the last day of the month that the client leaves the program regardless of whether they completed the program.

For those already receiving these benefits, the LI and Modified LI are provided for the full month of admission. In the month of discharge, the LI or Modified LI is prorated from the date the client leaves treatment. No overpayment of the LI or Modified LI is assessed.

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

13.3. Relocation

13.3.1. Within the province

Clients are free to move. If they require benefits to move, see Chapter 10.6.6 for moving expenses.

13.3.2. Outside the province

Contact is made with the other province to obtain agreement if the client will require financial benefits. Prior arrangements for moving are not required in some provinces. A client's plan to move to another province is approved by the Service Manager (see Chapter 10.6.6). The client is advised that further eligibility can only be determined by the other province.

13.3.3. Temporary absence from Saskatchewan

Benefits may be provided with the Service Manager's approval for individuals who are temporarily away from Saskatchewan for over 30 days in situations such as:

- a client participating in a training program as part of an approved plan;
- taking medical treatment not available locally; or
- Other exceptional circumstances.

13.4. Review with Client

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

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

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

13.5. Cancellation

See Chapter 20.1.5 for cancellation of health benefits.

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

Cancellation of benefits and file closure are completed immediately in the case of the client's death, marriage/common-law, or leaving the province. An overpayment is not assessed for the month in which the change occurred.

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

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

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

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

The client is to be advised in writing of the reason for the cancellation except for death or leaving the province. Refer to Chapter 15.10 for cases that are closed due to death and there is an outstanding overpayment on file.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
13.1. – 13.5. Changes – income, name, children, marital status, incarceration, absences from home, family shelters, relocation	Wards – client verbal statements	<ul style="list-style-type: none"> • Form 1009 • Form 1243 • Form 1218 • Form 1114 • Form 1005 • Relocation – Form 1006a, Form 1250, memo from Mental Health or CLSD (see chapter 9.9.) • Income – stubs submitted monthly. If

		<p>does not vary (e.g., CPP) at time first received and when change occurs.</p> <ul style="list-style-type: none"> • Form 1243 not required when family size decreases (e.g., child turns 19, becomes a ward, etc.)
--	--	--

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
Shelter/room and board over 3 months while in hospital – other needs	13.2.	S
Temporary absence of children – absence longer than six months	13.1.1.	S
Stop Payment Notice – prevent harm to other members of the household	13.5.1.1	M
Relocation out of the province	13.3.2.	M
Providing benefits to clients during a temporary absence from Saskatchewan	13.3.3.	M

The Saskatchewan Assured Income for Disability Program	
Chapter 14	Legislative Authority
Review of Financial Eligibility	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 32

14. Review of Financial Eligibility

Intent

Each client's eligibility shall be reviewed every time there is a change in circumstances, but not less than once every three years. Benefits may be provided with the supervisor's approval if the review is overdue.

Policy

14.1. Review

A review every three years includes an assessment of the client's circumstances, including needs, assets, income, employability, efforts to obtain support, the amount of voluntary support, the need for trusteeship and recommendations. Continuous special needs granted are reviewed to determine whether they are still required.

Reviews are carried out in person by Assured Income Specialists or by mail. The review declaration (form 1250 or 1254) or other reporting document or process authorized by the ministry for completion of the review is used and a chronological recording is completed. Signatures are compared with those on file.

For trustees see Chapter 12	For Health Services only see Chapter 5.2.
For self-employed clients see Appendix A	Ranch Ehrlo residents, see Chapter 5.2.
For Waivers of Maintenance see Chapter 6.2.	

14.2. Other Reviews

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

SAID Program Verification/Document Requirements

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

Policy Reference	Verification Client's Verbal Statement should be noted in a chronological recording	Documentation
14.1. Review – assessment of needs, assets, income, employability, case plan, amount of voluntary support, need for trusteeship		<ul style="list-style-type: none"> • 1254 SAID Review Residential Care Form • 1250 SAID Review Form • Form 1092 for special diet • Documents and chronological recording confirming needs and noting any changes in client circumstances and case plan • For Non-Registered Indians living on a Saskatchewan First Nation – documentation from the Band • If the amount of recurring income has not changed, documentation is not required at review • If no medical report for partially employable or unemployable per Chapter 2.2. or 2.3., supervisor approves at review

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
No medical for partially or unemployable	14.1. (Also see 2.2. and 2.3.)	S

The Saskatchewan Assured Income for Disability Program	
Chapter 15	Legislative Authority
Overpayments	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 29.3 and 29.5

15. Overpayments

Intent

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

Policy

15.1. Overpayment Defined

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

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

Before benefits can be granted, eligibility must be established. Benefits cannot be granted when there is no entitlement with the intention of recovering it as an overpayment. This does not apply to emergency advances or to issuing additional benefits when a client loses money. See Chapter 19.

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

15.2. No Overpayment is Assessed

No overpayment is assessed in the following situations:

- Where temporary benefits were provided pending receipt of a disability assessment and the assessment does not confirm SAID eligibility.

- Where benefits were provided to meet needs and it later becomes known that the funds were not used for that purpose, unless duplicate funds are issued.
- For payment of a guaranteed security deposit when the client relocates due to a requirement for accessible or modified accommodation due to the impact of the client's disability, or for employment, training, family violence or death. See Chapter 11.
- Decrease in family size when children leave the family. See Chapter 13.1.1.
- Separation/Reconciliation, see Chapter 13.1.3.
- New Family Unit – If both adults received benefits during the month no overpayment is assessed for that month.
- Incarceration (see Chapter 13.1.4).
- Death (see Chapter 13.1.5).
- When OAS, GIS and/or CPP benefits are received the client's benefits are not recalculated to create an overpayment equal to the death benefits received. Financial Services Branch, Collections Unit, consider the death benefits received as a refund to the ministry. See Chapter 10.8.

15.3. Methods of Overpayment Calculation

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

Undeclared Lump Sum Income

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

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

Undeclared Recurring Income

The monthly entitlement is recalculated from the month after the income commenced. Benefits are included in the monthly budget. If the client has a budget surplus, further benefits are suspended.

Inaccurate Information

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

15.4. Posting and Notification of Overpayment

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

15.5. Assignment of Overpayments

When spouses separate, the head of the family is responsible for the full amount of the overpayment.

If the spouses subsequently reconcile the overpayment is recovered regardless of any change to the head of household.

If a person has an overpayment and becomes a spouse in a different family, the overpayment cannot be recovered from the entitlement without the written consent of the head of the family. Care must be taken to ensure the new head of the family has a full understanding of this undertaking. Any existing overpayment of the head of the family is recovered first. Any overpayment incurred by the couple is recovered next.

The spouse's overpayment is recovered last. The spouse remains responsible for the overpayment, if she or he subsequently separates.

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

15.6. Bankruptcy and Overpayments

A person may become bankrupt in several ways:

- by making an assignment in bankruptcy (voluntary declaration);
- by being petitioned into bankruptcy (debtor is forced into bankruptcy by his/her creditors); or
- by an insolvent person making a proposal

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

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

Any overpayments that arise after the date of declaration for bankruptcy for benefit periods of the bankruptcy claim period are immediately collectible. Proofs of Claim are forwarded to the ministry's Accounts Receivable Unit, for processing. If any amount of the outstanding overpayment was calculated on a paper file it is forwarded with the Proof of Claim. The Accounts Receivable Unit files the claim with the trustee in bankruptcy. A copy is returned to the local service centre with the file.

When a discharge order is granted by the court, all debts of the client are cancelled. Any existing overpayment which arose before the bankruptcy is cancelled as an uncollectible debt unless it can be proven through a court action the debt arose through fraud, false pretenses or fraudulent misrepresentation or breach of trust.

The Board of Revenue Commissioners approves the cancellation of the overpayment. The Accounts Receivable Unit forwards a copy of the cancellation

approval notification to the worker and posts the debt as cancelled which reduces the overpayment balance. The overpayment is not adjusted by the worker.

15.7. Cancelling Overpayments

Cases are identified by the Accounts Receivable Unit. Only the Board of Revenue Commissioners can approve cancellation of the overpayment. The Accounts Receivable Unit forwards a copy of the cancellation approval notification to the Assured Income Specialist and enters the overpayment balance, if any, on the file. The overpayment balance is not adjusted by the Assured Income Specialist.

15.8. Collection of Overpayments

An overpayment is a debt owing to the Crown and may be recovered from entitlement, through court action or by other means. There is no time limitation for pursuing suspected fraud action through the criminal justice process.

When a deceased client has an executor or an administrator, the rules of estate administration require ordinarily that they pay out personal debts before they distribute assets. The executor or administrator, if known, is notified of any overpayment.

15.9. Recovery of Overpayments

15.9.1. Recovery Rates

Section 29.5 of *The Saskatchewan Assistance Act* authorizes the recovery of overpayments. The following rates are used to recover overpayments from future entitlement and are not intended to preclude recovery by other means.

15.9.2. Overpayment Recovery Rates

Net SAID Payment*	Recovery Rate per Month
\$0 - \$310.00	\$25
\$310.01 - \$430.00	\$35
\$430.01 - \$570.00	\$50
\$570.01 - \$720.00	\$65
\$720.01 - \$870.00	\$80
\$870.01 - \$1,000.00	\$95
\$1,000.01 +	\$110

* Net SAID Payment = Total of basic needs and continuous special needs, minus utilities, shelter, non-exempt income and advance recoveries.

Overpayment recoveries are only collected from the Net SAID payment as described above. Third party (utility/other vendors) or Joint (landlord/client) payments are not considered in the calculation of overpayment recovery rates.

The overpayment recovery rate for employed clients is based on their net SAID payment and is not impacted by their earnings.

When the amount of entitlement is less than the overpayment, the recovery rate is the amount of the monthly entitlement less \$1. See Chapter 16.1.1.

A higher recovery rate may be used if requested by the client.

A lower recovery rate (but no less than \$25) may be approved by the supervisor for those clients:

- whose overpayment was the result of Ministry or administrative error;
- who receive modified LI benefits;
- who receive level of care benefits; or
- who receive flat-rated utility benefits.

The recovery may be deferred by the supervisor for those clients:
whose overpayment is being appealed; or
who declare bankruptcy (see Chapter 15.8).

Decisions by Regional Appeal Committees or the Social Services Appeal Board to defer overpayment recoveries are forwarded to the Accounts Receivable Unit.

15.10. Underpayments

Underpayments occur when the amount of benefits is less than the budget shortfall. The underpayment amount is subtracted from any outstanding overpayment, except when an underpayment occurs due to an administrative error, as a result of Ministry error or when the Social Services Appeal Board has not upheld the ministry's decision to deny a benefit.

Underpayments are assessed from the date:

- the client advises of the change, or
- with the supervisor’s approval, from the date the change occurred where needs were unidentified.

There is no limit on the time frame for which an underpayment can be calculated and issued to the client. If the time frame is over 2 years, a manual adjustment (form 1246) is required.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
	Client’s Verbal Statement should be noted in a chronological recording	
15.4. Posting overpayments		Form letters
15.7. Assignment of overpayment		Written consent from spouse
15.8. Bankruptcy		Proofs of claim form

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
Deferral of overpayment recovery	15.9	S

The Saskatchewan Assured Income for Disability Program	
Chapter 16	Legislative Authority
Payment of Benefits	<i>The Saskatchewan Assured Income for Disability Policy</i>

16. Payment of Benefits

Intent

The manner of paying benefits is outlined. Clients are advised of the various payment options.

Clients are provided a monthly statement of their benefits.

Policy

SAID benefits are paid in advance. When the first payment is after the first of the month benefits are calculated proportionately to the last day of the month.

For the purpose of prorating benefits, all months consist of 30 days.

The method of payment is determined by the worker. Wherever possible, clients are expected to use direct deposit.

Where a client chooses either joint or direct payment for their rent, the actual amount of rent may be provided. Consent must be obtained (see Chapters 16.2 & 16.3.1).

In those instances, where the actual cost of rent exceeds the shelter component of the LI Benefit, the Assured Income Specialist will inform the client of the budget pressure and encourage the client to seek more affordable accommodation.

If a budget shortfall of less than \$1 or other small amounts exists, the monthly benefit is issued when the total accumulated is \$10. Health coverage is continued.

16.1. Payments to Clients

16.1.1. Monthly Payments

Monthly payments are used whenever possible, including retroactive payments to special care homes, special needs and other adjustments.

Adjustments of less than \$10 are issued on monthly payments rather than by overnight or emergency cheques, unless an urgent situation exists.

16.1.2. Overnight and Emergency Payments

Overnight payments or emergency cheques are used until the case is established on the monthly payment system.

Emergency cheques are used when there is an immediate need essential to the health and/or safety of the client or other family members, and an overnight payment would not be available in time to meet the immediate need.

16.1.3. Mid-Month Payments

Mid-month payments may be provided for those clients whose net benefit after shelter, utilities, special needs and overpayments or advance recoveries is \$50/month or more. Clients on trusteeship and those receiving level-of-care benefits are not included.

16.1.4. Direct Deposit – Electronic Funds Transfer (EFT)

Clients are expected to have their benefits deposited electronically to their bank account by completing form 3635, except when a client:

- has a garnishee in place or garnishee proceedings have commenced;
- lives in a remote area where there are no accessible banking services; or
- is unable to obtain a bank account.

Other exceptional circumstances may be approved, based on a request from the client.

Direct deposit is expected for any type of payment except joint payment cheques. Clients are responsible for payment of service charges and overdrawn accounts. Applicants who have a bank account are expected to return the direct deposit authorization form 3635 to the ministry within 15 days of the application. Applicants who do not have a bank account are expected to contact a financial

institution and open a bank account within 60 days of the application unless exceptional circumstances exist.

Clients may request cancellation of direct deposit by completing form 1030. In cases where the direct deposit has been cancelled, the requirement of direct deposit is reviewed upon re-application.

16.1.5. Payments to Trustees

Payments may be made to trustees on behalf of the client. Funds for clients are paid to the trustee, including the Public Guardian and Trustee, except for direct payments deemed appropriate (e.g., utilities, invoices), which may be paid direct to vendors.

16.2. Joint Payment Cheques

A joint payment cheque may be issued for rental benefits when requested by a client or for those with money management issues where unpaid rent poses a threat to health and safety (e.g., eviction).

The payment amount may not exceed the actual amount of rent and is not to include utilities. A portion of the non-shelter component of the LI benefit may be included to ensure that the full amount of rent is paid. The Assured Income Specialist reviews the request with the client to ensure that the amount of the joint payment will not cause undue hardship. Verbal consent is accepted (noted in chronological recording).

For direct payment of utilities to a third party, see Chapter 16.3.

Joint payment cheques are not issued:

- to new applicants who have an established residence (6 months or more) and have no rent or utility arrears, unless requested by the client;
- to those with no obvious money management problems, unless requested by the client;
- to those who are employed;
- when the amount of the entitlement is less than the shelter need;
- when the landlord is bankrupt or owes taxes and a third party (e.g., Canada Revenue Agency, municipality) demands payment. In these situations, rental benefits are made payable to the client; or

- to those who request direct payment of rent to the landlord (see Chapter 16.3.1).

Information regarding joint payment rent cheques is provided to landlords or agents upon inquiry. The client's personal circumstances cannot be discussed.

When the landlord has not received the joint payee cheque, either the client or landlord signs a statutory declaration. Both signatures are not required. See Chapter 17.3.

16.3. Third-Party Payments

Whenever possible, funds should be provided directly to the client.

Third party payments may be used to make direct payments to vendors or suppliers. Each payee is informed of the amount paid. The amount paid cannot exceed the amount provided for the specific need.

When a direct payment is cancelled or changed, the Assured Income Specialist advises all payees receiving direct payment of any changes or cancellation one month prior to the effective date of the change. In situations in which one month's notice cannot be provided (e.g., whereabouts unknown, death), the next payment is cancelled, and the payees notified as soon as possible. Payments made directly to vendors or suppliers should not include GST.

Third party payments may be used to make direct payments to landlords for utilities that are not in the client's name (see Chapter 9.12.3) when there are arrears or for those who state they are unable to manage their own utility payments. Payment should include the GST.

16.3.1. Direct Payment of Rental Benefits

Rental Payments

Monthly rental payments may be made directly to the landlord when requested by a client or those with money management issues where rental arrears have occurred and the client would otherwise require a trustee to manage their benefits. To ensure that the full amount of the rental payment is included in the direct payment, a portion of the non-shelter component of the LI benefit may be included in the monthly rental payment. The Assured Income Specialist reviews

the request with the client to ensure that the amount of the direct payment will not cause undue hardship.

A Direct Rent Payment Consent form 1023b is completed by the client to authorize payment of a portion of the client's LI benefit direct to the landlord. When a form 1023b cannot be submitted, verbal consent from the client can be obtained and the details of the payment are documented.

Payments to Vendors/Service Providers

A direct payment may be used for ongoing monthly payments (e.g., utilities), after it has been established that the client is not able to manage his or her funds and no one is prepared to act as a trustee in the local area.

The ministry informs each payee of the amount paid. The amount paid cannot exceed the amount provided for the specific need.

16.3.2. Requisitions

Requisitions are used in situations in which an emergency cheque cannot be issued. See Chapter 16.1.2. Payments are made on the basis of an application or duly authorized requisition or Transient Aid form.

16.3.3. Invoices

The Assured Income Specialist authorizes a vendor to provide goods/services to a client. A bill is submitted, and the Assured Income Specialist authorizes payment through the invoice system or by consolidated payment (overnight cheque). Wherever possible, funds are provided directly to clients when they receive the bill.

16.3.4. Multiple Billing

Payment may be made for several clients on one billing for services rendered by a vendor following authorization by the client's Assured Income Specialist. This payment method is used only where services are rendered occasionally.

16.3.5. Electronic Billing

Payment of the actual monthly cost for client utilities (SP/SE) may be provided through electronic billing when there are arrears or for those who state they are unable to manage their own SP/SE payments. GST is not included in the payment.

16.3.6. Reimbursement of Third Parties

When the vendor contacts the worker following return of the stopped cheque, a copy of the client's second statutory declaration is provided. If a vendor believes that the client cashed the cheque, he or she may wish to provide the statutory declaration and the cheque to the police.

Reimbursement may be approved by the Assured Income Specialist when it is determined that the vendor took all precautions to confirm the identity of the client cashing the cheque. An overpayment is assessed on the file.

16.4. Advance Payments for Household Items and Clothing

An advance payment not exceeding \$240 may be provided to:

- clients receiving LI benefits for the purchase of household items or clothing; and
- clients receiving Modified LI benefits for the purchase of clothing only.

The advance is recovered at a rate of \$40 per month from future entitlement. No further advances are provided until the initial advance is fully recovered. See Chapter

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
16.1.4. Direct Deposit	Client verbal statement with respect to living in a remote area	<ul style="list-style-type: none">• No direct deposit: letter from bank refusing bank account, garnishee documents, written request from client• Form 3635• Form 1030 to cancel

16.3.1. Direct Payment to Landlord/Vendor	Client verbal request for direct payment to landlord	Signed Consent for 1023b if rent payment includes a portion of non-shelter portion of Living Income benefit
---	--	---

The Saskatchewan Assured Income for Disability Program	
Chapter 17	Legislative Authority
Lost, Stolen or Not Received Cheques	<i>The Saskatchewan Assured Income for Disability Policy</i>

17. Lost Stolen or Not Received Cheques

Intent

When a client does not receive a cheque, loses it or it has been stolen, benefits may be provided to prevent hardship.

Policy

17.1. Initial Process

No action to grant minimal benefits is taken:

- until three working days following the cheque mailing date if the cheque is not cashed; or
- if more than 30 days have elapsed since the date of issue and the cheque has been cashed.

Joint Payee Cheques – either party (client or landlord) may sign a statutory declaration. It is not necessary to obtain the signatures of both payees.

Direct Rent Cheques – Landlord signs a statutory declaration.

17.2. If the cheque has not been cashed

If the client is in an emergency situation and cannot access their benefits (including rent by joint payment or direct rent payment), a replacement cheque may be issued as an emergency advance. The client must complete a statutory declaration and the ministry will place a stop payment on the existing cheque. The ministry will reconcile the file once the stop payment is processed.

17.3. If the cheque has been cashed

If the client or landlord acknowledges the endorsement or there is sufficient reason to believe he or she endorsed the cheque, no further action is taken, and any benefits issued to the client for the month are assessed as an overpayment.

If the client or landlord does not acknowledge the endorsement, a statutory declaration is taken and placed on file.

If less than 30 days have elapsed since the cheque was issued, benefits are issued as required and are not immediately assessed as an overpayment. Rental benefits paid through joint payment may be reissued as an overpayment to the client after the landlord indicates the signature is not his or hers. If the client remains in the premises, future rent payments are paid through a trustee. If the client leaves the premises in the same month the landlord may claim the security deposit. Payment should not be made twice for the same month. (See Chapter 11 for security deposits.)

If more than 30 days have elapsed, no additional benefit is issued.

The benefit issued is an overpayment if it is determined that the client cashed the cheque.

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
17 Lost/Stolen or Not Received Cheques	Client's Verbal Statement should be noted in a chronological recording	Photocopy of cheque if cashed and second affidavit (form 3628) completed

The Saskatchewan Assured Income for Disability Program	
Chapter 18	Legislative Authority
Reconsideration and Appeals	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Sections 37, 38, 39, and 40

18. Reconsideration and Appeals

Intent

Individuals interacting with the SAID program have the right to appeal if:

- their application for income support was denied;
- they were not allowed to apply or reapply for income support;
- their application was not processed within a reasonable time;
- their benefits were cancelled, changed or withheld; or
- they feel the amount of income support does not meet their needs.

Given the importance and specialized nature of disability assessments, separate and specialized mechanisms to appeal assessment decisions have been developed.

Policy

Calendar days are calculated as follows:

- In the calculation of the appeal period the first day shall be excluded and the last day shall be included.
- If the appeal period expires on a holiday the time is extended to the next day that is not a holiday.
- If the appeal period expires on a day when a business office is not open the time is extended to the next day on which the office is open.

18.1. Reconsideration

Within 30 days of being notified of a decision, a client, or person acting on behalf of a client, may ask the Manager, Service Delivery to reconsider a decision with respect to the following matters:

- determination of financial eligibility;
- discontinuation of benefits;

- assessment of an overpayment except with respect to overpayments from Provincial Training Allowance and Skills Training Benefit programs;
- determination of eligibility based on enduring disability (Medical Report/1092); and/or
- determination of eligibility based on the Disability Impact Assessment (DIA).

Note: that applicants who have a DLSA or Level of Care typically have a confirmed disability that is ‘enduring’ or permanent (e.g., on CLSD’s caseload) and may be referred directly for a DIA.

Upon receiving a request for reconsideration of a decision based on either a Medical Report (1092) or the DIA, the Service Manager, consults with the Ministry’s SAID Eligibility Review Team who will review the decision.

Upon receiving a request for reconsideration of a disability impact assessment decision the Service Manager, consults with the Ministry’s SAID Eligibility Review Team who will review the assessment.

Appropriate corrective action is taken by the Assured Income Specialist if an error was made, and clients are advised in writing. Clients wishing to withdraw the appeal may do so verbally or in writing.

If no error was made, the Service Manager schedules to be heard within 20 days of the reconsideration decision:

- a regional appeal committee hearing; or
- a review by an assessment adjudicator.

The client is advised in writing regarding the date, time and location of the hearing.

If the client appeals after 30 days, the request is filed with the committee chairperson who advises the client that a hearing cannot proceed because the time period has lapsed.

18.2. Regional Appeal Committee Hearing

When clients request assistance prior to the hearing, minimal benefits may be provided until the appeal is concluded. See Chapter 8.

The following format is used for the ministry's report to the appeal committee:

- Date of Appeal
- Name
- Address
- Birth Date
- Marital Status
- Ages of dependants
- Background (related to issue being appealed)
- Education, Employment History, Vocational Goals (if relevant to issue being appealed)
- Present Situation
- Applicable Act, Regulation, and Policy references
- Reason for Appeal
- Reason for Ministry's Decision
- Budget entitlement

The ministry report includes information from the staff person most familiar with the client and should only reflect information which bears directly on the issue(s) under appeal. If information or documents from a named source are part of the report his/her consent is obtained.

A copy of the report is provided to the client three working days prior to the hearing.

Appeals may be conducted by teleconference/speaker phone call, or in person, as determined by the Service Manager and the Regional Appeal Committee chairperson. The Regional Appeal Committee may convene at the most convenient office location to hear the appeal by teleconference/speaker phone call.

If held by teleconferencing/speaker phone call, the client, ministry representatives and other participants (witnesses, advocates) will be provided a telephone number to call at the scheduled hearing time by the Regional Appeal Committee secretary.

Clients are provided a fax number to submit written evidence, or they may submit it to the nearest regional office for distribution to the Regional Appeal Committee chair and Ministry representatives.

If clients cannot participate in the hearing, they may have someone do so on their behalf.

The Regional Appeal Committee may wish to consult with Ministry officials on technical matters.

If the client or the ministry wishes an adjournment this request is provided, generally in writing but a verbal request by the client may be considered, to the chairperson of the Regional Appeal Committee. Appeals should be resolved as quickly as possible.

Secretarial services and telephone charges are provided by the ministry.

Decisions made by the Regional Appeal Committee are binding unless overturned by the Social Services Appeal Board.

18.3. Social Services Appeal Board Hearing

Clients or the Service Manager who are dissatisfied with a decision of the Regional Appeal Committee have the right to appeal to the Social Services Appeal Board.

The appeal must be received within 20 calendar days from the date the Regional Appeal Committee's decision is given in writing.

If the client appeals after 20 days, the request is filed with the Board chairperson who advises the client that a hearing cannot proceed because the time period has lapsed.

If the circumstances changed since the Regional Appeal Committee hearing, the client or ministry may wish to withdraw the appeal. This withdrawal must be done in writing to the Board Chairperson.

Client appeals are to be made in writing to the Service Manager and shall include the grounds of the appeal. Service Manager appeals are made in writing to the Social Services Appeal Board (SSAB) and shall include the grounds of the appeal.

The Service Manager forwards a completed Request for Appeal form (1068) to the secretary of the SSAB. The client must be notified that an appeal has been requested by the ministry as per the Regulations (Section 39 (3)(b)). This may be provided through a letter to the client (template #7019). A copy of form 1068 shall be provided and any other information that has not been previously provided (e.g., any new information). Also provide a copy of the summary of the Regional Appeal hearing that is provided to the SSAB.

Appeals for Northeast, Northwest and Centre committees are normally heard in Saskatoon. Those for Southeast and Southwest committees are normally heard in Regina. From time to time, appeals heard by the Social Services Appeal Board may be held outside of Saskatoon and Regina, when logistically reasonable.

When clients request assistance prior to the hearing, minimal benefits may be provided until the appeal is concluded. See Chapter 8.

The following material is to accompany the Request for Appeal:

- The letter sent to the client informing of the decision and right to appeal.
- The client's letter requesting a Regional Appeal hearing.
- The ministry's report prepared for the Regional Appeal hearing and documents presented to the Regional Appeal Committee.
- The summary of the Regional Appeal hearing includes: client information (name, address); those present at the hearing (names and capacity); reason for appeal; client's position; Ministry's position; decision (direct quote from the Regional Appeal chairperson) and recorder's initials.
- The letter to the client conveying the decision of the Regional Appeal Committee.
- The client's letter requesting a hearing before the SSAB.
- Any other documents or information submitted by the client and/or ministry representatives.

When the SSAB receives a Request for an Appeal form an appeal hearing is scheduled within 30 calendar days from the date it is received by the Service Manager.

If the client or the ministry wishes an adjournment this request is provided, in writing, to the chairperson of the SSAB. Appeals should be resolved as quickly as possible.

The SSAB notifies the client and the ministry of the time, date and place of the hearing.

Appeals may be conducted by teleconference/speaker phone call, or in person, as determined by the Service Manager and the Board Chairperson.

If held by teleconference/speaker phone call, the client, ministry representatives and other participants (witnesses, advocates) will be provided a telephone number to call at the scheduled hearing time by the secretary of the SSAB.

Clients are provided a fax number to submit written evidence, or they may submit it to the nearest income assistance service delivery centre for distribution to the Board chairperson and ministry representatives.

The summary of the Regional Appeal Committee hearing are made available to the client/advocate.

If clients cannot participate in the hearing someone may do so on their behalf. Ministry representatives, including the staff member most familiar with the client, participate in hearings.

Decisions made by the SSAB are final unless subsequently appealed and overturned by the Court of King's Bench on matters of law.

18.4. Appeal of a Medical Report (1092) or the Disability Impact Assessment

The appeal of a Medical Report (1092) or DIA is held before an assessment adjudicator with expertise in assessing disabilities and who is appointed by the Minister.

In conducting the review of the assessment decision, the adjudicator may ask the parties for additional information or require a new Medical Report or DIA.

Assured Income Specialists will assist appellants in understanding the assessment appeal process, the role of the adjudicator, and that the adjudicator's decision is final.

The adjudicator shall make a decision within 20 days after the day on which the notice of appeal is transmitted to the adjudicator and provide the parties with a copy of the decision, together with written reasons of the decision.

If the adjudicator has requested further information or has requested a new Medical Report or DIA a decision may be delayed for a reasonable period of time beyond the 20- day period to allow time for the new information to be received and reconsidered.

The decision of the adjudicator is final and there is no further right of appeal.

Delegation of Authority

S = Supervisor, M = Service Manager, MERT = Ministry Eligibility Review Team		
Approval Items	Reference	Approval Required
Verbal withdrawal of appeal	18.1.	S

The Saskatchewan Assured Income for Disability Program	
Chapter 19	Legislative Authority
Emergency Payments	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 41

19. Emergency Payments

Intent

Emergency payments may be advanced to a client to meet urgent needs and these payments are recovered from future benefits or assessed as an overpayment.

Policy

19.1. Emergency payment granting criteria

- Cash and liquid assets are considered the first resource;
- The need is essential to the health and/or safety of the client or other members of the family unit and must be met;
- Determine whether expected income will be received in time to meet all or a portion of the need; and
- Only the minimum amount necessary is provided (e.g., partial payment of full amount of need may be acceptable to vendor).

An emergency advance payment may be made:

- for a need for which a benefit has already been provided (e.g., a family that spends the entire cheque and is without food before month end; spoiled or stolen food); or
- when an applicant with a child(ren) identifies unmet children's needs (e.g., families from another province, parents or caregivers eligible for but not receiving CCB, and new applicants who have no remaining resources from their last child benefit).

19.1.1. Recovery

The emergency advance payment is recovered from the next monthly cheque. Where the payroll date has passed the recovery is made from the following month's cheque. If exceptional circumstances exist (e.g., a large recovery resulting in financial hardship) the overpayment recovery rate schedule may be approved.

19.2. Replacement of Lost or Stolen Cash

When a client report lost or stolen cash:

- a statutory declaration indicating the circumstances of the incident is obtained from the client;
- the declaration is retained on the file; and
- if additional benefits are required an emergency discretionary advance may be issued. For granting criteria and recovery see Chapters 19.1 and 19.2.

The Saskatchewan Assured Income for Disability Program	
Chapter 20	Legislative Authority
Supplementary Health	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i> Section 42

20. Supplementary Health

Intent

The Ministry of Social Services nominates eligible clients (except Registered Indians) for supplementary health coverage. Supplementary health services and items are provided by the Ministry of Health.

20.1. Universal Insured Services (no nomination made)

All Saskatchewan residents are eligible for certain benefits at no charge or at a reduced charge, as part of insured services provided by hospitals and physicians, the Hearing Aid Plan, the Special Support Program and the Saskatchewan Aids to Independent Living (SAIL) program. Saskatchewan residents with high prescription drug costs relative to their incomes should be referred to the Special Support Program at Health. Information and applications are available at all pharmacies.

For a summary of benefits for SAID clients and Family Health Benefit clients see Appendix at the End of the Chapter.

20.1.1. Supplementary Health Services

While clients eligible for financial benefits may be eligible for supplementary health benefits, the health benefits are administered by the Ministry of Health. Benefits cannot be provided for health-related costs unless specifically indicated in Chapters 9 and 10, Regulation Table 2). When fees are part of Health's co-payment charges clients are expected to pay this cost from their own resources. Registered Indians and non-permanent residents may receive health benefits through Health Canada.

Supplementary health services are available to clients through Health. Commitments should not be made on behalf of Health. Clients or vendors who have questions about eligibility for glasses, dentures, etc., should contact Health directly.

Form 1092 may only be completed by a health professional (e.g., physician, nurse practitioner, chiropractor, psychologist, etc.). The Ministry of Health determines which health professionals are paid for completing the report.

The following services are provided by the Ministry of Health: dental, optical, hearing aids, chiropractic, drugs, podiatry medical supplies and appliances and ambulance. (See Appendix at the end of the chapter.)

Vendors must request prior approval from Health to provide some of the supplementary health services.

Drugs

Clients should consult their physician to ensure that prescribed drugs are on the formulary and they are accessing all available coverage.

Plan 1

The prescription dispensing fee for clients with this coverage is \$2.00. No funds are provided through SAID benefits. Clients nominated for Plan 1 include those who reside in family homes, personal care homes, and hospitals. There is no charge for drugs prescribed to clients in hospital.

Plan 2

Those under 18 years-of-age receive this coverage from Health automatically. Those with high drug costs may qualify for Plan 2 coverage. The request to the Drug Plan may be made by the client, physician or other health professional.

Plan 3

Clients nominated include residents of:

- Disability Programs Approved Private-Service homes and Mental Health Approved homes;
- Disability Programs and Mental Health group homes;
- Special Care Homes where the resident receives *Saskatchewan Assured Income for Disability (SAID)* or *Seniors Income Plan (SIP)* benefits; and
- Addiction treatment centres.

Northern Medical Travel - see Chapter 10.5.4.

20.1.2. Eligibility for Supplementary Health Services

Applicants eligible for financial benefits are eligible for supplementary health benefits except for Registered Indians who receive coverage through Health Canada. For non-registered people living on a Saskatchewan First Nation, form 1115 is used to determine eligibility for supplementary health coverage. (See Chapter 5.2 Health Services Only Eligibility).

Temporary Health Coverage (THC)

Form 1117 may be issued in cases where an emergency health problem exists and treatment (e.g., drugs.) is required immediately. The Ministry of Health determines eligibility.

Procedures:

- The appropriate form is completed.
- A health web nomination must be processed. Assured Income Specialists should ensure that nominations have gone through before providing clients with a form.
- A THC may only be issued for a maximum of 14 days for Plan 1 or 2.
- Effective and cancellation dates must be on the THC.

Other Health Coverage

Registered Indians are not eligible for health benefits since they retain their Indian health coverage administered by Health Canada whether on or off a Saskatchewan First Nation. Family members who are not Registered Indians are not included in the Health Canada coverage and may be eligible for health coverage using form 1115 (see Chapter 5.2).

Transients - If an urgent medical need exists, form 1113 is completed. The person is eligible for Plan 2 Supplementary Health coverage on a temporary health coverage form 1117. Coverage is issued for up to four working days.

Refugee - The federal government provides health coverage for one year or until the refugee finds full-time employment whichever is sooner. Clients who have not been granted refugee status may only be nominated for coverage for a specific time number of days to cover a serious medical emergency. Before providing any coverage, clients should be referred to Citizenship and Immigration Canada (CIC) for services. Refugee claimants may receive health coverage through CIC.

Persons residing in Community Training Residences (CTR) are not eligible for supplementary health benefits through the Ministry of Social Services, but through the Ministry of Justice and Attorney General.

Those sentenced to federal halfway houses are not eligible for supplementary health benefits. Coverage is provided by the federal government. Those not sentenced, but residing voluntarily in a federal halfway house, may be eligible for supplementary health benefits.

Extended health benefits for a client with a disability - Supplementary health benefits may be extended for one year to a client with a disability who leaves SAID for employment. For health benefits after one year, refer to Chapter 5.2.

20.1.3. Payment for Non-Formulary Drugs

The physician contacts the Drug Plan for approval of drug costs. If approved for payment Drug Plan officials will inform the physician and client. If not approved for special drug authorization no funds are provided by either Ministry of Health or Ministry of Social Services.

Coverage may be available through the Drug Plan, Special Support Program for those who incur high monthly drug costs.

20.1.4. Out of Province or Out of Country Health Services

Whenever health services outside the province are required, the need is confirmed by the referring physician or cancer clinic. When health services outside of Canada are required, confirmation must be obtained from Health (Out of Country Committee).

Upon confirmation, benefits may be provided for related needs (e.g., travel, sustenance, accommodation). Social Services does not make payments for any medical or hospital charges.

20.1.5. Cancellation of Supplementary Health Benefits

An assessment is completed to determine if there is eligibility for ongoing supplementary health benefits before the benefits are cancelled (see Chapter 5.2).

Supplementary Health Coverage		
	*SAID	Family Health Benefits
Dental Coverage	<ul style="list-style-type: none"> • A range of routine dental services such as examinations, x-rays, cleaning, restoration, extractions and dentures • Persons obtaining dentures will be asked to pay a small fee • Persons who choose to upgrade services may be required to pay for a portion of the service or the entire cost • Employable clients receive only emergency services during the first six months of eligibility limited to relieving pain and controlling infection 	<ul style="list-style-type: none"> • No coverage for adults • Children receive routine dental services.
Drug Coverage	<p>All plans – Individuals under the age of 18 receive eligible prescriptions at no charge</p> <ul style="list-style-type: none"> • Plan 1 - \$2.00 per prescription for formulary drugs • Plan 2 (transients and those with ongoing multiple prescription needs) – receive formulary drugs at no charge • Plan 3 (those in special care facilities) – receive formulary drugs and certain prescribed drugs not available under the Drug Plan at no charge 	<ul style="list-style-type: none"> • Individuals under the age of 18 receive eligible prescriptions at no charge. • Semi-annual family deductible is \$100, consumer co-payment is 35%.
Optometric Services	<ul style="list-style-type: none"> • Free eye examinations every 12 months for children • Free eye examinations every two years for adults 	<ul style="list-style-type: none"> • Free eye examinations every 12 months for children.

	<ul style="list-style-type: none"> • Basic eyeglasses are provided 	<ul style="list-style-type: none"> • Free eye examinations every two years for adults • Basic eyeglasses are a benefit provided for children only.
Emergency Ambulance	<ul style="list-style-type: none"> • Coverage includes patient charges for emergency road and air ambulance services 	<ul style="list-style-type: none"> • Coverage includes patient charges for emergency road and air ambulance services.
Hearing Aids	<ul style="list-style-type: none"> • A benefit for children and adults • Coverage includes hearing evaluations and hearing aids 	<ul style="list-style-type: none"> • A benefit for individuals under 18. • Coverage for individuals under 18 includes hearing evaluations and hearing aids. • No coverage for adults.
Medical Supplies	<ul style="list-style-type: none"> • A benefit for children and adults 	<ul style="list-style-type: none"> • A benefit for individuals under 18. • No coverage for adults.
Chiropody (Podiatry)	<ul style="list-style-type: none"> • Coverage is available for foot care treatments and appliances provided through private providers in Saskatchewan 	<ul style="list-style-type: none"> • A benefit for individuals under 18. • Coverage is available for foot care treatments and appliances provided through private providers in Saskatchewan for individuals under 18. • No coverage for adults.

Drug Coverage - Those with high drug costs relative to their income may apply for the Special Support Program administered by the Drug Plan (Health).

*Coverage does not extend to services outside of Saskatchewan

SAID Program Verification/Document Requirements

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

Policy Reference	Verification	Documentation
20.1.1. Health Benefits	Client's Verbal Statement should be noted in a chronological recording	Form 1089
20.1.4. Health Benefits out of province or country	Out of province – verbal confirmation by physician or cancer clinic	

Participation Planning

Benefits are provided on the basis of need. Clients may pursue reasonable opportunities, within their capabilities, to become independent.

Assured Income Specialists participate with clients to develop realistic plans to establish independence, participate in community, etc., if feasible. The plans take into account client's circumstances and strengths.

Client Collaboration

Planning is done collaboratively with clients and others who provide service (e.g., CES, Mental Health, trustees, Child and Family Programs). Assured Income Specialists discuss interests and assist the client with setting goals to achieve optimum participation in community life and self-sufficiency.

Participation planning is a continuous process. As clients progress through their plans, or as circumstances change, the plans may be reviewed, and changes made as appropriate. Plans may be modified at any time.

Referral to Appropriate Resources

Clients are referred to available programs and services consistent with their participation plan.

Individual Planning (IP)

Individual Planning is a plan that focuses on the spouse of a SAID client considered to be fully employable, meaning capable of working 36 hours a week or more. The Assured Income Specialist (AIS) collaborates with the spouse using Motivational Interviewing (MI) communication skills to explore potential behaviour change goals that the spouse identifies.

The AIS may use the Short-Term Change Goal (STCG) document to assist in the identification of smaller “quick win” change goals.

The objective of the individual plan is to resolve uncertainty around small behaviour change goals that will increase a spouse’s confidence to move towards long-term change goals. These long-term change goals may include employment, treatment or school. Using smaller-term change goals will increase confidence which is gained through successful change.

An important first step before developing a plan is to review the support that the spouse provides to the person(s) with a disability in the home. The review should include details about the type of support that is being provided and the amount of time required to provide the support during the day/week, etc.

If the review reveals that the spouse provides support (e.g., assists with bathing, dressing, cooking, eating, medication, transportation to and from medical appointments, emotional support, etc.) that prevents he or she from working at least 36 hours per week, the employability of the spouse must be changed to more accurately reflect their employment capabilities (e.g., partially employable, temporarily unemployable). Written confirmation from a health care professional confirming the condition of the family member requiring care may be requested to assist the AIS in determining whether-or-not the spouse is fully employable.

If the spouse is deemed to be not fully employable, the AIS and spouse may consider developing a participation plan (see Appendix A).

If it is determined that the spouse does not provide any support to the person(s) with the disability in the home, then the second step is to review the spouse's level of education, work history, and their capacity to participate in the IP.

Eligibility Review for Fully Employable Clients

Whenever a spouse who is fully employable proposes reasonable alternative activities leading to self-sufficiency, financial eligibility is reviewed.

When a spouse does not participate in a mutually agreed to case plan activity, the AIS reviews the reasons(s) with the family, including the SAID client. If the spouse refuses to pursue reasonable opportunities for self-sufficiency and/or does not follow through with requests to develop an alternative plan for self-sufficiency, benefits may be suspended. The case is reviewed with the supervisor, taking into consideration the family as a whole and the impact this may have on any children or people with disabilities. If benefits are suspended, the client is advised of the decision in writing and of their right to appeal the decision.

Business Income

See Chapter 6.

Information/Financial Resources

The following resources are available to assist the applicant/client:

- Business Development Bank of Canada, phone 780-6478 (Regina) or 1-800-470-0601.
- Prairies Economic Development Canada – phone 1-888-338-9378.
- Women Entrepreneurs of Saskatchewan, Inc. – phone 1-306-477-7173.
- Conseil de la Coopération de la Saskatchewan, phone 566-6000 (Regina) or 1-800- 670-0879.
- City licensing offices - check phone listings in the blue pages.
- Information Service Corporation (ISC), Corporate Registry 1-866-275-4721.
- Canada Revenue Agency inquiries, GST, Payroll, Corporate Tax and Business Tax, phone 1-800-959-5525.
- Saskatchewan Finance, Provincial Sales Tax, phone 787-6645 (Regina) or 1-800-667- 6102.
- Innovation Saskatchewan, phone 1-306-933-6609.
- The financial institution handling the applicant's business account.
- Financial auditor - in cases where an audit is necessary to determine eligibility or continued eligibility, the ministry will pay for service charges (See Chapter 10.12).

Verification of Information

In all cases the client must provide the latest statement of income and expenses as required by Canada Revenue Agency. Other sources could include:

- Financial institution handling the business account(s)
- Consumer and Corporate Affairs, Corporation Branch, for names used for incorporated companies, names of the other companies involving the client yearly profit.
- Saskatchewan Environment and Resource Management, La Ronge (425-4233) for information concerning leases, permits and fur sales.
- City, town, or municipal office - for property and building ownership.

- Property search - legal description of the property, purchase price, ownership, caveats, and liens. Also request the General Registration Certificate for information pertaining to writs of execution and maintenance orders.
- Freshwater Fish Marketing Corporation, La Ronge
- Wild Rice:
 - Saskatchewan Wild Rice Council, La Ronge.
 - Saskatchewan Agriculture, La Ronge.
 - Pre-Cambrian Wild Rice, Denare Beach.
 - Saskatchewan Indian Agriculture Program, La Ronge.

Calculation of Eligibility and Entitlement Method

The cash flow method is used. The net amount of income is determined by calculating the gross income and subtracting the allowable paid expenses.

1. Allowable expenses, verified by copies of paid bills, are as follows: (Business portion only)
 - accounting, legal, collection, consulting, related only to the business;
 - advertising (newspaper and business pages telephone directory);
 - bank charges – verified;
 - basic stock for business operation;
 - business motorized vehicle (maintain any leasing/rental agreement in force at time of application);
 - business property tax;
 - delivery, express, freight;
 - fuel/maintenance/repairs for motorized business vehicles;
 - insurance (fire, theft, liability);
 - interest charges on start-up loans;
 - licenses;
 - mandatory contributions for employer and employees (CPP, Workers' Compensation, etc.);
 - mileage, meals, and reasonably priced accommodation for each trip generating business income;
 - minor equipment costs/rental for essential business operations;
 - mortgage interest on business holdings in existence at time of application;
 - office expenses (postage, stationary) to a maximum of 10% of net income;
 - rental on business property (indicate to whom paid);

- telephone charges – other than for the home;
- utilities – other than for the home;
- wages – paid to others, other than spouse or dependants, for normal operation of the business for operators of licensed day care facilities, the first \$50 per child of the monthly payment is an allowable expense.

2. Expenses not allowed in calculation of net income:

- basic needs, shelter (these needs are provided through SAID);
- capital costs - any expenditure used to expand or replace business assets;
- interest payments on operating loans;
- inventory expansion;
- medical expenses;
- voluntary pension plan contributions except for Saskatchewan Pension Plan;
- previous debts (prior to application);
- principal payments on a mortgage on business or other property;
- purchase price of equipment or buildings;
- repairs to home;
- structural alterations and construction of any property or buildings;
- utilities for the home (Advise the client to obtain a separate meter for the business operation).

Completion of the Monthly Business Income and Expense Report

The Monthly Business Income and Expense Report (form 1214) is used to calculate net income. The report consists of three sources of information.

Income

- derived from the business operation
- returns and allowances (allowances are coupons, discounts)
- other income including cash and any advances (cash draw)

Cost of goods sold

- completed only if the business involves purchasing goods for resale or the manufacture of goods for sale
- includes inventory at the beginning and the end of the month and the cost of obtaining the inventory. Inventory is the goods/products for sale.

Business expenses - costs incurred to generate business income

Net Income is the amount deducted from needs to determine entitlement.

The Business/Farm Assets and Liabilities Form (1215) is required at the time of application and at annual review to determine the applicant/client's net worth and debt load.

Property Owned - include legal description of all land owned by the applicant and spouse as well as the assessed value. List all mortgages registered on the property.

Property Leased - include legal description as well as the name of the registered owner. The terms of the agreement should be included as well as any agreement which is due for review. A copy of the lease should be obtained. This is necessary to assess the total operation.

Equipment - list all equipment owned as well as the make, model, year purchased, amount owing, and present value. This information assists in determining the practicality of trading in certain equipment and indicates whether the applicant/client has more or less equipment than necessary. If the applicant/ client terminates the business operation, the value of the equipment will be known.

Cash Flow

See Chapter 6 for use of cash flow for self-employed individuals. This assessment method may also be used for those who are no longer self-employed.

The amount of income is determined by subtracting paid allowable expenses from the gross income in the month.

Farm Income

Information/Financial Resources

The following resources are available to assist the recipient:

- Ministry of Social Services, Saskatchewan Employment Supplement Phone #1-888- 488-6385, Regina 787-4723.
- Ministry of Agriculture (Ag. Rep) - productivity of land, estimate of the amount payments, information on specialty crops (bees, elk, rabbits), management of farm operation, stabilization programs, marketing boards.
- Agricultural Credit Corporation of Saskatchewan - verification of loans for all farm programs, foreclosure information.
- Farm Credit Corporation - mortgages on land.
- Saskatchewan Crop Insurance - productivity of land, whether insurance is held, whether insurance is assigned to creditors, amount of insurance payments.
- Saskatchewan Water Corporation - provides grants for wells.

Verification of Information

In all cases the recipient must provide the latest tax statement filed with Canada Revenue Agency. Other sources could include:

- farm account record
- green slips - elevator sales receipts
- permit book - includes information regarding land description, number of acres, whether in stabilization program, amount of grain sold in crop year (August 1 - July 31), ownership of land, if renting provides name of owner, amount of any advances.
- city, town, or municipal office - for property and building ownership
- Land Titles - legal description of property, purchase price, ownership, caveats, and liens. Also request the General Registration Certificate for information pertaining to writs of execution and maintenance orders.

Completion of Farm Income Report

1. Definitions and Instructions

The following headings are on the Farm Income Report:

Total acreage is made up of:

- Seeded acreage (wheat, oats, barley, rye, canola, etc.)
- Summer fallow
- Forage
- New breaking
- Uncultivated land and natural pasture.

Bushels Harvested

Acres seeded and bushels harvested must be shown. Compare this with the average yield in the district available from the agriculture representative. If there is a considerable discrepancy, an explanation for the low yield should be given. Grade of grain harvested should also be shown.

Unharvested Grain

Estimate 2/3 of anticipated fall yield with a 2 grade drop in quality.

Crop Held for Seed

Number of bushels held must be related to the number of acres in summer fallow shown on form 1212 together with what the farmer expects to seed next year.

Uncleaned rates:

Wheat	2 bushels	Oats and barley	- 3 bushels	Canola	- 10 pounds
Rye	2 bushels				
Flax	1 bushel				

Crop Held for Feed

This should be related to the number of animals fed. The value of livestock sold should practically double the value of feed held and/or bought.

Your Share

This is the amount remaining after deductions for feed and seed. Where property is rented, the landlord's share is 1/3 with the renter usually getting 2/3 of the total harvested.

Price per Bushel

This is the amount received at the elevator. Due to freight rate, prices vary from one region to another.

Income

Total income derived from 'your share' multiplied by the price per bushel.

Livestock

A basic herd is considered to be the breeding stock held at the date of application plus female stock held back for replacement.

The natural increase of the basic herd is considered a resource for direct consumption or sale. Natural increase is the livestock that will reach marketable age within the year. Consider 75% of calf survival rate (3 calves weaned from 4 cows). The purchase price for replacing one of basic herd yearly is allowed as a farm expense but the animal sold and to be replaced has to be accounted for in livestock sales. All butchered livestock is considered income except what is used for reasonable consumption by the family unit.

Replacement of the basic herd over time, from heifers of desirable quality should be allowed through purchase and/or allowing the farmer to keep one of natural increase for replacement. The average productive life of a cow is 10 calves or 10 years.

Therefore, the rate of replacement of the basic herd should generally be based on 1/10th of the herd being replaced annually.

In the case of poultry farming the purchase of poultry is allowed in order to maintain the flock the farmer had at the time of application. The farmer is not permitted to deduct purchases made to expand his business opportunities as an expense.

When completing the report for the farm year complete the livestock section for actual cattle held, increased, and sold during the previous calendar year. Use verified totals for income derived.

If the owner disposed of the entire herd during the previous year, the funds realized are considered income.

Produce Sold

Milk, cream, meat, eggs, vegetables, or other produce marketed have to be shown in this area as farm income. Ensure subsidy payments are verified.

Other Farm Income

Farmers obtain verification of crop and hail insurance, rebates, and grain payments. There are also fuel rebate programs. If the farmer belongs to a Agri-stability or Agri- invest program, verification is obtained regarding contributions and withdrawals.

Contributions are not considered an expense; withdrawals are considered income. Some farmers trade their work for the other goods and services (e.g., feed, meat, milk, etc.). It is mandatory that a dollar value be placed on goods received and included as farm income.

Employment off the farm is not included in the farm income calculation but is considered as income in the month received as with any employed person.

2. Determination of Net Farm Income

- Net income is determined by calculating the gross income and subtracting from it the allowable expenses incurred to produce the gross income. (e.g., gross income from the calendar year - (minus) expenses incurred in the calendar year divided by 12 months = estimate of monthly net income for the previous calendar year).
- Advances are not considered income or an expense since the source of income is the value of all grain produced.

The Farm Income Report consists of two types of information, gross income, and expenses – See Appendix D, Section 3.

Gross income from:

- the previous year's harvest including grain still held for sale.
- livestock sales during the previous year.
- other produce (cream, milk, eggs) sales during the previous year.
- Crop insurance, farm subsidy and any other farming-related payments received during the previous year.
- GST rebate (farm)

For cash flow method, see Appendix D, Section 3.

Account for total acreage of farmland. A reconciliation using receipts for expenses and income is completed at the end of 12 months. (See Appendix D, Section 3 for income reconciliation.)

Where the Recipient is Operator

Grain

- Gross income from grain is calculated from the crop harvested in the previous year even though some or all of the grain may be sold during the current year.
- To determine grain available for sale when grain from the previous harvest has not yet been sold, deduct the number of bushels required for seed or feed from the number of bushels harvested.
- To estimate the income from the grain available for sale multiply the amount of grain available by the initial price paid for the appropriate grade.
- If the recipient owns land and rents on a crop share basis, it is necessary to show rented land on a separate Farm Income Report form 1212.
- When completing the farm income report, both the current permit book and the previous year's permit book are used. The previous book shows the description of land operated and indicates acres shown and in what grain. If the operator is also involved in a crop share rental arrangement the final grain payment stub is required to determine the grain sold in the previous year.

Livestock

To calculate gross income from livestock, determine the number of livestock sold during the previous calendar year and use actual receipts from those sales.

Where the Recipient Owns Farmland but is Not the Operator

If the recipient owns land and is renting to someone else, a crop report can be obtained from the operator. In order to verify previous year's report, use the carbon copy of grain tickets issued at the elevator. It is also possible to obtain verification from purchaser with the recipient's consent.

Where farmland is to be sold or used as security for borrowing calculate income on the basis of the rental agreement (usually one-third of the crop to the owner) in the interim.

In farm rentals (farm owned and rented out) allow taxes, mortgage interest on land and fire and hail insurance as expenses unless the rental agreement obligates the owner to assume other expenses (e.g., chemicals, fertilizers) if part of the rental agreement.

Cash Rental

For those farmers who reside on the home quarter but are not actual producers, it may be in their best interests to rent their farm on a cash basis rather than on a crop share. The actual rental rate is determined by productivity of the land on a per acre basis.

Adequate remuneration should be received. The market value can be obtained by consulting municipality officials who are aware of rent values in their area.

3. Expenses – incurred to produce the farm income

Expenses

When the recipient is the operator, calculate allowable expenses incurred in the production of income and actually paid for during the previous year.

Allowable expenses are as follows:

(Verified by copies of paid bills)

- Accounting/legal fees - accounting fees for income tax returns done by qualified accountants and necessary legal work relative to the farming operation.
- Bank charges.
- Breeding fees.
- Chemicals - pertains to herbicide and insecticides used in current year. Use actual, but costs must not exceed Ministry of Agriculture averages by more than 10%.
- Custom work - some operators do not own combines or other equipment and have this done on a custom basis. The cost of fuel and repairs would be reduced if certain operations are performed by someone else and paid on a per acre basis. Use actual, but costs must not exceed Ministry of Agriculture averages by more than 10%.
- Feed supplements (vitamins, minerals, etc.)
- Feed purchased.

- Fertilizer - pertains to fertilizer used in producing the crop. In cases where fall application is made, this expenditure should be included in next year's expenses.
- Fire insurance - premium is allowed as an expense. Issue as a need (85% of the cost of the premium) if net farm income does not cover the cost.
- Fuel/repairs for the machinery and truck - include all fuel (gas and diesel) used in producing the crop. Costs must not exceed Ministry of Agriculture averages by more than 10%.
- GST on allowable expenses.
- Insurance (crop, hail) - premiums paid for crop insurance. In certain instances, these are deducted from claim. If this is done the payment stub will indicate so. Use of crop insurance should be encouraged.
- Land lease fees and arrears paid on farm property not previously deducted.
- Mandatory contribution for farmer and employees (other than spouse and dependants) CPP, EI, etc.
- Mortgage interest - only mortgages for land owned at the time of application.
- Pasture fees - receipts can be obtained from community pastures or co-operative pastures.
- Repairs to buildings - only repairs to buildings other than farm home (barns sheds, granaries, and fencing) may be allowed
- Registration/licensing of farm truck.
- Sales commissions.
- Seed cleaning.
- Seed/feed purchases - certified or registered seed is permitted. If grain was held for seed/feed in the last report this expenditure should be queried.
- Small tools and hardware - allow items of \$200 each or less.
- Taxes - taxes and tax arrears paid on farm property not previously deducted. For taxes on the residential portion of the home quarter see Chapter 9.3.
- Twine - actual cost.
- Veterinary supplies and fees - veterinary charges together with the cost of serum and supplies.
- Wages - wages paid to others for normal operating of the farm other than spouse and dependants.

Expenses – Not Allowed in Calculation of Net Income

- Advances.
- Basic needs, shelter. Shelter payments for mortgage (first) are determined by calculating amount of mortgage for house/land - pay proportion.
- Capital costs - any output of funds used to expand or replace business assets.
- Debts (previous).
- Interest payments on operating loans.
- Inventory adjustments.
- Medical and hospital expenses.
- Farm Income Stabilization Program contributions.
- Principal payments on a mortgage on business or other property.
- Purchase price of equipment or buildings.
- Repairs to home.
- Structural alterations and construction of any buildings.
- Utilities such as light, water, phone, and fuel for the home. Advise recipient to obtain separate meter for farms.

Note: Costs of basic needs, shelter and utilities are not allowed as expenses because they may be included as items of need in the budget calculation.

Business/Farm Assets and Liabilities Form

The Business/Farm Assets and Liabilities Form (1215) is required at the time of application and at annual review to determine the recipient's net worth and debt load.

Property Owned - include legal description of all land owned by applicant and spouse with the assessed values. List all mortgages registered on the property.

Property Leased - include legal descriptions together with the name of the registered owner. The terms of the agreement should be included together with the agreement which is up for review. Copy of these should be obtained. This must be shown to assess the total operation.

Equipment - list all equipment owned by the individual as well as the make, model, year purchased, amount owing, and present value. This information assists in determining the practicality of trading in certain pieces of equipment and

indicates whether the recipient has more or less equipment than necessary. If the recipient terminates the business operation, the value of the equipment for disposal will be assessed and considered income.

Reconciliation

When completing the annual review in January or February reconciliation for the previous year is required using verified net income from the farming operation. (See Chapter 14 for Annual Review) The previous year's income tax return is required.

Any difference in net income from the estimate is reconciled by deducting any overpayment and adding any underpayment and adjusting the net monthly income amount for the next crop year.

Cash Flow

This assessment method may also be used for those who have stopped farming.

The amount of income is determined by subtracting paid allowable expenses as outlined in Section 3 from the gross income in the month.

Cash flow is used to the end of the calendar year. At the end of the year an annual farm income report is completed. The net annual income (gross income minus paid allowable expenses) is used to estimate income for the following year and an annual income assessment is used.