

**Additional Continuous Benefits**

Alberta Employment and Immigration is collecting this personal information to determine and verify your eligibility for Income Support. The collection, use and disclosure of your personal information is done under the authority of the *Income and Employment Supports Act*, the *Government Organization Act* and the *Employment Insurance Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this, please call the Student Funding Contact Centre in Edmonton at 780-427-3722 or toll-free at 1-800-222-6485.

**Apprentices Technical Training**

**Please print clearly in ink. Applications received after training is over will not be processed.**

Some monthly continuous supplementary benefits are issued automatically based on information in the Learner Income Support Application (EMP5569) and Child Care Expenses schedule (EMP5574). Other monthly benefits must be requested. See last page of this schedule for benefit rates and proof required to receive these benefits.

<b>Section 1 Name of Applicant/Learner</b>		EIID 9 9 9 9 9 9 9 9 9 9	Social Insurance Number 9 9 9 9 9 9 9 9 9
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First Name	Last Name	Middle Name
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**Section 2 Additional Continuous Needs**

To help you complete this section, **Description and Proof of Need Requirements** for these benefits are available on the last page.

- Special Diet   
  Housing Allowance   
  Temporary Accommodations   
  Travel

**Special Diet**

Name of household member requiring diet \_\_\_\_\_ Diet (see last page for diets)


**Housing Allowance - Primary Residence**

My shelter costs exceed the budget guidelines (see Apprentice Income Support Application, Completion Instructions)

*Amount per month*

Rent	\$
Utilities	\$
Mortgage (includes condo fees)	\$
Property Insurance	\$
Property Tax	\$
<b>Total</b>	<b>\$</b>

### 3. Temporary Accommodation

I am required to maintain temporary accommodations while attending technical training, in addition to my primary residence.

Cost of Temporary Accommodation per month		\$
Start Date (mmm/dd/yyyy)	End Date (mmm/dd/yyyy)	
m m m / d d / y y y y	m m m / d d / y y y y	
Please provide the address of your temporary accommodation:		
Box or Apartment Number	Street Address	
City	Province/Territory	Postal Code
		A9A 9A9

### Travel

**a) For training:** Do you live outside the community where your training provider is located and there is no public transportation?  Yes  No

Please explain:

Travel is		km per day for 22 training days per month at \$0.12 per km. <b>Total</b>	\$
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**b) For ongoing medical treatment:** Do you have any ongoing medical treatment?  Yes  No

Name of household member requiring medical transportation:	Start Date (mmm/dd/yyyy)
	m m m / d d / y y y y
End Date (mmm/dd/yyyy)	
m m m / d d / y y y y	

<input type="checkbox"/> Private vehicle	Travel is		km per day for medical treatment		days per month at \$0.12 per km.	<b>Total</b>	\$
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**If private vehicle is not available, travel is by:**

<input type="checkbox"/> Public Transit	⇒ Cost per round trip is: \$		for		days per month	<b>Total</b>	\$
<input type="checkbox"/> Private bus line <small>(e.g. Greyhound or Red Arrow)</small>	⇒ Cost per round trip is: \$		for		days per month	<b>Total</b>	\$
<input type="checkbox"/> Taxi	⇒ Cost per round trip is: \$		for		days per month	<b>Total</b>	\$

**c) For return trip home:** Do you maintain two residences and require transportation home once a month?  Yes  No

Travel		km per return trip home allowed once each month of technical training at \$0.12 per km.	\$
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**Section 3 Declaration**

- I declare the information on this schedule is true and complete.
- I will complete and submit a **Change in Circumstances** form to Alberta Employment and Immigration, Learner Income Support Office as soon as possible if any changes occur.

Applicant Signature (sign in ink)  X	Date (mmm/dd/yyyy)  m m m / d d / y y y y
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Spouse/Partner Signature (sign in ink)  X	Date (mmm/dd/yyyy)  m m m / d d / y y y y
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## Continuous Additional Benefits Description and Proof of Need Requirements

<b>Special Diet</b>	<b>Monthly Rate Per Person</b>	<b>Infant Diets</b>
High Calcium, High Fiber, High Protein, Lactose Free, Low Cholesterol, Low Sodium, High or Low Potassium, and/or Low Fat .....	\$20.00	<p>When a physician, public health nurse or registered dietician recommends a special diet for an infant the difference between the food rate for a child (\$83.00/month) and the cost of the formula or special diet is provided. (When the ongoing cost is more than \$200 per month, the Health Benefits Review Committee must approve the request.) For further information contact the Student Funding Contact Centre in Edmonton at 780-427-3722 or toll-free at 1-800-222-6485.</p> <p><b>Other Special Diets</b> Special diets not listed here may be approved by the Executive Director of Alberta Works Programs.</p> <p><b>Proof:</b> A letter from a medical doctor or a registered dietician, or in the case of an infant diet, a public health nurse, that indicates the:</p> <ul style="list-style-type: none"> <li>• types of diet required, and</li> <li>• the length of time the condition requiring the diet is expected to last, and</li> <li>• in the case of a diabetic diet, the calories required per day.</li> <li>• in the case of infant formula, the actual monthly cost verified by receipt or written estimate.</li> </ul>
Pregnancy .....	\$25.00	
Breast Feeding baby up to twelve months old.....	\$30.00	
High Calorie (over 2500 cal) .....	\$36.00	
AIDS, HIV, Hepatitis C .....	\$36.00	
Heart Healthy .....	\$40.00	
Diabetic.....	\$40.00	
Milk Free .....	\$50.00	
Celiac, Gluten Free.....	\$80.00	
Renal Failure/Insufficiency .....	\$110.00	

<b>Housing Allowance</b>	
<p>Accommodation costs exceed the budget guidelines and/or you live in Fort McMurray, Calgary or Grande Prairie.</p> <p>Apprentices who have a primary address in Fort McMurray are eligible for a maximum additional \$900 without children and \$1,200 with children.</p> <p>Apprentices who have a primary address in Calgary or Grande Prairie are eligible for a maximum additional \$500 without children and \$700 with children.</p> <p>Apprentices who have a primary address other than the above listed are eligible for a maximum additional \$400 without children and \$600 with children.</p>	<p>Please keep copies of your receipts for the listed documentation. If your file is audited, you will be required to provide documentation regarding the amount paid during your training.</p> <ul style="list-style-type: none"> <li>• utility receipts (3 months), and</li> <li>• lease agreement or mortgage documents, and</li> <li>• condo fee statement, and</li> <li>• property tax statement, and</li> <li>• home insurance policy.</li> </ul>

<b>Temporary Accommodation</b>	
<p><b>Rate: Up to \$610 per month</b></p> <p>Rent and utilities costs provided when Apprentices are required to maintain two residences while in technical training.</p>	

<b>4. Travel</b>	
<p><b>Rate for travel is:</b></p> <ul style="list-style-type: none"> <li>• \$0.12/kilometer for private vehicle, or benefit equal to the actual cost of bus transportation</li> <li>• the actual cost of taxi fare if the person does not have access to a private vehicle.</li> </ul> <p><b>a) Training:</b> The Apprentice lives in a different community from their training program and there is no public transportation. <b>Note:</b> 22 days per month are used in this calculation.</p> <p><b>b) Medical Treatment:</b> A member of the household:  <ul style="list-style-type: none"> <li>• has a health condition that is severe, and</li> <li>• needs ongoing regular access to health services covered by Alberta Health and Wellness.</li> </ul> </p> <p><b>c) Return Trip Home:</b> Where the Apprentice is maintaining two residences, the cost of a return trip home is allowed once each month of technical training.</p>	<p>For post audit requirements for Apprentices: Please keep copies of your receipts for the listed documentation regarding the amount paid during your training.</p> <ul style="list-style-type: none"> <li>• letter from Apprentice describing location of training provider in relation to their home and why it is cheaper to remain in the community.</li> </ul> <p><b>Proof:</b>  <ul style="list-style-type: none"> <li>• description of the condition and confirmation that it is severe or will leave a permanent debilitating effect unless treated, and</li> <li>• length of time and frequency the transportation is required for, and</li> <li>• confirmation that the treatment is covered by Alberta Health and Wellness.</li> </ul> </p> <p><b>Proof:</b>  <ul style="list-style-type: none"> <li>• request for Temporary Accommodation costs, or</li> <li>• letter from Apprentice</li> </ul> </p>