

Apprentice Income Support Application

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

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.

Full-Time Study - Technical Training

Section 1 - Applicant Information EIID
9 9 9 9 9 9 9 9 9 9

| | | |
|-------------|------------|--------------|
| First Name: | Last Name: | Middle Name: |
|-------------|------------|--------------|

If your name on this application is not the same as on your birth certificate, enter your name as it appears on your birth certificate.

| | | |
|-------------|------------|--------------|
| First Name: | Last Name: | Middle Name: |
|-------------|------------|--------------|

Residential Address

| | | | |
|----------------------|-----------------------|-------------------------|--|
| Box or Apartment No: | Street Address: | | |
| City / Town: | Province / Territory: | Postal Code: A9A 9A9 | Phone: (999-999-9999) 9 9 9 - 9 9 9 - 9 9 9 9 |

Mailing Address

| | | | |
|----------------------|-----------------------|-------------------------|--|
| Box or Apartment No: | Street Address: | | |
| City / Town: | Province / Territory: | Postal Code: A9A 9A9 | |

| | | |
|--------------------------|--|---|
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date (mmm/dd/yyyy) m m m / d d / y y y y |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed | |
| Citizenship Status: | <input type="checkbox"/> Canadian <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Permanent Resident | |
| Were you born in Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Office Use Only

If you answer 'No' to the question: "Were you born in Canada?" and
 • you arrived in Canada within the last 10 years, and
 • this is your first application for Learner Income Support,
 you must include a copy of your **IMM5292** Confirmation of Permanent Residence or your **IMM1000** Record of Landing, with your application.

Are you currently a sponsored immigrant? Yes No

What is the sponsorship end date? m m m / y y y y
 (mmm/yyyy)

(first time applicants attach your **IMM5292** Confirmation of Permanent Residence or your **IMM1000** Record of Landing to your application)

What was your date of entry into Canada?

m m m / y y y y
(mmm/yyyy)

(If this date is **less than 10 years** and you are a first time applicant please attach your **IMM5292 Confirmation of Permanent Residence** or your **IMM1000 Record of Landing** to your application)

Alberta Personal Health Number

9 9 9 9 9 - 9 9 9 9

(99999-9999)

Social Insurance Number (SIN)

9 9 9 9 9 9 9 9 9

(999999999)

(see [Completion Instructions](#) if your SIN begins with 9)

Are you registered as an apprentice in Alberta?

Yes No

Apprentice Identification Number

9 9 9 / 9 9 9 9 9 9

(999/999999)

Name of Training Provider:

Training Start Date: (mmm/dd/yyyy)

Training End Date: (mmm/dd/yyyy)

m m m / d d / y y y y

m m m / d d / y y y y

City/Town:

Campus Name: (if not attending main campus)

What period of technical training are you applying for?

1 2 3 4

Length of program: (total # of years)

1 2 3 4

| Name of Training Program | Tuition | Mandatory Fees | Student Association Fees | Books (includes rentals) | Supply Costs |
|--------------------------|---------|----------------|--------------------------|--------------------------|--------------|
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |

* **Do not** include costs that other sources are paying for (e.g. If your employer is paying your entire tuition, do not complete the tuition box.)

Section 2 - Contact Person Information

Alberta Employment and Immigration (AE&I) is asking you to provide the name of a contact person, who does not live with you, who AE&I or a representative may contact if we are unable to reach you at the address you provided in Section 1. Please see "[Completion Instructions](#)" for an explanation of how the contact information may be used and the kind of information AE&I would ask the contact person for.

First Name:

Last Name:

Phone: (999-999-9999)

9 9 9 - 9 9 9 - 9 9 9 9

Section 3 - Information About Your Spouse/Partner

This section is only required if you selected "Married" or "Partner" in Section 1.

| | | |
|-------------|------------|--------------|
| First Name: | Last Name: | Middle Name: |
|-------------|------------|--------------|

| | | | | |
|---------|--|--|--|--|
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Social Insurance Number (SIN): 9 9 9 9 9 9 9 9 9 (999999999) |
|---------|--|--|--|--|

| | | | |
|---------------------|---|---|--|
| Citizenship Status: | <input type="checkbox"/> Canadian | <input type="checkbox"/> Convention Refugee | <input type="checkbox"/> Other (specify below) |
| | <input type="checkbox"/> Permanent Resident | | |

Was your spouse/partner born in Canada? Yes No

If you answer 'No' to the question: "Was your spouse/partner born in Canada?" and

- they arrived in Canada within the last 10 years, and
- this is your first application for Learner Income Support,

you must include a copy of their IMM5292 Confirmation of Permanent Residence or your IMM1000 Record of Landing, with your application.

Is your spouse/partner currently a sponsored immigrant? (see [Completion Instructions](#)) Yes No

What is the sponsorship end date? (first time applicants attach your IMM5292 Confirmation of Permanent Residence or your IMM1000 Record of Landing to your application)

(mmm/yyyy)

| | | |
|---|--|---|
| Is your spouse/partner employed 30 hours per week, or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If your spouse/partner is medically unable to work and your file is audited, you will be required to produce a doctor's letter confirming inability to work.</i> |
|---|--|---|

Is your spouse/partner attending full-time training? Yes No

Is this training "Language Instruction for Newcomers to Canada" (LINC)? Yes No

What are their expected training dates?

| | |
|--|--|
| Training Start Date (mmm/dd/yyyy) m m m / d d / y y y y | Training End Date (mmm/dd/yyyy) m m m / d d / y y y y |
|--|--|

Section 4 - Employment Insurance History

Are you currently receiving Employment Insurance (EI) benefits? Yes No

If yes, go directly to the next Section

If no, complete all remaining questions in Section 4.

Have you recently applied, or will you be applying, for Employment Insurance while in training? Yes No

If no, explain: _____

How many hours have you worked in the past 52 weeks? (You are required to apply for Employment Insurance if you have eligible hours)

What was your average gross (before deductions) weekly salary over this period? \$

Have you received Employment Insurance in the last 3 years? Yes No

Approximately when did you receive your last Employment Insurance benefit? (mmm/yyyy)

Have you received maternity/parental EI benefits in the last 5 years? Yes No

Section 5 - Dependent Children Information

Refers to children living with you, whom you or your spouse/partner financially support and who are either under 18, or are age 18 or 19 and attending Elementary, Junior or Senior High School (Do not include foster children). See [Completion Instructions](#) for more information.

Do you have any dependent children? Yes No

If any of the children do not live with you on a full-time basis, please indicate the number of days per month the child is living with you.

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

| | | | | |
|---|---|---|----------------------------------|---|
| First Name: | | Last Name: | | Birth Date: (mmm/dd/yyyy) m m m / d d / y y y y |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Status Indian: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alberta Personal Health Number: 9 9 9 9 9 - 9 9 9 9 (99999-9999) | Number of days per month: | |

You may have children ages 18 or 19 who live with you and attend Elementary, Junior or Senior High school. You will need to need to complete the **Declaration of 18 and 19 Year Old Dependant Schedule** at the end of this form. Ensure you select it from the Schedules section.

Section 6 - Additional Household Information

Income Support - Expected to Work/Not Expected to Work

Are you or your spouse/partner of your household currently receiving Income Support from AE&I as:

- Expected to Work (ETW)? Yes No
- Not Expected to Work (NETW)? Yes No

(See [Completion Instructions](#)) This does not include Income Support - On Reserve and Assured Income for the Severely Handicapped (AISH)

| | |
|---|--|
| <p>AISH</p> <p>Are you currently receiving AISH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your spouse/partner currently receiving AISH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Do you and/or your spouse/partner want to stop receiving AISH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contact your AISH worker before answering this question and see Completion Instructions.</p> |
|---|--|

Income Tax

Total Income from Line 150 of your most recent Income Tax Return: \$ _____

Total Income from Line 150 of your spouse/partner's most recent Income Tax Return: \$ _____

Indian Registration Number

| | | | | |
|---|--|---------------------|----------------------|------------------|
| Do you have an Indian Registration Number? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Band Code: 9 9 9 | Family: 9 9 9 9 9 | Position: 9 9 |
| <i>See Completion Instructions for the list of band codes</i> | | | | |
| Does your spouse/partner have an Indian Registration Number? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Band Code: 9 9 9 | Family: 9 9 9 9 9 | Position: 9 9 |
| <i>See Completion Instructions for the list of band codes</i> | | | | |

Section 7 - Expenses While In Training

Your primary residence is (see [Completion Instructions](#))

| | | |
|--|---|--|
| <input type="checkbox"/> with parents/relatives <i>which include a parent, step-parent, adoptive parent, grandparent, adult child, or adult grandchild, of you or your spouse/partner</i> | <input type="checkbox"/> in private housing <i>including those who receive subsidy</i> | <input type="checkbox"/> in social housing |
|--|---|--|

If you pay your own power/electricity, enter the monthly cost: \$ _____

Monthly Rate

- \$45.00 unless supported by receipts
- for power costs higher than \$45.00 per month can be approved with power bills for 3 consecutive months.

Section 8 - Monthly Financial Resources

(Actual resources expected while in school/training)

| | Self | Spouse/Partner |
|---|---|----------------|
| Wages/Salary: (net pay, employment only) | \$ | \$ |
| Self Employment Income: | \$ | \$ |
| Employment Insurance Benefits: | \$ | \$ |
| Child Support: | \$ | \$ |
| Spousal/Partner Support: (adult support) | \$ | \$ |
| Gifts: | \$ | \$ |
| Rental Property Income: (gross) | \$ | \$ |
| Room and Board Income: (gross) | \$ | \$ |
| Aboriginal Funds: (Band or AHRDA Funds, etc.). Specify Band supplying funding | Band Code <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> \$ | \$ |
| <i>See Completion Instructions for the list of band codes</i> | | |
| Other Income (orphan's benefits, pensions, WCB, interest, etc.) Do not include Canada Child Tax Benefit or GST Credit. List below: | | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Section 9 - Household Assets

| | Self | Spouse/Partner |
|---|------|----------------|
| Savings when you start school: (cash, money in the bank, Tax Free Savings Account, or uncashed cheques) | \$ | \$ |
| Registered Retirement Savings Plans (RRSPs): | \$ | \$ |
| Registered Education Savings Plans (RESPs): | \$ | \$ |
| Scholarship/Bursary expected during training: | \$ | \$ |
| Term deposits, bonds, stocks, GICs: | \$ | \$ |
| Other (e.g., Business or farm assets, life insurance policy). List below: | | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Are you or your spouse/partner waiting for funds from another source (WCB, insurance, CPP, etc.)?

Yes No

Schedules

Do you want to setup direct deposit?

Yes No

If you want direct deposit for your income support payments, complete the [Direct Deposit Registration Schedule](#). Ensure you complete the appropriate fields and obtain the required signatures.

Do you have child care expenses?

Yes No

I am a single parent Yes No

I have a spouse/partner, who is:

- employed or in a training program looking for work
 medically unable to care for children (attach medical documentation including expected dates of the medical limitations) the parent of a child who requires specialized care (attach medical documentation)

- A benefit for child care services may be available when the children are 12 years of age and under or children age 13 and over if identified as having special needs. (see [Completion Instructions](#))
- Learners are expected to use the most economical and reasonable means of child care.
- Parents and step-parents will not be paid for child care.
- Grandparents living in different accommodations than your children, who provide child care for your children may be paid a maximum of \$150 per child per month.
- Other relatives living in different accommodations than your children, who provide child care for your children are eligible to be paid for child care.
- You are **not** eligible for child care benefits if the care giver is a member of your household unit.

| Child | | | |
|--|------------|---|------|
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | Phone: (999-999-9999) | |
| | | 9 9 9 - 9 9 9 - 9 9 9 9 | |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

| Child | | | |
|--|------------|---|------|
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | Phone: (999-999-9999) | |
| | | 9 9 9 - 9 9 9 - 9 9 9 9 | |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

| | | | |
|--|------------|---|--|
| Child | | | |
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | | Phone: (999-999-9999) 9 9 9 - 9 9 9 - 9 9 9 9 |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

| | | | |
|--|------------|---|--|
| Child | | | |
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | | Phone: (999-999-9999) 9 9 9 - 9 9 9 - 9 9 9 9 |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

| | | | |
|--|------------|---|--|
| Child | | | |
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | | Phone: (999-999-9999) 9 9 9 - 9 9 9 - 9 9 9 9 |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

| | | | |
|--|------------|---|--|
| Child | | | |
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | | Phone: (999-999-9999) 9 9 9 - 9 9 9 - 9 9 9 9 |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

| | | | |
|--|------------|---|--|
| Child | | | |
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | | Phone: (999-999-9999) 9 9 9 - 9 9 9 - 9 9 9 9 |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

| | | | |
|--|------------|---|--|
| Child | | | |
| First Name: | Last Name: | Middle Name: | Age: |
| Type of childcare: <input type="checkbox"/> Daycare <input type="checkbox"/> Licensed <input type="checkbox"/> Private childcare (babysitting) | | | |
| Is this child care provider a grandparent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this child care provider live in the same house as the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is this subsidized child care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of child care provider: | | | Phone: (999-999-9999) 9 9 9 - 9 9 9 - 9 9 9 9 |
| Amount you have to pay child care provider per month after subsidy for this child | \$ | Number of hours per month of child care | |

Do you have a dependent child age 18 or 19 or a child is turning 18 during the funded period of training and the child is attending Elementary, Junior, or Senior High School? Yes No

The Declaration of 18 and 19 Year Old Dependant Schedule will appear at the end of your Learner Income Support Application. Ensure you complete the appropriate fields and have the dependent child sign the declaration in Section 3 of the schedule.

Do you have additional costs for medical, transportation and/or accommodations (primary and/or temporary) while in training? Yes No

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: <i>(includes condo fees)</i> | \$ |
| Property Insurance: | \$ |
| Property Tax: | \$ |
| Total: | \$ |

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: <i>(mmm/dd/yyyy)</i> | End Date: <i>(mmm/dd/yyyy)</i> |
| 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. **Total** \$

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) End Date (mmm/dd/yyyy)

Private vehicle Travel is km per day for medical treatment days per month at \$0.12 per km. **Total** \$

If private vehicle is not available, travel is by:

Public Transit ⇒ Cost per round trip is: \$ for days per month **Total** \$

Private bus line
(e.g. Greyhound or Red Arrow) ⇒ Cost per round trip is: \$ for days per month **Total** \$

Taxi ⇒ Cost per round trip is: \$ for days per month **Total** \$

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. \$

Section 10 - Declaration and Acknowledgement

1. The information on this application and applicable schedules is true and complete and describes the financial and household situation for:

- me
- my spouse/partner
- my dependants.

2. I will complete and submit a **Change in Circumstances** form to Alberta Employment and Immigration (AE&I), Learner Income Support Office **as soon as possible** if:

- my address and housing type change
- I or anyone in my family/household change marital, financial or academic status or study period
- I have any change in my enrollment status at training
- there are any changes in our household assets (items owned)
- there are any changes in my household situation.

3. I understand that AE&I and/or a contracted service provider may get information about my financial, work, educational, medical and/or family/household situation to:

- determine my eligibility for Learner Income Support, or conduct a review or investigation relating to eligibility or continuing eligibility for these program benefits, or enable service management to support and ensure continuing eligibility for the program applied for, or administer AE&I programs.

I request any person, agency, institution or other source to give the required information to AE&I and/or contracted service provider.

4. I understand AE&I has the right to recover benefits I receive to which I am not entitled. This includes those issued due to administrative error.

5. I understand I have the right to appeal a decision within 30 days of being informed of the decision.

6. I understand AE&I may share relevant information with other Alberta Works programs or AE&I contracted services.

7. I understand AE&I may conduct verification reviews or investigations relating to financial eligibility for this program. I acknowledge that I must provide information or documents as required by AE&I to verify any statement made in this application. I understand that I may be denied financial assistance for training if I do not comply with a request from AE&I to provide information or documents so that information in this application may be verified.

8. I understand that giving false or incomplete information, or not advising of changes in my situation may result in any or all of the following: termination or suspension of benefits, repayment of benefits received, and/or the laying of a charge under the *Income and Employment Supports Act* or the *Criminal Code of Canada*.

9. I understand that my spouse/partner must agree to and follow through if an assessment of employability is required by AE&I.

10. I understand that I must sign the Canada Revenue Agency consent below to be eligible for benefits.

| | |
|---|---|
| Spouse/partner signature if applicable (sign in ink) <div style="font-size: 2em; font-weight: bold; margin-left: 20px;">X</div> | Today's Date (mmm/dd/yyyy) <div style="border: 1px solid #ccc; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;"> m m m / d d / y y y y </div> |
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11. **In addition to all the above, I, the applicant** understand that I must comply with all of the income support conditions including: a. attending all my regularly scheduled classes b. passing all my courses required to maintain full-time status c. maintaining full-time enrollment status with my training provider.

12. I understand that my tuition fees, mandatory fees and student association fees will be paid directly to the training provider.

13. I understand that while I am registered and attending an employment and training program funded by AE&I, I am deemed to be a worker of the Government of Alberta (GOA) for the sole purpose of receiving workers' compensation benefits under the *Workers' Compensation Act*. If injured in an accident, I am entitled to claim workers' compensation benefits and have resigned my right to take legal action against AE&I, the GOA, any other employer or worker covered by the *Workers' Compensation Act*.

Please check schedules accompanying this application:

- Declaration of 18 and 19 Year Old Dependant
 Direct Deposit Registration

| | |
|--|---|
| Applicant Signature (sign in ink) <div style="font-size: 2em; font-weight: bold; margin-left: 20px;">X</div> | Today's Date (mmm/dd/yyyy) <div style="border: 1px solid #ccc; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;"> m m m / d d / y y y y </div> |
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Canada Revenue Agency Authorization

I consent to the release, by Canada Revenue Agency to an official of Alberta Employment and Immigration or Alberta Advanced Education and Technology as applicable, of information from my income tax returns and other taxpayer information about me whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining, verifying and/or auditing my/our eligibility and for the general administration and enforcement of programs under the *Income and Employment Supports Act*. This consent is valid for the taxation year prior to the year of signature, the current taxation year and for each subsequent taxation year for which assistance is requested.

| | | |
|---|--|---|
| Spouse/partner signature if applicable (sign in ink) <div style="font-size: 2em; font-weight: bold; margin-left: 20px;">X</div> | Social Insurance Number (SIN) <div style="border: 1px solid #ccc; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;"> 9 9 9 9 9 9 9 9 9 </div> | Today's Date (mmm/dd/yyyy) <div style="border: 1px solid #ccc; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;"> m m m / d d / y y y y </div> |
| Applicant Signature (sign in ink) <div style="font-size: 2em; font-weight: bold; margin-left: 20px;">X</div> | Social Insurance Number (SIN) <div style="border: 1px solid #ccc; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;"> 9 9 9 9 9 9 9 9 9 </div> | Today's Date (mmm/dd/yyyy) <div style="border: 1px solid #ccc; padding: 5px; text-align: center; font-family: monospace; font-size: 1.2em;"> m m m / d d / y y y y </div> |

Declaration of 18 and 19 Year Old Dependant

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* and the *Government Organization 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.

You need to complete the **Declaration of 18 and 19 Year Old Dependant** schedule if you have a dependent child age 18 or 19 or the child is turning 18 during the funded period of training **and** the child is attending Elementary, Junior or Senior High School. (Grades K-12)

For further information see: [Completion Instructions](#)

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

| | | | |
|--|--|-----------------------------|--|
| Section 1 Name of Applicant/Learner | | EIID 9 9 9 9 9 9 9 9 9 9 | Social Insurance Number 9 9 9 9 9 9 9 9 9 |
|--|--|-----------------------------|--|

| | | |
|-------------|------------|--------------|
| First Name: | Last Name: | Middle Name: |
|-------------|------------|--------------|

Section 2 Dependant Information - To be completed by dependant

| | | |
|-------------|------------|--------------|
| First Name: | Last Name: | Middle Name: |
|-------------|------------|--------------|

Birth Date: (mmm/dd/yyyy)
m m m / d d / y y y y

You have been claimed as a dependant on your parent/guardian's Learner Income Support application. Alberta Employment and Immigration will collect information about you (e.g. your birth date) if you are attending school, to determine if your family/household is eligible to receive Income Support for you. If you have questions about what information may be collected about you, contact the Student Funding Contact Centre in Edmonton at 780-427-3722 or toll-free at 1-800-222-6485. You are eligible to remain a dependant on your parent/guardian's file if you live with them and attend Elementary, Junior or Senior High School (Grades K-12) until you turn 20. If you quit school or move out, they are not eligible to receive Income Support benefits for you. While you are a dependant on their file, you are not eligible to apply for Income Support on your own.

Section 3 Declaration - To be completed by dependant

In Alberta, you are considered an adult when you turn 18. For your parent/guardian to receive Income Support benefits for you, you must sign the following declaration.

- I live with my parent/guardian who are applying for or receiving Learner Income Support
- I attend the Elementary, Junior or Senior High School (Grades K-12) or am returning to school after a regularly scheduled school break (e.g. summer break)
- I understand that I am not eligible to apply for Income Support on my own when I am a dependant on my parent/guardian's file.

| | |
|--|--|
| Dependant signature (sign in ink) X | Sign Date (mmm/dd/yyyy) m m m / d d / y y y y |
|--|--|

Section 4 Declaration - To be completed by applicant/learner

- 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 my child moves out or quits school.

| | |
|--|--|
| Applicant Signature (sign in ink) X | Sign 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

Special Diet

Monthly Rate Per Person

| | |
|--|----------|
| High Calcium, High Fiber, High Protein, Lactose Free, Low Cholesterol, Low Sodium, High or Low Potassium, and/or Low Fat | \$20.00 |
| 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 |

Infant Diets

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.

Other Special Diets

Special diets not listed here may be approved by the Executive Director of Alberta Works Programs.

Proof:

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:

- types of diet required, and
- the length of time the condition requiring the diet is expected to last, and
- in the case of a diabetic diet, the calories required per day.
- in the case of infant formula, the actual monthly cost verified by receipt or written estimate.

Housing Allowance

Accommodation costs exceed the budget guidelines and/or you live in Fort McMurray, Calgary or Grande Prairie.

Apprentices who have a primary address in Fort McMurray are eligible for a maximum additional \$900 without children and \$1,200 with children.

Apprentices who have a primary address in Calgary or Grande Prairie are eligible for a maximum additional \$500 without children and \$700 with children.

Apprentices who have a primary address other than the above listed are eligible for a maximum additional \$400 without children and \$600 with children.

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.

- utility receipts (3 months), and
- lease agreement or mortgage documents, and
- condo fee statement, and
- property tax statement, and
- home insurance policy.

Temporary Accommodation

Rate: Up to \$610 per month

Rent and utilities costs provided when Apprentices are required to maintain two residences while in technical training.

4. Travel

Rate for travel is:

- \$0.12/kilometer for private vehicle, or benefit equal to the actual cost of bus transportation
- the actual cost of taxi fare if the person does not have access to a private vehicle.

a) Training:

The Apprentice lives in a different community from their training program and there is no public transportation.

Note: 22 days per month are used in this calculation.

For post audit requirements for Apprentices:

Please keep copies of your receipts for the listed documentation regarding the amount paid during your training.

- letter from Apprentice describing location of training provider in relation to their home and why it is cheaper to remain in the community.

b) Medical Treatment:

A member of the household:

- has a health condition that is severe, and
- needs ongoing regular access to health services covered by Alberta Health and Wellness.

Proof:

- description of the condition and confirmation that it is severe or will leave a

permanent debilitating effect unless treated, and

- length of time and frequency the transportation is required for, and
- confirmation that the treatment is covered by Alberta Health and Wellness.

c) Return Trip Home:

Where the Apprentice is maintaining two residences, the cost of a return trip home is allowed once each month of technical training.

Proof:

- request for Temporary Accommodation costs, or
- letter from Apprentice