



### 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>	\$	
-----------	--	--	----	--

**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>	\$

**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.	\$	
--------	--	---	----	--

**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
--	---

Spouse/Partner Signature (sign in ink)  X	Date (mmm/dd/yyyy)  m m m / d d / y y y y
---	---

## 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>