

Income Assessment Form

If you live in the Calgary Zone, please complete this form to apply for funded physiotherapy services through the Ambulatory Community Physiotherapy Program.

Client information (Print clearly)

Last Name					First Name							
Personal Health Number (PHN)									-			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed												
What is your family size (include yourself, spouse/common-law partner and dependent children)?											<input type="text"/>	

Section A – Government Subsidy Program

If you receive assistance from a government program, fill out **Section A only**. Please check the government program(s) from which you receive assistance. You will need to provide proof that you are currently covered by one of the following government subsidy programs to be eligible for funded physiotherapy services.

<input type="checkbox"/> Alberta Adult Health Benefit: extended health benefits for people leaving AISH or Alberta Works <input type="checkbox"/> Assured Income for the Severely Handicapped (AISH) <input type="checkbox"/> Alberta Seniors Benefit (must be receiving Monthly Cash Benefit) <input type="checkbox"/> Alberta Student Finance Board Assistance (student loans) <input type="checkbox"/> Alberta Works - Alberta Child Health Benefit Plan <input type="checkbox"/> Alberta Works - Income Support <input type="checkbox"/> City of Calgary Recreation Fee Assistance <input type="checkbox"/> Federal Guaranteed Income Supplement (GIS) for Seniors <input type="checkbox"/> Special Needs Assistance for Seniors (Alberta)
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I verify that valid documentation of participation in one of the above government programs has been presented to me.

Physical Therapy Clinic Staff Signature

Date (dd/mon/yyyy)

Section B – Low Income

If you are **not** receiving assistance from a Government program, eligibility is based on your total annual taxable income from your latest **Notice of Assessment** (from the most recent tax year) for yourself and your spouse/partner. You may be asked to provide documentation of proof of income. If you do not have this information, you must fill out Section C. Refer to Page 3 to determine your eligibility.

1. Taxable income (line 260) of your Notice of Assessment (Form T451)	\$
2. Taxable income (line 260) of your spouse/partner's Notice of Assessment (Leave blank if you do not have a spouse/partner)	\$
3. Total annual taxable income of your family (Add numbers 1 and 2)	\$

I declare that I have provided accurate and complete information about the total annual taxable income of my family. I know that it is against the law to give false information.

Client/Guardian Signature

Date (dd/mon/yyyy)

Section C – Temporary Hardship

Complete this section if you do not have a Notice of Assessment **or** if you have had recent financial difficulty. You may be asked to provide documentation of proof of income. Include your total gross income from all sources for the last 3 months, excluding child tax credits, student loans or GST credits, for both yourself and your spouse/partner. (Gross income is your total income before taxes or deductions.) Refer to Page 3 to determine your eligibility.

Month/Year	Your Income for the Month You Listed	Your Spouse/Partner's Monthly Income for the Month You Listed	Total Monthly Gross Income for the Family (Applicant plus Spouse/Partner)
1		+	=
2		+	=
3		+	=
Total gross income for the last three (3) months:			

I declare that I have provided accurate and complete information about the total monthly gross income, excluding child tax credits, student loans or GST credits, of my family. I know that it is against the law to give false information.

Client/Guardian Signature

Date (dd/mon/yyyy)

Determination of Income Eligibility (Sections B and C)

Note: Low income eligibility is not applicable to full time students who are under the age of 25 and currently covered by parental or guardian extended health benefit plans.

If you completed Section B or C, use the table below to determine if you are eligible for funded physiotherapy services.

- **Section B:** Use the total annual taxable income for yourself and your spouse/partner, based on the most recent tax year Notice of Assessment.
- **Section C:** Use the total gross income for yourself and your spouse/partner for the last three months as calculated on the table under Section C.

Family Size includes the applicant, their spouse or common-law partner and the number of dependent children residing in the household.

If your income is equal to or less than the amounts indicated below, you and/or your family members are eligible to receive funded physiotherapy services from the Ambulatory Community Physiotherapy Program (Calgary Zone).

Family Size*	Section B Annual Taxable Income**	Section C 3 Month Total Gross Income
1	\$23,861	\$5,965
2	\$29,706	\$7,427
3	\$36,520	\$9,130
4	\$44,340	\$11,085
5	\$50,290	\$12,572
6	\$56,718	\$14,179
7+	\$63,147	\$15,787

* Family Size includes the applicant, their spouse or common-law partner and the number of dependent children residing in the household.

** Source: 2013 pre-tax Statistics Canada Low Income Cut-offs (LICO) – updated annually

- Income eligible for funded physiotherapy services**
- Income exceeds limits - not eligible for funded physiotherapy services**

If you need help with your taxes: The Canada Revenue Agency operates the Community Volunteer Income Tax Program to assist low income Canadians with completing their income tax returns at no cost. For information or to get a copy of your Notice of Assessment call the local office, or 1-800-959-8281, or visit their website at www.grc.gc.ca/volunteer.

The personal information being collected will be used to determine and/or verify your eligibility to participate in an Alberta Health Services (Calgary Zone) program. The personal information is collected and used under Section 33(c) of the Freedom of Information and Protection of Privacy Act of Alberta. If you have any questions about the collection of your personal information, contact the Ambulatory Community Physiotherapy Program in Calgary at (403) 943-0279.