

Personal Care Home Benefit (PCHB) Application

Complete and mail to: Ministry of Social Services Box 2405 Station Main Regina, SK S4P 4L7
or email to the contact information at the bottom of the page.

To be eligible for the Personal Care Home Benefit a person must:

- Be a Saskatchewan resident;
- Be 65 years of age or older;
- Be in receipt of an Old Age Security (OAS) pension pursuant to the *Old Age Security Act* (Canada);
- Be a resident in a licensed personal care home space in a Personal Care Home licensed pursuant to *The Personal Care Homes Act*;
- Have monthly income below certain levels (see Application Instructions Guide); and
- Have applied for and be receiving any government benefits for which the person may be eligible.

You must complete and attach Direct Deposit Payment Request Form PCHB 3 (2024). You have 60 days after you apply to submit the rest of the required documents. If you are eligible, benefits will be paid as of the date the application is received. Please allow four weeks for processing. Incomplete applications may result in delays in processing.

Section 1 – Applicant Information

Resident Information (Please Print)

Name _____
Surname Given Initial
(as it appears on your Saskatchewan Health Services card)

Date of Birth _____
(DD/MM/YYYY)

Social Insurance Number or OAS Account Number

Current Marital Status: (check one)

Single Married Divorced

Spouse Information (Please Print)

Name _____
Surname Given Initial
(as it appears on your Saskatchewan Health Services card)

Date of Birth _____
(DD/MM/YYYY)

Social Insurance Number or OAS Account Number

Widowed Common-law Separated

Address (where mail should be sent) _____

Phone Number (optional) _____

Section 2 - Personal Care Home Information

Name of Personal Care Home (where you currently reside)

Personal Care Home Facility Number (Found on license)

Have you lived in this Personal Care Home for less than 60 days? Yes No

If **Yes**, complete and attach Confirmation of Admission Form PCHB 2 (2012).

If Married or Common-Law, does your spouse also live in a personal care home? Yes No

Section 3 - Income Information

Please provide the following so your adjusted income (see Application Instruction sheet) can be determined:

- a copy of the most recent entitlement letter from the federal Guaranteed Income Supplement Program; or
- a copy of the T1 general forms from your Income Tax Return and a copy of a bank statement showing the most recent Old Age Security/Guaranteed Income Supplement deposit (for both applicant and spouse).

If you did not file a tax return for last year, please call the number shown at the bottom of the Application Form.

Section 4 - Responsible Person

Is a person with Power of Attorney (POA) or a Trustee or Guardian signing and providing information on behalf of the resident? Yes No

If **Yes**, a copy of the legal document must be attached. Due to the variety of documents some may not be considered acceptable (such as POA specific or limited to a bank or financial institution).

If **No**, do you wish to nominate another person to sign and provide information on your behalf?

Yes No

If **Yes**, complete and attach Responsible Person Consent Form PCHB 4 (2024)

Section 5 - Declaration and Consent

Applicant's and Spouse's (if applicable) Declaration and Consent

Declaration

I hereby apply for the Personal Care Home Benefit administered under *The Saskatchewan Assistance Act* and declare that to the best of my/our knowledge the information on this application is true and correct, and complete and that I have not withheld any information which may impact my benefits and/or eligibility. I/we understand I/we may be liable to criminal prosecution for withholding information or providing false or misleading information.

I/we understand that I/we must report any changes in my/our circumstances such as changes income, family composition and moving out from a personal care home that may affect my/our eligibility for the Personal Care Home Benefit.

I/we understand that, if I/we wish to withdraw this consent, I/we may do so at any time by advising the Saskatchewan Ministry of Social Services in writing. I/we understand that withdrawing my consent cannot be made retroactive. I/we also understand that if I/we withdraw or decline to provide this consent, I/we will forfeit my/our eligibility for the Personal Care Home Benefit.

My Consent

I/we give consent to the Ministry of Social Services to use my/our Social Insurance Number(s) and Old Age Security Account Number(s) to collect and verify information as required for the purpose of determining my/our eligibility for benefits provided under *The Saskatchewan Assistance Act*.

I/we give consent to the Ministry of Social Services to collect, use, and disclose documents or my/our information (including information provided voluntarily) for the purposes of determining and verifying my eligibility for benefits, conducting audits, and for research and evaluation purposes.

I/we understand this may include the Ministry of Social Services verifying my eligibility documents by contacting third parties, including but not limited to the Ministry of Health, eHealth, the Personal Care Home, Canada Revenue Agency, and Canada Pension Plan, as required.

I/we understand that my/our information is being collected and kept confidential in accordance with accepted use of personal information as defined in *The Freedom of Information and Protection of Privacy Act* and will be relevant to, and used for the purpose of determining and verifying my/our eligibility and the general administration and enforcement of the Personal Care Home Benefit pursuant to The Personal Care Home Benefit Regulations, and will not be used for other purposes or disclosed to any other personal or organization without my/our consent, except where authorized by law.

I/we have the right to:

- The protection of my/our personal information and personal health information based on *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*,
- Request a copy of the information I provide to the Ministry of Social Services about myself,
- Apply for a review of my eligibility assessment or calculation of income support,
- Be treated with respect in all interactions with Ministry of Social Services staff; and,
- Contact the Ministry of Social Services Privacy Officer if I/we have questions or concerns related to our privacy rights (email access.privacy@gov.sk.ca).

I understand that the information provided in this application package will be retained and disposed of in accordance with *The Archives and Public Records Management Act*.

Canada Revenue Agency requires that the Ministry of Social Services provides you with the following specific consent statement:

I/we authorize the Canada Revenue Agency to release income and expense information and related identifying information about me/us from income tax records to the Ministry of Social Services. The Ministry will use the information only to determine and verify my/our eligibility for income support through the Personal Care Home Benefit and for collecting overpayments of income support under that program to which I/we was/were not entitled to.

The Ministry will not share this information to any person or organization without my/our written approval or unless required to be disclosed by operation of law (for example: search warrants, subpoenas, or other legislative requirements to disclose information). This authorization is valid for the taxation year of the application date and all following taxation years for which I/we request income support through the Personal Care Home Benefit.

I understand and agree that my rights and responsibilities, declaration, and consent are in effect for the duration of my application until such a time that I am no longer eligible for the Saskatchewan Personal Care Home Benefit, or I revoke my consent.

Signature of **Applicant** or Responsible Person

Signature of Joint Responsible Person (if any)

Date (DD/MM/YYYY)

A witness is necessary if Applicant signs with an "X" or a mark

Signature of Witness

Print Name of Witness

Date (DD/MM/YYYY)

Signature of Spouse or Legally Authorized Person, if Applicable

Date (DD/MM/YYYY)

A witness is necessary if Applicant signs with an "X" or a mark

Signature of Witness

Print Name of Witness

Date (DD/MM/YYYY)