

# Personal Care Home Benefit (PCHB)

## Application Guide

Please follow these instructions when completing the application for Personal Care Home Benefit. Residents should apply as soon as they meet the eligibility requirements and will have up to 60 days to submit the required documents. If residents are eligible, the ministry will provide a full month benefit at initial month of PCHB application.

### SECTION 1 - APPLICANT INFORMATION

#### Resident Information

- The resident is the person applying for the Personal Care Home Benefit (PCHB).
- Enter the resident's name as it appears on their Saskatchewan Health Services card.
- Enter the resident's birthdate.
- Enter the resident's Social Insurance Number.
- If the resident has never been issued a Social Insurance Number enter the resident's Old Age Security (OAS) Account Number.

#### Spouse Information

- If the resident has a spouse (married or common-law), enter the same information for the spouse.
- If the spouse is also a Personal Care Home resident, a separate application must be completed them.

#### Marital Status

- Indicate the resident's current marital status (check only one box).

#### Address

- Enter the address where mail related to the PCHB should be sent.
- Residents may have their mail directed to a responsible person nominated to act on their behalf (see Section 4 below).

#### Phone Number

- Enter the resident's phone number; or,
- The phone number of the designated responsible person.

### SECTION 2 - PERSONAL CARE HOME INFORMATION

#### Name of Personal Care Home

- Enter the name of the Personal Care Home where the resident currently resides Note: In some homes, not all beds are licensed under **The Personal Care Homes Act**. You must be a resident in a licensed personal care home space to be eligible for this benefit.
- Enter the Personal Care Home License Number.
  - \* This is found on the license posted in the Personal Care Home or can be located on the Licensed Personal Care Homes list at <http://personalcarehomes.saskatchewan.ca/>.

#### Confirmation of Admission - Less than 60 days

- If residents have lived in a licensed space in the Personal Care Home for less than 60 days, please complete and attach Form PCHB 2 (Confirmation of Admission).

#### Spouse's Personal Care Home

- If residents have a spouse, indicate if they also live in a licensed personal care home.

## SECTION 3 - INCOME INFORMATION

### Monthly Benefit Calculation

- The resident must be in receipt of OAS to be eligible for the PCHB.
- Attach a copy of the most recent entitlement letter from the federal Guaranteed Income Supplement (GIS) program or a copy of the T1 general forms from Income Tax Return for the preceding taxation year.
- If a resident meets all other eligibility criteria, he or she is eligible for a PCHB if their monthly income is below \$2,500 per month.
- The amount of the PCHB will be \$2,500 minus your monthly income (as calculated using your tax return and current OAS/GIS/Seniors Income Plan (SIP) amounts).
- The resident will be advised of these calculations and the amount of their PCHB eligibility.

## SECTION 4 - RESPONSIBLE PERSON

### Responsible Person Nomination

- Check yes if a person has Power of Attorney (POA) or is a Trustee or Guardian appointed to act on behalf of the resident and attach the legal documents. Some documents may not provide sufficient authority for the designated person to carry out all duties on behalf of the resident.
- If another person is being nominated as a responsible person who does not have POA, or is not a Trustee or Guardian, then Form PCHB 4 (Responsible Person Consent) must be completed and attached.

## SECTION 5 - DECLARATION AND CONSENT

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

- In this section, the resident/spouse declaring that the information provided is true and complete to the best of their knowledge and is providing consent to the use of the Social Insurance Number or OAS Account Number to verify information related to the resident eligibility for the PCHB.
- The resident/spouse is also providing consent to Ministry of Social Services officials to contact the Ministry of Health, Canada Revenue Agency or any other ministry or agency to verify information related to his or her eligibility for the PCHB.
- The resident is also acknowledging that he or she must notify the Ministry of Social Services of any changes in circumstances that may affect his or her eligibility for the PCHB.
- If 2 (or more) persons have joint Power of Attorney both (all) must sign the application.

**For information or assistance with your application:**  
please phone the Ministry of Social Services

**In Regina:** 306-798-PCHB (7242)

**Outside Regina:** 1-855-544-PCHB (7242) (toll-free)