DIRECTORY OF FINANCIAL AID FOR PERSONS WITH DISABILITIES IN NEW BRUNSWICK

December 2013

Prepared by:
Premier's Council on the Status of Disabled Persons
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This document is available in alternate formats, upon request, and in French.
Ce document est disponible en médias substituts et en Français.

Please note that material contained in this guide is subject to change at any time without notice. Individuals having difficulty finding a specific phone number or address for a program or service can call the Premier's Council on the Status of Disabled Persons for assistance.

While every effort is made to insure the accuracy of this information, we would request that if any errors are found that the Premier's Council is notified. We will promptly make corrections and/or changes.

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FEDERAL ASSISTANCE

CANADA REVENUE AGENCY

TAX CREDITS AND DEDUCTIONS

Website: www.cra-arc.gc.ca/tx/ndvdls/sgmnts/dsblts/ddctns/menu-eng.html

Individual income tax and Trust enquiries: (800) 959-8281

Tax information for individuals and trusts, including personal income tax returns, instalments, RRSPs, and the Working Income Tax Benefit (Calls from anywhere in Canada and the United States)

If you are a person with a disability or you support someone with a disability, you may be able to claim on your income tax and benefit return the following deductions and tax credits:

Line 214 - Child care expenses
Line 215 - Disability supports deduction
Line 232 - Other deductions
Line 303 - Spouse or common-law partner amount
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Line 370 - Children's arts amount

Line 452 - Refundable medical expense supplement
Line 453 - Working income tax benefit (WITB)

REGISTERED DISABILITY SAVINGS PLAN (RDSP)
Website: www.cra-arc.gc.ca/E/pub/tg/rc4460/README.html

Telephone: (800) 959-8281
TTY: (800) 665-0354

A registered disability savings plan (RDSP) is a savings plan that is intended to help parents and others save for the long-term financial security of a person who is eligible for the disability tax credit (disability amount).

Contributions to an RDSP are not tax deductible and can be made until the end of the year in which the beneficiary turns 59. Contributions that are withdrawn are not included in income for the beneficiary when they are paid out of an RDSP. However, the Canada disability savings grant, Canada disability savings bond and investment income earned in the plan are included in the beneficiary's income for tax purposes when they are paid out of the RDSP.

An RDSP can get a maximum of $3,500 in matching grants in one year, and up to $70,000 over the beneficiary's lifetime. A grant can be paid into an RDSP on contributions made to the beneficiary's RDSP until December 31 of the year the beneficiary turns 49.

To open an RDSP, a person who qualifies to be a holder of the plan must contact a participating financial institution that offers RDSPs. These financial institutions are known as issuers.

If the beneficiary has reached the age of majority and is legally able to enter into a contract, an RDSP can be established for such a beneficiary by the beneficiary and/or the legal parent who is, at the time the plan is established, a holder of a pre-existing RDSP of the beneficiary.

Another qualified person can open an RDSP for the individual and become a holder. Another qualified person is:

- a guardian, tutor, or curator of the beneficiary, or an individual who is legally authorized to act for the beneficiary; or
- a public department, agency, or institution that is legally authorized to act for the beneficiary.

There is no annual limit on amounts that can be contributed to an RDSP of a particular beneficiary in a given year. However, the overall lifetime limit for a particular beneficiary is $200,000. Contributions are permitted until the end of the year in which the beneficiary turns 59.

EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA

CANADA PENSION PLAN – DISABILITY BENEFITS

Website: www.hrsdc.gc.ca/eng/oas-cpp/cpp_disability/index.shtml

Service Canada
PO Box 250 Station A
Fredericton NB E3B 4Z6

Telephone: (800) 277-9914
TTY: (800) 255-4786

The Canada Pension Plan (CPP) provides disability benefits to people who have made enough contributions to the CPP and who are disabled and cannot work at any job on a regular basis. Benefits may also be available to their dependent children.

The Canada Pension Plan (CPP) disability benefit is a taxable monthly payment. The CPP disability benefit is not designed to pay for such things as medications and assistive devices.

To qualify for a CPP disability benefit, you must:

- have a severe and prolonged disability be under the age of 65
- meet the CPP contribution requirements.

To qualify for a disability benefit under the Canada Pension Plan (CPP), a disability must be both "severe" and "prolonged", and it must prevent you from being able to work at any job on a regular basis.

- **Severe** means that you have a mental or physical disability that regularly stops you from doing any type of substantially gainful work.
- **Prolonged** means that your disability is long-term and of indefinite duration or is likely to result in death.

Both the "severe" and "prolonged" criteria must be met simultaneously at the time of application. There is no common definition of "disability" in Canada. Even if you qualify for a disability benefit under other government programs or from private insurers, you may not necessarily qualify for a CPP disability benefit.

You must also have contributed to the CPP in:

- four of the last six years, or
- three of the last six years if you have contributed for at least 25

You should apply as soon as you develop a severe and prolonged or terminal medical condition that prevents you from working regularly at any job.

Do not delay in sending your completed application forms. You must apply for the CPP disability benefit in writing. The date your application is received affects the date your benefit begins.

If you are aged 60 to 64 and you think you might qualify for a CPP disability benefit, you may also want to apply for a CPP retirement pension. While you cannot receive both at the same time, you may qualify to begin receiving a retirement pension while you wait for your CPP disability benefit application to be assessed, which usually takes longer.

If you are already receiving a CPP retirement pension when your application for a disability benefit is approved, Employment and Social Development Canada will switch your retirement pension to a disability benefit if:

- you are still under the age of 65
- you were deemed to be disabled, as defined by the CPP legislation, before the effective date of your retirement
- you have been receiving your CPP retirement pension for less than 15 months at the time you applied for your disability benefit
- you meet the minimum contributory requirements.

You must apply in writing. Print out the main application form (ISP 1151), the consent forms, and any other necessary forms from the application kit for CPP disability benefits from www.servicecanada.gc.ca/cgi-bin/search/eforms/index.cgi?app=profile&form=isp1151&lang=eng or call Service Canada to request a kit, and mail to the above address.

Before applying, consider the following:

- To help you complete your application, read the **General Information and Guide,** which is part of the application kit. This guide includes steps for completing your application, changes that may affect your benefits, a mailing checklist, and other useful information about disability benefits.
- If you are a parent or guardian, you could request the child-rearing provision (form is in the application kit) and the children's benefit (a section of the main application form).
- If you are unable to fill out the forms, a family member or a friend can help you. Make sure that you sign where necessary.

Service Canada will pay your physician up to a certain amount for completing your medical report. Your physician is responsible for sending us invoices for payment. Should your physician charge more than our set amount, you are responsible for covering any extra costs above the amount we pay.

It takes approximately four months for a decision to be made from the date Service Canada receives your application and all the necessary documents.

A member of Service Canada’s staff will call you to explain how your application will be processed, the type of information we need from you, and answer any questions you may have.

As Service Canada processes your application, a member of its staff will call you. Their medical adjudicators may also ask for additional information or ask you to see another doctor who will evaluate your medical condition. When seeking more information, they have very little control over how quickly they receive it.

PROVINCIAL ASSISTANCE

DEPARTMENT OF FINANCE

Website: www2.gnb.ca/content/gnb/en/departments/finance.html

Chancery Place
675 King Street
Fredericton NB E3B 1E9

Telephone : (506) 453-2451
Fax : (506) 457-4989
Email : wwwfin@gnb.ca

SENIORS - LOW-INCOME SENIORS' BENEFIT

To assist low-income seniors in New Brunswick, the government offers an annual benefit to qualifying applicants.

To qualify for the $400 annual benefit applicants must have been a resident of New Brunswick on Dec. 31st of the preceding year and a recipient of a benefit under the Old Age Security Act (Canada), notably:

- The Federal Guaranteed Income Supplement (GIS) (must be 65 years or older), or
- the Federal Allowance for the Survivor (must be between 60-64 years old) or
- the Federal Allowance (must be between 60-64 years old)

Important: Persons in receipt of a Federal Allowance who are under the age of 60 do not qualify for this benefit.

If you do not currently receive the GIS or one of the other federal benefits and would like more information, please contact the federal Department of Human Resources and Social Development Canada at 1-800-277-9914 for service in English, or 1-800-277-9915 for service in French.

The deadline to apply is November 30, 2013.

Where both spouses receive the GIS and reside in the same household, only one $400.00 benefit will be granted. However, where

spouses live separately (for example, one residing in a nursing home), both will be eligible for the benefit.

HOME ENERGY ASSISTANCE PROGRAM

Are you eligible for the provincial government's $100 benefit under the Home Energy Assistance Program?

A one-time payment of $100 to help New Brunswick families cope with high energy costs.

To be eligible for the benefit under the Home Energy Assistance Program, families must have had a total family income of $28,000 or less in 2011.

Application forms for the 2013 benefit under the Home Energy Assistance Program will be available on January 3, 2013 at Service New Brunswick centres and online at www.snb.ca or at www.gnb.ca/Finance.

DEPARTMENT OF SOCIAL DEVELOPMENT

Website:
www2.gnb.ca/content/gnb/en/departments/social_development.html

Acadian Peninsula (Region 8) 3514 Principale Street Tracadie-Sheila	Telephone: (866) 441-4149
Chaleur (Region 6) 275 Main Street Bathurst	Telephone: (866) 441-4341
Edmundston (Region 4) 121 de l'Église Street Edmundston	Telephone: (866) 441-4249
Fredericton (Region 3) 460 Two Nations Crossing Fredericton	Telephone: (866) 444-8838

Miramichi (Region 7) 152 Pleasant Street Miramichi	Telephone: (866) 441-4246
Moncton (Region 1) 770 Main Street Moncton	Telephone: (866) 426-5191
Restigouche (Region 5) 157 Water Street Campbellton	Telephone: (866) 441-4245
Saint John (Region 2) 1 Agar Place Saint John	Telephone: (866) 441-4340

EMERGENCY FUEL BENEFIT

The emergency fuel benefit is designed to provide assistance to eligible households to assist with the costs of winter heating.

Any household in New Brunswick that is in an emergency situation and unable to afford the cost of heating its home may be eligible to receive this benefit. The department will assess eligibility on a case-by-case basis.

An emergency fuel benefit of up to $550 per calendar year may be provided to eligible New Brunswick households whether or not they are receiving social assistance. This benefit is provided to eligible applicants regardless of what type of heating they use.

Examples of an emergency situation include:

- a high heating bill due to the cold, which means that you are not able to pay your rent or mortgage;
- having to choose between feeding your family and paying your winter heating bill; or
- an illness resulting in unexpected high medical costs, which have made it hard to pay your heating bill.

For the purpose of assessing need for the emergency fuel benefit, the department will assess all household expenses, but remove the requirement that assets be depleted in order to qualify for assistance.

The asset exemption will ensure that items such as investments (RSPs, GICs etc.), life insurance cash value, etc. are not considered in determining if the household is in need of an emergency fuel benefit, and cash-in-hand and bank accounts will only be considered if they exceed $2,000. This will allow people to seek assistance for a present-day emergency without sacrificing savings for the future.

All New Brunswick households who find themselves in an emergency situation may apply for the emergency fuel benefit, because eligibility will be assessed on the basis of whether or not a household is in deficit, based on income and expenses. A benefit of up to $550 per calendar year could be provided, depending on the size of the household deficit.

FUEL SUPPLEMENT

The fuel supplement is designed to provide assistance to eligible households to assist with the costs of winter heating. The Regular Fuel Supplement is available from November to April of each year to social assistance recipients who meet the criteria.

The Fuel Supplement can provide assistance to cover some of the costs of winter heating, over and above what is included in the basic assistance rate. Eligibility is determined on a case-by-case basis. Many clients are already receiving some type of special assistance related to their heating costs either through SD or others.

Clients who are not considered eligible are those who:

- Have accommodation costs of less than $100/month.
- Are receiving the Income Supplement which is $100/month through the heating season
- Are in subsidized housing where heating has been factored into the monthly cost
- Live with their parents, are in a boarding situation, have only lot rent, or are in “maintenance only” accommodations.

Fuel Supplements Types
Social Assistance Recipients:

- The Electric Fuel Supplement is provided to eligible households who heat with electricity (fully or partially) in the amount of $150.00 per month, it is available from November to April.
- The Non-Electric Fuel Supplement of $145.00 per month is available to eligible households from November to April.
- The Bulk Fuel Supplement of $870.00 for the purchase of wood or oil is provided from November through April. The benefit can be provided monthly at $145.00 per month or in a bulk format.

Both Social Assistance Recipients and non-Social Assistance Recipients:

- The Emergency Fuel Benefit can be provided on a case by case basis to a client or applicant who is experiencing a winter hardship/emergency situation as it relates to winter heating costs. The benefit can be up to $550.00 per calendar year.

ENERGY EFFICIENCY RETROFIT PROGRAM
The program is offered by the Department of Social Development (SD) in partnership with Efficiency New Brunswick. It provides financial assistance to improve the energy efficiency of housing occupied by low income households.

Eligible clients:

- Homeowners with total household income at or below the applicable income limit established for the area
- Private non-profit corporations and co-operatives where self-contained units or bed units are occupied by tenants with low and moderate incomes

Eligible properties:

- Any residential property considered the principal residence of the occupant(s).
- Properties must meet minimum standards of health and safety as determined by SD.

Ineligible properties include:

- Residential care facilities
- Student housing

- Hotels, motels, bed and breakfasts
- Nursing Homes

Eligible work will include the energy efficiency measures which will generate the highest potential energy cost savings for the occupants as identified by energy advisors. Eligible items include but are not limited to such things as:

- Heating systems
- Air Sealing
- Ventilation systems
- Insulation
- Windows/doors

Assistance for homeowners is in the form of a non-repayable grant contribution and a repayable loan. The maximum grant contribution for homeowners is $4,500. Additional assistance for homeowners may be available where the property does not meet minimum standards of health and safety. (Federal/Provincial Repair Program)

Private non-profit groups and housing cooperatives are eligible for the non-repayable grant contribution only. Eligible groups may receive funding up to a maximum of $5,000 per self-contained unit and $3,000 per bed unit.

SD conducts an initial inspection of property and provides a listing of energy efficiency improvements in priority order that could be completed within maximum assistance level starting with the improvements that will yield the most energy cost savings for the occupants.

Owners of residential rental properties must sign an approval letter stating that the rents will not be increased as a result of the energy retrofits. In situations where energy costs are included in the rent, energy cost savings will be passed through to the tenants.

HEALTH CARD

SD health cards are required by many financial institutions as identification. Health card PDP coverage is administered by the NB

Prescription Drug Program (PDP). Health card ambulance coverage is administered by Ambulance Services, Department of Health.

Coverage for certain Health Card benefits is administered by the Health Services Program in the central office of SD. These programs include:

- Allergy serum
- Convalescent/ Rehabilitation
- Dental
- Enhanced Dental
- Hearing Aids
- Hyperalimentation
- Orthopedic
- Ostomy/ Incontinence
- Oxygen & Breathing Aid s
- Out of Province costs in a medical emergency (top up of payments made by Medicare only)
- Prosthetic
- Vision
- Wheelchair/ Seating

All programs are subject to benefit guidelines and limitations and have specific eligibility criteria.

Coverage - Exceptions
All active clients are eligible for the health card if they do not have coverage under another plan. In the following exceptions, a health card may only be required for identification purposes (i.e. with no coverage), or upon clarification with the respective plan, partial coverage may be issued:

- client and/or dependents may have coverage from their spouse/parent as part of the terms of separation or divorce,
- status Indians (Natives), or
- post-secondary students with compulsory health insurance coverage.

Coverage of the client's dependents should be clarified, as dependents of a Native or a student may be covered by their respective health plans for some costs.

Coverage - Partial versus Full

Applicants/dependents aged 19 years or older are eligible for only PDP and Ambulance coverage until they have been in receipt of assistance for three (3) months. Exceptions to this are clients/dependents who are:

- in provincial institutions,
- certified Blind, Deaf or Disabled,
- pregnant,
- discharged from a psychiatric facility,
- former wards of the province with expired guardianship,
- former clients (who had full coverage) canceled less than 30 days,
- former clients (who had full coverage) canceled within the last 6 months for reasons of employment, or
- suffering from the following illnesses:
    - cancer,
    - lung disease,
    - diabetes,
    - heart condition, or
    - HIV positive/AIDS.

The system will determine health card coverage and dates, based on information entered on the case when initially set up at Registration. The system will adjust coverage accordingly for adults after 3 months to full coverage. The system will also automatically extend the Health Card every 6 months if case is still active.

Health Card Only

Requests for a health card from those who are not eligible for assistance must be assessed under Section 4(4). Health cards issued under this Section may be for any period up to 12 months. Health cards issued under this section will be approved for a period of 12 months, unless circumstances require a shorter duration. Although the entire Household must be assessed for eligibility, the card should be issued to provide coverage only to the specific individual(s) requiring the card.

Applicants who have the Long Term Needs, Designated Needs or Blind, Deaf or Disabled certification and who are not living with a legal

or common-law spouse or child would be considered as a separate unit when applying for Health Card Only benefits.

All clients who have been diagnosed with diabetes and are insulin dependent will have coverage for their insulin and their diabetic supplies. Insulin pump and supplies for adults are not covered. There may be coverage for children under the age 19 through the department of Health's New Brunswick Pediatric Insulin Pump Program (PIPP).

All clients who have been diagnosed with diabetes who are not insulin dependent but are treated by diet alone or taking oral medications may have coverage for a limited number of testing strips, and supplies such as lancets, alcohol and swabs. A medical form completed by a physician, nurse practitioner and /or certified diabetic educator will determined the quantity of test strips that are needed.

- Seniors 65 years of age and over who qualify for coverage under the New Brunswick Prescription Drug Program would be eligible for their insulin under this program.
- Seniors 65 years of age and over may purchase extended health benefits from the Medavie Blue Cross Seniors' Health Program. Diabetic supplies is one of the benefits covered under this program. Should a senior not apply for this coverage within 60 days following either their 65th birthday, the cancellation of other coverage or eligibility for NB Medicare as a new resident they will face a one-year waiting period for certain benefits which includes diabetic supplies.
- Applicants, including seniors who have coverage under other medical plans may be put at a financial disadvantage, depending on their participation fees and/or benefit restrictions under their plan. Depending on the amount of such disadvantage, consideration may be given to assisting these applicant with the additional costs incurred, or in issuing an SD health card.
- Families requesting dental or optical services for children 0-18 years of age should first be referred to the Health Smiles, Clear Vision plan administered by Medavie Blue Cross. If they have

been found ineligible for this plan they may then be assessed under Section 4(4) for dental or optical coverage

OTHER PLANS

Clients who have coverage under other medical plans may be put at a financial disadvantage, depending on participation fees required under their plan. Depending on the amount of such disadvantage, consideration may be given to assisting these clients with the additional costs incurred, or in issuing an SD health card.

Prescriptions Not covered by PDP - Special Authorization/Over the Counter Items

Clients must request that their doctor apply to PDP for approval of the drugs. PDP will send written documentation to the SD district office - bills may be paid based on need or monthly cost may be added as an ongoing Special Benefit, as over the counter drugs cannot be covered by the card.

Shared Dependent

When a dependent is shared on two separate cases NB Case will produce only one Health Card. The information on the Health Card will reflect the most recent (or second) case entered in the system.

Career Development Opportunities (CDO) - Extended Health Card

If the loss of the health card is a significant barrier to clients wishing to move from assistance to training and/or employment; a health card may be issued to assist them during this transitional period. For clients exiting social assistance for employment, the health card should be extended automatically where long term/permanent work has been obtained and no other coverage is available. The maximum period of the health card coverage in such instances is 12 months renewable to a maximum of 36 months. The extended health card is to be reviewed annually.

Enhanced Dental Benefits

This extended coverage is for a range of dental services, and is issued to support CDO clients who are in active programming towards their goal of self-sufficiency. It is indicated by an "E" in the Dental section of the health card. The client needs only to present the

card to the dentist. The dentist bills SD, Health Services directly for services provided.

Benefits:

- Client must pay a participation fee of 30% to the dentist or denturist.
- Maximum of $1,000, not including emergency services and dentures already covered by regular dental coverage.
- Period not to exceed 12 months.

Eligibility:

- Case Manager determines eligibility on individual basis.
- Client must be in active CDO programming.
- Case Manager must demonstrate in case plan that additional dental work is needed to support goal of self-sufficiency to access training or employment.
- Client must be able to cover participation fee within own resources.
- Client must be aged 20 to 63 years of age inclusive.
- Only services performed during the eligibility period on the card will be paid.

4(2)(b) Clients

4(2)(b) clients are eligible for the same level of health card coverage as basic assistance clients.

SOCIAL ASSISTANCE PROGRAM

Financial assistance is given to people who have no other income to meet their basic needs of food, clothing and shelter. By law social assistance is the payer of last resort. This means that all other income must be considered when determining how many dollars will be provided.

Eligibility for social assistance is determined for each household by identifying all the income from all sources of all people who live in the household. If this total household income is less than the rate which applies to that household, the household is able to receive social assistance. The amount of assistance depends on the amount of household income. The rate which applies to the household is based

on the number of people in the household and whether or not they can work. For example, a single mother with one child may receive $809 each month. If she has no income at all, she would receive the full $809. If she has income of $300 a month, then she would receive $509 in social assistance.

A person or household is simply assessed to find out whether or not they need help based on all income of all members living in the household. This means that there is no discrimination with regard to gender, marital status, or sexual orientation. Also, there is no need to ask about the relationships of the people in the household. This policy has exceptions for people with disabilities, single parents, boarders and some people who live with their parents.

Social assistance benefits are not reduced by the amount of child tax benefits that families receive. But they are reduced by child support payments. This policy recognizes that parents have the main responsibility for the financial support of their children. Parents who do not have custody should have to support their children if they can. Taxpayers should not be required to take on this financial duty. Family support payments are deducted dollar for dollar from social assistance cheques. Clients are encouraged to work with departmental staff to register all child support payments with the Court and set them up payable to the Minister. In these situations the clients will continue to receive their full income assistance cheque. This ensures clients do not go through hardship if the non-custodial parent does not make the monthly payment.

A person or household who gets social assistance may be able to receive other benefits. All social assistance clients get a health card. This helps pay for things like prescriptions drugs, dental and vision care, and some other health needs. Some clients may be able to get help to pay for their winter fuel. Some disabled clients receive a disability supplement in the amount of 91.67 monthly.

SPECIAL BENEFITS

Special benefits refer to assistance above and beyond the entitlement of clients to social assistance. For open cases, special benefits may be issued

- on a one-issue basis or

- on an ongoing basis to the monthly assistance cheque. This would be for benefits issued to meet clients' predetermined needs which will occur for a period of two or more consecutive months at fixed monthly rates. Ongoing benefits may be for a period of up to and including twelve (12) months.

Case managers will determine the method of payment for these benefits by indicating whether or not it is to be added to the monthly cheque. If so, it will be added to the next assistance cheque issued to that client. Any payments required prior to that must be handled separately.

Payments should be made to the client as opposed to the vendor, whenever possible.

Special Benefits are available when need is determined and the specific criteria for the particular benefit are met.

All requests for special benefits must be assessed to determine whether:

- the services or items requested are intended to meet critical emergency needs which, if not satisfied, would cause severe hardship
- the client(s) have the means or alternative ways of obtaining the services or items requested

Emergency benefits of special need may not be appealed, and include the following:

- shelter
- household repairs, equipment and supplies; (this includes furnishing, appliances, plumbing, emergency fuel, wiring, utensils and linens)
- items of basic need
- property taxes for current year

Emergency
An emergency situation is:

- A situation where failure to do so may result in:

    - a client being left without means of food, shelter, or warmth
    - the withholding of medical services/supplies which are required within two days
- Any unavoidable and unforeseen occurrence, situation or set of circumstances which is occurring at the present time, and requires immediate response, and the nature of the response is seen as crisis intervention.

Managers have the authority to approve special benefits for clients who are not in a Priority Group, when in the manager's opinion, a refusal would place the client in a critical emergency situation.

Requests which meet Departmental guidelines shall not be refused if it is determined that:

- the benefits requested are essential, and
- that a critical emergency exists, and
- that the client(s) does not have the means to obtain them including other family or community help available.

These special benefits should only be provided to either:

- victims of non-declared disasters with no insurance or other resources or
- those leaving abusive situations
- Priority groups may be granted these benefits if hardship is determined to exist.

Benefits issued to set up a household include the cost of: bedding, towels, dishes, pots/pans, and cutlery, refrigerator, stove, washer, kitchen table and chairs, beds, cribs. The total amount for items covered to set up a household is not to exceed $2,000. Benefits issued to set up a household must be issued as Household Setup unless only one benefit is to be issued, which is separately listed (i.e. crib).

Priority Groups

These clients are considered priority groups when considering requests for special benefits.

- Blind, Deaf or Disabled

    - Clients who are certified by the Medical Advisory Board or who are in receipt of a federal disability pension.
- Deinstitutionalized Project
    - Clients identified through this project
- Disaster Victims
    - Clients identified in the Disaster policy
- Families with dependents aged less than 19 years and with high shelter costs:
    - This includes Households paying 40% or more of the Household's total income, (including Child Tax Benefit, Wage Exemption, Income Supplement etc.) for shelter costs - not including utilities and heat.
- Pre and post-natal women and infants
    - Women while six or more months pregnant and up to six months after birth; and their infants.
- Women in Transition
    - Women who are leaving an abusive situation.
- Youth at Risk
    - 16-18 year old clients who are living outside their parental home and are attending school.

FAMILY INCOME SECURITY APPEALS BOARD

This department makes hundreds of decisions every day. If you disagree with a decision made about your case, you can appeal.

You have the right to appeal if:

- the department is taking too long to make a decision about your assistance,
- your request for assistance was turned down,
- some or all of your assistance was stopped, or
- you have not been granted enough assistance for your needs.

The Appeal Board permits clients to seek an independent review of a departmental decision. It is a quasi-judicial, independent tribunal, based on Administrative Law of Natural Justice. The Appeal Board is established under the Family Income Security Act and Regulations.

The Regulations ensure that the Board is composed of a Chairperson, a vice-Chairperson, and at least fourteen members,

who shall be appointed by the Lieutenant-Governor in Council. Appeal Board Members are generally civic minded individuals with sufficient flexibility in their daily schedules to attend the hearings, of which there are on average of two or three per month. Each member of a Board, including the Chairperson, are appointed for a term of up to three years and may be reappointed for subsequent terms of up to three years.

There are two steps to follow if you wish to appeal:

Request for Review

- Ask an employee of the department for a Request for Review form. You have 30 working days to fill out the form and send it to the local regional office of this department.
- An area reviewer who is knowledgeable about the Family Income Security Act and Regulations will review your case.
- Within 15 working days of receiving your request, the area reviewer will make a decision on your case and send you a letter letting you know the outcome.
- The area reviewer may decide in your favour and overturn the department's decision, or agree with the original decision and turn down your request. The area reviewer's decision is based on the information you have provided and the Family Income Security Act and Regulations.

Request for Appeal

- If you are unhappy with the area reviewer's decision, you can have the Board hold a hearing to review your case.
- The Appeal Board is separate from the department. Its members are people from your community who do not work for the department. Their job is to provide applicants and clients with an independent review of a departmental decision.
- You will receive a Request for Appeal form if the area reviewer turns down your request. You have 20 working days to fill out this form and send it to the address on the form. The Board will send you a Notice of Hearing letter that will tell you the date, time and place of your appeal.

NB INTERNAL SERVICES AGENCY

MS Assistance Program
Attn: Accounts Payable
PO Box 6000
Fredericton, NB E3B 5H1

Telephone: (888) 487-5050
(select option 3)
Email: NBISAPayables@gnb.ca

To assist New Brunswick residents diagnosed with Multiple Sclerosis (MS), the government offers a one-time maximum grant of $2,500 to qualifying applicants, to help them access services not available in New Brunswick. The program will “match” the funds raised by the community and/or individual to a maximum of $2,500 per individual.

To qualify for the one time maximum grant of $2,500, applicants must:

- Be a New Brunswick resident diagnosed with MS who has received services outside of New Brunswick on or after April 1, 2011, which are not covered by another provincial program.
- Provide a letter, from an organization or third party indicating the amount of funds raised on behalf of the individual diagnosed with MS.
- Provide documentation or a letter from the service provider indicating that the individual seeking financial assistance under the Program has been diagnosed with MS; has received the service and the date the service was provided

Applications must be completed, printed and mailed to NB Internal Services Agency or can be dropped off at the nearest Service New Brunswick office.

It will take about 2-3 weeks for an approved applicant to receive his or her grant.