Program Policy: Employment Support and Income Assistance

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ESIA Act
ESIA Regulations

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Departmental standards require the completion of the following template. The template is intended to provide an overall policy statement that briefly summarizes the various program components.

1.1.1 Program Statement:

The purpose of this Act is to provide for the assistance of persons in need and, in particular, to facilitate their movement toward independence and self-sufficiency.

1.1.2 Definitions:

Refer to Policy 4.1.1 - (Definitions)

1.1.3 Policy Objective:

To provide for compliance with the ESIA Act as it pertains to persons in need and employment support services.

1.1.4 Application:

Applies to persons who apply for assistance under the ESIA Act.

1.1.5 Policy Guidelines:

Policy was developed with the following guidelines that:

1. independence and self-sufficiency, including economic security through opportunities for employment, are fundamental to an acceptable quality of life in Nova Scotia;
2. individuals, government and the private sector share responsibility for economic security;

3. assistance to develop skills and abilities will be required for some Nova Scotians that will enable them to participate as fully in the economy and in their communities so far as it is reasonable for them to do;

4. the provision of assistance to and in respect of persons in need and the prevention and removal of the causes of poverty and dependence on public assistance are the concern of all Nova Scotians;

5. ESIA must be combined with other forms of assistance to provide effectively for Nova Scotians in need; and

6. ESIA must be effective, efficient, integrated, coordinated and financially and administratively accountable.

1.1.6 Policy Directives:

The Policy contains direction and procedures on:

Eligibility, Employment, Special Needs, Allowances and Expenses, Income, Assets, Compensation Payments, Pharmacare, Youth, Overpayments/Underpayments, Nova Scotia Child Benefit, Maintenance, Privacy, Administrative which have the Employment Support and Income Assistance Act and Regulations as their legislative authority.

1.1.7 Accountability:

The Executive Director, Director, and program staff are responsible for ensuring compliance with the Act, Regulations and Policy.

1.1.8 Monitoring:

The Employment Support and Income Assistance division is responsible for monitoring this policy. This will be accomplished through formal and informal program and system reviews and evaluations.
1.1.9 References:

1. Employment Support & Income Assistance Act

2. Employment Support & Income Assistance Regulations


4. Freedom of Information and Protection of Privacy Act & Regulations

5. Family Maintenance Act

6. Family & Children Services Act
2.1.1 Promoting Self-Reliance and Empowerment

The Employment Support and Income Assistance (ESIA) program must be administered in a manner that enables individuals to manage and control their own lives and, where possible, make the transition to employment.

2.1.2 The Principle of Need

The principle of need must be paramount in determining eligibility for Income Assistance.

2.1.3 Adequacy

The ESIA program will strive to provide residents of Nova Scotia who are in need with a level of assistance adequate to meet their basic needs for shelter, food, clothing, and personal care. Clients must have the knowledge that their benefits will provide the supports necessary to move towards self-sufficiency.

2.1.4 Fair and Responsive Services

The ESIA program will be administered in a fair, accessible and timely manner. A client should receive equitable treatment and access to the same core benefits across the province. Clients who feel that they have been treated unfairly have the right to appeal any decision. All services will be provided to clients in a manner that is culturally sensitive and provides advocacy and support for clients experiencing systemic barriers as a result of racism, sexism, ageism, sexual orientation and/or socio-economic disadvantages.
2.1.5 **Efficient and Accountable Program Administration**

The ESIA program must be efficient, open and accountable to the public for administration, expenditures made on behalf of clients, and for informing recipients of their rights and obligations.

2.1.6 **Accountability of Applicants/Recipients**

All persons applying for or in receipt of assistance are responsible to provide information and to pursue all other sources of support. The Department of Community Services is accountable to provide a program that does not create dependency but should support each individual’s move to self-sufficiency.

2.1.7 **Consistent Administration and Understandable Rules**

Every effort will be made to have the ESIA program understandable to the client, and administered in a least intrusive, non-judgmental and consistent manner.

2.1.8 **Compassion and Respect**

All clients within Employment Support and Income Assistance (ESIA) will be treated with compassion and respect.

2.1.9 **Decision Making**

Authority and responsibility for client services will be delegated as close as possible to the point of client contact. Employees will be provided with the training, policy guidance and supportive work environment required to carry out their responsibilities.

2.1.10 **Confidentiality**

The confidentiality of the circumstances of every individual applying for or receiving assistance will be respected. Clients must have the assurance that information about them is confidential.
2.1.11 Coordination of Services

Coordination with other levels and departments of government agencies and community-based organizations must be developed and/or maintained to link recipients to needed programs and services.
3.1.1 Policy Statement:

This Policy provides guidance to staff of the Department of Community Services in relation to their responsibilities with respect to the collection, use, disclosure, retention and security of Employment Support and Income Assistance client records.

3.1.2 Policy Objectives:

To balance the individual’s right to keep his/her information private with the Department’s need to collect, use and disclose the client’s personal information for the purpose of providing and improving Employment Support and Income Assistance services.

To ensure a consistent, fair and timely response to requests for access to information while protecting the privacy of any individual to whom the information may relate.

3.1.3 Definitions:

In this policy:

*personal information* means recorded information about an identifiable individual, including, but not limited to:

1. the individual's name, address or telephone number;
2. the individual's race, national or ethnic origin, colour, or religious or political beliefs or associations;
3. the individual's age, sex, sexual orientation, marital status or family status;
4. an identifying number, symbol or other particular assigned to the individual;
5. information about the individual's health-care history, including a physical or mental disability;

6. information about the individual's educational, financial, criminal or employment history;

7. anyone else's opinions about the individual; and

8. the individual’s personal views or opinions, except if they are about someone else.

*public body* means:
   a Government department or a board, commission, foundation, agency, etc.

*record* means:
   books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records.

Complete definition of the above terms can be found in Sections 3 (I), (j), (k) of the *Freedom of Information and Protection of Privacy (FOIPOP) Act*.

### 3.1.4 Application:

This *Policy* applies to all personal information collected, used and disclosed by all staff of the Employment Support and Income Assistance program of the Department of Community Services.

### 3.1.5 General:

As a public body, the Department of Community Services (DCS) is bound by the *Freedom of Information and Protection of Privacy (FOIPOP) Act* and its *Regulations*. The purpose of FOIPOP is outlined in Section 2 of the *Act* that states:

The purpose of this *Act* is:

1. to ensure that public bodies are fully accountable to the public by
   a. giving the public a right of access to records;
b. giving individuals a right of access to, and a right to correction of, personal information about themselves;

c. specifying limited exceptions to the rights of access;

d. preventing the unauthorized collection, use or disclosure of personal information by public bodies; and

e. providing for an independent review of decisions made pursuant to this Act; and

2. to provide for the disclosure of all government information with necessary exemptions, that are limited and specific, in order to:

a. facilitate informed public participation in policy formulation;

b. ensure fairness in government decision-making; and

c. permit the airing and reconciliation of divergent views; and

3. to protect the privacy of individuals with respect to personal information about themselves held by public bodies and to provide individuals with a right of access to that information.

This Policy focuses on the protection of privacy of our clients, the client’s rights to access their file, and staff’s responsibility to protect the personal information that we hold by ensuring that the collection, use, disclosure and retention of personal information is performed according to legislation and current best practices.

Of particular significance in the FOIPOP Act is the stated purpose of ensuring that public bodies are fully accountable to the public. In keeping with this obligation, staff have a responsibility to explain to clients:

1. why we are collecting the information such as for the purpose of determining eligibility for the program;

2. how information will be used such as for providing other social services or to confirm income or employment;

3. how their information may be disclosed to others such as the fact that it may be shared with other programs within DCS or with other government departments, as authorized by law or where necessary with their consent, thus the ‘Consent to Release and Obtain Information Authorization’ form;
4. their rights to have access to their personal information held by the department such as to facilitate the FOIPOP application process or facilitate prompt access to specific documents;

5. their right to request a correction of their personal information such as when a client believes that we hold erroneous information about him/her. The FOIPOP Act establishes the process to do this; and

6. why and how decisions about their eligibility have been made and their rights in respect to those decisions such as the appeal process.

3.1.6 Access to their Personal Information:

Except in specific circumstances, identified as exemptions in the FOIPOP Act, clients are entitled to full access of their personal information. Clients should be able to find out what is happening in respect to their case as well as why and how decisions are being made about them through ongoing and regular dialogue between the client and their caseworkers.

It is only when the client requests a complete or partial copy of their file that the FOIPOP process applies. Although the FOIPOP process may be seen as an obstacle to access information, the purpose is to ensure that the client receives all the information he/she is entitled to, in the time frame established by law. The FOIPOP process also ensures that any third party information contained in the file is duly protected.

The client or his/her legal representative can ask for:

1. a copy of complete file or part of it, including electronic case notes; and

2. a review of records contained in the file.

In these cases staff are advised to follow the departmental established process as follows:

1. **Request for complete or partial copy of file**

   The request for a complete copy of the file or partial file must be made in writing and processed under the provisions of the Freedom of Information and Protection of Privacy Act (form can be accessed in the District Offices). Where possible, clients are to be encouraged to specify the type of records being requested with time frame specified. Currently, the Department has a decentralized process that facilitates the administration of the requests in the regions.
If the request is made by someone (applicant) other than the identified client, the applicant must provide a consent form (form can be accessed in the District Offices), duly signed by the identified client, prior to commencing the process.

Each region has designated individuals with the delegated authority to process and disclose ESIA case files under FOIPOP. For information regarding this process, staff are encouraged to contact the FOIPOP Administrator in Head Office or the Delegates in each region.

There is no charge to the client for access to his/her own personal information.

If staff are asked to provide client’s records in response to a FOIPOP request, the file must be copied in full, unless specified differently. The copy of the records must be accurate and complete and sent to the FOIPOP Delegate charged with processing the request. Staff can not alter records that are the subject of a FOIPOP application.

The FOIPOP Delegate in the regions or the FOIPOP Administrator in Head Office will review the information contained in the file and make disclosure according to the provisions of the FOIPOP Act.

2. Request to review records

Some clients or law firms representing clients prefer to review the file and take only those records that are relevant to the case at hand. This is allowed under S. 6(2) of the FOIPOP Act. In this situation, staff should be helpful and accommodating to the client.

Because the client’s file often contains third party personal information and other confidential information, the staff person receiving the request must contact the Regional FOIPOP Delegate or the FOIPOP Administrator in Head Office.

The review of the file should be conducted in the office where the Regional FOIPOP Delegate is located and we must provide a quiet space to facilitate the review. If the review cannot be conducted in the regional office, staff are advised to contact the FOIPOP Administrator who will make arrangements to review file in Head Office.

The Regional FOIPOP Delegate is responsible for ensuring that the file is reviewed for third party information, and third party information removed, prior to the client accessing the file to ensure appropriate disclosure. This review must be conducted within thirty (30) days from date of request.
Sometimes clients only want to see or have copies of certain pieces of information from their files. The following types of information can be provided to the client without the necessity of their making an application under FOIPOP:

a. copies of letters sent to the client from department officials;

b. copies of letters and/or documents the client has provided to the Department; and

c. information which contains no third party information, examples include but are not limited to, budget histories, budget calculations, overpayment calculations.

3.1.7 Obligations of Staff for the Collection, Use, Disclosure and Retention of Client Information:

Where access to electronic and/or paper information is not restricted, staff are required to only access information for the purpose of conducting departmental business as a requirement of their position or as permitted by legislation.

3.1.8 Collection of Personal Information about Clients:

1. Staff are only permitted to collect information about an applicant, recipient, spouses and dependents, if the information directly relates to and is necessary under the Employment Support and Income Assistance program. It is an offence to maliciously collect personal information about a client.

2. Staff are required to make every reasonable effort to ensure that the information which is collected and which will be used to make a decision that affects a client is objective, accurate, relevant, and complete.

3. Staff are required to protect personal information about clients by taking reasonable measures to ensure that the information is secure from:

a. unauthorized access;

b. unauthorized use;

c. inappropriate disclosure; and

d. unauthorized disposal or loss.
4. Staff are required to keep information about clients confidential unless they are authorized or required by law to disclose the information. It is an offence to maliciously access, use, or disclose personal information about a client.

3.1.9 What Information Staff Can Collect:

In order to determine if an individual is eligible to receive or continue to receive Employment Support and Income Assistance, the Department must collect their personal information. The Employment Support and Income Assistance Act, Regulations and Policy prescribe the information which must be collected in order to determine eligibility for Employment Support and Income Assistance. Relevant sections of the Regulations are 4, 5, 7, 8, 9, 17, 18, 19, 23(2), 24 and 60.

3.1.10 Methods of Information Collection:

1. From the client—The primary source of information about an applicant, recipient, spouse and dependents should be from the client;

When an applicant or client refuses to provide information required to determine their eligibility, ESIA may be refused or discontinued. See section 5(2) of the Regulations.

2. From other sources with consent from the client—‘Consent to Release and Obtain Information Authorization’ form signed by the client(s) allows the Department to request information from other persons and/or organizations for the purposes identified in the form. This ‘Consent to Release and Obtain Information Authorization’ form must be signed by the client(s) every year as long as the client(s) is receiving services from the Employment Support and Income Assistance program.

Based on the understanding that the personal information the Department collects is owned by the client and the Department who keeps it under its custody or control. A duly signed ‘Consent to Release and Obtain Information Authorization’ form is a critical document that permits the Department to collect information from other parties, other than directly from the client.

With respect to the ‘Consent to Release and Obtain Information Authorization’ form, staff must:

1. take every reasonable measure to ensure that client(s) read and understand what it is they are consenting to by signing the form;
2. discuss each aspect of the form with the applicant(s) or client(s) and answer any questions they may have;

3. where necessary, read the form to the applicant(s) or client(s) who may not be able to do so themselves; and

4. inform the applicant(s) or client(s) that refusal to sign the ‘Consent to Release and Obtain Information Authorization’ form will result in ESIA being refused or discontinued. See Section 5 (2) of the Regulations.

3.1.11 Collection of Unsolicited Information about a Client:

When an individual provides unsolicited information about an applicant, recipient, spouse or dependents, and the information is relevant in the determination of eligibility or ongoing eligibility for Employment Support and Income Assistance, the information should be recorded in the client’s file.

The caseworker should determine what is an appropriate course of action in respect to verifying the validity of the information. This information should be discussed with the client, if appropriate, or determine other appropriate ways to verify the information. The source of the referral should be confidential unless confidentiality cannot be maintained by law.

3.1.12 Use and Disclosure of Client’s Personal Information:

Clients have the right to expect that their personal information will be used and disclosed only for the purposes of determining their eligibility for Employment Support and Income Assistance.

Clients must be made aware that when required or authorized by law their personal information may be disclosed to other government departments, third parties or used for another purpose.

3.1.13 Protecting Privacy when Using or Disclosing Personal Information:

The Employment Support and Income Assistance staff are responsible to take reasonable measures to protect the client’s privacy. It is expected that during the course of processing an individual’s application for ESIA or assessing their ongoing eligibility for ESIA that only the personal information needed to determine eligibility will be disclosed. In doing so, however, it may become apparent to the individuals from whom information is being sought, or with whom the information is shared, that the person may be receiving benefits from the Employment Support and Income Assistance program.
Applicants and clients must be made aware by staff that during the process of assessing their eligibility for ESIA that the documentation will indicate that the Department of Community Services is involved. As an example, the ‘Consent to Release and Obtain Information Authorization’ form clearly indicates that the information is being used to determine eligibility for Employment Support and Income Assistance.

3.1.14 Disclosing Information to Other Public Bodies or Third Parties: (e.g. Police, MLA’s, MP’s, Municipal Councillors, and Clergy)

1. Other Public Bodies

Staff are permitted by legislation to disclose personal information to another public body about a client, if the other public body needs the information for the necessary requirements of Government operations, or if the employee or the officer of the Department requires the information for the performance of their duties.

Staff are advised to take extreme care in terms of sharing information with other Departments of Government about Departmental clients. Staff should consult with a supervisor or the Freedom of Information and Protection of Privacy (FOIPOP) Administrator about the sharing of such information. Usually information will only be shared with other Departments of Government where it is pursuant to another statute or an information sharing agreement, such as with Vital Statistics, Service Nova Scotia, and Canada Revenue Agency.

2. Police

Where the Department has referred a matter to the Police for investigation, staff can share information with the investigating police force in respect to the matter that has been referred.

Where there has been no referral made and the Police contact the Department to obtain information, staff may share information with the Police “to assist them in an investigation” which is being undertaken as a result of a law enforcement proceeding or from which a law enforcement proceeding is likely to result. If there is any doubt as to whether or not the information is required to “assist in an investigation” staff should consult with a supervisor or with a FOIPOP Administrator before disclosing any information.

3. Members of the Legislative Assembly (MLA)
Pursuant to Section 27(j) of the *Freedom of Information and Protection of Privacy Act*, staff can disclose personal information about a client to an MLA who has been requested by the client “to assist in resolving a problem.” The information staff provides to the MLA should only be as much information as is required to respond to the inquiry and should only be done when staff are confident that they are speaking with an MLA or an MLA’s staff and that it is certain that the MLA’s office has been contacted by the client. To ensure that the MLA has been contacted by the client, staff should advise that they wish to be as helpful as possible but need the MLA or the staff member to verbally confirm that they have been requested by the client “to assist in resolving a problem.”

When staff are unsure as to whether or not they are speaking with an MLA or a member of the MLA’s staff, they should ask the individual for their name, the constituency they represent, their constituency office telephone number and indicate that you will get back to them within a specified time frame. To confirm the information given, contact the appropriate Caucus Office and verify the MLA’s constituency office telephone number or staff member’s name.

While the *FOIPOP Act* does not require the request from the MLA to be in writing, the above process is recommended for verbal disclosure of personal information. If the MLA requests access to copy of records, even it is “to assist in resolving a problem”; the MLA must put the request in writing indicating:

a. documents they are requesting access to; and

b. confirming that they are assisting the client in resolving a problem; or

c. consent form duly signed by our client authorizing the MLA to request access to the records (Form can be accessed in the District Offices).

Any information conveyed to the MLA should be documented in the client’s file along with confirmation that the MLA verified they have been requested by the client “to assist them in resolving a problem.”

4. **Members of Parliament (Federal)**

Unlike MLAs, Members of Parliament (MPs) do not have any special status under the *FOIPOP Act*.

MPs most often make contact by mail rather than by phone. The reply regardless of whether it is oral or written should only contain information about policy and procedures. No personal information about a client can be released to an MP without the consent of the client. The consent should be
in writing or verbally confirmed with the client and should specify the information that can be disclosed. The obtaining of verbal consent must be documented in client’s file.

5. **Municipal Councillors, Clergy and Others (Advocates)**

Municipal councillors and clergy are to be treated the same as any person seeking information in respect of a client. Information is not to be released without the consent of the client. The consent should be in writing or verbally confirmed with the client that they have authorized a municipal councillor, a clergy member, or any other person, to obtain information about them and should specify the information that can be disclosed. The obtaining of verbal consent must be documented in the client’s file.

### 3.1.15 Disclosing Information Pursuant to a Court Order:

1. **Search Warrants**

   When law enforcement officials present a search warrant to staff to search premises and/or documents of the Department, the Supervisor or District Manager of the office involved should gather up the records which are the subject matter of the search warrant. A review of the records is required to determine if there are documents in the record which are not subject to the search warrant such as information in respect of other clients.

   If there are questions or concerns about releasing certain documents which are the subject of the search warrant, advice should be sought from Legal Counsel.

2. **Subpoenas**

   A subpoena is an Order of the Court and the staff person who is subject to the subpoena, is not required, nor authorized to provide information to either of the parties who are the subject of the proceedings or to their lawyers. The staff person’s obligation is to appear in Court at the time and place indicated in the subpoena and to bring with them the documents cited in the subpoena.

   Where a staff member of the Department is subpoenaed the staff person should, if the subpoena requires records to be produced, gather up the relevant records and review the records in consultation with their Supervisor. This is to determine if there is any information in the records that should be brought to the attention of the Court as potentially not subject to the subpoena such as documents which are subject to solicitor-client privilege or information pertaining to a third party.
It may be possible in some cases for the information which is the subject of the subpoena to be provided to the Court/parties in a manner which would not involve the staff member attending Court. This should be discussed with the Department of Justice as the information sought may be provided by way of an affidavit if both parties are prepared to consent to this, thereby alleviating the necessity for the staff member attending Court. As well, in some cases the Department may not have information to provide, or the subpoena may have been issued to the wrong person, or it is impossible for the person to whom it is issued to attend the Court hearing. These situations should be discussed with Legal Counsel.

3. Orders for Production

The Department often receives Orders from the Supreme Court known as “Orders for Production.” This is an Order of the Court requiring the production of records in respect of a matter which is before the Courts.

Orders for Production are handled by the Department of Justice who sends them to the FOIPOP Administrator. There are usually tight time lines for responding to Orders for Production so staff must forward the records to the FOIPOP Administrator as soon as the Order is received to comply with this request in a timely manner.

3.1.16 Disclosing Information in Emergency Circumstances:

1. Section 27 (f) of the Freedom of Information and Protection of Privacy Act allows the disclosure of personal information about a client where the disclosure is necessary to protect the health or safety of an officer of a public body or an employee of a public body or the Minister (as an example, disclosing information to a staff person about a client who is known to be dangerous).

   Staff should consult with a supervisor or the FOIPOP Administrator before releasing information in these circumstances unless the situation is so urgent that immediate release of the information is required.

2. Section 27 (o) of the Freedom of Information and Protection of Privacy Act allows the disclosure of personal information about clients if there are compelling circumstances affecting the health or safety of a member of the public. Such disclosure, however, requires the prior consent of the Head of the public body (the Deputy Minister). Staff should consult with a Supervisor and the FOIPOP Administrator to determine if the circumstances are within the scope of this provision of the Freedom of Information and Protection of Privacy Act.
3.1.17 Retention of Information:

1. Employment Support and Income Assistance (ESIA) records are governed by the Department of Community Services’ Record Retention Schedule and must be retained according to this Schedule. Each office will have designated staff who are responsible for adherence to the Record Retention Schedule; and

2. Freedom of Information and Protection of Privacy Act requires that information used to make a decision about a client must be retained for at least one (1) year after this action has been taken. The Record Retention Schedule takes this into account.

3.1.18 Security of Information:

The security of client files is paramount in ensuring client confidentiality.

Staff are required to protect personal information about clients by making reasonable security arrangements against unauthorized access to personal information and unauthorized disclosure of personal information.

1. Staff must not conduct conversations about a client in public places or discuss client information outside the work environment. Interviews with clients should be held in, as much as the workplace allows, a location that maintains a client’s privacy and confidentiality.

2. Client files, both computerized and paper, are to be maintained in, as much as the workplace allows, a secure location.

3. Computer access should be controlled through passwords and these passwords are to be kept secure and changed frequently. Passwords are not to be shared with others unless it is necessary to access information for job related duties.

4. Computer screens must be secured before walking away from your computer.

5. Where staff are transporting files outside of the office, they are required to take reasonable precautions to ensure the security of the file. This could be achieved by carrying them in locked cases, not leaving them unattended and ensuring that they are kept in locked vehicles.
6. When sending or transferring original files to another office, the files are to be sealed in an envelope, marked private and confidential, and addressed to the individual and that location that it is intended to be sent. Files must be sent by courier or through interdepartmental mail. Regular mail must be avoided.

7. When responding to a FOIPOP request, only a copy of the file must be sent to the person processing the request. In exceptional circumstances where the file is very extensive it may be necessary to send the original file. In such cases arrangements will be made with the Regional FOIPOP Delegate or the FOIPOP Administrator prior to sending the original file.

8. Staff must ensure that Blue Recycle Bins are used to dispose of drafts and working materials that do not contain personal and/or confidential information. Exact copies or convenience copies of records that do not contain personal and/or confidential information may be disposed of in Blue Recycle Bins.

Any records as defined above that contain personal and/or confidential information must be sent to the shredder.

At the end of the business day, staff will:

1. tidy up and secure documents containing confidential, sensitive and/or personal information;
2. lock drawers, file cabinets and office doors;
3. ensure that documents are locked in drawers or file cabinets if they are unable to locate their office doors; and
4. secure expensive equipment (laptops, etc.).

3.1.19 Security when Sending/Receiving Faxes:

When sending faxes staff are encouraged to always use a cover sheet containing:

1. the name, title and organization of the sender and of the Recipient;
2. the number of pages being sent;
3. an area for comments; and
4. a box indicating that the fax contains personal or confidential information.
Staff should:

1. confirm that the fax number is the correct one before dialing. If you are using a master list make sure that it is up to date;

2. check the accuracy of the dialed number;

3. where possible, call the Recipient to alert him/her that a fax containing personal or confidential information is being sent;

4. check confirmation and activity reports; and

5. if you receive a fax in error that contains personal or confidential information, contact the sender immediately and shred the copy received.

For additional clarification on this policy please feel free to contact your Regional FOIPOP Delegate or the FOIPOP Administrator in Head Office.
### Program Policy: Employment Support and Income Assistance

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#### 4.1.1 Policy: Definitions:

1. **“Aboriginal Peoples”** shall mean “Indian Band” as defined by the federal *Indian Act*. Usually, this will refer to the thirteen (13) Mi’kmaq Indian Bands and reserve lands in Nova Scotia, but it could also refer to any of the over three hundred and twenty (320) Indian Bands in Canada. First Nations Family includes any registered dependent or member of a First Nations family;

2. **“allowable mortgage expense”** means the percentage of an applicant’s or recipient’s mortgage payment that is included as an expense;

3. **“applicant”** means a person who applies for assistance;

4. **“application”** means an application for assistance pursuant to Section 4;

5. **“approved education program”** means:
   
   a. a high school, adult day school, upgrading or literacy program, or

   b. technical or professional training of a duration of two (2) years or less

6. **“assets”** means:
   
   a. **liquid** - such as, but not limited to, cash on hand, bank accounts, stocks, bonds or other securities, monetary lottery winnings, monetary inheritances, liquidation of business assets;

   b. **personal** - such as, but not limited to, a second motor vehicle, recreational vehicles;

   c. **real property** - other than the primary residence, such as but not limited to a cottage, building lots.
7. “assets exclusions” means the following items are not considered assets:

   a. a primary residence of an applicant or a recipient that is assessed at less than twice the average assessment value of single family dwellings in the municipality in which the residence is located,

   b. a cash surrender value of under $500 of a life insurance policy,

   c. a motor vehicle used for basic transportation including transportation to job-search requirements, training or health and safety requirements,

   d. tools or equipment directly related to a trade or profession,

   e. a Registered Education Savings Plan (RESP) established for the education of a child and intended for use by that child in relation to education expenses,

   f. any portion of a registered retirement savings plan that is part of an employment pension program at the place of employment where the applicant or recipient is employed, temporarily laid off or on sick leave

   g. a prepaid funeral to the value of $5,000,

   h. savings from participation in a savings program that is designed to promote self-sufficiency and is approved by the Minister (e.g. Individual Development Accounts*);

   * “An Individual Development Account (IDA) is a restrictive savings account held by a low-income person whose regular savings are matched by contributions from government or other sources. The matched contributions can only be put towards specific uses.”

8. “assistance” means the provision of money, goods or services to a person in need for:

   a. basic needs including food, clothing, shelter, fuel, utilities, and personal requirements,

   b. special needs,

   c. employment services;
9. “boarder” means an applicant/recipient who has the use of separate and private sleeping accommodations and who has meals and other services provided; Income from boarders will be charged at the greater of either 25% of the gross amount received per month per boarder, or $50 per month per boarder as food is included within the monthly charge;

10. “budget deficit” of an applicant or recipient means the amount by which the total allowable expenses of the applicant or recipient exceed the total chargeable income of the applicant or recipient;

11. “chargeable income” of an applicant or recipient means income that is included for the purpose of computing the amount of assistance payable to the applicant or recipient pursuant to the Regulations;

12. “child welfare agency” agency within the meaning of the Children and Family Services Act;

13. “cohabit” means to live together with another person as a spouse and “cohabitation” and “cohabiting” have corresponding meanings;

14. “deferred income” is income that is received for a retroactive time period. Types of income that may be paid for a retroactive time period include, but are not limited to: pensions, benefits or other compensation for loss of income (including compensation for insufficient termination of employment), and wages. Examples of income source include, but are not limited to: Employment Insurance, Canada Pension Plan, Workers’ Compensation, and Labourers’ Pension.

15. “Department” means Department of Community Services;

16. “dependent child” means a person residing in Nova Scotia who is dependent for support upon an applicant or a recipient and is:

   a. under the age of 19 years, or

   b. 19 or 20 years of age and is attending an approved educational program not designated for student loan purposes;

17. “Director” means the Director of Income Assistance in the Department of Community Services;

18. “economic and domestic unit partner” means a person who is living with another person other than a spouse/common law partner and is in a relationship of interdependence functioning as an economic and domestic unit;
19. “employability” means the many factors that assist a person to be more self-sufficient, including but not limited to skills, education, learning experiences, work experience, life situation, health, goals, volunteer activities, resources in the community, availability of transportation and child care, and personal supports;

20. “employability assessment” means an assessment, which is used to determine whether a recipient or a spouse of a recipient is employable at the time of the assessment and, if not employable at the time of the assessment, includes an assessment of the measures or activities that can reasonably be undertaken by a recipient or spouse to enable a recipient or spouse to become employable;

21. “employment plan” means a plan that is developed in conjunction with an employability assessment and that establishes the goals of a recipient or a spouse of a recipient in respect of:
   a. participation in employment services,
   b. participation in an approved educational program, and
   c. employment;

22. “Employment Support Services” is a range of services provided by the Department of Community Services aimed at assisting employable clients of ESIA to achieve employment;

23. “employment services” means services and programs to assist recipients in enhancing their employability and quality of life, including programs provided by other departments, agencies or governments;

24. “expense” means an expense of an applicant or recipient that is included for the purpose of calculating the amount of assistance payable to the applicant or recipient pursuant to these Regulations, and includes an expense of a spouse and, where applicable, a dependent child;

25. “Family Benefits” means benefits received under the Family Benefits Schedule “B” Regulations;

26. “full-time”, with respect to employment, means paid employment for thirty (30) hours or more per week;

27. “home” includes a mobile home;
28. “home improvement loans” means loans that are granted for essential repair to the home and/or replacement or equipment considered part of the structure of the home (e.g. furnace, pump, hot water heater, etc.);

29. “income maintenance payment” means a payment made to a person by the Government of Canada or of Nova Scotia in respect of loss or presumed loss of income by reason of unemployment, loss of the principal family provider, illness, disability or age;

30. “MSI” means the Medical Services Insurance Program administered under the Health Services and Insurance Act;

31. “Minister” means the Minister of Community Services;

32. “mobile home” means any trailer that is:
   a. designed for or intended to be equipped with wheels, whether or not it is so equipped, and
   b. constructed or manufactured to provide a residence for one (1) or more persons,
   c. but does not include a travel trailer or tent trailer or trailer otherwise designed;

33. “mortgage payment” means the actual amount paid, calculated monthly, less any payment of taxes included in the payment for a mortgage that has been obtained for the purpose of purchasing or making necessary repairs or renovations to the primary residence of an applicant or recipient;

34. “municipality” means a regional municipality, incorporated town or a county or district;

35. “net wages/salaries” means gross income less Mandatory Employment Related Costs (MERCs) and mandatory contributions at the minimum rate including, but not limited to, the following:
   a. income tax payable,
   b. Employment Insurance contributions,
   c. Canada Pension Plan contributions,
   d. mandatory company pension plan contributions,
   e. union dues,
f. mandatory group health and life contributions and
g. long term disability contributions;

36. “Nova Scotia Formulary” means the publication of the Department of Health and Wellness that details which drugs and supplies are benefits under the Nova Scotia Seniors' Pharmacare Program, Family Pharmacare Program, Diabetes Assistance Program, Community Services Pharmacare Programs and Drug Assistance for Cancer Patients.

37. “overpayment” means assistance paid to an applicant, recipient, spouse and/or dependent child that was:
   a. paid in error,
   b. paid based on false or misleading information,
   c. paid for any period that deferred income was received,
   d. agreed to be repayable (from the proceeds of the sale of an asset, deferred income, or any other source), and/or
   e. otherwise should not have been paid;

38. “part-time”, with respect to employment, means paid employment for up to thirty (30) hours per week;

39. “periodic” reporting/payment type are for cases that meet the following criteria:
   a. recipients not reporting wages,
   b. recipients do not have income that fluctuates month to month,
   c. no change in basic monthly payments for three (3) months, and
   d. eligible for ESIA for more than six (6) months.

40. “person in need” means a person whose requirements for basic needs, special needs and employment services as prescribed in the Regulations exceed the income, assets and other resources available to that person as determined pursuant to the Regulations;

41. “post-secondary education program” means a program designated for student loan purposes;
42. “primary residence” means the housing unit ordinarily inhabited by an applicant or recipient;

43. “recipient” means a person who is receiving assistance;

44. “roomer” means an applicant/recipient who has the use of separate and private sleeping accommodation and who provides for his/her own meals and other services;

Income from roomers will be charged at the greater of 70% of the gross amount received per month per roomer, or $50 per month per roomer as food is not included within the monthly charge;

45. “service period” means the calendar month of eligibility for which an ESIA payment is intended;

46. “special needs” means a need for any of the following items or services,

   i. dental care approved in accordance with the ESIA Dental Fee Guide approved by the Director;

   ii. optical care;

   iii. Pharmacare coverage;

   iv. special diet;

   v. transportation;

   vi. child care;

   vii. implementation of an employment plan;

   viii. funeral arrangements;

   or an item or service prescribed in policy by the Director.

The following items and services are not included:

a. an item or service that is insured under a Provincial insured health services program or otherwise funded by government;

b. an item or service for medical purposes for which an alternative exists under MSI;

c. prescription medications, drugs and substances that are not listed as benefits under the Pharmacare programs in the Nova Scotia
Formulary;

d. medical treatments and substances that are not covered as an insured service under MSI; including equipment, supplies, materials or services used in producing or administering the treatments or substances;

e. shelter costs and personal allowances.

47. “self-employment” with respect to a person, means work in a business that the person directly or indirectly operates and controls, but does not include work a person carries out as a dependent contractor or in which he or she is remunerated by commissions. Generally, you are self-employed if you control:

a. the number of hours you work,

b. the premises and material you use, and

c. the way you do your duties;

48. “spouse” means:

a. a husband or a wife of an applicant or recipient, or

b. a common-law partner or a same-sex partner with whom an applicant or recipient is in a marriage-like relationship that is not a legal marriage;

49. “common law partner” means a person who is living with another person in a relationship of interdependence functioning as an economic and domestic unit, and at least one of the following applies to the two (2) persons in the relationship:

a. the two (2) persons have lived together for at least twelve (12) continuous months,

b. the two (2) persons are parents of a child or children by birth or adoption or legal custody,

c. the two (2) persons previously lived together in a relationship of interdependence functioning as an economic and domestic unit for at least twelve (12) continuous months including any period of time the two (2) persons were separated for less than 90 days, and have resumed living together in such a relationship, or

d. the two (2) persons declare themselves to be a common-law couple;
50. “student family member” means a person who resides with an applicant or recipient who is their parent or legal guardian, and who meets all of the following criteria:
   a. they are 23 years of age or younger,
   b. they have been out of high school for less than four (4) years,
   c. they are attending a post-secondary education program full time,
   d. they have not had two (2) periods of twelve (12) consecutive months when they were not a student, specifically they did not take two (2) years off school;

51. “supervisor” means a person in the employ of the Department of Community Services who is responsible for overseeing the work and decisions of a caseworker;

52. “supported employment” means employment of a person whose physical, mental or cognitive abilities may limit their ability to be financially self-sufficient;

53. “taxes” means any tax imposed by or under an enactment in respect of real or personal property;

54. “training allowance” means an allowance for services and expenses necessary for a person to pursue academic studies, skills training, life skills development, on-the-job training, or training in a sheltered workshop;

55. “transient” is a person with no fixed address;

56. “unearned income” includes, but is not limited to, the following:
   a. income maintenance payments (such as, but not limited to, Canada Pension Plan, Employment Insurance),
   b. Long-Term Disability benefits,
   c. Workers’ Compensation,
   d. regular and/or periodic insurance payments,
   e. income from mortgages,
   f. any maintenance payments,
g. superannuation, and

h. income from investments such as stocks and bonds;

57. “youth” means a person aged 16 to 18, inclusive, who is eligible to apply for assistance.
5.1.1 Policy: General Eligibility Criteria

In order to be eligible for Employment Support and Income Assistance, an applicant must:

1. be 19 years of age or older or a person 16 to 18 years of age inclusive who is unable to reside within a parental home due to exceptional circumstances under Policy 5.10.1 - Youth Aged 16 to 18 (Inclusive) Eligibility Criteria;

2. be present in the Province at the time of application;

3. be a person in need;

4. pursue all other feasible sources of income;

5. provide and complete all required documentation to substantiate need; and have a budget deficit; and

6. participate in an employability assessment.

5.1.2 Policy: Role of Intake

The role of intake is to make a preliminary assessment of an applicant’s eligibility and to inform them of their rights and responsibilities. The intake process must collect relevant information to support an applicants’ request for Employment Support and Income Assistance and to assess the nature of the request. The intake process may, when necessary, provide emergency assistance. There are five (5) major steps involved in the intake process. These steps include:
1. **Initial Contact**: determination of the specific nature of the request and direct appropriately. This may include a referral to other agencies and services;

2. **Record and Register**;

3. **Potential Eligibility Determination**: includes a review job search efforts in the thirty (30) days prior to making the application for ESIA for both the applicant and/or spouse;

4. **Final Eligibility Determination**; and

5. **Cheque Production/Pharmacare Eligibility/Dental Eligibility and Assignment of Case Manager**.

### 5.1.3 Policy: Required Documentation

In order to determine initial and ongoing eligibility or to verify information, an applicant/recipient and spouse must provide the following at the time of application or any other time while in receipt of assistance.

The following information will be maintained on file:

1. a completed and signed ‘ESIA Program Application’ form signed by both the applicant/recipient and spouse of the applicant/recipient;

2. verification or copies of social insurance numbers for the applicant/recipient and/or the spouse of the applicant/recipient and, if applicable, dependent children;

3. copies of the Nova Scotia Health Card of the applicant/recipient and/or the spouse of the applicant/recipient and, if applicable, dependent children; if a Nova Scotia Health card is not available then a copy of birth certificate is acceptable pending receipt of Nova Scotia Health Card;

4. a completed and signed ‘Consent to Release and Obtain Information Authorization’ form by both the applicant/recipient and the spouse of the applicant/recipient;

5. copies of applicant/recipient’s and spouse of the applicant/recipient’s personal and financial information necessary to determine initial or ongoing eligibility and/or to verify information relating to eligibility;
6. a completed ‘Client Personal and Financial Statement’ form and signed by both the applicant/recipient and the spouse of the applicant/recipient;

7. required documentation as determined by the applicant/recipient’s and spouse of the applicant/recipient’s circumstances/situation (for immigrants and non-Canadians this includes documentation from Citizenship and Immigration Canada), if applicable;

8. a completed and signed ‘Understanding of Participation in Employability Focused Activities’ form by both the applicant/recipient and spouse of the applicant/recipient, if applicable;

9. verification or a copy from the Canada Revenue Agency of the most recent Income Tax Notice of Assessment (NOA) for both the applicant/recipient and the spouse of the applicant/recipient;

10. updated medical information on both of the applicant/recipient and spouse of the applicant/recipient as per Policy 5.1.7 - Request for Medical Information Related to Employability, if applicable;

Medical documentation is not required to confirm a disability in situations where an applicant/recipient and/or spouse are in receipt of and/or eligible for:

a. Canada Pension Plan (CPP) Disability Benefits,

b. Long-Term Disability Benefits from an employer,

c. Disability Tax Credit

d. Workers’ Compensation Disability Benefits, and

e. Working Income Tax Benefit (WITB) Disability Supplement

11. a completed and signed ‘Student Family Member Consent’ form by the applicant/recipient and the student family member of the applicant/recipient; and

12. a completed and signed ‘Confirmation of Relationship of Interdependence’ form signed by the applicant/recipient and the partner of the applicant/recipient. If the signature of the partner is not available, the signature of the applicant/recipient is acceptable when the required information is provided;

13. confirmation of registration to the Senior’s Pharmacare program. An applicant/recipient and/or spouse must apply to the Senior’s Pharmacare program three months prior to turning age 65.
Refusal to Provide Required Information/Documentation

Where an applicant/recipient and spouse refuses to provide information or to provide the required documentation, as set out above or required for assessment of eligibility, assistance will be refused and/or discontinued.

5.1.4 Policy: Required to Pursue all Other Feasible Sources of Income

An applicant/recipient and/or spouse is required to pursue all other feasible sources of income including, but not limited to: wages, Employment Insurance, Canada Pension Plan, Old Age Security, the Canada Child Tax Benefit, the Guaranteed Income Supplement, private insurance claims, and maintenance payments (i.e. child support or spousal support). Where an applicant/recipient and/or spouse refuse to pursue all other feasible sources of income, ESIA will be refused and/or discontinued.

5.1.4(a) Policy: Canada Pension Plan Benefits

An applicant/recipient, spouse and/or dependent child who may qualify for Canada Pension Plan (CPP) benefits (e.g. Disability, Survivor, Retirement, or Spouse’s Allowance) must apply and advise their caseworker when their application has been submitted.

When CPP is received for a period that assistance was provided, the assistance must be reimbursed to the Department of Community Services (DCS) up to a maximum of the amount of CPP received. The initial qualifying month of CPP benefits is exempt when it is a month for which assistance was provided. A ‘Canada Pension Plan Consent to Deduction and Payment’ form must be signed to authorize Service Canada to pay DCS directly. When DCS is not reimbursed, an overpayment is assigned.

The ongoing monthly amount is charged against the budget when determining eligibility for ESIA under Policy 5.7.27 - Canada Pension Plan Benefits.

When CPP Benefits are denied, for reasons other than insufficient contributions, an appeal may be required as a condition of eligibility for assistance.

5.1.4(b) Policy: Maintenance

As a condition of eligibility an applicant/recipient and/or spouse are expected to pursue every feasible source of income including maintenance (i.e. child or spousal support).
It is the applicant’s/recipient’s and/or spouse’s responsibility to pursue maintenance though the Family Maintenance Income Support program or through the Court.

An applicant/recipient and/or spouse must pursue child support when:

1. there are dependent children and there is no child support Order or the enforcement of an Order and/or arrears has been suspended,

   Note: An Order is a formal written arrangement that is registered with the Court and enforceable by the Maintenance Enforcement Program.

2. a child support Order is inadequate based on the ability of the non-custodial parent to pay and the Federal Child Support Guidelines,

3. an additional child is born,

4. a non-custodial parent is unknown (FMIS only), and/or

5. a non-custodial parent is not able to be located (FMIS only).

An applicant/recipient and/or spouse must pursue spousal support when:

1. there is no spousal support Order or the enforcement of an Order and/or arrears has been suspended, and the former spouse has a legal obligation to pay.

5.1.4(c) Policy: Suspension of Requirement to Pursue Maintenance

When potential abuse by the absent spouse or non-custodial parent (NCP) poses a serious threat to the applicant/recipient, and/or other family members, it may be appropriate to temporarily suspend the requirement to pursue maintenance.

A permanent suspension may be established when the absent spouse and/or parent is deceased or has a disability or illness that will permanently prevent them from paying maintenance. It may also be appropriate for the applicant/recipient and/or dependent children to apply for survivor benefits under Policy 5.1.4(a) – Canada Pension Plan Benefits.
5.1.4(d) Policy: Employment Insurance Benefits

An applicant/recipient and spouse who appears eligible for and are not currently receiving Employment Insurance (EI) benefits must make application. Caseworkers must complete an EI ‘Assignment of Benefits’ form with the applicant/recipient and spouse at intake or immediately upon notification that the application for Employment Insurance benefits has been submitted by or on behalf of the applicant/recipient.

5.1.5 Policy: Employability Screening Questions at Intake

An applicant/recipient and spouse who meets the general eligibility criteria for Employment Support and Income Assistance must complete the employability screening questions as part of the ‘ESIA Application’ form. Completion of the employability screening questions does not apply to youth aged 16 to 18. Please refer to Policy 5.10.1 – Youth Aged 16 to 18 (Inclusive) Eligibility Criteria.

The results of the employability screening questions will be used to determine the potential requirement for an applicant/recipient and spouse to participate in employability activities.

Refusal to participate in the completion of the Employability Screening Questions at Intake

Where an applicant/recipient or spouse refuses to complete the employability screening questions, assistance will be refused and/or discontinued.

5.1.6 Policy: Understanding of Participation in Employment Focused Activities Form

An applicant/recipient and spouse who meets the general eligibility criteria for Employment Support and Income Assistance and has completed the employability screening questions which determined that they must participate in employability activities, must sign the ‘Understanding of Participation in Employment Focused Activities’ form to be eligible for initial/ongoing assistance.

Refusal to Complete and Sign the ‘Understanding of Participation in Employment Focused Activities’ Form

Where an applicant/recipient or spouse refuses to complete and sign the ‘Understanding of Participation in Employment Focused Activities’ form, assistance will be refused and/or discontinued.
5.1.7 Policy: Request for Medical Information Related to Employability

Where there is potential for employment or involvement in employability activities, an applicant/recipient and/or spouse will be required to participate in an employment action plan based on their capabilities. The purpose is to maximize their opportunities for self-reliance.

In situations where an applicant/recipient and/or spouse indicate their disability or illness limits the ability to participate in employment or employability activities, relevant medical information may be required.

Supporting documentation will be requested when it is unclear how the disability or illness affects the ability to participate in employment or employability activities. It is the responsibility of the applicant/recipient and/or spouse to obtain further clarification, when requested.

Assistance may be provided for a reasonable period of time until a medical report is obtained.

Refusal to Provide Medical Information Related to Employability Participation

Where an applicant/recipient or spouse refuses to provide medical information to determine employability participation or the suitability of an employment action plan, assistance will be refused and/or discontinued.

Medical documentation is not required to confirm a disability in situations where an applicant/recipient and/or spouse are in receipt of and/or eligible for:

1. Canada Pension Plan (CPP) Disability Benefits,
2. Long-Term Disability Benefits from an employer,
3. Disability Tax Credit,
4. Worker’s Compensation Disability Benefits, and
5. Working Income Tax Benefit (WITB) Disability Supplement;

5.1.8 Policy: Emergencies/Incomplete Documentation

When eligibility cannot be determined in a timely manner, ESIA may be provided in situations where the health and safety of an applicant/recipient and/or spouse and/or dependents is apparent and verified. Completion of necessary documentation is required at the earliest opportunity.
5.1.9 Policy: Reporting Change in Circumstances

An applicant/recipient and/or spouse are required to report any change in circumstances, which may affect their eligibility immediately upon the occurrence of the change or prior to, if known in advance. An applicant/recipient or spouse must report changes in circumstances verbally and/or by the completion of the monthly ‘Income Statement’ form and/or provision of requested documentation.

Changes in circumstances include, but are not limited to, changes in income, assets, shelter expenses, living arrangements, or other changes such as increases/decreases in number of dependents, cohabitation, marriage, divorce, separation, and name change.

5.1.9(a) Policy: Failure to Report Change in Circumstances - Fraud

Providing false or misleading information, for the purpose of receiving ESIA, is an offense under the *Employment Support & Income Assistance Act*.

When it appears an applicant/recipient and/or spouse has intentionally provided false or misleading information in order to receive ESIA, a thorough review will be undertaken and ESIA may be reduced or terminated, an overpayment may be assigned, and criminal charges may be pursued.

5.1.10 Policy: Ongoing Eligibility

Recipients who are on a monthly reporting cycle must establish ongoing eligibility each month by completing a monthly income statement. This includes verification of income, expenses and efforts to obtain alternate financial support.

Recipients who are on a periodic reporting cycle do not have to complete a monthly income statement. The following criteria must be met in order for a recipient to move to a periodic reporting cycle, the recipient:

1. is not reporting wages,
2. does not have income that fluctuates month to month,
3. has no change in basic monthly payments for three (3) months, and
4. is eligible for ESIA for more than six (6) months.
5.1.11 Policy: Conducting the Annual Review

In order to determine ongoing eligibility for Employment Support and Income Assistance, a comprehensive review of a recipient’s and/or spouse’s eligibility must be conducted once a year for all cases.

This comprehensive review will include the caseworker meeting with the recipient and spouse of the recipient, if applicable, to complete, but not limited to, the following documentation and information:

1. a completed ‘Consent to Release and Obtain Information Authorization’ form signed by both the recipient and spouse of the recipient;

2. a completed ‘Client Personal and Financial Statement’ form signed by both the recipient and the spouse of the recipient;

3. verification of income/assets that have not been reported on monthly ‘Income Statements’ form;

4. copies of documentation regarding assets;

5. copies of bills and/or statements of expenses since the last review;

6. update living situation;

7. the completion of other forms applicable to the recipient and/or spouse of the recipient situation, for example, CPP ‘Consent to Deduction and Payment - 1613’ form, EI ‘Assignment of Benefits’ form;

8. where appropriate:

   a. complete the employability screening questions on the ‘Employment Services Review’ form for both the recipient and the spouse;

   or

   b. complete the ‘Report of Present Health Condition’ form for both a recipient and spouse. Medical information, if required, can include medical documents, assessments, and information provided by a qualified medical practitioner.

Medical documentation is not required to confirm a disability in situations where an applicant/recipient and/or spouse are in receipt of and/or eligible for:

i. Canada Pension Plan (CPP) Disability Benefits
ii. Long-Term Disability Benefit from an employer,

iii. Disability Tax Credit

iv. Worker’s Compensation Disability Benefits, and

v. Working Income Tax Benefit (WITB) Disability Supplement;

c. review the reporting cycle and payment history to determine if the case meets the periodic payment criteria.
5.2.1 Policy: Initial Budget Calculations

In determining initial eligibility for ESIA, the following will be included in the budget calculations:

1. expenses prescribed in Schedule "A" of the ESIA Regulations for basic needs and Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance,

2. expenses prescribed in Section 29(1) of the ESIA Regulations with respect to the provision of transportation and child care for the purpose of employment, and health and safety, and

3. expenses prescribed for applicable special needs as defined by the special needs policy.

5.2.2 Policy: Ongoing Budget Calculations

In determining ongoing eligibility for ESIA, the following will be included in the budget calculations:

1. expenses prescribed in Schedule "A" of the Regulations for basic needs and Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance,

2. expenses for special needs as prescribed Schedule "A" of the Regulations and by Special Needs Policy Chapter 6: Special Needs, and

3. expenses for participation in an employment plan.
5.2.3 Policy: Debts of Applicant/Recipient

The debts that an applicant/recipient and spouse may have with loan companies, merchants, individuals, etc. are not included in the determination of eligibility or level of benefits.

The only exceptions to this include mortgages or loans directly related to the purchase and/or necessary maintenance of the applicant/recipient’s principle residence, subject to the approved shelter allowance rates.

The Department will not include the amount of the mortgage/loan in the budget calculation when the mortgage/loan is for non-essential repairs to the home. In situations where this would cause hardship for an applicant/recipient, a caseworker may allow this to be included as an expense, provided supervisory approval has been granted, and the amount is subject to the maximum approved shelter allowance rates.

5.2.4 Policy: Child in Applicant’s Care

An applicant/recipient is eligible to apply for ESIA on behalf of a child in the applicant/recipient’s care and custody where the child is not being maintained by his/her parent or the Provincial Child Welfare Authorities and where the applicant/recipient is the legal guardian of the child.

Legal guardianship can be determined by documents from the court or by parental written consent, in the form of a sworn statement.

A caseworker will consider the child as a dependent child in the determination of the applicant/recipient’s budget deficit.

5.2.5 Policy: Joint/Shared Custody

Joint custody agreements may vary greatly. In some situations this means the children rotate between the parents residence equally and in others, it means joint decision-making/shared parenting with the children only having one primary residence.

Where a dependent child’s primary residence is with one (1) applicant/recipient, the child will only be included in that applicant’s/recipient’s budget.

Where a dependent child resides with more than one (1) applicant/recipient in a shared custody agreement with each applicant/recipient having the child reside equally with them 50/50, each applicant/recipient will receive the appropriate shelter allowance for their family size including the dependent child. The
dependent child can only be included in the budget of one applicant/recipient for the purposes of special needs.

Documentation as to the status of the custody situation for each dependent child (a complete and signed court order, decree or separation agreement confirming joint custody, and/or verification that the Canada Child Tax Benefit (CCTB) is shared equally) must be provided.

5.2.6 Policy: Non-Receipt of Maintenance Income

Eligibility Criteria for Receiving ESIA for Unpaid Maintenance Payments (“Ad Hoc Maintenance”)

A recipient may be eligible to receive ad hoc maintenance payments, up to a maximum of their ESIA entitlement, when the following criteria are met:

1. a recipient does not receive their maintenance payment from the Maintenance Enforcement Program (MEP) or from the payor directly,

2. the Order has been charged against the budget,

3. a recipient has a Maintenance Order that is registered with the Court and is enrolled with MEP and provides the MEP case ID, verification of enrolment (i.e. ‘Active’ MEP case status) and verification of non-receipt by submitting a current ‘Maintenance Enforcement Program of Nova Scotia Record of Payments’ report to the caseworker; or agrees to immediate registration (see MEP Enrollment), and

   **Note:** For privacy reasons, staff will not request, use or record MEP PIN numbers (even if offered by the recipient).

4. a recipient completes a ‘Request for Maintenance Arrears’ form, indicating they agree to repay the funds to DCS, if they later receive them from MEP or from the payor directly.

MEP Enrollment

DCS will not issue an ad hoc maintenance payment for more than one (1) service period, until MEP enrollment is completed and any arrears owing to the Department have been declared.

When a recipient cannot enroll their Order with MEP before the next service period, additional ad hoc maintenance payments may be issued with supervisory approval (maximum of one (1) month’s Order amount per service period).
Private Agreements

A recipient who has a private maintenance agreement that cannot be enrolled with MEP must be referred to Family Maintenance Income Support, under Policy 5.1.4 (b) - Maintenance Income, to pursue a formal maintenance arrangement.

Assignment of Maintenance (AOM) Requirement

Ad hoc maintenance payments may be issued for a maximum of three (3) consecutive months. After three (3) consecutive months, a recipient may choose to enter into an AOM under Policy 5.2.7 - Assignment of Maintenance Payments to the Department. If they do not choose to participate in an AOM, the maintenance amount will be included in their IA budget as chargeable income and no additional ad hoc maintenance payments will be issued.

It is not a requirement for a recipient to receive three (3) consecutive ad hoc maintenance payments before qualifying for AOM. However, they must be in receipt of assistance for three (3) consecutive months and have irregular maintenance payments; exceptions may be made when an applicant’s order is greater than their potential IA entitlement and would prevent them from qualifying for assistance. For full AOM eligibility criteria, see Policy 5.2.7 - Assignment of Maintenance Payments to the Department.

Overpayments

When a recipient receives maintenance from MEP or from the payor directly for a service period for which an ad hoc maintenance payment was issued, and does not return the funds to DCS, an overpayment will have been incurred and will be considered repayable by the recipient.

IA Reapplication with Established Assignment of Maintenance

A former recipient, who reapplies and becomes eligible for ESIA and has an AOM that has not been terminated with MEP, will have that assignment immediately re-activated.

5.2.7 Policy: Assignment of Maintenance Payments to the Department

A recipient may assign their right to receive maintenance under a Court Order to the Department of Community Services (DCS). When a recipient enters into an Assignment of Maintenance (AOM) Agreement, maintenance is not included as chargeable income when calculating the ESIA entitlement (i.e. the amount of assistance is not reduced by the amount of the Court Order).
To be eligible to enter into an AOM, a recipient must be in receipt of assistance, the Order must be enrolled with the Maintenance Enforcement Program (MEP), and the maintenance payments must be irregular, meaning:

1. sporadic;
2. seven (7) or more days late for three (3) of the last twelve (12) months;
or
3. otherwise problematic for the recipient (e.g. percentage, provisional, or large Orders).

**Exception:** An ESIA applicant may be eligible to enter into an AOM when an applicant's Order is greater than their potential entitlement and this is the only reason preventing them from qualifying.

When maintenance has been assigned:

1. it is not included as chargeable income when calculating the amount of assistance a recipient is eligible to receive,
2. the additional amount of assistance that is paid (because the income is not being charged) becomes arrears owed to DCS,
3. MEP forwards all funds received (for both eligible and ineligible cases) to DCS until DCS arrears are paid in full,
4. ad hoc maintenance payments are not issued, and
5. the recipient agrees not to accept direct payments from the NCP or from MEP.

**Note:** If a recipient/former recipient accepts a payment, which should have been forwarded to DCS for payment of the Department’s arrears, an overpayment will be established.

**Allocating MEP Payments for Eligible Clients**

When a case is eligible for assistance, DCS allocates payments received from MEP in the following order:

1. funds are allocated backwards on a month by month basis (e.g. December, November, October, etc.) for the current period of ESIA eligibility beginning in the month in which they are received from MEP;
   a. DCS retains funds to pay its arrears for the first month,
b. DCS refunds the recipient for their arrears for the first month (i.e. amounts over and above what DCS has paid),

**Note:** For months in which the Order exceeds eligibility for assistance, recipients will only be owed arrears for the current period of eligibility.

**Note:** When both parties are paid for the first month, funds are allocated backward to each previous month until both parties are paid in full for the current period of ESIA eligibility.

2. DCS refunds the recipient for their arrears relating to the most recent term of ineligibility, and

3. when it is necessary to allocate backwards into an additional term of eligibility, the process restarts at step 1.

**Note:** Any maintenance monies received by recipients during the reporting period are unearned income and must be reported on the recipient’s monthly income statement to be included in the upcoming months’ budget calculation(s).

**Allocating MEP Payments for Ineligible Clients**

When a case is ineligible for assistance, payments received from MEP are allocated backwards on a month by month basis in the following order:

1. DCS refunds the former recipient for any arrears that have accrued since they were last in receipt of assistance,

2. DCS retains funds to pay its arrears for the most recent term of eligibility,

3. DCS refunds the former recipient for their arrears for the most recent term of eligibility, and

4. when it is necessary to allocate backwards into an additional term of ineligibility, the process restarts at step 1.

When DCS is paid in full, it advises MEP and no further funds are sent to DCS.

**Suspension of Order and/or Arrears**

The Court occasionally suspends enforcement of Orders/arrears due to case circumstances (e.g. NCP is unemployed). In these situations, the applicant/recipient is required to request a future Court date at which time the suspension will be reviewed (e.g. NCP becomes employed). If they do not do so at the time
the suspension is initially put in place, they must submit a request for a Court date within sixty (60) days of receiving notice from DCS.

If a recipient and/or spouse does not seek a court date, assistance will be reduced or discontinued. Where arrears have been identified as being owed to the Department and the applicant/recipient has not taken the required action, the amount of the arrears will be assigned to the recipient and/or spouse as an overpayment.

5.2.8 Policy: Cohabitation

Persons who reside together with shared financial resources such as, but not limited to, credit cards, bank accounts and loans, and who represent themselves to others to be each other’s spouse will be considered as a two (2) adult family unit in determining initial eligibility or ongoing eligibility.

Cohabitation is determined to exist in these situations even though there may not be a legal marriage or conjugal relationship.

5.2.9 Policy: Joint Home Ownership

Where a primary residence is jointly owned, the allowable expense will be considered to be shared evenly (50%). Where such prorating will cause undue hardship, the full amount of the mortgage, subject to the allowable shelter maximum, may be allowed with supervisory approval. The inclusion of the full amount of the mortgage is subject to an applicant/recipient providing confirmation that action has been taken to sell the property or to have the property put solely in an applicant/recipient’s name.

An applicant/recipient may be required to enter into a repayment agreement with respect to any ESIA granted in excess of the 50% for mortgage.

5.2.10 Policy: Mortgage Payment - Separation/Maintenance Agreement

Where a contribution to a mortgage payment is a condition of a maintenance order or separation agreement, the allowable mortgage expense will reflect the total mortgage costs, subject to the maximum shelter allowance, and the full amount of the maintenance order or separation agreement will be charged as income. A copy of the maintenance order or separation agreement will be maintained on the case file.
5.2.11 Policy: Fines

A fine is a legal obligation placed on an individual by a court of law. The amount of the fine cannot be provided for or recognized in the calculation of a budget deficit.

5.2.12 Policy: Seizure/Garnishment

Pursuant to section (9) of the ESIA Act, ESIA payments are not assignable and are not subject to seizure or garnishment except as may be required in order to recover an overpayment by the Department of Community Services.

5.2.13 Policy: Trust Money

Where an applicant/recipient and/or any family member have access to monies set aside in trust, these monies are included in the determination of eligibility or level of benefits.

If trust money is defined for discretionary purposes only, a caseworker must contact the trust administrator to establish contributions from the trust account to be included in the budget and determination of eligibility.

Cross Reference:

Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance
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### 5.3.1 Policy: Personal Allowances

An applicant/recipient who is renting, boarding or owns his/her own home will be allowed the personal allowance rates outlined in Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance as expenses in the calculation of the budget deficit. For the purpose of calculating entitlement, the expenses of an applicant/recipient will include the expenses of a spouse, or person living with the applicant/recipient as a spouse, and a dependent child 18 years of age or older.

### 5.3.2 Policy: Hospitalization - Personal Needs Allowance

A caseworker may discontinue ESIA where a recipient and/or the spouse of a recipient have been hospitalized for more than thirty (30) consecutive days.

A personal needs allowance will be substituted for the personal allowance, which is normally included in the ESIA budget, for an applicant/recipient, a spouse or a dependent child over the age of 18 years who will be in the hospital for more than thirty (30) days, as per Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance.

A caseworker is required to assess eligibility for maintaining the shelter allowance while a recipient and/or spouse of a recipient is hospitalized.

### 5.3.3 Policy: Residential Rehabilitation Program - Allowance

An applicant/recipient or the spouse involved in a residential rehabilitation program for a period of thirty (30) days or more may be eligible for:
1. an allowance of $81 per month will be substituted for the personal allowance,

2. continued provision of an allowable shelter allowance for a single recipient up to six (6) months, which may be extended for a longer period based on economic feasibility and with supervisory approval,

3. continued provision of a shelter allowance for dependents, in accordance with the allowable shelter allowances, if a caseworker determines it is necessary to maintain the residence during the rehabilitation program period, and

4. continued provision of benefits for dependents that are in the care of a recipient, provided that satisfactory living arrangements have been made for the child(ren).

5.3.4 Policy: Dependent Child(ren) under the Age of 18 Years of an Applicant/Recipient

A personal allowance for dependent children, under the age of 18 years of age who are in the care and custody of an applicant/recipient, is not included in the ESIA budget calculation, Policy 10.1.1 - Children’s Benefit. Benefits for Nova Scotia children in all low-income families, including those in receipt of ESIA, are administered through the Federal Tax program. By filing an annual income tax return and completing a Canada Child Tax Benefit (CCTB) application, eligible families may receive these benefits. The CCTB consists of a base amount, the National Child Benefit Supplement (NCBS) plus the Nova Scotia Child Benefit (NSCB) and, if applicable; the Child Disability Benefit (CDB), Appendix 2 - The Nova Scotia Child Benefit.

In circumstances where a recipient or a spouse of a recipient are receiving less than $133 per child through a combination of the NCBS and the NSCB, ESIA may provide temporary benefits up to three (3) months or until the family receives the NCBS/NSCB. This temporary benefit is called the Child Benefit Adjustment, Policy 5.3.5 - Child Benefit Adjustment.

5.3.5 Policy: Child Benefit Adjustment

A recipient or the spouse of a recipient with children under the age of 18, including eligible refugee claimants, may request a Child Benefit Adjustment (CBA). This payment may be issued by ESIA when the Recipient or spouse of the recipient does not receive the National Child Benefit Supplement (NCBS) and the Nova Scotia Child Benefit (NSCB) equal to $133 per month per child. A recipient and/or
spouse may request an assessment to determine eligibility to receive CBA, **Policy 10.1.2. - Child Benefit Adjustment**.

To receive a CBA payment the Recipient and spouse will:

1. request an assessment for CBA eligibility,
2. have a status of “IA eligible” and receive a basic ESIA payment for the same month(s) they are requesting CBA,
3. ensure their income tax returns are filed up to date with Canada Revenue Agency (CRA) for a recipient and spouse,
4. provide CRA with their current address,
5. notify CRA when there has been a change in marital status in excess of ninety (90) days and they have completed a CRA ‘Marital Status Change’ form RC65,
6. apply for the Canada Child Tax Benefit (CCTB) for all dependent children. A recipient or spouse must make application for the Canada Child Tax Benefit. In addition to filing an up to date Income Tax Return, families must apply for children’s benefits. CRA ‘Canada Child Tax Benefit Application’ form RC66 must be submitted to CRA for application for children’s benefit,
7. be recognized as the primary care giver with CRA to receive consideration for the children’s benefits,
8. provide completed and correct information to CRA to advise changes in family circumstances (e.g. marriage, separation, new partner or address),
9. advise the worker if a recipient or their spouse and dependent are immigrants and provide information of action taken to secure permanent Canadian Residency,
10. advise the worker of any changes in their Social Insurance Number (SIN) or their spouse’s SIN, including status of a temporary SIN number, and
11. comply with CRA’s request for information (e.g. completing a questionnaire).

If a recipient or spouse has requested a CBA assessment and meet the above criteria, CBA may be issued according to the following guidelines:

1. CBA will be calculated separately for each child, based on the number of children as recorded by CRA, unless the number of children declared for
ESIA purposes is lower. In situations where a family is receiving partial payments but receives more than $133 per month for one (1) child and less than $133 per month for each subsequent child, the excess for the first child will not be used to reduce the adjustment for the other children.

2. payments will be prorated from the date of the child’s birth or the date the child returned home to determine the amount of CBA. CBA will be issued for a maximum period of three (3) months.

3. clients may be eligible to receive a CBA payment when a family's income for the prior tax year disqualifies the family for the NCBS and the NSCB.

4. a recipient or spouse who has a change in marital status (separation) and the family is receiving the NSCB totaling less than $133 per month per child may receive a CBA payment. This payment may be issued for a maximum period of nine (9) months from the date of the initial CBA payment.

5. a family who is not receiving the equivalent of $133 per month, per child, due to the birth of a child(ren) or a child(ren) returning to the family from an agency/foster parent or from another family situation may receive CBA.

5.3.6 Policy: Child Benefit Adjustment (CBA) Repayment

When a recipient/former recipient and/or spouse receives a retroactive National Child Benefit Supplement (NCBS)/Nova Scotia Child Benefit (NSCB) payment, for the same period a Child Benefit Adjustment (CBA) payment was issued through ESIA, an overpayment is assigned.

Assistance granted in the form of a CBA payment is included in an overpayment calculation when it is determined there has been no eligibility for assistance.

Cross Reference: Policy 10.1.4 – Child Benefit Adjustment Repayment

5.3.7 Policy: Dependent Children Included/Not Included in the Budget

A personal allowance for dependent children in the care and custody of an applicant, under the age of 18, is not included in the budget calculation.

Unearned income being received by or on behalf of the dependent(s) will be charged as income in the budget.

Income from part-time employment received directly by a dependent child who is attending an approved educational program will not be considered in determining the family’s entitlement.
If a dependent child is working full time, the child will then cease to be a dependent child and will be removed from their parent/guardian’s ESIA budget on the last day of the month that the child ceases to be a dependent child. A review of the situation will determine if board income should be included in the budget.

Where a dependent child is attending, on a regular basis, an approved educational program, which is not designed for student loan purposes, ESIA may be provided after the dependent child becomes 19 years of age. Under these circumstances the child may continue to be included in an applicant/recipient’s budget up to 21 years of age.

5.3.8 Policy: Maternal Nutritional Allowance

Recipients will receive a nutritional allowance of $51 per month included in a recipient’s monthly entitlement from the date a caseworker is notified of the pregnancy or birth of a child up to and including twelve (12) full months after the birth of the child.

In situations where a caseworker is notified of a subsequent pregnancy or birth, the nutritional allowance will continue up to and including twelve (12) full months after the birth of the subsequent child(ren). The maximum amount payable to a recipient is $51 per month.
5.4.1 Policy: Shelter Allowances

For the purpose of calculating shelter allowance, the expenses of an applicant/recipient will include the expenses of a spouse, dependent child and/or student family member up to the maximum allowed under Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance.

5.4.1 (a) Policy: Shelter Allowance Under Certain Circumstances

Under the following criteria, a shelter allowance for rent/own of up to $535 will be allowed for a single person who:

1. is disabled,

2. is fleeing an abusive situation until the issues related to the abuse have been addressed. These include, but are not limited to, court processes, and/or counseling related to the abuse,

3. has a chronic mental, cognitive or physical condition that limits participation in employment services,

4. is 55 years of age or over, or

5. is a youth aged 16 – 18.
5.4.2 Policy: Special Shelter Requirements

With the approval of a supervisor, the shelter allowance may be increased in excess of the maximum allowable rates established in Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance, if an applicant/recipient or spouse or dependent of an applicant/recipient has special needs with respect to barrier-free access to, from, or within their accommodations as a result of a terminal illness or permanent physical disability. A supervisor can approve the most economical option that provides barrier-free access.

Barrier-free access refers to housing that has been modified/adapted for individuals with mobility disabilities and visual impairments. Such modifications include, but are not limited to, ramps instead of stairs, handrails/grab bars, doors wide enough for wheelchairs, lowered counter tops, lever type handles for doors and water taps, lowered electrical switches and sockets, rounded corners to prevent injury, and no curbs on the property.

5.4.3 Policy: Single Expectant Mother’s Shelter Allowance

A single expectant mother, over the age of 19, in her seventh (7th) month of pregnancy may qualify for a shelter allowance up to the maximum allowable for two (2) persons to assist in acquiring shelter accommodations for two (2) people. A single expectant mother, over the age of 19, in her seventh (7th) month of pregnancy with one (1) dependent may qualify for a shelter allowance up to the maximum allowable for three (3) persons to assist in acquiring shelter accommodations for three (3) people.

5.4.4 Policy: Couple Expecting First Child

A couple expecting their first child, and the mother being in her seventh (7th) month of pregnancy, may qualify for a shelter allowance up to the maximum allowable for three (3) persons to assist in acquiring shelter accommodations for three (3) people.

5.4.5 Policy: Renting or Boarding

Living arrangements will be considered renting when an applicant/recipient meets all of the following criteria; otherwise the applicant/recipient shall be considered to be boarding.

Rental accommodation must meet all of the following:

1. applicant/recipient purchases own food,
2. applicant/recipient prepares own food, and

3. applicant/recipient responsible for maintenance of own premises.

An applicant/recipient residing in a private residence, who has self-contained premises which includes housekeeping facilities, such as a stove, refrigerator, kitchen sink, as well as bathroom and living arrangements will be considered renting.

5.4.6 Policy: Renters and Home Owners

An applicant/recipient who owns his/her home or is renting will be allowed actual expenses for rent, mortgage payments, home improvement loan payments, heating costs, electricity, property tax, water supply or service up to the maximum shelter rates noted in Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance in the calculation of the budget deficit.

An applicant/recipient who shares accommodations with an individual(s) who is not included as a family member(s) for the purpose of budget calculations will be allowed the appropriate percentage (%) in the calculation of the budget deficit up to the maximum shelter rates noted in Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance. An applicant/recipient must be listed as one of the renters/lease holders/owners on the lease/rental agreement or mortgage document to have approved expenditures included in the budget calculation. These include heating costs, electricity, property tax, and water supply/service.

If a mortgage is paid by an outside source, such as an insurance company or other source, the mortgage payment will not be included in the calculations of the allowable shelter allowance.

Where a recipient has fluctuations in shelter costs because of fuel or electricity, he/she will be encouraged to use budget billing with a fuel and/or electricity service provider.

Where a recipient has shelter costs in excess of the maximum allowable shelter because of rent/mortgage, fuel, wood or electricity, he/she will be encouraged to relocate in order to be within the maximum shelter allowances.

5.4.7 Policy: Pro-rated Mortgage Expense

Where only a portion of a mortgage or re-mortgage of a property has been used for the purpose of purchasing, repairing or renovating the residence of an applicant
or recipient, the mortgage payments will be prorated and only that portion which relates to the purchase, repairing or renovating will be included in the calculation of a budget deficit, Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance.

5.4.8 Policy: Shelter Allowance - Economic and Domestic Unit

For the purposes of calculating the shelter allowance, the amount payable to an applicant/recipient who is living with another individual, other than a spouse/common law partner, in a relationship of interdependence functioning as an economic and domestic unit shall not exceed the lesser of:

1. 50% of the actual total of any combination of allowable shelter expenses, and

2. 50% of the amount prescribed in Appendix “A” in Employment Support and Income Assistance (ESIA) Regulations and Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance for the size of an applicant/recipient’s family.
5.5.1 Policy: Schedule: Personal Allowances and Maximum Shelter Allowance

### Personal Allowance

<table>
<thead>
<tr>
<th>Shelter Situation</th>
<th>Adult</th>
<th>Dependent Child (Up to age 18)</th>
<th>Dependent Child (Age 18 to 20 inclusive)</th>
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</thead>
<tbody>
<tr>
<td>renting, own home, boarding</td>
<td>$255</td>
<td>$133*</td>
<td>$255</td>
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<tr>
<td>in hospital 30 days or more</td>
<td>$105</td>
<td>Not applicable</td>
<td>$105</td>
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<tr>
<td>in a residential rehabilitation program</td>
<td>$81</td>
<td>Not applicable</td>
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* Child Benefit Adjustment - Per [Policy 5.3.5 - Child Benefit Adjustment](#)

### Shelter Allowance

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Rent/Own Home</th>
<th>Board</th>
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<tbody>
<tr>
<td>1</td>
<td>$300</td>
<td>$223</td>
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<tr>
<td>2</td>
<td>$570</td>
<td>$242</td>
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<tr>
<td>3+</td>
<td>$620</td>
<td>$282</td>
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</tbody>
</table>

### Under Certain Circumstances –

Per [Policy 5.4.1(a) - (Shelter Allowance Under Certain Circumstances)](#)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Rent/Own Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$535</td>
</tr>
</tbody>
</table>
5.6.1 **Policy: Documentation**

Information is required to support the ESIA application as follows: (photocopies of documentation will be maintained on file)

1. **General Requirements/Vital Statistics**
   
   a. A valid Nova Scotia Health Card is mandatory for all applicants/ recipients, spouse of applicant/recipient and dependent(s).
   
   b. A valid Social Insurance Number (SIN) is mandatory for all applicants/ recipients and spouse of applicant/recipient. SINs for dependent children are to be provided, if available, but is not mandatory.
   
   c. Other documentation such as birth certificates, driver’s license, marriage license, divorce order, adoption papers, school documents, verification or a copy of income tax Canada Revenue Agency ‘Notice of Assessment (NOA)’ form(s) are required depending on the individual circumstances of an applicant/recipient and family composition.

2. **Accommodation Documentation**

   **Home Owner:**

   Verification of homeowner costs including the latest property tax bill or assessment and utility costs with supporting documentation is required. If an outstanding mortgage or loan exists, the mortgage payments must be supported by a copy of the mortgage/loan agreement and/or cancelled cheques/receipt of payment.
Renter:

a. the most recent rental receipt showing the monthly rental cost and the name, address and telephone number of the landlord must be provided;

b. documentation for utility costs not included in rent; and

c. a lease showing an applicant and/or recipient’s name in the case of subletting, the landlord must provide acknowledgment of the sublet in writing.

Roomer/Boarder:

The most recent receipt showing the monthly cost of room/board and the name, address and telephone number of the landlord must be provided.

3. Potential/Pending Income Verification

Determine if an applicant/recipient has applied for or may be eligible for income as a result of present or past sources of income. Typically, this will include, but is not limited to, Employment Insurance benefits, Canada Pension Plan, Workers’ Compensation Board, private pension, private disability benefits. In the absence of an online inquiry, the source of potential income must be contacted by a caseworker, or cheque stubs provided.

4. Wages Verification

The most recent cheque stub, pay envelope or a written confirmation of employment earnings and mandatory deductions completed by the employer must be provided.

5. Self-Employment Verification

A copy of the current financial statement for the business and a copy of the most recent income tax return for the business must be provided. A copy of both an applicant/recipient and spouse’s income tax assessment forms must be provided.
6. **Employment Insurance Verification**

In the absence of confirmation through an on-line inquiry, the most recent cheque stub or confirmation of Employment Insurance from Service Canada must be provided.

7. **Workers’ Compensation Income Verification**

The most recent cheque stub or confirmation of Workers’ Compensation Income from the Workers’ Compensation Board must be provided.

8. **Old Age Security/Guaranteed Income Supplement**

Senior citizens usually receive the Old Age Security (OAS)/Guaranteed Income Supplement (GIS) or an income equivalent to or greater than OAS/GIS. This should be verified by a copy of the most recent cheque stub or confirmation of OAS/GIS income from Human Resources and Social Development Canada - Income Security Programs. The reason for any reduction in GIS is to be established and recorded.

9. **Income Tax Assessment Form**

Verification or a copy from the Canada Revenue Agency of the most recent income tax assessment form is required at initial eligibility for an applicant and spouse and yearly for a recipient and spouse.

10. **Canada Pension Plan or Quebec Pension Plan**

The most recent cheque stub or confirmation from the Canada/Quebec Pension Plan must be provided. Applicants between 60-64 years of age will be required to apply for Canada Pension Plan, regardless of whether they will receive a lesser amount than if they waited to receive CPP at age 65.

11. **Veteran’s Allowance**

The most recent cheque stub or confirmation from Department of Veterans Affairs must be provided.

12. **Private Pension or Disability Plan**

The most recent cheque stub or confirmation from the company that is administering the pension or disability plan must be provided.
13. **Income from Boarders**
   
   A copy of the most recent receipt given to a boarder(s) or written confirmation from the boarder stating the amount paid must be provided.

14. **Rental Income**
   
   A copy of the most recent receipt given to the tenant must be provided.

15. **Maintenance Support Payments**
   
   A copy of the separation agreement, receipt or confirmation from the court must be provided.

16. **Social Security/USA**
   
   Cheque stubs or confirmation from the USA Social Security Bureau must be provided.

17. **Recent Lump Sum Payment/Deferred Income**
   
   Cheque stubs or confirmation from applicable sources must be provided.

A caseworker may provide assistance pending submission of required documentation in accordance with [Policy 5.1.8 - Emergencies/Incomplete Documentation](#).
<table>
<thead>
<tr>
<th>Program Policy:</th>
<th>Employment Support and Income Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter: 5</td>
<td>Basic Needs</td>
</tr>
<tr>
<td>Section: 7</td>
<td>Chargeable Income and Assets</td>
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<tr>
<td>Effective:</td>
<td><strong>ESIA Regulations:</strong></td>
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<td></td>
<td>4 Application for assistance</td>
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<tr>
<td></td>
<td>5(1) (2), 7 (1) Additional information required</td>
</tr>
<tr>
<td></td>
<td>7 (2), 15 (4) Changes in circumstances</td>
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<tr>
<td></td>
<td>9 Providing documentation</td>
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<tr>
<td></td>
<td>14 (1) (3) Eligibility for assistance</td>
</tr>
<tr>
<td></td>
<td>29 (1) Expenses to be considered in determining eligibility.</td>
</tr>
<tr>
<td>Revised:</td>
<td>Page 1 of 10</td>
</tr>
<tr>
<td>November 12, 2015</td>
<td></td>
</tr>
</tbody>
</table>

### 5.7.1 Policy: Chargeable Income - Initial Eligibility

For the purpose of determining initial eligibility, all sources of income received by an applicant, spouse and/or income paid to or on behalf of a dependent child(ren) of an applicant and/or spouse within thirty (30) days of application will be applied as chargeable income unless otherwise exempt. Where income has been used for expenses related to shelter, food, and other items of personal necessity, a caseworker may determine the income is exempt.

### 5.7.2 Policy: Chargeable Income - Ongoing Eligibility

For the purpose of determining ongoing eligibility, all sources of income received by a recipient, the spouse of a recipient, and income paid to or on behalf of a dependent child(ren) of a recipient and/or a recipient’s spouse will be applied as chargeable income unless otherwise exempt. See Policy 5.9.1 - Exempt Income, Policy 5.8 - Incentive Chapter or Policy 5.7.9 - Assets - Liquid, Real and Personal and Policy 5.7.10 - Allowable Asset - Liquid, Real, Personal.

All income other than wages is calculated at the gross amount in most situations. Caseworkers will advise those recipients and/or spouses of recipients who have income tax deductions being made from their income source to complete a Revenue Canada ‘TD1’ form. Completion of this form can ensure that the income tax will not be deducted or deducted at the minimal rate based on household size and estimated yearly income. Deductions made for debts owed/garnishee orders are not exempt and will be included as income received.
**5.7.3 Policy: Wills/Estate/Trust Monies**

Income from an estate or trust will be charged at 100% against entitlement.

The amount received by an applicant/recipient and/or spouse, including any interest in the estate by dependent child(ren), will be considered an asset.

Where the applicant/recipient and/or any family member have access to monies set aside in trust, these monies are included in the determination of eligibility or level of benefits.

If trust money is defined for discretionary purposes only, a caseworker must contact the trust administrator to establish contributions from the trust account to be included in the budget and determination of eligibility.

**5.7.4 Policy: No Access to a Principle Amount from Trusts or an Investment**

Monthly income received from trusts or investments where there is no access to the principal amount will be charged at 100% as unearned income.

**5.7.5 Policy: Property**

Real property, other than the principal residence, will be considered an asset.

**5.7.6 Policy: Joint Ownership**

Where cash, stocks, bonds, etc., are held in joint names, the applicant/recipient and spouse of the applicant/recipient's portion is considered an asset.

**5.7.7 Policy: Lump Sum Payment**

When an applicant/recipient/former recipient, spouse and/or dependent child receives a lump sum payment, an assessment is performed to determine if the funds are exempt under Policy 5.7.12 - Assets Exclusions, Policy 5.9.1 - Exempt Income, or Policy 5.9.3 - Exempt Compensation Awards/Payments.

When the funds are not exempt, a further assessment is performed to determine whether they will be treated as Deferred Income, Unearned Income, or an Asset.
1. Deferred Income

Deferred income is income that is received for a retroactive time period. Types of income that may be paid for a retroactive time period include, but are not limited to: pensions, benefits or other compensation for loss of income (including compensation for insufficient termination of employment), and wages. Examples of income source include, but are not limited to: Employment Insurance, Canada Pension Plan, Workers Compensation, and Labourers’ Pension.

Deferred income is defined in *Policy 4.1.1 (14) – Definitions*.

When deferred income is paid to a recipient/former recipient, spouse and/or dependent child, for any period for which assistance was issued, eligibility for those service periods is reviewed and overpayments will be established.

2. Excess Deferred Income/Unearned Income

Excess deferred income will be considered *Unearned Income* (*Policy 5.7.8 – Unearned Income*). Excess deferred income includes funds that exceed the assistance paid for each month or that relate to periods for which assistance was not paid.

The income is first applied to the current service period to determine eligibility. Any income exceeding the entitlement for the current service period is applied as unearned income. At intake, *Policy 5.7.15 – Reasonable Disposal of Assets* may be used as a guide to determine eligibility.

3. Asset

When the payment is an asset, follow *Policy 5.7.10 - Allowable Asset Level - Liquid, Real and Personal*.

*Note:* Asset is defined in *Policy 4.1.1 (6) – Definitions*.

5.7.8 Policy: Unearned Income

For the purposes of determining initial and ongoing eligibility, all sources of unearned income received by the applicant/recipient and/or spouse or on behalf of a dependent child(ren) of an applicant/recipient or spouse will be applied as chargeable income unless otherwise exempt.

Unearned income includes, but is not limited to, the following:
1. income maintenance payments (such, as but not limited to, Canada Pension Plan, Employment Insurance),
2. Long-Term Disability benefits,
3. Workers’ Compensation,
4. regular periodic insurance payments,
5. income from mortgages,
6. any maintenance payments,
7. superannuation, and
8. income from investments such as stocks and bonds.

5.7.9 Policy: Asset - Liquid, Real and Personal

All assets of the applicant/recipient, spouse, and/or dependent children will be considered in determining initial and ongoing eligibility, unless specifically exempted by regulation Policy 5.7.12 – Asset Exclusions.

There are three (3) types of assets:

1. **liquid** - such as, but not limited to, cash on hand, bank accounts, stocks, bonds, non-locked in retirement savings plans (RRSPs) or other securities, monetary lottery winnings, monetary inheritances, liquidation of business assets, damage awards and family contributions;

2. **personal** - such as, but not limited to, a second motor vehicle, recreational vehicles, and

3. **real property** - other than the primary residence, such as but not limited to a cottage, land or building lot.

5.7.10 Policy: Allowable Asset Level - Liquid, Real and Personal

All assets will be considered in determining eligibility unless specifically exempted by Regulation. The following allowable asset levels:

**ESIA Regulations 55 (1):**
- Family size of one (1) $1,000
- Family size of two (2) $2,000
A person who was in receipt of Family Benefits on July 31, 2001, is entitled to retain assets in the amount prescribed under the *Family Benefits Act* and *Family Benefits Schedule “B” Regulations* provided they had continuous service from the ESIA program.

**FB Regulations 45(3):**
- Single Disabled: $3,000
- Married Disabled: $5,500

**FB Regulations 46(1):**
- Single Parent: $2,500

Refer to *Policy 5.7.15 – Reasonable Disposal of Assets*, for applicants/recipient with assets in excess of the allowable asset levels.

### 5.7.11 Policy: Assets - No Access to a Principal Amount

Where it is determined an applicant/recipient, spouse and/or dependent has no access to a principal amount, but receives monthly income from the asset, this income will be charged at 100% as unearned income. Where it is determined an applicant/recipient, spouse and/or dependent has access to the principal, then the principal will be treated as an asset.

### 5.7.12 Policy: Assets Exclusions

The following items are not considered assets:

1. a primary residence of an applicant or a recipient that is assessed at less than twice the average assessed value of single family dwellings in the municipality in which the residence is located,

2. a cash surrender value of under $500 of a life insurance policy,

3. a motor vehicle used for basic transportation including transportation to job-search requirements, training or health and safety requirements,

4. tools or equipment directly related to a trade or profession,

5. a registered education savings plan established for the education of a child and intended for use by that child in relation to education expenses,

6. any portion of a registered retirement savings plan that is part of an employment pension program at the place of employment where the
applicant or recipient is/was employed, temporarily laid off or on sick leave, and/or is in a locked-in pension account.

An applicant/recipient and spouse are not required to withdraw from their locked-in pension account(s). If an applicant/recipient and spouse decide to withdraw these funds, they are required to report it and the amount is subject to the asset level.

7. a prepaid funeral to the value of $5,000,

8. insurance paid for damages to primary residence and the contents contained within (examples include but are not limited to fire/flood insurance), and for damage to motor vehicle used for basic transportation,

9. a Registered Disability Savings Plan (RDSP) and any income withdrawn from the RDSP shall not be considered chargeable income or an asset, and

10. savings from participation in a savings program that is designed to promote self-sufficiency and is approved by the Minister (e.g. Individual Development Accounts Policy 4.1.1.7.h - Definitions).

5.7.13 Policy: Assets Not Readily Converted

Assets, including property that is not the principal residence, second motor vehicles, and/or recreation vehicles, will be considered when determining eligibility. Applicants/recipients must be provided a reasonable time period to convert such assets and may be entitled to ESIA conditional upon actively pursuing sale of the asset.

5.7.14 Policy: Treatment of Damage Awards/Insurance Settlements

Where an applicant/recipient/former recipient, spouse and/or dependent child receives a damage award/insurance settlement, an assessment is performed to determine if the funds are exempt under Policy 5.7.12 - Assets Exclusions, Policy 5.9.1 - Exempt Income, or Policy 5.9.3 - Exempt Compensation Awards/Payments. Exempt funds are not considered when determining eligibility for assistance.

When the funds are not exempt, a further assessment is performed to determine whether they will be treated as deferred income, unearned income, or an asset.

Deferred Income: When a portion of a damage award/insurance settlement is awarded for a retroactive time period, it is charged against the corresponding Income Assistance budget(s) as deferred income. When deferred income is paid to a recipient/former recipient, spouse and/or dependent child, for any period for
which assistance was issued, eligibility for those service periods is reviewed and overpayments will be established. Any deferred income that exceeds the assistance paid for a month or relates to periods for which assistance was not paid is treated as unearned income.

Unearned Income: When a portion of a damage award/insurance settlement is awarded in the form of ongoing monthly or periodic payments, the payments are charged against the month(s) in which they are received. See 5.7.8 Policy – Unearned Income.

Asset: When a portion of a damage award/insurance settlement is not awarded retroactively or in the form of monthly or periodic payments, that portion is treated as an asset under Policy 5.7.9 - Asset - Liquid, Real and Personal.

5.7.15 Policy: Reasonable Disposal of Assets

An applicant/recipient, spouse and/or dependent child who has access to assets (family inheritance, cash on hand, etc.) or has disposed of assets within one (1) year prior to the date of application will provide documentation of expenditures to determine potential eligibility for ESIA.

Reasonable disposal of assets includes:

1. personal and family shelter including the purchase of a home or the payment of a mortgage or debts and purchases related to the home,
2. basic needs (includes food, clothing, fuel, utilities, and personal requirements),
3. necessary repairs of the home occupied, and/or
4. replacement of necessary household items

as approved by a casework supervisor.

If it is determined that assets were not disposed of in a reasonable manner, the applicant/recipient may be determined to be:

1. ineligible (up to a maximum of twelve (12) months before the individual can reapply, as per Regulation 55(2)); and/or
2. eligible with an overpayment.

The maximum allowable asset levels are outlined in Policy 5.7.10 - Allowable
Asset Level - Liquid, Real and Personal and the exemptions are listed in Policy 5.7.12 - Assets Exclusions, Policy 5.9.1 - Exempt Income, and Policy 5.9.3 - Exempt Compensation Awards/Payments. The allowable asset levels do not apply when the source of the funds is chargeable income.

5.7.16 Policy: Wages/Salaries

At initial eligibility, net wages/salaries will be charged at 100% as earned income. Once eligibility is established, wages will be subject to Policy 5.8 - Incentives.

Net wages/salaries means gross income less Mandatory Employment Related Costs (MERCs) and mandatory contributions at the minimum rate including, but not limited to, the following:

1. income tax payable,
2. Employment Insurance contributions,
3. Canada Pension Plan contributions,
4. mandatory company pension plan contributions,
5. union dues,
6. mandatory group health and life contributions, and
7. long-term disability contributions.

5.7.17 Policy: Benefits in Lieu of Wages

Benefits received in lieu of wages will be charged against the entitlement. This would include, for example, an applicant/recipient and/or spouse receiving reduced rent for janitorial or supervisory maintenance in an apartment building.

Where the actual rent is $500 per month and the rent is reduced to $150, the chargeable income for purpose of calculation of eligibility is $350. The amount included in the calculation of the shelter allowance is $500 plus other allowable shelter expenses such as fuel and electricity, up to the allowable maximums. For an applicant and/or spouse, the $350 will be charged at 100% and for a recipient and/or their spouse; the $350 will be subject to the wage incentive Policy 5.8.1 - Wages from Employment. An applicant/recipient and/or spouse may be required to engage in employability enhancement activities or employment.
5.7.18 Policy: Wages of Persons 16 to 20 (Inclusive)

At initial eligibility, net wages of persons age 16 to 20 inclusive will be charged at 100% as earned income. Once eligibility is established, wages will be subject to Policy 5.8.4 - Wages of Persons 16 - 20 (Inclusive).

5.7.19 Policy: Wages from Supported Employment

At initial eligibility, net wages from supported employment will be charged at 100% as earned income. Once eligibility is established, wages will be subject to Policy 5.8.2 - Wages from Supportive Employment.

5.7.20 Policy: Net Profit and Income of a Business

For the purpose of determining initial eligibility, net profits of a business are charged against entitlement. An applicant and/or spouse of the applicant is required to provide a copy of the current financial statement for the business and a copy of the most recent income tax return for the business. Verification or a copy from the Canada Revenue Agency of both an applicant and spouse's income tax CRA 'Notice of Assessment (NOA)' forms must be provided.

Once eligibility has been established, a recipient and/or spouse of a recipient are required to provide an income statement (revenue and expenditures) for the business on a monthly basis and submit a copy of their income tax returns on an annual basis.

For recipients and/or spouse of the recipients operating a business as part of an approved employment plan, please refer to Policy 7.4.1 - Self-Employment and Entrepreneur for policy direction.

5.7.21 Policy: Boarders

Income from boarders will be charged at the greater of either 25% of the gross amount charged to the boarder(s) per month per boarder, or $50 per month per boarder. If a boarder is the adult child of an applicant/recipient and/or spouse, the board rate may not be charged if it would cause undue hardship, subject to supervisory approval.

5.7.22 Policy: Roomers

Income from roomers will be charged at the greater of 70% of the gross amount charged to the roomer(s) per month per roomer, or $50 per month per roomer.
5.7.23 Policy: Rental Income

Rental income will be charged at 70% of the gross amount charged to the tenant(s) per month. If the rental property is registered as a business, then rental income is to be treated as business income.

5.7.24 Policy: Gratuities/Tips

At initial eligibility, gratuities/tips will be charged at 100% against entitlement. Once eligibility is established, 70% of income earned from gratuities is charged. Where gratuities vary from month to month, an average amount will be added to net wages.

5.7.25 Policy: Commissions

At initial eligibility, commissions are to be charged at 100% against entitlement. Once eligibility is established, 70% of net income earned from commissions is charged. Where commissions vary considerably from month to month, and are often sporadic, the amount of the commission will be averaged to determine monthly eligibility.

5.7.26 Policy: Training Allowances

At initial eligibility, 100% of income received from training allowances will be charged. Once eligibility is established, training allowances will be subject to the training allowance incentive Policy 5.8.3 - Training Allowances.

5.7.27 Policy: Canada Pension Plan Benefits

Canada Pension Plan (CPP) benefits received by an applicant/recipient, spouse or paid directly to or on behalf of a dependent child of an applicant/recipient will be charged at 100% against monthly entitlement.

5.7.28 Policy: Income Tax Refund

Income Tax Refunds are considered exempt income, Policy 5.9.1- Exempt Income.
5.8.1 Policy: Wages from Employment

A recipient and/or the spouse of a recipient who is employed will retain the first $150 plus 30% of the net wages earned from employment.

5.8.2 Policy: Wages from Supported Employment

Supported employment is paid employment (that pays at least minimum wage or a standard wage for the position) which is part of an employment action plan supported by Department staff or community partners working with recipients whose physical, mental or cognitive abilities limit their ability to be financially self-sufficient.

To be eligible for the supported employment wage incentive, a recipient must:

1. require assistance in performing, maintaining employment and/or returning to employment related to their disability;

2. be working in paid employment; and

3. be receiving on-the-job supports or ongoing job maintenance supports related to their disability such as, but not limited to, a job coach, work modifications and/or transitional employment follow up supports.

A recipient and/or the spouse who is working in supported employment will retain the first $300 plus 30% of the remaining net wages.
5.8.3 **Policy: Training Allowances**

A recipient and/or the spouse of a recipient who is participating in an employability-related training program that provides a training allowance will retain the first $150 per month of that training allowance.

5.8.4 **Policy: Wages of Persons 16 – 20 (Inclusive)**

Recipients and dependents of recipients between the age of 16-18 (inclusive), who are attending an approved educational program and are employed on a part-time basis, will have 100% of the net wages exempted from their or their parent/guardian’s entitlement.

Recipients and dependents of recipients between the ages of 16-18 (inclusive) who receive income from full-time employment will have the income exempted for up to three (3) calendar months per year provided that the youth attends an approved educational program following the completion of full-time employment.

Recipients and dependents of recipients, 19 and 20 years of age, attending a non-student assistance eligible program who are employed on a part-time basis, will have 100% of the net wages exempted from their or their parent's entitlement. Income from full-time employment will have the income exempted for up to three (3) calendar months per year provided that the person attends an approved educational program following the completion of full-time employment.

The identified recipients who receive this wage exemption will not receive assistance for school supplies or other educational-related special needs designated for dependent child(ren).
5.9.1 Policy: Exempt Income

The income of an applicant/recipient, spouse, or income paid to or on behalf of the dependent child(ren) of an applicant/recipient and/or spouse received from the following sources will be exempt and not considered as chargeable income:

1. wages of a dependent child(ren) as long as the dependent child(ren) is attending an approved educational program not designated for student loan purposes, Policy 5.8.4 - Wages from Persons 16 - 20 (Inclusive),

2. the National Child Benefit (NCB),

3. the Child Tax Benefit (CTB) component of the Canada Child Tax Benefit (CCTB),

4. the Nova Scotia Child Benefit (NSCB),

5. the Universal Child Care Benefit (UCCB),

6. the federal Child Disability Benefit (CDB),

7. adoption subsidy payments,

8. payments in support of a foster child,

9. Foster Child(ren) Allowance(s) (The foster child will be included within the calculation of the allowable shelter allowance),

10. the Goods and Services Tax Credit (GST),

11. the Working Income Tax Benefit (WITB),

12. the Nova Scotia Affordable Living Tax Credit (ALTC),
13. the Nova Scotia Poverty Reduction Credit (PRC),
14. income tax refunds,
15. bursaries, scholarships and stipends received for the purpose of assisting with the costs associated with attending an approved educational program or persons to whom Section 67 of the Regulations apply,
16. Provincial low-income fuel assistance program and Federal Relief for Heating Expenses program,
17. payments under a victim’s compensation program of a federal or provincial government payments to a victim of abuse by a church organization in compliance with a court order or under a victim’s compensation program,
18. the Caregiver Benefit,
19. honorariums provided to persons serving on a board of an agency or commission, or
20. up to $3,000 per fiscal year of the combined wages of a recipient and/or spouse of a recipient as per Policy 5.9.2 - Wages from Harvest Connection. (This exemption is not available to applicant and/or spouse.)

5.9.2 Policy: Wages from Harvest Connection

A recipient and/or the spouse of a recipient may be able to retain up to a maximum of $3,000 combined income per fiscal year (April 1 - March 31) by participating in the following;

1. seasonal harvesting of field-produced horticulture,
2. harvesting of Christmas trees, and/or
3. the making of Christmas wreaths.

5.9.3 Policy: Exempt Compensation Awards/Payments

The following compensation awards will not be considered chargeable income or an asset in determining initial and ongoing eligibility. Any income generated monthly from the compensation will be considered income in the month in which it is received.

1. 1986 - 1990 Hepatitis C Settlement Agreement.
2. Pre-1986/Post-1990 Hepatitis C Settlement Agreement.

3. The Federal/Provincial/Territorial Assistance Program for HIV Secondarily Infected Persons.

4. Indian Residential Schools Settlement Agreement.

5. Merchant Navy Veteran Agreements-Payments received by a Merchant Navy Veteran or a surviving spouse of a Merchant Navy Veteran for post-war benefits.

6. Compensation as a result of any abuse that occurred in an institution that was or is the responsibility of the Province of Nova Scotia and/or the Government of Canada.
5.10.1 Policy: Youth Aged 16 to 18 (Inclusive) Eligibility Criteria

Applicants for ESIA aged 16 to 18 (inclusive) are the legal responsibility of their parents/guardian and therefore are not eligible for assistance, in their own right.

In the circumstances outlined below, IA may be granted if the youth is:

1. exposed to an alleged unsafe home environment or an unresolvable youth/parent conflict and is unable to return and/or remain in the parental/guardian home;

2. residing in circumstances where it has been established that parents/guardians are unwilling and/or unable to provide an appropriate home environment for the applicant; and

3. not attending a student loan eligible educational program.

While in receipt of IA, youth must be:

1. willing to participate in an employment plan;

2. willing to be enrolled and attending an approved educational program not designated for student loan purposes and/or an approved learning activity/program;

3. willing to access counseling or mediation services as required;

4. willing to access medical services, which are required to preserve their physical and mental health; and/or

5. willing to live in a setting, which provides a degree of supervision, accountability and guidance in accordance with their age and needs. Independent living may be considered in circumstances where the youth demonstrates the life skills and maturity necessary to live independently.
Where appropriate, the Minister will pursue support for the child from the parents/guardian.
<table>
<thead>
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<th>Program Policy:</th>
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5.11.1 Policy: Immigrants and Non-Canadians

An applicant and/or the spouse of applicant who is verified as a permanent resident, a refugee claimant, or a Temporary Resident Permit (TRP) holder may be eligible for ESIA provided all other sources of assistance have been exhausted.

A TRP is a document that authorizes a person who is inadmissible or does not meet the requirements of the Immigration and Refugee Protection Act or Regulations either as a temporary resident or as a permanent resident to enter or remain in Canada. A TRP is not the same as a Temporary Resident Visa (student, work, or visitor permit).

An applicant or spouse who is in Canada due to a study, work, or visitor permit are most often not eligible for assistance based on the program entry requirements established by Citizenship and Immigration Canada (CIC).

5.11.2 Policy: Applicants Determined at Intake to be a Permanent Resident

Immigrants under the Economic Class categories are admitted to Canada from selection criteria under the Immigration and Refugee Protection Act. Employment Support and Income Assistance can be provided when all other sources have been exhausted.

5.11.3 Policy: Applicants Determined at Intake to be a Family Class Immigrant

Sponsored immigrants are admitted after a relative in Canada agrees to undertake their support for periods set by the Federal Government of up to ten (10) years.
<table>
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<tr>
<th>Family Relationship</th>
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<tr>
<td>Spouse or Common Law Partner</td>
<td>3 year from the date on which permanent resident status is granted</td>
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<tr>
<td>Dependent child of spouse or common-law partners, who is less than 22 years of age on the date permanent resident status is granted</td>
<td>10 years from the date on which permanent residence status is granted OR until the age of 25, whichever comes first.</td>
</tr>
<tr>
<td>Dependent child of spouses or common-law partners who is 22 years of age or older on the date permanent resident status is granted</td>
<td>3 years from the date on which permanent residence status is granted</td>
</tr>
<tr>
<td>Parents, Grandparents</td>
<td>10 years from the date on which permanent residence status is granted</td>
</tr>
</tbody>
</table>

Applicant and/or spouse sponsored under the Family Class, remain the responsibility of the sponsors for that period agreed to at the time of their admission to Canada.

If the sponsoring family/individual can no longer, or refuses to support the applicant and/or spouse, then the applicant and/or spouse may be considered for ESIA. The provision of ESIA requires supervisory approval. Where a sponsor is able but refuses to provide support, the applicant and/or spouse is required to take appropriate action to secure ongoing sponsorship.

5.11.4 Policy: Applicants Determined at Intake to be a Resettled Refugee

Immigrants in this class may be granted permanent resident status for humanitarian reasons of international obligation by the Government of Canada. They must either be a privately sponsored or sponsored by government (Government Assisted Refugee).

Government Assisted Refugees (GARs) are provided with financial assistance through the Refugee Assistance Program, administered through Immigrant Services Association of Nova Scotia (ISANS). Private Assisted Refugees (PARs) are provided sponsorship and integration assistance by an approved sponsoring group. Immigrants who no longer qualify for the above program may qualify for ESIA.
5.11.5 Policy: Applicants Determined at Intake to be a Refugee Claimant

A refugee claimant is a person who has made a formal refugee claim (request for asylum) upon entering Canada at a port of entry.

Refugee claimants are able to apply for a work permit while they are in Canada awaiting a final determination on their claim to Citizenship and Immigration Canada.

Individuals (applicants) who have passed their refugee hearing, and have been in Canada less than one (1) year, may be eligible for financial support through the Refugee Assistance program.

5.11.6 Policy: Employment Support Services and Immigrants and Refugees

Eligible immigrants and refugees should only be referred to Employment Support Services (ESS) if they have a hearing date scheduled and an open work permit.

5.11.7 Policy: Medical Expenses and Immigrants and Refugees

Medical expenses for items such as, but not limited to tests, medications, dental, essential health treatments for preventative health conditions - dentists, doctors and ophthalmologists will be provided by the Federal Government. Applicants/ recipients and/or spouse will be required to contact federal authorities for further information.
5.12.1 Policy: Aboriginal Peoples Eligibility Criteria

Aboriginal peoples living on reserve in Nova Scotia are the responsibility of the band and are not eligible for ESIA.

Aboriginal peoples living off reserve may be eligible for ESIA in accordance with the provisions of the Employment Support and Income Assistance Policy. If an Aboriginal person returns to live on a reserve, they are no longer eligible for assistance.

5.12.2 Policy: Non-Aboriginal Peoples Living on a Reserve

Non-Aboriginal applicants living on reserve may be eligible to receive ESIA, unless they are a registered dependent or member of a First Nations Family.

5.12.3 Policy: Aboriginal Peoples - Prescriptions Drugs

As Aboriginal Persons are eligible to receive prescription drug coverage from the Federal Government, they and their dependents are not eligible for Pharmacare benefits in accordance with the Employment Support and Income Assistance Policy, Department of Community Services.
### 5.13.1 Policy: Transients/Homelessness

A person or persons with no fixed address are to be considered homeless.

When ESIA is requested, a determination of eligibility must be conducted by a caseworker. Referrals will be made to available emergency housing/shelter and other appropriate services where they exist when the applicant does not have available shelter.

When making referrals for emergency housing/shelter, a caseworker will, if possible, ensure that family members are not separated.

A case plan will be developed by a caseworker with an applicant, spouse and dependents, and shelter staff (if applicable) to facilitate movement from this temporary shelter arrangement to permanent living arrangements.

Transient individuals and families who have received income assistance from another source for the same service period will not normally have this assistance duplicated.
5.14.1 Policy: Issuing Income Assistance

Employment Support and Income Assistance payments will be issued by a caseworker using the following methods:

1. Payments of Income Assistance in the form of money will be made by cheque or electronic bank transfer (direct deposit) in the name of a recipient.

   If Income Assistance is provided through electronic bank transfer (direct deposit), a recipient will be responsible for payment of any applicable bank charge and/or fees associated with overdrawn accounts or completion of applicable authorization forms.

   Income Assistance will normally be issued on a monthly basis, in advance of an entitlement month. However, depending on the requirements of a recipient, Income Assistance may be issued weekly and/or bi-weekly.

2. When there is a demonstrated history of financial mismanagement or inability to manage finances, joint cheques may be used for payments to landlords and/or utilities. Joint cheques are not to be used where the landlord is bankrupt or a recipient’s budget is less than the required payment for rent and/or utilities.

3. Third-party payments may be used to make direct payments to trustees, vendors and/or suppliers. These include:

   a. Cheques are used for ongoing monthly payments after it has been established that a recipient is unable to manage his/her funds or there is a trustee.

   b. Requisitions/Purchase Orders are used in situations such as, but not limited to, an emergency cheque cannot be issued, the issuance of special needs, and direct payment of rent/utilities, property taxes. Payments are made on the basis of a pre-authorized...
requisition/purchase order by a caseworker and approved by a Supervisor when necessary.

c. Invoices are used when a caseworker authorizes a vendor to provide goods/services to a recipient. A bill is submitted and a caseworker authorizes payment through the invoice/purchase order system. Funds can be provided directly to recipients when they receive the bill.

d. Multiple Billing - Payment may be made for several recipients on one billing for services rendered by a vendor following authorization by a recipient’s caseworker.

5.14.2 Policy: Administration of Recipient’s Funds by a Caseworker

When a recipient is incapable or unwilling to manage their finances and is unable or unwilling to identify a trustee, the management and disbursement of a recipient’s ESIA entitlement may be managed by a caseworker. This may be issued through the use of third party, joint cheques and/or purchase orders. This will only be authorized in exceptional situations and must be approved by a supervisor.

5.14.3 Policy: Non-Receipt of Income Assistance Payment via Cheque

When a recipient reports they did not receive their ESIA cheque, or the cheque has been lost or stolen, ESIA may be provided in an emergency situation to provide food or shelter.

5.14.4 Policy: Non-Receipt of Income Assistance Payment via Direct Deposit - Funds Returned to Department

When a recipient reports that he/she has not received his/her monthly entitlement via direct deposit, ESIA may be provided in the form of a cheque to replace the funds once it has been verified the funds were returned to the Department.

5.14.5 Policy: Non-Receipt of Income Assistance Payment via Direct Deposit - Funds Deposited into the Recipient’s Bank Account

When a recipient reports that he/she has not received his/her monthly entitlement via direct deposit, and it has been determined that the funds were deposited and received in a recipient’s bank account, the ESIA funds will not be replaced.
5.14.6 Policy: Lost or Stolen Cash

When a recipient reports that the cash received from their cashed ESIA cheque or direct deposit has been lost or stolen, the cash amount lost or stolen will not be replaced.

5.14.7 Policy: Direct Payment of Rent to Provincial Housing Authorities

A recipient of ESIA ("the recipient") living in housing provided by a provincial Housing ("the Authority") and receives the full rent amount may request direct payment of rent. Those who demonstrate a pattern of nonpayment of rent will have their monthly rent payment paid directly by ESIA to the Housing Authority.

1. Request by Recipient

A recipient may at any time request that their monthly rental amount be paid directly to the Authority, and such a request will be documented using ‘ESIA-310, Direct Payment of Rent Agreement’.

2. Recipient in Arrears of Rent

When a recipient defaults full or partial payment of their monthly rent to an Authority and the default constitutes two (2) full months of rent (either cumulative or consecutive), the Authority will send a letter, Form 01 – ‘Advice to Tenant - Rental Arrears’, to the recipient with a copy to the Income Assistance (IA) caseworker.

A caseworker will inform the recipient and discuss the following options:

   a. immediate full payment of arrears by recipient;
   
   b. completion of Form ‘ESIA-310 Direct Payment of Rent Agreement’; or
   
   c. application by the Authority to the Director of Residential Tenancies for an order of payment of money owed under the lease, termination of tenancy and vacant possession.

Rental arrears or other debts or charges which a recipient owes to the Authority, beyond the above specifically identified amounts, will remain the obligation of the recipient and ESIA will not pay any such rent arrears or related charges.

The Authority may pursue collection from the recipient in accordance with the Authority’s normal practices.
3. **Recipient Pays Arrears**

If the recipient pays the full arrears, the Authority will advise a caseworker that the matter has been resolved and that no further action is required.

4. **Recipient has Existing Agreement with Housing Authority**

If a recipient has an existing agreement to pay arrears with the Housing Authority, a recipient will not be required to enter into a direct pay agreement. If the recipient does default in full or partial payment of their monthly rent for two (2) full months to the Authority a recipient will be requested to enter into the direct rent agreement.

5. **Recipient Agrees to Direct Payment**

If the ESIA recipient agrees to direct pay, a caseworker will explain the conditions of direct payment to the recipient as follows:

   a. direct payment of the rent portion of ESIA to the Authority for twenty-four (24) months;

   b. repayment of arrears in accordance with a schedule negotiated with the Authority;

   c. agreement that if after twenty-four (24) months the recipient goes into arrears again the recipient will be placed in direct payment again and will remain on direct pay while in receipt of ESIA.

A caseworker will prepare form ‘ESIA-310- Direct Payment of Rent Agreement’ in triplicate for the recipient and the caseworker to sign. The form will then be sent to the Authority for signature with two (2) copies returned to the caseworker to be retained in the file and one (1) given to the recipient.

ESIA will only remit to the Authority the approved eligible ESIA rent amount at the beginning of each month while direct payment is being made.

6. **Recipient Refuses Direct Payment**

Where the recipient refuses to agree to the direct payment of rent, the Authority will review the matter and, if the Authority concludes that the tenant is in arrears of rent, the Authority will advise the recipient and the caseworker that it will immediately file a complaint in accordance with the *Residential Tenancies Act.*
ESIA will hold all eligible monthly rental payments until advised that the complaint and any appeals have been completed.

ESIA will disburse the monthly rental payments which have been held in accordance with the final disposition of the dispute.

If the final conclusion of all hearings and appeals of the dispute recommends payment of the monthly payments which have been held to the Authority, the monies will be forwarded to the Authority.

If the recipient moves out of the Authority property and into a rental unit with a private landlord before the dispute with the Authority has been resolved, ESIA will retain the eligible rental payments related to the disputed tenancy until the dispute is concluded. ESIA will provide the recipient with the eligible rent amount to which they are entitled, commencing the first (1st) month at their new location.

7. **Ending Direct Rent**

Direct payment will stop when:

a. the recipient is no longer receiving ESIA;

b. the recipient’s ESIA shelter entitlement is less than the monthly rent; or

c. recipient no longer resides in a property operated by the Authority.

If direct payment has been in place for twenty-four (24) consecutive months and all arrears, including any damages or other charges owed to the Authority have been paid, the recipient may make a written request to the Authority to stop direct payment. The Authority will notify the caseworker that direct payment may be discontinued effective the beginning of the month following the date of the notification.

8. **Reinstatement of Direct Payment**

If a recipient who has completed a period of direct payment of rent fails to make a subsequent rental payment within thirty (30) days from the date the rent was due, the Authority will request the caseworker to reinstate direct payment the month following the date of the request.

In such cases, direct payment will continue while the recipient is eligible for the full rent portion of ESIA and is living in housing provided by the Authority.
To arrange direct payment to an Authority the caseworker will:

a. receive a request for direct payment from the recipient, or written request from the Authority indicating that the recipient has missed two (2) full months of rent payments;

b. discuss the options with the recipient and document the discussion;

c. where appropriate, complete a ‘Direct Payment of Rent Agreement’ form to be signed by the recipient and forwarded to the Housing Authority for signature; and

d. where direct payment of rent is commenced, pay the Recipient’s rent by issuing a supplier payment to the Housing Authority.

If a caseworker is advised that there is a dispute regarding arrears of rent between a recipient and the Authority, the caseworker will:

1. document the dispute and hold the eligible rental payments for the recipient until advised of the outcome; and

b. disburse the held funds in accordance with the determination by the Director of Residential Tenancies, or the Courts.
5.15.1 Policy: Appointment of Trustee

With the exception of Departmental staff and a recipient’s landlord (or an immediate member of the landlord’s family), any person or agency approved by a supervisor may be appointed trustee for an ESIA recipient.

A trustee is only appointed where a recipient is incapacitated or otherwise incapable of managing financial affairs or funds have been, or are likely to be, mismanaged.

Agreement to act as a trustee on behalf of the recipient is voluntary. Trustees must sign a trustee declaration before becoming a trustee. A trustee relationship should be considered an interim rather than permanent solution.

A trustee is not responsible to honour debts:

1. incurred by the purchase of items not provided for in the payment,
2. that exceed the ESIA maximum allowances or payment,
3. not approved by the trustee unless the trustee has given an undertaking, actual or implied, to the creditor that he/she would be responsible for the debt.

The caseworker will advise the trustee, in writing, of their responsibilities which include:

1. the prudent administration of the recipient’s ESIA benefits. He/she must act on the recipient’s behalf without deriving any financial benefit. The trustee must ensure that ESIA benefits are made available on a reasonable basis and used solely for the welfare of the recipient. A separate bank account must be established.
2. the provision of information, as requested by a caseworker, regarding the administration of the trust money,
3. advising the caseworker of any change in recipient’s circumstance which they are aware of and which might affect the ESIA entitlement, and

4. keeping accurate records accounting for monies held “in trust”. Acceptance of a trusteeship implies responsibility for financial management of the ESIA payment(s) only.

A recipient and spouse of the recipient must have an Annual Review completed as per Policy 5.1.11 - Conducting the Annual Review.
5.16.1 Policy: Recipient Moves - Transfer of ESIA Case Files - Region to Region

Recipients who move from region to region are required to advise their caseworker of their plan to move.

The following definitions apply when transferring ESIA cases between regions:

1. **sending office/originating office/caseworker**: The office (caseworker) that assisted the recipient prior to the move, and

2. **receiving office/caseworker**: The office (caseworker) to which the recipient is applying after his/her move.
5.17.1 Policy: No Budget Deficit

An applicant/recipient is not eligible to receive or continue to receive ESIA when the applicant/recipient does not have a budget deficit.

5.17.2 Policy: Supervisor Can Modify Calculation of Budget Deficit

A supervisor may approve ESIA in situations where a budget deficit does not exist provided all other available resources have been exhausted. The decision to modify the calculation of a budget deficit will be reviewed monthly or at such intervals as is considered appropriate in the circumstances. Under the following circumstances, a supervisor may determine it is necessary to modify the calculation of the budget deficit:

1. to protect the health and safety of an applicant/recipient, spouse or dependent child, and/or

2. to preserve the dwelling of the applicant/recipient;
5.17.3 Policy: Separation for Convenience

An applicant/recipient is not eligible to receive or continue to receive ESIA when the couple separate to qualify for ESIA.

5.17.4 Policy: Refusal to Participate in Employability Activities, Employability Assessment, Job Search and an Employment Action Plan

An applicant/recipient and spouse are not eligible to receive or continue to receive Employment Support and Income Assistance when an applicant/recipient and/or spouse unreasonably refuse to:

1. participate in an employability assessment, when required,
2. participate in the development of an employment action plan,
3. participate in employment, where suitable employment is available,
4. participate in job search and/or employability activities,
5. participate in an approved educational program when it is part of an employment action plan.

An applicant/recipient and/or spouse is required to provide a reasonable explanation for their refusal to participate and if unable to do so, may be ineligible for assistance for a period of six (6) weeks, beginning with the next service period.

An applicant/recipient and/or spouse is required to contact a caseworker with a reason or explanation as to why they did not participate.

A review of the employability screening questions, the employability assessment and/or the employment action plan will assist in the determination of eligibility for ongoing benefits.

In cases where an applicant/recipient and/or spouse have legitimate reasons and/or barriers, their eligibility for assistance will not be impacted.

5.17.5 Policy: Quit or Fired From Employment

An applicant and/or the spouse is not eligible to receive ESIA for a period of six (6) weeks from the date of application when the applicant and/or the spouse has quit a job without just cause, was fired with just cause, or quit a job for the purpose of qualifying for ESIA within four (4) months prior to the application for ESIA.
A recipient and/or spouse of a recipient is not eligible to receive ESIA for a period of six (6) week beginning with the next service period when a recipient and/or spouse of a recipient has quit a job without just cause, was fired with just cause, or quit a job for the purposes of qualifying for ESIA.

Where an applicant/recipient and/or spouse has quit or been fired from an employment situation and the circumstances for leaving are justifiable, (such as, but not limited to, the health and safety of the individual was in jeopardy if the employment relationship was to continue), ESIA may be provided.

5.17.6 Policy: Strike or Lockout

An applicant/recipient and/or spouse is not eligible to receive or continue to receive ESIA if they are an individual on strike or lockout.

5.17.7 Policy: Lawful Confinement

An applicant/recipient is not eligible for ESIA while the applicant/recipient is detained in a lawful place of confinement.

ESIA will be discontinued where an applicant/recipient is imprisoned for more than thirty (30) consecutive days in any penitentiary to which the Prisons and Reformatories Act (Canada) applies, in a jail, lockup or adult reformatory institution.

Applicants/ recipients who are under House Arrest, may be eligible to receive ESIA based on an assessment of determination for eligibility.

5.17.8 Policy: Under Age 19 Residing with Parents

An applicant who is under the age of 19 and residing with their parent(s)/guardian(s) is not eligible to receive ESIA as the Nova Scotia Maintenance and Custody Act defines a dependent child as being under the age of majority (age 19 years old).

An individual under the age of 19 who is a single parent and is residing with their parent(s)/guardian(s) is not eligible for ESIA in their own right or on behalf of his/her dependent child.

The parent(s)/guardian(s) of an applicant under the age of 19 must be eligible if ESIA is to be provided.
5.17.9 Policy: **Age 19 to 21 Residing with Parents and Attending an Educational Program**

Applicant:

An applicant who is age 19 to 21, residing with their parent(s)/guardian(s) and attending an educational program may not be eligible to receive ESIA as *the Nova Scotia Maintenance and Custody Act* may include a young person under the age of 21 who is still pursuing their education as a dependent.

Dependent of ESIA Recipient:

A dependent child (age 19 to 21) attending an approved educational program, which is not designated for student loan purposes, may be included in a recipient’s budget up to 21 years of age.

5.17.10 Policy: **Hospitalization**

A caseworker may discontinue ESIA where a recipient and/or the spouse of a recipient has been hospitalized for more than thirty (30) consecutive days. A personal needs allowance may be paid to a recipient or the spouse of a recipient in the hospital, as *Policy 5.3.2- Hospitalization - Personal Needs Allowance* and *Policy 5.5.1 - Schedule: Personal Allowances and Maximum Shelter Allowance*.

A caseworker is required to assess eligibility for maintaining the shelter allowance and/or eligibility for special needs while a recipient and/or spouse of a recipient is hospitalized.

5.17.11 Policy: **Absent from the Province - Non-Work Related**

A caseworker may discontinue ESIA where a recipient, spouse of a recipient or dependent child(ren) has been absent from the province for more than thirty (30) consecutive days.

5.17.12 Policy: **Fraud**

ESIA provided to a recipient will be reduced, discontinued or suspended where there has been fraud, misrepresentation, non-disclosure of facts or other cause that has resulted in ESIA being improperly provided to the Recipient. *Policy 5.1.9 - Reporting Change in Circumstances*.
5.17.13 Policy: Child Support/Maintenance

An applicant/recipient is not eligible to receive ESIA when they have not fulfilled the requirement to pursue maintenance for themselves, a dependent child and/or another family member.

A recipient who does not have an adequate maintenance arrangement must be referred to Family Maintenance Income Support, under Policy 5.1.4 (b) - Maintenance Income.

It may be appropriate to suspend the requirement to pursue maintenance under the conditions outlined in Policy 5.1.4 (c) – Suspension of Requirement to Pursue Maintenance.

5.17.14 Policy: Monies in Trust

ESIA will not be provided where an applicant/recipient or a spouse or dependent child of an applicant/recipient has access to monies held in a trust.
6.1.1 Policy: Provision of Special Needs

An applicant/recipient and/or spouse may request assistance for an item/service of special need in accordance with the special needs schedule of approved items/services Policy 6.3.1- Special Needs Schedule.

An applicant/recipient and/or spouse must demonstrate that they have exhausted all possibilities for full or partial coverage of the cost of the special need item/service from all available resources, private/publicly funded or community organizations.

Items/services required for medical purposes for which an alternative exists under the provincial insured health services program (MSI), or otherwise funded by government, will not be approved as an item of special need. MSI is a program of the Department of Health and Wellness.

Pharmacare benefits are provided in accordance with the contracted service only. Request for assistance with prescription drug coverage that is not included in the approved Nova Scotia Formulary will not be approved as a special needs item. Only those medications/supplies in the Nova Scotia Formulary can be considered. Policy 9.1- Pharmacare.

The following items and services are not included in the definition of special needs and assistance will not be provided regardless of recommendations regarding their medical necessity:
1. an item or service that is insured under MSI (the Department of Health and Wellness), or otherwise funded by government,

2. prescription medications, drugs and substances that are not listed as benefits under the Pharmacare programs in the *Nova Scotia Formulary*, and/or

3. shelter costs and personal allowances.

The following items and services are not included in the definition of special needs unless they meet the specific criteria specified in *Policy 6.2.18 – Essential Medical Treatments*:

1. services provided by other health care workers, which are not insured under MSI such as, but not limited to, chiropractors, massage therapists, acupuncturists, chiropractic and periodontal practitioners, and/or

2. medical treatments and substances, that are not covered as an insured service under MSI; including equipment, supplies, materials or services used in producing or administering the treatments or substances.

Medical marijuana or any equipment, supplies, materials or services used in producing or administering medical marijuana is not a special need under any circumstances.

**Special Needs Benefits Granted before August 8, 2011**

A recipient, spouse or dependent receiving special need items or services prior to August 8, 2011 will continue to be eligible if the following conditions apply:

1. there has been no break in eligibility for the item or service since the last time assistance was determined for the special need, and

2. the reasons why the special need is required have not changed.

**6.1.2 Policy: Process for Special Needs Requests**

An applicant/recipient and/or spouse will provide the following information, where applicable, when requesting a special needs item/service:

1. the reason for the request,

2. a description of the special need,
3. any professional documentation supporting the special need (examples include, but not limited to, medical physician, dietician, dentists, social worker, psychiatrist, police),

4. the monthly and/or total cost of the special need item/service,

5. information regarding the resources/alternatives that have been investigated with respect to obtaining the special need item/service from other sources,

6. requested estimates, and

7. invoice or receipt for the special need item/service.

Prior approval is required for special needs items/services. Only in emergency situations, can a special need item/service be approved after the purchase and/or utilization of a service. If the special need item/service has already been acquired, and is an approved item/service under ESIA Policy, an invoice or receipt for the special need is required.

In determining eligibility in cases where the special need items/service being requested is related to the health or medical needs of the individual, the caseworker may obtain further information as required and/or consult with a person qualified to provide advice regarding appropriateness, necessity and effectiveness of the requested special needs item/service. This may include, but not limited to, a request for a second opinion from a person who specializes in the area related to the special need item/service.

6.1.3 Policy: Overpayments Related to Special Needs

When a special need item/service has been previously issued, or included in the determination of eligibility by being calculated in the budget deficit, up to the allowable maximums prescribed in Regulations, the amount issued for the requested special need item/service (such as, but not limited to, fuel, electricity, water, etc.), will result in the establishment of an overpayment.

Special need items/services are approved based on allowable maximum rates. Assistance with a special need item/service in excess of the approved ESIA rate(s), will result in the establishment of an overpayment, unless the Supervisor approves a higher amount based on specific criteria Policy 6.1.5 - Supervisory Determination of Higher Amount for a Special Need Item/Service.
6.1.4 Policy: Special Needs Purchase Guidelines

The purchase of goods and services is the responsibility of an applicant/recipient and/or spouse. Applicant/recipient and/or spouse purchasing special need items/services are required to purchase the most economical item available. A caseworker will refer to the expenditure guidelines as per Policy 6.3.1- Special Needs Schedule.

Where there are no approved amounts within Policy for a special need item/service in excess of $200, two (2) estimates are required. Supervisory approval is required for all special needs items or services over $200 where no approved amount exists within policy. All special needs items or services not listed in Policy require supervisory approval.

6.1.5 Policy: Supervisory Determination of Higher Amount for a Special Need Item/Service

A supervisor may determine a higher amount for a special need item/service when:

1. all other available resources, private/publicly funded or community organizations are exhausted, and the option of monthly payments for the rental/purchase of the special need items has been explored and is unavailable, and;

2. a. there is documentation to support that the maximum amount allowed for any item/service of special need, as prescribed in Regulations and/or Special Needs Schedule Policy 6.3.1- Special Needs Schedule, is insufficient to pay for the cost of the item due to the distinctive need of an applicant/recipient or the spouse or dependent child of an applicant/recipient, the higher amount, as documented, may be included in the calculation of an applicant/recipient’s budget deficit,

   b. in urgent circumstances pertaining to the health or safety of an applicant/recipient, spouse or dependent child of an applicant/recipient when there is only a budget deficit for a portion of the cost of the special need items/service, the payment of the total cost may be approved.

6.1.6 Policy: Individuals not in Receipt of Income Assistance

When an individual (applicant), not in receipt of ESIA, makes a request for a special need item/service only, eligibility for special needs will be assessed in the
same manner and under the same policy criteria and rate structure as is applied to all applicants for ESIA.

There are certain special needs that can only be provided to recipients who have been in receipt of ESIA for a specified period of time (as an example, the house repairs policy only applies to those in receipt of ESIA for six (6) months or longer).
6.2.1 Policy: Ambulance

An applicant/recipient, spouse or dependent child who requires ambulance services may be eligible for assistance when the ambulance service was for emergency use only. Assistance will not be approved for non-emergency transportation. Prior approval is required, if possible. Assistance will be provided at the approved rate set by the Department of Health and Wellness for emergency transportation.

6.2.2 Policy: Car Seats and Booster Seats

An applicant/recipient or spouse of applicant/recipient who requires assistance with the purchase of car seats/booster seats may be eligible for assistance for the most economical option that is Canadian Standards Association (CSA) approved.

6.2.3 Policy: Child Care

An applicant/recipient or the spouse may be eligible for assistance with child care of up to a maximum of $400 per month per family based on actual costs to have child care provided for dependents, 13 years of age and under, when:
1. the care is required for a recipient to participate in employment, training, upgrading, volunteer activity, job search, attendance at Employment Services and any other activity deemed appropriate as part of the employment action plan, or

2. the parent(s) are physically unable to care for the child(ren) due to medical reasons, or

3. child care assistance is required in the best interest of the family.

Allowable child care expenses will include, but are not limited to:

1. the parental contribution to a subsidized child care seat,

2. early morning, lunch and after school program costs,

3. private licensed care, and/or

4. private unlicensed care in a recipient’s or caregiver’s home.

Costs for child care will not be provided to the non-custodial parent or legal guardian of the child, or an individual who is included in the budget calculation when determining a budget deficit. Child care costs may be provided for children of single parents residing with their parent(s), when that parent(s) (grandparent) is a recipient of ESIA, and is providing care to the single parent’s child for the purpose of the single parent’s return to an approved educational program or employment.

Verification of the child care cost must be provided and, where appropriate, supporting documentation from appropriate physician.

Exceptions to provide child care costs for children over the age of 13 can be made if the care is required for a person with a disability or if it is determined that the provision of child care is in the health and/or safety interest of the child.

6.2.4 Policy: Dental

An applicant/recipient, spouse or dependent child may be eligible to receive emergency dental coverage as per the approved contracted service (the approved dental rates are included in Policy 6.3.4 - Dental Fee Guide).

Coverage may be provided in accordance with the approved contracted service under the following circumstances:

1. for the relief of pain,
2. for control of prolonged bleeding,
3. for treatment of swollen tissue,
4. for provision or repair of broken dentures, and/or
5. for dental problems identified as barriers to employment by Employment Support staff.

An applicant/recipient, or the spouse or dependent child who has dental coverage under another dental plan, public or private, may be eligible for coverage by the ESIA program. Private dental plan coverage must be billed first. The ESIA program will cover any remaining unpaid balance as long as the total payment does not exceed 100% of the 2014 Nova Scotia Dental Association fee guide and the portion of the payment from the ESIA program does not exceed the fee listed in this policy manual (which represents 80% of the 2014 Nova Scotia Dental Association fee guide).

When an applicant/recipient, or the spouse or dependent child requires dental work to be completed over a period of time and the client is deemed ineligible for a portion of that time, the work shall be completed within thirty (30) days from the date of ineligibility.

Recipients of Extended Pharmacare benefits may be assessed for dental coverage. In these cases, the average monthly drug cost is not included in the budget calculation when assessing eligibility for dental coverage.

Recipients of Transitional Pharmacare benefits who request emergency dental assistance, will be assessed in accordance with Policy 6.3.4 - Dental Fee Guide.

6.2.5 Policy: Emergency Shelter Expenses

An applicant/recipient or spouse or dependent child of an applicant/recipient may be eligible to receive assistance with shelter and associated costs for homeless/emergency shelter, emergency heat or utility arrears under certain circumstances.

See Policy 5.13.1 Transients/Homelessness for emergency shelter.

6.2.5(a) Policy: Emergency Heat

In an emergency situation, when there is no heat in an applicant/recipient’s home, the minimum payment amount to address the immediate need for emergency heat may be provided.
During the winter months (December to March), the first payment for emergency heat will not be established as an overpayment. Any additional payments for emergency heat issued during the winter and non-winter months will be established as an overpayment under Policy 6.1 – Overpayments related to Special Needs.

6.2.5(b) Policy: Utility Arrears

In a situation where an applicant/recipient requests assistance with utility arrears (e.g. electricity, oil, gas, water) the minimum payment amount to address the immediate need may be provided when the following criteria are met:

1. there is confirmation that service will be or has been terminated;
2. an applicant/recipient has demonstrated that they have been unsuccessful in negotiating a repayment arrangement with the utility company; and
3. the supporting documentation has been provided.

All payments for utility arrears will be established as an overpayment under Policy 6.1.3 – Overpayments related to Special Needs.

If heat costs are included with the utility arrears request, the heat costs will be considered under Policy 6.2.5(a) - Emergency Heat.

6.2.6 Policy: Employability Related Special Needs

A recipient and/or spouse of a recipient may be eligible for ESIA to cover employability related expenses, that are directly related to and necessary to facilitate employment or participation in an employment plan when they are:

1. employed on a full-time or part-time basis,
2. participating in employment services, or
3. implementing an approved employability plan.

Actual costs may be provided for the following related expenses up to the allowable maximums:

1. Approved Personal Development Supports (up to a maximum $300 per activity to a maximum total of $600 for a twelve (12) month period)—such
as, but not limited to; assertiveness training, self-esteem programs, anger management, career development, individual counseling not available through MSI;

2. **Association/Professional/Licensing Dues** (up to a maximum total of $500 per twelve (12) month period - where not already covered through mandatory employment related costs, such as union dues, professional membership fees, professional license application and renewal;

3. **Books, Supplies, and Deposits**, including seat confirmation deposits (up to a maximum total of $700 per twelve (12) month period) examples include books and supplies required to participate in an approved educational program which is non-student assistance eligible, such as, but not limited to, academic upgrading, high school, short term course;

4. **Equipment and Supports** related to a disability required to return to employment, where not available through other programs, such as, but not limited to, job coaching, tutoring, ergonomic supports, Obus Forme, special chairs, technical aids (up to a maximum total of $1,000 per twelve (12) month period);

5. **Other Employment Related Costs** (up to a maximum total of $500 per twelve (12) month period) for other costs associated with participation in employability related activities that are not covered in this list or by other policies and/or programs;

6. **Payment of Fees** (up to a maximum total of $200 per twelve (12) month period) for fees that are directly related to a return to employment, such as but not limited to drivers licenses, criminal record check, drivers abstract, child abuse registry check, medicals, and fines. (Criminal record pardon applications may exceed this amount);

7. **Personal Hygiene and Grooming Supplies** (up to a maximum total of $50 every four (4) months);

8. **Professional Assessments** (up to a maximum $1,000 per twelve (12) month period)—professional assessments that may be required develop an appropriate employability plan and that cannot be provided directly by the Department of Community Services;

9. **Safety Equipment and Gear** (up to a maximum total of $300 per twelve (12) month period) for items such as hard hat, work boots, ear protectors, eye protectors, safety harnesses, safety gloves, masks, helmets face shields required for employment purposes;
10. **Specific Short Term Skills Training** (up to a maximum total of $500 per course) such as, but not limited to, computer literacy, GED, upgrading, professional refresher programs, continuing education programs;

11. **Tools** (up to a maximum total of $500 per twenty-four (24) month period) for such items as mechanics tools, carpentry tools, electronic tools, ladders, tool belts required for employment purposes;

12. **Training Related Clothing** (up to a maximum total of $200 per twelve (12) month period) such as, but not limited to, uniforms or specialized clothing required for the program;

13. **Work Related Clothing** (up to a maximum total of $200 per twelve (12) month period) such as, but not limited to uniforms, rain gear, coveralls, office appropriate attire;

14. **Work Related Courses** (up to a maximum total of $200 per course) such as First Aid, WHMIS, CPR, traffic control, non-violent crisis intervention.

6.2.7 Policy: Extermination Services

Applicants/recipient may be eligible for extermination service when it has been determined there is a definite need for the service and, where possible, confirmed in writing by a Public Health Inspector or Public Health Nurse; and only after confirmation is received that the landlord is not responsible for purchasing this service.

6.2.8 Policy: Fire/Liability Insurance for Homeowners

Applicants/recipients who own and occupy their own home may be eligible for fire/liability insurance as an item of special need. As an item of special need to be calculated at 1/12 for each month of eligibility. In situations where applicants/recipients are unable to access monthly payment options, a casework supervisor may approve the full premium.

6.2.9 Policy: Food, Shelter and/or Transportation for Medical Attention

An applicant/recipient, spouse of applicant/recipient, and/or dependent child may be eligible for food, shelter and/or transportation for medical attention required outside of the local community when:

1. a critical situation for which no other options are available,
2. scheduled medical attention is documented by a physician, and

3. scheduled medical attention is not available in the local community.

In these situations, only the most economical option for food, shelter and transportation for required medical attention will be approved. The maximum amount for transportation is $150 Policy 6.2.34 - Transportation excluding exceptional circumstances where a supervisor may approve a higher amount.

Where other sources of assistance such as, but not limited to, the provincial insured health services (MSI), private insurances and/or privately or publicly funded organizations is not available, ESIA for shelter will be provided only in situations where an applicant cannot stay with family or friends. No shelter costs will be paid to family or friends.

When the specialist is outside their local community, proof of the visit (i.e. documentation from the specialist) must be provided. In extraordinary circumstances, and when the required service is not available within the Province of Nova Scotia, an applicant/recipient, spouse or dependent child may be eligible for out of province travel.

6.2.10 Policy: Foot Care

An applicant/recipient, spouse and/or dependent child may be eligible for assistance with the costs associated with foot care clinic services provided by Registered or Licensed Practical Nurses, up to a maximum of $180 per year, and subject to supervisory approval when:

1. the treatment has been prescribed by a physician,

2. it is medically necessary and no other options are available, and

3. treatment is not available through the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.

6.2.11 Policy: Funeral and Burial

In the event of a death of a resident of the Province, where no provision for burial has been made, either by the deceased or their family, the Department may pay for funeral expenses. The Department may assist with the costs of professional services for a traditional or cremation funeral service. The cost of professional services or merchandise may be paid to the maximum allowable defined in the Funeral Rates Schedule.
The family or representative of the deceased must make application and demonstrate financial eligibility on behalf of the deceased and/or spouse of the deceased for all or part of the allowable funeral costs. It is the responsibility of the family or representative of the deceased to apply for the Canada Pension Plan Death Benefit. The CPP Death Benefit amount is to be applied against the maximum allowable funeral costs.

In the event there is a surviving spouse, the spouse must demonstrate financial eligibility (Policy 5.1.3 – Required Documentation) and complete all required documentation to substantiate need and a budget deficit. The spouse must demonstrate they have exhausted all available resources for full or partial coverage of the funeral / burial.

Third-party contributions to a funeral service provider may be applied against actual costs to enable the funeral home to receive full reimbursement for goods and services provided. Third-party contributions will be permitted from any person who is not a surviving spouse.

Funeral arrangements and payment of funeral costs are the responsibility of the individual representing deceased and the funeral home. The Department is not responsible for any failure of the family/estate or representatives of the deceased to pay the funeral director or any other person/business for funeral related expenses.
**Funeral Rates Schedule**

<table>
<thead>
<tr>
<th>Allowable Expenses</th>
<th>Maximum Approved Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Services and Merchandise – i.e. cremation urn or casket.</td>
<td>up to a maximum total of $2,700 + taxes</td>
</tr>
</tbody>
</table>

**Cash Disbursements** for the following:

1. Cemetery Charges (open, close, clean up grave, burial permits, etc.),
2. Grave Liner (wooden),
3. Cemetery equipment & set up,
4. Radio notices,
5. Newspaper notices,
6. Clothing for the deceased,
7. Honorariums (Clergy, Music), and
8. Grave Lot

**Mileage** over 25 kilometers

May be paid on a per kilometer basis at a rate of 60 cents per kilometer

Any **exceptions** requested in addition to the approved funeral cost such as, but not limited to, oversized casket, special-embalming preparations, out-of-province transfer.

**6.2.12 Policy: Furniture**

Where no other alternative is available an applicant/recipient may be eligible for the following basic household and furniture items in accordance with the approved rate.
<table>
<thead>
<tr>
<th>Item</th>
<th>Approved Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed</td>
<td>up to maximum of $100</td>
</tr>
<tr>
<td>Crib</td>
<td>new cribs that are the most economical and are Canadian Standards Approved (CSA) approved</td>
</tr>
<tr>
<td>Mattress (including box spring)</td>
<td>up to maximum of $100</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>up to a maximum of $200</td>
</tr>
<tr>
<td>Stove</td>
<td>up to a maximum of $150</td>
</tr>
<tr>
<td>Table/Chairs</td>
<td>up to a maximum of $125</td>
</tr>
<tr>
<td>Washers</td>
<td>up to a maximum of $200</td>
</tr>
</tbody>
</table>

1. plus tax when applicable.

2. when all other options for delivery have been exhausted, the most economical delivery fee may be included.

6.2.13 Policy: Guide Dog Allowance

A recipient, spouse of a recipient, and/or dependent child may be eligible for an allowance of $90 per month for a guide dog allowance and up to $300 a year for routine veterinary costs, when all other available resources have been exhausted, if the dog is:

1. received through the support of a certified guide dog organization/school with documentation outlining provision of supports, and

2. used by a recipient, spouse of a recipient or dependent child.

The monthly guide dog allowance is for food and routine care costs such as, but not limited to, grooming, teeth cleaning, toenail clipping, leashes, and incidentals. Routine veterinary costs include checkups, vaccinations, and flea and heartworm treatments.

Expenses for non-routine care for a guide dog are not funded by ESIA. Non-routine expenses include, but are not limited to, surgical procedures, treatment for fractures, and infections, special diets, euthanasia, and travel, room and board to acquire a dog.
Retired guide dogs and/or pets maintained by a recipient, spouse of a recipient or dependent child are not eligible for the guide dog allowance or any other special needs funding.

6.2.14 Policy: Hearing Aids

An applicant/recipient, spouse and/or dependent child may be eligible for assistance with the purchase of a hearing aid when:

1. an audiologist has prescribed a hearing aid(s),
2. it has been confirmed there are no other options are available to assist with the cost, such as, but not limited to, the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations, and
3. supervisory approval has been provided for the most economical option.

6.2.15 Policy: House Repairs

Requests for housing maintenance or repairs that are expected to exceed $1,000 will be referred to Housing Services for an assessment prior to determining eligibility for assistance.

Recipients who own and occupy their own home may be eligible to receive assistance with housing repairs. This policy only applies to those in receipt of ESIA for six (6) months or longer. Assistance will only be provided when repairs are essential to the health and safety of a recipient and dependents, and where alternative funding or commercial financing is not available. Recipients must provide documentation of health or safety hazard(s) to a caseworker.

Examples of house maintenance or repairs include, but not limited to: windows, doors, steps, modifications for disable persons, roof repairs and plumbing.

When assistance is granted for essential household items, (such as, but not limited to a furnace, water boiler) it will be provided on a monthly lease/or lease to purchase basis, wherever possible.

6.2.16 Policy: Medical Equipment

An applicant/recipient, spouse, and/or dependent child may be eligible for assistance with the monthly rental/purchase of medical equipment, such as, but not limited to, prosthetic appliances (i.e. mobility aids, braces, CPAP machines,
hearing aids) and personal alert emergency response systems (i.e. Lifeline, Project Lifesaver) that are not covered through any other resource when:

1. the need for the requested item has been verified through documentation provided by a qualified medical doctor or medical practitioner;

2. the requested item is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations;

3. it is confirmed it is the most economical option (including monthly rental/purchase) (Policy 6.1.2 – Process for Special Needs Requests); and

4. prior to determination of eligibility, a caseworker may refer to a second medical professional/practitioner to determine:
   a. if the item/service is required,
   b. if considered effective, and/or
   c. if an equally effective, more economical device, or piece of equipment is available.

The Medical Equipment Policy does not include dental equipment/prosthesis (for dental refer to Policy 6.3.4 - Dental Schedule).

6.2.17 Policy: Medical Supplies

An applicant/recipient, spouse and/or dependent child may be eligible for assistance with the purchase of medical supplies, such as, but not limited to, incontinent supplies, ostomy supplies, dressings that are not covered through any other resources when:

1. the need for the requested item has been verified through documentation provided by a qualified medical doctor or medical practitioner,

2. the requested item is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations, and

3. it is confirmed it is the most economical option.

Prior to determination of eligibility, a caseworker may refer to a second medical professional/practitioner to determine if:

1. the item/service is required,
2. considered effective, and/or

3. if an equally effective, more economical treatment, is available.

Soaps and cleaning supplies are not funded as an item of special need.

### 6.2.18 Policy: Essential Medical Treatments

An applicant/recipient, spouse and/or dependent child may be eligible for assistance with essential medical treatments under section 24A of the Regulations. This provision does not permit requests for private healthcare services that are insured under a Provincial insured health services program or otherwise funded by Government, or prescription drugs.

The items and services that may be considered are medical treatments prescribed for medical purposes that are not covered by MSI or otherwise funded by Government. Such treatments include, but are not limited to, massage therapy, acupuncture, chiropractic and periodontal.

To be considered, the evidence must establish that there is a properly diagnosed disease, injury, disability or other serious health issue, and there is convincing evidence that the prescribed treatment is appropriate and effective in terms of medical efficacy and health outcomes, and can be provided at reasonable cost.

In determining eligibility all of the following criteria must be met:

1. the item or service has been prescribed by a health practitioner who is licensed to practice in Nova Scotia as a physician, dentist, or nurse practitioner;

2. the item or service is provided by a medical professional licensed or registered to practice in Nova Scotia;

3. the ‘Request for Essential Medical Treatment’ form has been completed by the health practitioner providing details of all of the following:
   
   a. the existence of a diagnosed disease, injury, disability or serious health issue;

   b. all other alternative items and services available through the provincial insured health services (MSI), private insurances, privately / publicly funded organizations and / or otherwise provided by Government have been attempted or considered and the reason(s) they were not successful in addressing the medical condition;
c. the cost of the recommended treatment and the alternatives considered (if known); and

d. there is medical evidence of the appropriateness, necessity and effectiveness of the requested item or service; and

4. the item or service is the most economical option to address the need.

Prior to determination of eligibility, a caseworker may request a second medical opinion from a person qualified to determine if the request meets the criteria to be considered an essential medical treatment.

6.2.19 Policy: Mortgage/Rental Arrears

Applicants/recipient may be eligible for mortgage/rental arrears when there is confirmation of foreclosure or eviction. The assistance may be provided based on the minimum amount required to avoid foreclosure or eviction on a one (1) time only basis and subject to supervisory approval.

The overpayment provisions of Policy 6.1.3 - Overpayments Related to Special Needs may apply.

6.2.20 Policy: Moving Expenses - Within Region

Applicants/recipient may be eligible for moving expenses up to a maximum of $200 when:

1. an applicant/recipient is forced out of present accommodations by fire, flood, or abusive situations, or

2. an applicant/recipient’s health or safety is threatened, or

3. the new accommodations are more affordable than the present accommodations.

Assistance with moving expenses will only be provided up to a maximum of once (1) per twelve (12) month period.

6.2.21 Policy: Optical Care

An applicant/recipient, spouse or dependents may be eligible for the assistance with the costs associated with optical care. Specifically, assistance with the cost of a routine eye examination for those 10 - 64 years of age who use, or believe they
need, corrective eyeglasses may be provided once every two (2) years. The maximum payment for this service will be $55.

When eyeglasses are prescribed by an optometrist or physician, assistance may be provided subject to the following maximum rates:

1. $90 for single vision orders with regular glass or CR39 plastic lenses complete with frame once every two (2) years, or

2. $110 for bifocal orders with Kryptoc (round segment) or flat-top glass or CR39 plastic complete with frame once every two (2) years.

Special lenses, at additional cost, may be covered, when prescribed by an optometrist or physician subject to the following restrictions:

1. no coverage will be provided under any circumstances for any cosmetic purpose. This includes, without limiting the generality of the previous statement, progressive (invisible) bifocals and anti-reflective coatings, except on high index lenses.

2. high index lenses will only be provided if the prescription equals or exceeds +/-5.0 diopter.

Assistance with the costs associated with eye exams and the purchase of eyeglasses will be provided a maximum of once every two (2) years, unless there is a medically substantiated reason for new eye wear by the optometrist or physician.

6.2.22 Policy: Orthotics

An applicant/recipient, spouse, and/or dependent child may be eligible for assistance with the purchase of orthotics and/or orthotic modifications when:

1. the need for the requested item has been verified through documentation provided by a qualified medical doctor or medical practitioner,

2. the requested item is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations, and

3. it is confirmed it is the most economical option.

Prior to determination of eligibility, a caseworker may refer to a second medical professional/practitioner, to determine when:

1. the item/service is required,
2. considered effective, and/or
3. if an equally effective, more economical option or treatment, is available.

When orthotics or orthotic modifications are prescribed by a medical doctor or medical practitioner, assistance may be provided, subject to the following maximum rates:

1. Custom Orthotic Supports: Must be custom molded foot supports (inserts) or customized footwear for orthotic support intentionally designed to accommodate a medical condition, up to $300 once every two (2) years;

2. Orthopaedic Footwear and/or Modifications: Off-the-shelf orthopaedic footwear and/or shoe modifications. The combined total is up to $130 for a twelve (12) month period.

6.2.23 Policy: Over the Counter Non-Prescription Medications

An applicant/recipient, spouse and/or dependents may be eligible for assistance with over-the-counter (non-prescription) medications, when a physician or dietician substantiates the need in writing.

Only those non-prescription medications authorized by a medical doctor or registered dietician can be considered.

Herbal medications are not funded/approved as items of special need. Soaps and cleaning supplies are not funded/approved as items of special need.

6.2.24 Policy: Personal Development – Employment Plan Activities

A recipient and/or spouse of a recipient may be eligible for ESIA to cover personal development activities such as, but not limited to, assertiveness training, self-esteem programs, anger management, career development when they are part of an approved employment plan developed to facilitate their movement towards independence and self-sufficiency.

Approval may be provided when it has been confirmed that funding is not available through MSI, private insurances and/or privately/publicly funded organizations. Up to a maximum of $300 per activity/program to a maximum total of $600 in a twelve (12) month period may be provided.

Personal development activities ordered or required by other agencies, departments or court system are not approved items/services of special need.
6.2.25 Policy: Prescription Drug Coverage

Coverage of prescription drug costs may be provided to an applicant, spouse and dependent child when there is no eligibility for ESIA (Policy 6.1.6 - Individuals not in Receipt of Income Assistance). Only medications/supplies approved in the Nova Scotia Formulary will be considered.

An applicant must register with the Nova Scotia Family Pharmacare program. When the Nova Scotia Family Pharmacare monthly out of pocket expenses (actual prescription costs the applicant is required to pay) are included in the budget calculation and a deficit results, an applicant may be eligible for the amount of the entitlement (Policy 5.2.1 – Initial Budget Calculations).

In urgent circumstances, pending Nova Scotia Family Pharmacare registration and with supervisory approval (Policy 6.1.5 – Supervisory Determination of Higher Amount for a Special Need Item/Service), the amount of a one month supply of each prescription medication can be included in the applicant’s budget.

An applicant/recipient, spouse or dependent child who has a private health care plan from a public (does not include Nova Scotia Family Pharmacare or Low Income Pharmacare for Children) or a private entity may be required to use that plan and may not be eligible for Pharmacare benefits. There may be eligibility for a reimbursement of the co-payment amounts that exceed $5 per prescription provided the medication/supply is a benefit under the Nova Scotia Formulary. Receipts verifying the co-payments from the pharmacy or private health plan organization are required.

When an applicant/recipient or spouse has reached the age of 65, they will be required to enroll in the Nova Scotia Seniors’ Pharmacare program, and will not be eligible for Pharmacare benefits through the ESIA program. When the Seniors’ Pharmacare program out of pocket expenses (annual premium or monthly co-payment) are included in the budget calculation and a deficit results, an applicant may be eligible for the amount of the entitlement (Policy 5.2.1 – Initial Budget Calculations).

For recipients, refer to Policy 9.1.1 – Pharmacare for information on Pharmacare benefits.

6.2.26 Policy: Property Tax Arrears

Recipients may be eligible to receive a one (1) time only payment of property tax arrears when they meet the following criteria:

1. they have been in receipt of ESIA for at least twelve (12) months,
2. they have provided documentation indicating the property will be sold due to outstanding taxes, and

3. the property is solely in the name of the recipient and/or spouse.

Only arrears related to period(s) of time during which a recipient was eligible for ESIA will be considered and only the minimum amount of assistance required to avoid a property tax sale may be provided.

Under exceptional circumstances, applicants may be eligible for assistance with property tax arrears. When there is confirmation of foreclosure, the assistance may be provided based on the minimum amount required to avoid a property tax sale on a one (1) time only basis. Supervisory approval is required.

The overpayment provisions of Policy 6.1.3 - Overpayments Related to Special Needs may apply.

6.2.27 Policy: Relocation - Out of Region/Province

An applicant/recipient may be eligible for the costs of relocation in the following situations:

1. employment has been secured,

2. for health and safety reasons including, but not limited to, confirmed report of family violence and/or confirmed medical report that the client and/or dependents can no longer live in his/her present environment.

An applicant/recipient may be eligible for the costs of relocation for employment when the above conditions are met and:

1. all avenues of available funding have been exhausted,

2. the viability of the employment opportunity has been verified through written confirmation from the employer stating the position for which the employee is hired, the start date of employment and the status of employment (part-time, casual, term, permanent),

3. a cost/benefit analysis compares the cost of providing ESIA for a period of three (3) months to the cost of relocation and confirms that the cost of ESIA payments would exceed the cost of relocation,

4. only the most economical cost of travel to the requested location will be considered,
5. authorization from the Supervisor for out of region travel or the District Manager has been obtained for out of province travel.

Where a parent requests financial assistance for the purpose of relocating themselves and their children to another jurisdiction, no assistance should be provided; unless the parent provides verification that they may leave the jurisdiction with the child(ren). This involves the parent providing verification which confirms the non-custodial parent’s knowledge of the move. This verification may be in the form of a court order/legal agreement/consensual arrangement between the parent and the non-custodial parent. Verification that a non-custodial parent is unknown or whereabouts are unknown must be provided before relocation allowance will be issued. The Family Maintenance Income Support program may provide assistance in verifying this information.

Assistance with the costs of relocation may be provided for health and safety reasons when there is confirmation of family violence. Applicants must provide all supporting documentation confirming the reasons for relocation prior to determination of eligibility for relocation.

In such situations, a caseworker will:

1. consider the following factors when determining the appropriateness of providing relocation assistance:
   a. reports of family violence, (e.g. transition house involvement, police reports);
   b. impact relocating may have on third parties, (e.g. family, friends, and other jurisdiction); and/or
   c. health and safety of the Applicant/Recipient;

2. request applicable supporting documentation:
   a. **Health and Safety** - Report of family violence, confirmation from transition house personnel and/or police verifying a report(s) of family violence. Record the name, position, company name and/or name of employer of the individual confirming a report of family violence in the case notes;
   b. **Environment** - Written confirmation from the client’s and/or dependent(s) physician indicating that the client and/or dependent(s), due to health concerns, can no longer live in his/her present environment.
3. notify the province/region to which the recipient is moving when any concerns exist with respect to the applicants and his/her dependent's wellbeing. In addition, family members and/or friends may be contacted to verify they are aware the individual is relocating to their area; and

4. obtain authorization from the Supervisor for out of region travel and authorization from the District Manager for out of province travel.

6.2.28 Policy: Residential Respite

A recipient or spouse of a recipient may be eligible for assistance with the costs associated with respite care in an approved home under the Services for Persons with Disabilities program of the Department of Community Services. A recipient or spouse of a recipient must meet the eligibility criteria for admission into the home.

Four weeks annually is the maximum respite allowed per person.

6.2.29 Policy: Security/Damage Deposits

An applicant/recipient may be eligible for security/damage deposits, under the following circumstances:

1. the health and safety of the client/family is in question, and/or

2. a move can be made into more economical accommodations, (e.g. public housing) that can be covered under allowances and established in this policy.

Only one (1) security deposit will be paid on behalf of an applicant/recipient. Security deposits shall not exceed one half (½) of the actual rent, up to the maximum shelter rate for the family size. Payment of a security deposit should not be considered when it is evident that the monthly shelter costs are beyond the shelter allowances in policy.

An applicant/recipient will confirm the rental situation by providing a copy of the lease before assistance with the security deposit is provided.

6.2.30 Policy: School Supplies Supplement

Recipients with dependent children between the ages of 5 and 18 inclusive and attending elementary, junior high, and/or senior high school will receive an annual allowance to assist with the extra costs associated with a dependent child’s schooling. An amount of $50 for children between the ages of 5 - 12 and $100 for
children between the ages of 13 - 18 will be included in the monthly entitlement for the month of September. Entitlement will be based on the age of the child on September 30th.

For children, 19 to 20 inclusive, included in the budget as a dependent, who are attending high school, the allowance of $100 will apply. For dependent children between the ages of 19 - 20 inclusive, a manual assessment by a caseworker is required.

6.2.31 Policy: Special Clothing

An applicant/recipient or dependent of an applicant/recipient may be eligible for a special clothing allotment under the following circumstances:

1. special clothing necessary because of a medical condition (i.e. mastectomy) and/or disability,
2. emergency situations (i.e. house fire), and
3. it has been confirmed that funding is not available through the provincial insured health services (MSI), private insurances and/or privately/publically funded organizations.

The Special Clothing Policy does not include footwear for orthotics; refer to Policy 6.2.21 – Orthotics.

6.2.32 Policy: Special Diet

A special diet allowance may be provided to an applicant/recipient, spouse or dependents, up to a maximum of $150 per month per person.

Approval for a special diet allowance is based on receiving medical documentation specific to the condition, to support the type of special diet and approved allowances set out in the Policy 6.3.3 - Special Diet Rates Schedule.

Medical documentation can be accepted from a medical doctor, nurse practitioner or registered dietitian and is required prior to the approval of a special diet allowance. The medical documentation is to include information based on the diagnosis and reason for the special diet, the type of special diet required and the time frame the special diet is required.

If more than one (1) special diet is approved, the special diet allowances will be combined up to the maximum of $150 per month per person.
The special diet allowance will be reviewed if the time frame has expired or at an annual review. Updated medical documentation is not required when the previous medical documentation indicates there is a chronic or permanent medical condition, such as diabetes, and there is an ongoing need for the special diet.

New or updated medical documentation is required only if:

1. there is a change in the reason for or type of special diet,
2. the special diet time frame has expired, or
3. confirmation of the special diet allowance is still required.

6.2.33 Policy: Telephone for Health and Safety Reasons

Applicants/recipients may be eligible for assistance to cover the basic service for a telephone, where a telephone is required for medical or personal safety reasons. Connection charges and deposits will not normally be paid by the Department.

The cost of special telephone equipment may be considered, when a medical condition prevents a recipient/applicant from using basic equipment, and assistance is not available from other sources (e.g. volunteer organizations).

Documentation of need from relevant professionals (medical or otherwise) must be provided by an applicant/recipient.

6.2.34 Policy: Transportation

An allowance for transportation may be provided:

1. in instances where the health and safety of an individual would be jeopardized,
2. when the transportation is required for a recipient to participate in employment, training, upgrading, volunteer activity, job search, attendance at Employment Services and any other activity deemed appropriate as part of the employment plan, and/or
3. where an individual with significant mental, physical or cognitive barriers is participating in an approved learning, volunteer or day program.

Applicants/recipients and/or spouse will be provided with the actual cost, up to a maximum total of $150 per month based on the most economical and efficient means of transportation.
### 6.3.1 Policy: Special Needs Schedule

Specific criteria regarding each special need item/service are contained within Policy 6.2 - Special Needs.

<table>
<thead>
<tr>
<th>Items of Special Need</th>
<th>Approval Criteria</th>
</tr>
</thead>
</table>
| **Ambulance** ([Policy 6.2.1](#)) | • for emergency use only. Not approved for non-emergency transportation  
• the approved rate set by the Department of Health and Wellness for emergency transportation |
<p>| <strong>Car Seats</strong> and <strong>Booster Seats</strong> (<a href="#">Policy 6.2.2</a>) (in accordance with Provincial legislation) | • new car/booster seats that are the most economical and are Canadian Standards Association (CSA) approved |
| <strong>Child Care</strong> (<a href="#">Policy 6.2.3</a>) | • up to $400 per month per family |
| <strong>Dental Costs</strong> (<a href="#">Policy 6.2.4</a>) | • <a href="#">Policy 6.3.4 - Dental Schedule</a> |</p>
<table>
<thead>
<tr>
<th>Items of Special Need</th>
<th>Approval Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Shelter Expenses:</strong></td>
<td></td>
</tr>
<tr>
<td>• emergency heat (Policy 6.2.5(b))</td>
<td>• minimum amount required to address the immediate need</td>
</tr>
<tr>
<td>• utility arrears (Policy 6.2.5(c))</td>
<td>• minimum amount required to avoid disconnect/termination of service</td>
</tr>
<tr>
<td><strong>Employability Related Special Needs (Policy 6.2.6)</strong></td>
<td></td>
</tr>
<tr>
<td>• approved personal development supports (examples included but not limited to, assertiveness training, self-esteem programs, anger management, career development, individual counseling not available through MSI)</td>
<td>• up to a maximum $300 per activity/ program to a maximum total of $600 in a twelve (12) month period</td>
</tr>
<tr>
<td>• association/professional/licensing dues</td>
<td>• up to maximum total of $500 in a twelve (12) month period</td>
</tr>
<tr>
<td>• books, supplies and deposits/seat confirmation deposits (examples are but not limited to, books and supplies for non-student loan eligible programs)</td>
<td>• up to maximum total of $700 in a twelve (12) month period</td>
</tr>
<tr>
<td>• equipment and supports related to disability where not available through other programs (examples include, but not limited to, job coaching, tutoring, ergonomic supports, Obus Forms, special chairs and technical aids)</td>
<td>• up to maximum total of $1000 in a twelve (12) month period</td>
</tr>
<tr>
<td>• other employment related costs</td>
<td>• up to maximum total of $500 in a twelve (12) month period</td>
</tr>
<tr>
<td>• payment of fees that are directly related to a return to employment (examples include but are not limited to, driver’s licenses, criminal record check, driver’s abstract, child abuse registry check, ...)</td>
<td>• up to maximum of total of $200 in a twelve (12) month period (criminal records pardon applications may exceed this amount).</td>
</tr>
<tr>
<td>Items of Special Need</td>
<td>Approval Criteria</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>medicals, criminal record/pardon applications, fines</td>
<td>• up to a maximum $50 every four (4) months</td>
</tr>
<tr>
<td>• personal hygiene and grooming supplies</td>
<td>• up to maximum total of $1,000 in a twelve (12) month period</td>
</tr>
<tr>
<td>• professional assessments that may be required to develop an appropriate employability plan that are not provided by the Department</td>
<td>• up to maximum total of $300 in a twelve (12) month period</td>
</tr>
<tr>
<td>• safety equipment and gear (examples include but are not limited to, hard hat, work boots, ear protectors, eye protectors, safety harnesses, safety gloves, masks, helmets, face shields)</td>
<td>• up to maximum $500 per course</td>
</tr>
<tr>
<td>• specific short term skills training (examples include but are not limited to, computer literacy, GED, upgrading, professional refresher programs, continuing education programs)</td>
<td>• up to maximum total of $500 in a twenty-four (24) month period</td>
</tr>
<tr>
<td>• tools (examples include but are not limited to, mechanics tools, carpentry tools, electronic tools, ladders, tool belts)</td>
<td>• up to a maximum total of $200 in a twelve (12) month period</td>
</tr>
<tr>
<td>• training related clothing (examples include but are not limited to, uniforms or specialized clothing required for the program)</td>
<td>• up to maximum total of $200 in a twelve (12) month period</td>
</tr>
<tr>
<td>• work related clothing (examples include but are not limited to, uniforms, rain gear, coveralls, office appropriate attire)</td>
<td>• up to maximum $200 per course</td>
</tr>
<tr>
<td>• work related courses (examples include but are not limited to, First Aid, WHMIS, CPR, traffic control, non-violent crisis intervention)</td>
<td>• up to maximum total of $200 in a twelve (12) month period</td>
</tr>
<tr>
<td>Items of Special Need</td>
<td>Approval Criteria</td>
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<tr>
<td>-----------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Extermination Services (<a href="#">Policy 6.2.7</a>)</td>
<td>• most economical option with supervisory approval</td>
</tr>
<tr>
<td>Fire/Liability Insurance for Homeowners (<a href="#">Policy 6.2.8</a>)</td>
<td>• 1/12 of the total yearly premium for every month of eligibility for ESIA</td>
</tr>
<tr>
<td>Food, Shelter and/or Transportation for Medical Attention (<a href="#">Policy 6.2.9</a>) that is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.</td>
<td>• most economical option with supervisory approval in accordance with specific policy criteria</td>
</tr>
<tr>
<td>Foot Care (<a href="#">Policy 6.2.10</a>) that is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.</td>
<td>• up to a maximum of $180 per year, and subject to supervisory approval</td>
</tr>
<tr>
<td>Funeral Costs (<a href="#">Policy 6.2.11</a>)</td>
<td>• up to $1,100</td>
</tr>
<tr>
<td>• opening and closing of grave, grave lot, clothing</td>
<td>• up to $2,700</td>
</tr>
<tr>
<td>• professional services and cremation urn or casket</td>
<td>• $0.60 per kilometer</td>
</tr>
<tr>
<td>• mileage</td>
<td></td>
</tr>
<tr>
<td>Furniture (<a href="#">Policy 6.2.12</a>)</td>
<td>• up to maximum $100</td>
</tr>
<tr>
<td>• bed</td>
<td>• new cribs that are the most economical and are Canadian Standards Approved (CSA) approved</td>
</tr>
<tr>
<td>• crib</td>
<td>• up to maximum $100</td>
</tr>
<tr>
<td>• mattress (including box spring)</td>
<td>• up to maximum $200</td>
</tr>
<tr>
<td>• refrigerator</td>
<td>• up to maximum $150</td>
</tr>
<tr>
<td>• stove</td>
<td>• up to maximum $125</td>
</tr>
<tr>
<td>• table/chairs</td>
<td></td>
</tr>
<tr>
<td>Items of Special Need</td>
<td>Approval Criteria</td>
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</tr>
</tbody>
</table>
| • washing machines    | • up to maximum $200  
Note: For all the above includes:
• plus tax when applicable  
• when all other options for delivery have been exhausted, supervisor may approve delivery fees |

**Guide Dog Allowance** *(Policy 6.2.13)*  
The guide dog allowance is for food and routine care costs such as, but not limited to, grooming, teeth cleaning, toenail clipping, leashes, and incidentals.

Routine veterinary costs include checkups, vaccinations, and flea and heartworm treatments.

- • $90 per month maximum  
- • up to maximum of $300 per twelve (12) month period |

**Hearing Aids** *(Policy 6.2.14)* that are not provided/ funded by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.

- • most economical and subject to supervisory approval |

**House Repairs** *(Policy 6.2.15)* (recipients who have been in receipt of ESIA for six (6) months or longer)  
Assistance will only be considered when repairs are essential for the health and safety of the Recipient, spouse of the Recipient and/or dependents, and where alternative funding or financing is not available.

- • most economical to meet needs and subject to supervisory approval |

**Medical Equipment** *(Policy 6.2.16)* (examples include but are not limited to, prosthetics appliances and personal alert systems) that is not

- • most economical (including monthly rental/purchase)
### Items of Special Need

<table>
<thead>
<tr>
<th>Approval Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• does not include dental equipment/prosthesis (for dental refer to Policy 6.3.4 - Dental Schedule)</td>
</tr>
<tr>
<td><strong>Medical Supplies</strong> (Policy 6.2.17) (examples include but are not limited to, incontinent supplies, ostomy supplies, and dressings) that are not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.</td>
</tr>
<tr>
<td>• most economical</td>
</tr>
<tr>
<td>• soaps and cleaning supplies are not funded as an item of special need.</td>
</tr>
</tbody>
</table>

**Essential Medical Treatments** (Policy 6.2.18) Items and services that may be considered are medical treatments prescribed for medical purposes that are not covered by MSI or otherwise funded by Government. Such treatments include, but are not limited to, massage therapy, acupuncture, and chiropractic and periodontal. Treatments that are insured by the provincial health services program or otherwise provided by Government (examples include but are not limited to physiotherapy, speech therapy) and prescription drugs cannot be approved by the ESIA program. | • To be considered, the evidence must establish that there is a properly diagnosed disease, injury, disability or other serious health issue, and there is convincing evidence that the prescribed treatment is appropriate and effective in terms of medical efficacy and health outcomes, and can be provided at reasonable cost. |

**Mortgage/Rental Arrears** (Policy 6.2.19) | • one time only, the minimum amount required to avoid foreclosure on the family home or eviction and subject to supervisory approval |
<p>| • will be subject to overpayment provisions |</p>
<table>
<thead>
<tr>
<th>Items of Special Need</th>
<th>Approval Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moving Costs - Within Region</strong> <em>(Policy 6.2.20)</em></td>
<td>• up to $200 maximum and subject to approval according to specific criteria</td>
</tr>
<tr>
<td><strong>Optical Care</strong> <em>(Policy 6.2.21)</em>:</td>
<td>• up to $90 once every two (2) years</td>
</tr>
<tr>
<td>• single vision glasses</td>
<td>• up to $110 once every two (2) years</td>
</tr>
<tr>
<td>• bifocal glasses</td>
<td>• up to $55 once every two (2) years</td>
</tr>
<tr>
<td>• eye exams</td>
<td></td>
</tr>
<tr>
<td><strong>Orthotics</strong> <em>(Policy 6.2.22)</em></td>
<td>• up to $300 once every two (2) years for orthotic inserts or customized footwear</td>
</tr>
<tr>
<td></td>
<td>• up to $130 once a year for off-the-shelf footwear and/or shoe modifications</td>
</tr>
<tr>
<td><strong>Over the Counter Non-prescription Medications</strong> <em>(Policy 6.2.23)</em></td>
<td>• herbal medications are not funded as an item of special need</td>
</tr>
<tr>
<td>only those non-prescription medications authorized by a medical doctor or registered dietician can be considered.</td>
<td>• soaps and cleaning supplies are not funded as an item of special need</td>
</tr>
<tr>
<td><strong>Personal Development</strong> <em>(Policy 6.2.24)</em> (examples included but not limited to, assertiveness training, self-esteem programs, anger management, career development, individual counseling) not available through MSI, private insurances and/or privately/publicly funded organizations.</td>
<td>• up to a maximum $300 per activity/program to a maximum total of $600 in a twelve (12) month period</td>
</tr>
<tr>
<td></td>
<td>• personal development activities ordered or required by other agencies, departments or court system are not approved items/services of special need</td>
</tr>
<tr>
<td><strong>Prescription Drug Coverage</strong> <em>(Policy 6.2.25)</em></td>
<td>• in accordance with the Nova Scotia Formulary only</td>
</tr>
<tr>
<td><strong>Property Tax Arrears</strong></td>
<td>• one time only, the minimum amount required to avoid a municipal tax</td>
</tr>
<tr>
<td>Items of Special Need</td>
<td>Approval Criteria</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(Policy 6.2.26) (recipients who have received ESIA for twelve (12) consecutive months or longer)</td>
<td>sale of the property will be considered</td>
</tr>
<tr>
<td></td>
<td>• will be subject to specific criteria and overpayment provisions</td>
</tr>
<tr>
<td>Relocation Out of Region/Province (Policy 6.2.27)</td>
<td>• most economical and subject to approval in accordance with specific criteria and supervisory approval</td>
</tr>
<tr>
<td>Residential Respite (Policy 6.2.28)</td>
<td>• maximum four (4) weeks annually per recipient and/or spouse of recipient</td>
</tr>
<tr>
<td>Security/Damage Deposits (Policy 6.2.29)</td>
<td>• maximum one half (½) of the actual monthly rent up to the maximum allowable shelter rate for the family size and in accordance with specific criteria regarding health and safety, or movement to more economical accommodations</td>
</tr>
<tr>
<td>School Supplies Supplement (Policy 6.2.30):</td>
<td>• $50 per school year</td>
</tr>
<tr>
<td>• children ages 5 - 12 years old</td>
<td>• $100 per school year</td>
</tr>
<tr>
<td>• children ages 13 - 18 years old</td>
<td>• $100 per school year</td>
</tr>
<tr>
<td>• dependents ages 19 -20 in high school</td>
<td></td>
</tr>
<tr>
<td>Special Clothing (Policy 6.2.31) that is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations such as, but not limited to, mastectomy clothing, shoes for orthotics.</td>
<td>• most economical and subject to specific criteria</td>
</tr>
<tr>
<td>Special Diet (Policy 6.2.32)</td>
<td>• up to $150 per person per month and per Policy 6.3.3 - Special Diet Schedule</td>
</tr>
</tbody>
</table>
### Items of Special Need

<table>
<thead>
<tr>
<th>Items of Special Need</th>
<th>Approval Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone for Health and Safety Reasons</strong> <em>(Policy 6.2.33)</em></td>
<td>• the minimum monthly basic service charge</td>
</tr>
<tr>
<td></td>
<td>• may approve purchase of telephone one (1) time only, when required based on most economical option</td>
</tr>
<tr>
<td><strong>Transportation</strong> <em>(Policy 6.2.34)</em> for medical and employment related</td>
<td>• up to $150 per month per recipient and/or spouse of recipient</td>
</tr>
</tbody>
</table>

### 6.3.2 Policy: Authority Levels

Approval of the cost of a special needs item, including the cost of all items that may be associated with the special needs item must comply with the following levels of authorization. Any item/service of special need that has an amount specifically listed in *Policy* must be adhered to by a caseworker.

<table>
<thead>
<tr>
<th>Authority</th>
<th>Special Needs Items Specified in Policy Without a Specific Approval Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseworker</td>
<td>up to a maximum of $200</td>
</tr>
<tr>
<td>Casework Supervisor</td>
<td>up to a maximum of $1,500</td>
</tr>
<tr>
<td>District Manager</td>
<td>up to $5,000 (Up to maximum of $15,000 for wheelchairs)</td>
</tr>
<tr>
<td>Regional Administrator</td>
<td>$5,000 and over</td>
</tr>
</tbody>
</table>

### 6.3.3 Policy: Special Diet Rate Schedule

Where there is eligibility for more than one (1) special diet, the special diet allowances will be added together up to the maximum of $150 per month per applicant/recipient, spouse and dependent child.
<table>
<thead>
<tr>
<th>Conditions Requiring Special Diet</th>
<th>Criteria/Approved Monthly Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>$27 - Low Sodium, Low Salt</td>
</tr>
<tr>
<td>Celiac Disease</td>
<td>$30 - Gluten Free Diets</td>
</tr>
<tr>
<td>Chronic Constipation/High Fibre Requirements</td>
<td>$27 - High Fibre or High Residue</td>
</tr>
<tr>
<td>Crohn’s Disease/Ulcerative Colitis</td>
<td>$66</td>
</tr>
<tr>
<td>Chronic Fatigue/Fibromyalgia</td>
<td>$54 - combination of High Fibre/modified fat.</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>$133 plus cost for supplement or additional amount specified by nutritionist.</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,000 kcalories and under</td>
</tr>
<tr>
<td></td>
<td>1,001 – 1,200 kcalories</td>
</tr>
<tr>
<td></td>
<td>1,201 – 1,500 kcalories</td>
</tr>
<tr>
<td></td>
<td>1,501 – 1,800 kcalories</td>
</tr>
<tr>
<td></td>
<td>1,801 – 2,000 kcalories</td>
</tr>
<tr>
<td></td>
<td>2,001 – 2,200 kcalories</td>
</tr>
<tr>
<td></td>
<td>2,201 – 2,400 kcalories</td>
</tr>
<tr>
<td></td>
<td>2,401 – 2,600 kcalories</td>
</tr>
<tr>
<td></td>
<td>2,601 – 2,800 kcalories</td>
</tr>
<tr>
<td></td>
<td>2,801 – 3,000 kcalories</td>
</tr>
<tr>
<td></td>
<td>above 3,000 kcalories</td>
</tr>
<tr>
<td>Dialysis</td>
<td>$27 plus a supplement of Nepro or Supplena purchased at VGH up to $150 per month.</td>
</tr>
<tr>
<td>Special Diet Rate Schedule</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Failure to Thrive</strong></td>
<td></td>
</tr>
<tr>
<td>no amount specified, up to $150 per month. An individual assessment by a dietician is recommended. A time frame for a specific medical condition is required.</td>
<td></td>
</tr>
<tr>
<td><strong>Food Allergy - Milk/Dairy or Lactose Intolerance</strong></td>
<td></td>
</tr>
<tr>
<td>less than 2 years of age</td>
<td></td>
</tr>
<tr>
<td>See Infant Formulas</td>
<td></td>
</tr>
<tr>
<td>Funding is based on referral letter from dietician and is calculated individually. Up to $150 per month with supervisory approval.</td>
<td></td>
</tr>
<tr>
<td><strong>Food Allergy - Wheat</strong></td>
<td></td>
</tr>
<tr>
<td>Funding is based on referral letter from dietician and is calculated individually up to $150 per month.</td>
<td></td>
</tr>
<tr>
<td><strong>Gastric/Ulcer or Bland Diets</strong></td>
<td></td>
</tr>
<tr>
<td>no additional funds as treatment is based on eliminating the foods that cause distress.</td>
<td></td>
</tr>
<tr>
<td><strong>High Calorie/High Protein Diets</strong></td>
<td></td>
</tr>
<tr>
<td>(prescribed for illnesses such as, but not limited to, Cancer, or for post-surgery when there has been extensive weight loss).</td>
<td></td>
</tr>
<tr>
<td>$66</td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong> - (High protein, High Calorie Diet)</td>
<td></td>
</tr>
<tr>
<td>3,000 kcalories</td>
<td></td>
</tr>
<tr>
<td>$66</td>
<td></td>
</tr>
<tr>
<td>3,250 kcalories</td>
<td></td>
</tr>
<tr>
<td>$88</td>
<td></td>
</tr>
<tr>
<td>3,500 kcalories</td>
<td></td>
</tr>
<tr>
<td>$101</td>
<td></td>
</tr>
<tr>
<td><strong>Hyperlipidemia</strong> (low fat)</td>
<td></td>
</tr>
<tr>
<td>$27</td>
<td></td>
</tr>
<tr>
<td><strong>Infant Formulas</strong></td>
<td></td>
</tr>
<tr>
<td>Soy Formula ** (includes Isomil, Prosobee)</td>
<td></td>
</tr>
<tr>
<td>$35</td>
<td></td>
</tr>
<tr>
<td>Lactose Free Formula **</td>
<td></td>
</tr>
<tr>
<td>$28</td>
<td></td>
</tr>
<tr>
<td>Hypo-allergenic Formula **</td>
<td></td>
</tr>
<tr>
<td>Pregestimil (powder)</td>
<td></td>
</tr>
<tr>
<td>$144</td>
<td></td>
</tr>
<tr>
<td>Alimentum (ready to feed)</td>
<td></td>
</tr>
<tr>
<td>$144</td>
<td></td>
</tr>
<tr>
<td>Nutramigen</td>
<td></td>
</tr>
<tr>
<td>$121</td>
<td></td>
</tr>
</tbody>
</table>
Special Diet Rate Schedule

**Oral Nutritional Supplements** (such as, but not limited to, Ensure, Boost, Essentials, Advera, Pediasure)
actual costs up to $150 per month. A time frame for a specific medical condition is required. An individual assessment by a dietician is recommended.

**Paraplegic Diet**
$36.50

**Reducing Diets** (for purposes of weight loss or prescribed following gastroplasty)
o no additional funds

**This allowance will gradually be reduced as the child begins eating solid foods.**

6.3.4 Policy: Dental Fee Guide

**RATES SCHEDULE**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>General Practitioner Fee</th>
<th>Specialist Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>01205</td>
<td>Emergency Oral Examination</td>
<td>$37.60</td>
<td>$48.80</td>
</tr>
<tr>
<td>02111</td>
<td>Radiographs - Single Film</td>
<td>$12.00</td>
<td>$28.00</td>
</tr>
<tr>
<td>02112</td>
<td>Radiographs - Two Films</td>
<td>$16.00</td>
<td>$29.60</td>
</tr>
<tr>
<td>02131</td>
<td>Occlusal Radiograph - Single Film</td>
<td>$22.40</td>
<td>$29.60</td>
</tr>
<tr>
<td>11111</td>
<td>Scaling - one unit</td>
<td>$31.20</td>
<td>$68.80</td>
</tr>
<tr>
<td>11112</td>
<td>Scaling - two units</td>
<td>$62.40</td>
<td>$137.60</td>
</tr>
<tr>
<td>11113</td>
<td>Scaling - three units</td>
<td>$93.60</td>
<td>$206.40</td>
</tr>
<tr>
<td>11114</td>
<td>Scaling - four units</td>
<td>$124.80</td>
<td>$275.20</td>
</tr>
<tr>
<td>11117</td>
<td>Scaling - half unit</td>
<td>$16.00</td>
<td>$34.40</td>
</tr>
</tbody>
</table>

Caries/Trauma/Pain Control

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>General Practitioner Fee</th>
<th>Specialist Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>20111</td>
<td>Caries/Trauma/Pain Control</td>
<td>$71.20</td>
<td>$76.00</td>
</tr>
<tr>
<td>20119</td>
<td>* first tooth</td>
<td>$71.20</td>
<td>$76.00</td>
</tr>
<tr>
<td></td>
<td>* each additional tooth (same quadrant)</td>
<td>$71.20</td>
<td>$76.00</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>2013-20139</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>20131</td>
<td>Smoothing of Fractured Surfaces</td>
<td>$29.60</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• first tooth</td>
<td>$33.60</td>
<td></td>
</tr>
<tr>
<td>20139</td>
<td>• each additional tooth (same quadrant)</td>
<td>$29.60</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$33.60</td>
<td></td>
</tr>
</tbody>
</table>

### Amalgam Restorations (Non-Bonded Technique)

#### Permanent Anterior and Premolars

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2013-20139</th>
</tr>
</thead>
<tbody>
<tr>
<td>21211</td>
<td>• one surface</td>
<td>$75.20</td>
</tr>
<tr>
<td>21212</td>
<td>• two surfaces</td>
<td>$98.40</td>
</tr>
<tr>
<td>21213</td>
<td>• three surfaces</td>
<td>$120.80</td>
</tr>
<tr>
<td>21214</td>
<td>• four surfaces</td>
<td>$143.20</td>
</tr>
<tr>
<td>21215</td>
<td>• five surfaces or maximum surfaces per tooth</td>
<td>$169.60</td>
</tr>
</tbody>
</table>

#### Permanent Molars

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2013-20139</th>
</tr>
</thead>
<tbody>
<tr>
<td>21221</td>
<td>• one surface</td>
<td>$87.20</td>
</tr>
<tr>
<td>21222</td>
<td>• two surfaces</td>
<td>$109.60</td>
</tr>
<tr>
<td>21223</td>
<td>• three surfaces</td>
<td>$132.00</td>
</tr>
<tr>
<td>21224</td>
<td>• four surfaces</td>
<td>$155.20</td>
</tr>
<tr>
<td>21225</td>
<td>• five surfaces or maximum surfaces per tooth</td>
<td>$196.80</td>
</tr>
</tbody>
</table>

### Amalgam Restorations (Bonded Technique)

Paid at rate of non-bonded amalgam restorations

#### Permanent Anterior and Premolars

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2013-20139</th>
</tr>
</thead>
<tbody>
<tr>
<td>21231</td>
<td>• one surface</td>
<td>$75.20</td>
</tr>
<tr>
<td>21232</td>
<td>• two surfaces</td>
<td>$98.40</td>
</tr>
<tr>
<td>21233</td>
<td>• three surfaces</td>
<td>$120.80</td>
</tr>
<tr>
<td>21234</td>
<td>• four surfaces</td>
<td>$143.20</td>
</tr>
<tr>
<td>21235</td>
<td>• five surfaces or maximum surfaces per tooth</td>
<td>$169.60</td>
</tr>
</tbody>
</table>

#### Permanent Molars

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2013-20139</th>
</tr>
</thead>
<tbody>
<tr>
<td>21241</td>
<td>• one surface</td>
<td>$87.20</td>
</tr>
<tr>
<td>21242</td>
<td>• two surfaces</td>
<td>$109.60</td>
</tr>
<tr>
<td>21243</td>
<td>• three surfaces</td>
<td>$132.00</td>
</tr>
<tr>
<td>21244</td>
<td>• four surfaces</td>
<td>$155.20</td>
</tr>
<tr>
<td>21245</td>
<td>• five surfaces</td>
<td>$196.80</td>
</tr>
</tbody>
</table>

### Retentive Pins

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2013-20139</th>
</tr>
</thead>
<tbody>
<tr>
<td>21401</td>
<td>• one pin</td>
<td>$17.60</td>
</tr>
<tr>
<td>21402</td>
<td>• two pins</td>
<td>$27.20</td>
</tr>
<tr>
<td>21403</td>
<td>• three pins</td>
<td>$37.60</td>
</tr>
<tr>
<td>21404</td>
<td>• four pins</td>
<td>$47.20</td>
</tr>
<tr>
<td>21405</td>
<td>• five pins</td>
<td>$56.80</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Description</td>
<td>General Practitioner Fee</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>
| 23111          | Permanent Anteriors  
• one surface | $88.80 | $94.40 |
| 23112          | • two surfaces | $112.00 | $115.20 |
| 23113          | • three surfaces | $136.00 | $168.80 |
| 23114          | • four surfaces | $160.00 | $221.60 |
| 23115          | • five surfaces or maximum surfaces per tooth | $210.40 | $287.20 |
| 23311          | Permanent Premolars  
• one surface | $104.80 | $108.00 |
| 23312          | • two surfaces | $133.60 | $145.60 |
| 23313          | • three surfaces | $161.60 | $200.80 |
| 23314          | • four surfaces | $190.40 | $228.00 |
| 23315          | • five surfaces or maximum surfaces per tooth | $250.40 | $280.80 |
| 23321          | Permanent Molars  
• one surface | $87.20 | $87.20 |
| 23322          | • two surfaces | $109.60 | $116.80 |
| 23323          | • three surfaces | $132.00 | $135.20 |
| 23324          | • four surfaces | $155.20 | $169.60 |
| 23325          | • five surfaces | $196.80 | $223.20 |
| 25754          | Anterior Teeth only-with composite core + pins, where applicable | $192.00 | + materials |

**Endodontics**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>General Practitioner Fee</th>
<th>Specialist Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>32221</td>
<td>Pulpotomy - permanent anterior and premolars (excluding final restoration)</td>
<td>$80.00</td>
<td>$141.60</td>
</tr>
<tr>
<td>33111</td>
<td>Root Canals, Permanent Anteriors- one canal</td>
<td>$322.40</td>
<td>$473.60</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Description</td>
<td>General Practitioner Fee</td>
<td>Specialist Fee</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Prosthodontics - Removable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51101 51102</td>
<td>Complete Dentures, Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maxillary</td>
<td>$592.80 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mandibular</td>
<td>$715.20 + LAB</td>
<td></td>
</tr>
<tr>
<td>Dentures, Surgical, Standard (Immediate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51301 51302</td>
<td>Maxillary</td>
<td>$711.20 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mandibular</td>
<td>$776.80 + LAB</td>
<td></td>
</tr>
<tr>
<td>Dentures, Partial, Acrylic Base (Immediate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52111 52112</td>
<td>Maxillary</td>
<td>$424.00 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mandibular</td>
<td>$424.00 + LAB</td>
<td></td>
</tr>
<tr>
<td>Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52301 52302</td>
<td>Maxillary</td>
<td>$424.00 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mandibular</td>
<td>$424.00 + LAB</td>
<td></td>
</tr>
<tr>
<td>Dentures, Repairs (Three Months After Insertion)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55101 55102</td>
<td>Repairs, Complete Denture No Impression Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maxillary</td>
<td>$44.80 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mandibular</td>
<td>$44.80 + LAB</td>
<td></td>
</tr>
<tr>
<td>55201 55202</td>
<td>Repairs, Complete Denture Impression Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maxillary</td>
<td>$80.80 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mandibular</td>
<td>$80.80 + LAB</td>
<td></td>
</tr>
<tr>
<td>55301 55302</td>
<td>Repairs, Partial Denture No Impression Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maxillary</td>
<td>$44.80 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mandibular</td>
<td>$44.80 + LAB</td>
<td></td>
</tr>
<tr>
<td>55401 55402</td>
<td>Repairs, Partial Denture Impression Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maxillary</td>
<td>$111.20 + LAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mandibular</td>
<td>$111.20 + LAB</td>
<td></td>
</tr>
<tr>
<td>Dentures Relines and Rebases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only one reline or rebase will be covered per arch per two year period. Relines and rebases are not covered within 6 months of the date of insertion of a new denture.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Description</td>
<td>General Practitioner Fee</td>
<td>Specialist Fee</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------------------------</td>
<td>--------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>56211</td>
<td>Reline, Complete Denture</td>
<td>$194.40</td>
<td>$194.40</td>
</tr>
<tr>
<td>56212</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56221</td>
<td>Reline, Partial Denture</td>
<td>$164.80</td>
<td>$170.40</td>
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<tr>
<td>56222</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56231</td>
<td>Reline, Complete Denture (Processed)</td>
<td>$260.80 + LAB</td>
<td>$268.00 + LAB</td>
</tr>
<tr>
<td>56232</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56241</td>
<td>Reline, Partial Denture (Processed)</td>
<td>$236.00 + LAB</td>
<td>$260.80 + LAB</td>
</tr>
<tr>
<td>56242</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56311</td>
<td>Rebase, Complete Denture</td>
<td>$258.40 + LAB</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>56312</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56321</td>
<td>Rebase, Partial Denture</td>
<td>$236.80 + LAB</td>
<td>$249.60 + LAB</td>
</tr>
<tr>
<td>56322</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56511</td>
<td>Complete Denture</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>56512</td>
<td></td>
<td>$100.00</td>
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</tr>
<tr>
<td>56521</td>
<td>Partial Denture</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>56522</td>
<td></td>
<td>$100.00</td>
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</tr>
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</table>

### Dentures, Therapeutic Tissue Conditioning

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>General Practitioner Fee</th>
<th>Specialist Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>56211</td>
<td>Reline, Complete Denture</td>
<td>$194.40</td>
<td>$194.40</td>
</tr>
<tr>
<td>56212</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56221</td>
<td>Reline, Partial Denture</td>
<td>$164.80</td>
<td>$170.40</td>
</tr>
<tr>
<td>56222</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56231</td>
<td>Reline, Complete Denture (Processed)</td>
<td>$260.80 + LAB</td>
<td>$268.00 + LAB</td>
</tr>
<tr>
<td>56232</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56241</td>
<td>Reline, Partial Denture (Processed)</td>
<td>$236.00 + LAB</td>
<td>$260.80 + LAB</td>
</tr>
<tr>
<td>56242</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56311</td>
<td>Rebase, Complete Denture</td>
<td>$258.40 + LAB</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>56312</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56321</td>
<td>Rebase, Partial Denture</td>
<td>$236.80 + LAB</td>
<td>$249.60 + LAB</td>
</tr>
<tr>
<td>56322</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56511</td>
<td>Complete Denture</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>56512</td>
<td></td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>56521</td>
<td>Partial Denture</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>56522</td>
<td></td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

### Oral Surgery

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>General Practitioner Fee</th>
<th>Specialist Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>01601</td>
<td>Surgical Consultation</td>
<td></td>
<td>$82.40</td>
</tr>
</tbody>
</table>

**Panoramic Radiograph**
Payable only if rendered by an Oral Surgeon. Limited to one film per five-year period. Not payable for orthodontic reasons.
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>General Practitioner Fee</th>
<th>Specialist Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>02601</td>
<td>Single Film</td>
<td></td>
<td>$62.40</td>
</tr>
<tr>
<td>71101</td>
<td>Surgical Removal of Erupted teeth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71109</td>
<td>- single tooth, uncomplicated</td>
<td>$90.40</td>
<td>$88.80</td>
</tr>
<tr>
<td></td>
<td>- each additional in same quadrant, same appointment</td>
<td>$60.80</td>
<td>$58.40</td>
</tr>
<tr>
<td>71201</td>
<td>- complicated, requiring surgical flap</td>
<td>$178.40</td>
<td>$208.00</td>
</tr>
<tr>
<td>71209</td>
<td>- each additional in same quadrant, same appointment</td>
<td>$119.20</td>
<td>$208.00</td>
</tr>
<tr>
<td>82111</td>
<td>Removal, Impacted Teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payable only as part of a prior-approved treatment plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72111</td>
<td>- single tooth</td>
<td>$178.40</td>
<td>$208.00</td>
</tr>
<tr>
<td>72119</td>
<td>- each additional tooth, same quadrant</td>
<td>$119.20</td>
<td>$208.00</td>
</tr>
<tr>
<td>82311</td>
<td>Removal, Residual Roots, Erupted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72311</td>
<td>- first tooth</td>
<td>$70.40</td>
<td>$85.60</td>
</tr>
<tr>
<td>72319</td>
<td>- each additional tooth, same quadrant</td>
<td>$47.20</td>
<td>$85.60</td>
</tr>
<tr>
<td>82321</td>
<td>Removal, Residual Roots, Soft Tissue Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72321</td>
<td>- first tooth</td>
<td>$128.00</td>
<td>$164.80</td>
</tr>
<tr>
<td>72329</td>
<td>- each additional tooth, same quadrant</td>
<td>$85.60</td>
<td>$164.80</td>
</tr>
<tr>
<td>82331</td>
<td>Removal, Residual Roots, Bone Tissue Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72331</td>
<td>- first tooth</td>
<td>$261.60</td>
<td>$253.60</td>
</tr>
<tr>
<td>72339</td>
<td>- each additional tooth, same quadrant</td>
<td>$174.40</td>
<td>$227.20</td>
</tr>
<tr>
<td>82411</td>
<td>Alveoloplasty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73121</td>
<td>Per Sextant (Requires pre-approval)</td>
<td>$158.40</td>
<td>$176.80</td>
</tr>
<tr>
<td>82421</td>
<td>Gingivoplasty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73211</td>
<td>Per Sextant</td>
<td>$67.20</td>
<td>$180.00</td>
</tr>
<tr>
<td>82431</td>
<td>Sedation (Requires pre-approval)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92431</td>
<td>One Unit of Time</td>
<td>$60.80</td>
<td>$60.80</td>
</tr>
<tr>
<td>92432</td>
<td>Two Units of Time</td>
<td>$84.48</td>
<td>$84.48</td>
</tr>
</tbody>
</table>
# ESIA Denturist Rates Schedule

Applicants may be eligible for assistance to cover the cost of dentures when recommended by a physician or a dentist. Dentures shall be obtained by the most economical means. If dentures are provided by a denturist, then the denturist must be licensed in the Province of Nova Scotia to do so.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>10010</td>
<td>General Oral Examination</td>
<td>$86.40</td>
</tr>
<tr>
<td>10020</td>
<td>Limited Exam New Patient (Emergency or Specific)</td>
<td>$56.00</td>
</tr>
<tr>
<td>10030</td>
<td>Limited Exam Previous Patient (Recall, Emergency, and Specific)</td>
<td>$56.00</td>
</tr>
<tr>
<td>31310</td>
<td>Complete Standard Maxillary Denture</td>
<td>$692.00</td>
</tr>
<tr>
<td>31320</td>
<td>Complete Standard Mandibular Denture</td>
<td>$796.00</td>
</tr>
<tr>
<td>31330</td>
<td>Complete Standard Maxillary and Mandibular Denture</td>
<td>$1,488.80</td>
</tr>
<tr>
<td>32110</td>
<td>Maxillary</td>
<td>$224.80</td>
</tr>
<tr>
<td>32120</td>
<td>Mandibular</td>
<td>$224.80</td>
</tr>
<tr>
<td>32130</td>
<td>Maxillary and Mandibular Combined</td>
<td>$473.60</td>
</tr>
<tr>
<td>32318</td>
<td>Complete Maxillary</td>
<td>$222.40</td>
</tr>
<tr>
<td>32328</td>
<td>Complete Mandibular</td>
<td>$236.00</td>
</tr>
<tr>
<td>32338</td>
<td>Complete Maxillary and Mandibular</td>
<td>$459.20</td>
</tr>
<tr>
<td>33117</td>
<td>Maxillary</td>
<td>$269.60</td>
</tr>
<tr>
<td>33127</td>
<td>Mandibular</td>
<td>$293.60</td>
</tr>
<tr>
<td>36110</td>
<td>Complete Maxillary Repair - No Impression</td>
<td>$74.40 + ARM</td>
</tr>
<tr>
<td>36120</td>
<td>Complete Mandibular Repair - No Impression</td>
<td>$74.40 + ARM</td>
</tr>
<tr>
<td>36210</td>
<td>Complete Maxillary Repair - with Impression</td>
<td>$108.0040 + ARM</td>
</tr>
<tr>
<td>36220</td>
<td>Complete Mandibular Repair - with Impression</td>
<td>$108.0040 + ARM</td>
</tr>
</tbody>
</table>

ARM fees need to be billed separately using the procedure codes below. Not as a LAB.

### Additional Repair Material (ARM)

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>71310</td>
<td>Repair Model/Lab Produced – No Impression</td>
<td>$13.60</td>
</tr>
<tr>
<td>71311</td>
<td>Opposing Model – With Impression</td>
<td>$51.20</td>
</tr>
<tr>
<td>71313</td>
<td>Additional Tooth – Per Tooth</td>
<td>$23.20</td>
</tr>
<tr>
<td>71314</td>
<td>Multiple Fractures – Per Denture</td>
<td>$27.20</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Description</td>
<td>Fee</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>71315</td>
<td>Additional Flange – Per Denture</td>
<td>$31.20</td>
</tr>
</tbody>
</table>

**Tissue Conditioning, Complete Denture**

Tissue conditioning is limited to two (2) services per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue reconditioning can only be provided to the standard dentures.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>37110</td>
<td>Maxillary</td>
<td>$56.80</td>
</tr>
<tr>
<td>37120</td>
<td>Mandibular</td>
<td>$56.80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>41610</td>
<td>Partial Maxillary</td>
<td>$692.00</td>
</tr>
<tr>
<td>41620</td>
<td>Partial Mandibular</td>
<td>$796.00</td>
</tr>
<tr>
<td>41630</td>
<td>Partial Maxillary and Mandibular</td>
<td>$1,488.80</td>
</tr>
</tbody>
</table>

**Partial Dentures Acrylic Base - Without Clasps**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>41612</td>
<td>Partial Maxillary</td>
<td>$608.00</td>
</tr>
<tr>
<td>41622</td>
<td>Partial Mandibular</td>
<td>$708.80</td>
</tr>
<tr>
<td>41632</td>
<td>Partial Maxillary and Mandibular</td>
<td>$1,316.00</td>
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**Relines, Processed**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>42116</td>
<td>Partial Maxillary</td>
<td>$235.20</td>
</tr>
<tr>
<td>42126</td>
<td>Partial Mandibular</td>
<td>$251.20</td>
</tr>
</tbody>
</table>

**RELINES - Payable Only As Part Of A Prior-Approved Treatment Plan**

Payable only as part of a prior-approved treatment plan.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>42318</td>
<td>Partial Maxillary</td>
<td>$230.40</td>
</tr>
<tr>
<td>42328</td>
<td>Partial Mandibular</td>
<td>$248.80</td>
</tr>
<tr>
<td>42338</td>
<td>Partial Maxillary and Mandibular</td>
<td>$479.20</td>
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</table>

**Rebase, Processed**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>43116</td>
<td>Partial Maxillary</td>
<td>$284.00</td>
</tr>
<tr>
<td>43126</td>
<td>Partial Mandibular</td>
<td>$307.20</td>
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**Repairs**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>46110</td>
<td>Partial Maxillary - No Impression</td>
<td>$74.40</td>
</tr>
<tr>
<td>46120</td>
<td>Partial Mandibular - No Impression</td>
<td>$74.40</td>
</tr>
<tr>
<td>46210</td>
<td>Partial Maxillary - with Impression</td>
<td>$108.00</td>
</tr>
<tr>
<td>46220</td>
<td>Partial Mandibular - with Impression</td>
<td>$108.00</td>
</tr>
</tbody>
</table>

**Tissue Conditioning, Partial Denture**

Tissue conditioning is limited to two (2) services per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue reconditioning can only be provided to the standard dentures.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>47110</td>
<td>Partial Maxillary</td>
<td>$56.80</td>
</tr>
<tr>
<td>47120</td>
<td>Partial Mandibular</td>
<td>$56.80</td>
</tr>
</tbody>
</table>

**LAB**
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>98888</td>
<td>Repairs and Additions</td>
<td>$20.00 to $29.60</td>
</tr>
</tbody>
</table>

Copy of lab invoice required for this service.

Cross Reference: [Policy 6.2.4 - Dental](#)
7.1.1 Policy:  Employment Services Provided

Employment Services will be provided based on the most appropriate and cost-effective services that are available and necessary to support an approved employment action plan.

Labour market trends will be considered before approving the employment action plan. These services may include but are not limited to:

1. personal development services which facilitate progressions to self-sufficiency,

2. support for a recipient in the form of referrals to appropriate agencies which provide services that address a recipient’s needs and goals,

3. job preparation and employment entry supports such as job development, resume preparation, workshops, employment referrals, placements, etc.,

4. skills development supports such as skill specific training and placements,

5. career development supports consistent with a career/life development model that promotes lifelong learning and encourages recipient ownership of the process,

6. office and technology supports such as Internet access, telephone service, photocopy and mail service, and/or
7. literacy/academic upgrading programs up to and including grade 12 that meet standards recognized by the Nova Scotia Department of Education.

7.1.2 Policy: **Job Search Activities and Employment Action Plan**

A recipient and/or a spouse who has been determined to be employable based on the employability screening questions will be required to participate in job search activities supported by an employment action plan. The services will be provided by the Department of Community Services or a service provider approved by DCS.

Participation in job search activities and an employment action plan is a requirement to support ongoing eligibility for assistance.

7.1.3 Policy: **Employability Activities, Employability Assessment and Employment Action Plan**

A recipient and/or a spouse who has been determined appropriate for participation in employability activity based on the employability screening questions will be required to participate in an employability assessment and/or the completion of an employment action plan.

Participation in employability activities, an employability assessment and/or an employment action plan is a requirement to support ongoing eligibility for assistance.

7.1.4 Policy: **File Closure - Employment Support Services**

A recipient and/or the spouse of a recipient who is referred to Employment Support Services will have a file within Employment Support Services.

The Employment Support Services file will be closed if one or more of the following circumstances exist:

1. a recipient and/or spouse of a recipient becomes ineligible for ESIA, except in cases where ineligibility has been caused through income generated from an Employment Support Services negotiated wage subsidy placement which requires follow up,

2. a recipient and/or spouse of a recipient demonstrates that the ability to seek or maintain either employment or other employability enhancing activity is not feasible due to significant barriers in the areas of physical/mental health,
personal, social, addiction or family issues, and these issues cannot be addressed through participation in Employment Support Services,

3. consultation with the Income Assistance caseworker indicates that closure is appropriate, and/or

4. a recipient and/or spouse of a recipient has demonstrated verbal or physical behaviors that have been documented and determined to be inappropriate by a caseworker and a supervisor (Employment Support Services file may remain closed for a period of six (6) weeks beginning with the next service period).
7.2.1 Policy: Approved Training/Educational Programs (Non Post-Secondary)

A recipient and/or spouse of a recipient who is unable to obtain financial assistance from other sources may receive or continue to receive ESIA while participating in an approved training/educational program as part of an approved employment action plan. Such programs may include but are not limited to:

1. literacy/academic upgrading programs up to and including grade 12 that meet the standards recognized by the Nova Scotia Department of Education,

2. high school or adult day school,

3. short term specific skill enhancement programs (e.g. First Aid, WHMIS), or

4. continuing education classes.

Educational costs (e.g. tuition, books, transportation, child care, and other employability related needs) are considered allowable expenses and may be provided through special needs Policy 6.2.6 - Employability Related Special Needs for those recipients and/or spouses of recipients attending non-student assistance eligible programs.
7.3.1 Policy: Ineligibility for Income Assistance and Post-Secondary Education (Student Assistance Eligible programs)

An applicant/recipient and/or spouse who is attending or returning to a post-secondary educational program is not eligible for ESIA and they must pursue other feasible sources of income (e.g. Student Assistance).

An applicant/recipient and/or spouse of applicant/recipient who indicates an interest in pursuing a post-secondary educational program will be referred to the Nova Scotia Student Aid program.

7.3.2 Policy: Eligibility for Assistance and Post-Secondary Education (Student Assistance Eligible programs)

A recipient and/or spouse who meet the criteria of one of the following circumstances may be eligible to continue to receive Employment Support and Income Assistance while participating in an Post-Secondary Education program.

Circumstances:

1. is approved under the Labour Market Agreement for Persons with Disabilities (LMAPWD) program. This program is for adults with vocational handicaps and is funded by Employment and Social Development Canada in partnership with the Government of Nova Scotia, or

2. is approved under the Career Seek Pilot Project Policy 7.3.3 - Participation in Career Seek Pilot Project, or

3. was receiving Family Benefits on April 30, 2000 and commenced a post-secondary educational program prior to September 30, 2001, or

4. has an employability assessment and an approved employment action plan that recommends that a recipient attend a post-secondary education program of two (2) years or less and has been assigned a seat under a
skills development program for adults funded in partnership between the Federal and Nova Scotia Governments, or

5. has been the subject of an employability assessment and an approved employment action plan that recommends that a recipient attend a post-secondary education program of two (2) years or less; has pursued other feasible sources of income but they are not available or are insufficient; has been in receipt of assistance for at least six (6) months immediately prior to attending the post-secondary educational program and is available for work when not involved in the post-secondary educational program.

Under Policy 7.3.2 – Eligibility for Assistance and Post-Secondary Education (Student Assistance Eligible programs), Employment Support and Income Assistance will only be provided to support the completion of programs at an undergraduate level. Assistance will not be provided for the payment of tuition, school books or student fees unless the recipient has been assigned a seat under a skills development program for adults funded in partnership between the Federal and Nova Scotia Governments.

7.3.3 Policy: Participation in the Career Seek Pilot Project

A recipient and/or spouse may apply to attend a post-secondary program of study through the Career Seek Pilot Project. In order to be found eligible for Career Seek, a recipient and/or spouse must meet all of the following criteria:

1. is currently in receipt of assistance and has been in receipt of assistance for six (6) consecutive months at the time of application, or

2. is currently in receipt of assistance and has a cumulative total of twelve (12) months in receipt during the period of five (5) years prior to date of application,

3. is unable to attach to the labour market with current skills and education, and this has been verified through the development of an employability assessment and an approved employment action plan.

4. the post-secondary program will facilitate connection to the labour market upon completion, and

5. demonstrates capability to pay for costs related to tuition, textbooks, student fees, child care and transportation for the duration of the program (through Student Assistance, grants, scholarships, family contributions).

All recipients and/or spouses who wish to submit an application to Career Seek are eligible to apply. The Regional Selection Committee reviews all applications and
renders a decision regarding eligibility in writing to the recipient and the caseworker.

7.3.3(a) Policy: Career Seek Pilot Project Program Benefits

A recipient who has been found eligible to participate in Career Seek will receive financial support for shelter, personal allowances and special needs that are non-employment related provided the recipient continues to meet the eligibility criteria.

The length of time required to complete the program of study will be determined between the Department of Community Services and a recipient using an employment action plan. Support to participate in Career Seek is not to exceed a total maximum of six (6) school years. The Minister (or designate) may approve extensions for a program completion in extenuating circumstances.

7.3.3 (b) Policy: Education Programs Supported through Career Seek

Support will be provided for undergraduate degree programs only. A second degree will only be supported in cases where the first degree may be considered a pre-requisite to further study, or where a recipient is enrolled in a concurrent degree program that is part of the approved employment action plan. Under no circumstance will Career Seek provide support for master or doctoral level programs.

Support may be provided for recipients who already have education or training at a post-secondary level if a recipient has been unable to secure a job using that education or training. The reasons for not attaching to the labour market must be verified through the development of an employment action plan.

7.3.3(c) Policy: Case Planning for Career Seek

A case plan will be created in consultation between a recipient and the Employment Support Services caseworker. The plan should result in each Career Seek participant carrying the number of courses that will ensure completion of the program of study within the allowable time frame, but respects the distinct needs of the individual’s family, learning and health situation as identified in an employability assessment.

7.3.3 (d) Policy: Expectations of Participants in Career Seek

To remain eligible for support through the Career Seek program, participants must:
1. complete an employability assessment,

2. develop an employment action plan with the Department of Community Services that outlines the program of study to be taken, number of courses to be carried, length of time to complete the program, and what the participant's plans are for employment after graduation,

3. provide transcripts to the Employment Support Services caseworker at the end of the first semester and at the end of the academic year,

4. schedule and attend an appointment to meet with the Employment Support Services caseworker before beginning each new semester of study,

5. be available to and participate in work experience programs or other forms of employment that would support the program of study and career goal during the non-study periods,

6. complete the program of study within a maximum period of time as agreed upon in the employment action plan,

7. notify the Employment Support Services caseworker of any changes in circumstances including changes to course load, program of study, career path or ability to pay for all costs related to tuition, textbooks, student fees, child care and transportation, and

8. successfully complete a minimum of 80% of the course credits carried per academic year.
7.4.1 Policy: Self-Employment and Entrepreneurship

A recipient and/or the spouse who becomes engaged in a new self-employment activity, as part of an approved employment action plan, may be eligible for assistance for a period of six (6) months for business plan development and up to a maximum of eighteen (18) months during the period of operation of the business.

If a salary or wage is drawn from the business by the recipient or spouse, it is chargeable income and will be considered in determining eligibility for assistance.

The self-employment activity is contingent on an assessment and approval from an approved 3rd Party Delivery Agent. A recipient and/or spouse must agree to engage in a plan with this approved 3rd Party Delivery Agent.

If it is determined that the business will not enable the recipient and/or spouse be self-supporting by the 12th month of operation, the Department may make a recommendation to extend the period of business operation up to another six (6) months (not to exceed a total of eighteen (18) months) from the date business became operational.

If it is determined that the recipient and/or spouse will not be fully self-supporting within the eighteen (18) month period, a recommendation will be made requiring a return to other related employment activity.
7.5.1 Policy: Parental Leave from Employability Activity

Where a recipient or spouse gives birth to a child and/or adopts a new child, a recipient or the spouse will be exempted from participation in employability activity for a period of twelve (12) calendar months from the date of the birth of the child and/or adoption of new child.

A recipient or spouse may be permitted to split this exemption, based on an approved employment action plan, to a maximum total of twelve (12) calendar months from the date of the birth of the child and/or adoption of a new child.

If the exempt recipient and spouse self identifies as being interested in participating in employability activity within the first twelve (12) months of the new child’s birth or from the date of adoption, the appropriate assessment and services will be offered, but ongoing eligibility for assistance will not be linked to participation in employability activity until the child reaches twelve (12) months of age or the first year from the date of adoption.
8.1.1 Policy: Assignment of Overpayments and Underpayments

‘Overpayment’ is defined in Policy 4.1.1 (36) – Definitions.

The Department of Community Services reviews all available information to assess eligibility for the Employment Support and Income Assistance (ESIA) program. Assistance provided by Income Assistance (IA) and Employment Support Services (ESS) are both considered in the calculation of overpayments. It may be necessary to setup an overpayment or an underpayment when it is determined that too much or too little assistance has been issued.

A calculation must be completed before an overpayment or an underpayment may be established. If requested, both the calculation and the supporting documentation must be made available for review by the recipient/former recipient.

8.1.2 Policy: Recovery of Overpayments

An overpayment may be recovered from a recipient/former recipient, from their estate, or from their spouses’ estate. Overpayments assigned under the Family Benefits Act and the Social Assistance Act may be recovered under the Employment Support and Income Assistance Act.

1. Recovery from Income Assistance

Overpayments on eligible cases are recovered by making monthly deductions (recoveries) from a recipient’s ESIA entitlement.

The recovery rate is selected from the following Standard Recovery Rates table. When there has only been one overpayment, the recovery rate that corresponds to the original overpayment amount is assigned. When there has been more than one overpayment, the rate that corresponds to the highest overpayment balance owed by the recipient is assigned. The
monthly recovery rate is not reduced as the overpayment balance decreases.

### Standard Recovery Rates

<table>
<thead>
<tr>
<th>Maximum Overpayment Balance</th>
<th>Monthly Recovery Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $299</td>
<td>$15</td>
</tr>
<tr>
<td>$300 - $399</td>
<td>$20</td>
</tr>
<tr>
<td>$400 - $799</td>
<td>$25</td>
</tr>
<tr>
<td>$800 - $1,199</td>
<td>$30</td>
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<tr>
<td>$1,200 - $1,599</td>
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<tr>
<td>$1,600 - $1,999</td>
<td>$40</td>
</tr>
<tr>
<td>$2,000 and over</td>
<td>$45</td>
</tr>
</tbody>
</table>

A recipient may request that their recovery rate be changed from the standard recovery rate. A lower recovery rate may be established, due to extenuating circumstances, with casework supervisor approval. A higher recovery rate may be established, with written consent from the recipient and with casework supervisor approval. Recovery rates that are above or below policy are reviewed annually to ensure they are still appropriate.

### 2. External Collection

Overpayments on ineligible cases are recovered though external collection by Service Nova Scotia and Municipal Relations (SNSMR). The Prevention, Detection, and Recovery Unit (PDRU) manages the relationship between the Department of Community Services and SNSMR.

PDRU completes an assessment and determines if a referral to SNSMR is appropriate. SNSMR uses a variety of means, such as the Canada Revenue Agency’s Set-Off Program, to collect outstanding overpayments.

Reviews of repayment agreements are conducted by SNSMR.

Clients may contact SNSMR toll free by telephone at 1-888-292-7444.

### 3. Recovery after Eligibility Changes

When a recipient/former recipient has an overpayment and their eligibility status changes, the Prevention, Detection, and Recovery Unit performs an assessment to determine the appropriate recovery arrangements.

### 4. Overpayment Recovery during Appeals

When a recipient appeals their overpayment, monthly recovery from ESIA continues.
When a former recipient has an existing overpayment upon which the Department is pursuing external collection through Service Nova Scotia and Municipal Relations (SNSMR), recovery continues for the existing overpayment and for the overpayment being appealed. If there is no existing overpayment or if external collection is not being pursued, the case is not referred to SNSMR until the appeal decision is known or until the 45 day appeal period has elapsed.

If the appeal is granted, the overpayment and recovery are adjusted.

Refer to Chapter 12 – Administrative Reviews and Appeals for information relating to the appeals process.

5. Processing Recoveries

The Department may recover an overpayment by making deductions from a recipient’s ESIA entitlement, through external collections (Service Nova Scotia and Municipal Relations), from direct payments from a recipient/former recipient, or from a third-party (e.g. Canada Pension Plan).

8.1.3 Policy: Underpayments

Where a recipient receives less ESIA than they are eligible to receive, through no fault of their own, the underpayment will be calculated for the most recent six (6) months for which the lesser amount was paid.

When a case is eligible, all or a portion of an underpayment may be applied to an existing overpayment, up to a maximum of $45.00 per month. A recipient may choose to have all or a portion of the remaining underpayment applied to an overpayment.

When a case is ineligible, the underpayment will first be applied to any existing overpayment, with any remaining amount being refunded to the former recipient.

8.1.4 Policy: Adjustments

Overpayment balances will be adjusted when required (e.g. appeal decisions, errors, combining/splitting overpayments, etc.).
8.1.5 Policy: Bankruptcy, Consumer Proposal, and Orderly Payment of Debt

The Employment Support and Income Assistance program adheres to the *Bankruptcy and Insolvency Act*.

8.1.6 Policy: Waiver of Overpayments

Recipients/former recipients may submit requests to have their overpayments waived. Prior to any recommendation with respect to waiving, a reduction of the recovery amount must be explored. Waiving an overpayment will be considered in the following situations:

1. **Deceased**: Former recipient is deceased and it is not possible to recover the overpayment from the estate; death has been verified by Service Nova Scotia, Vital Statistics Division.

2. **Bankrupt**: A trustee has been discharged from the bankruptcy proceedings and the debt did not survive those proceedings.

3. **Permanent Absence from the Province**: A former recipient has permanently left Nova Scotia, has not resided in the province for six (6) years and there has been no successful collection for six (6) years. This provision does not apply to:
   a. cases of non-disclosure; or
   b. cases where a former recipient is refusing to participate in the repayment process.

4. **Limitations Period**: Where a former recipient has been ineligible to receive assistance for a period of six (6) or more years and no recovery activity has been commenced on an overpayment during the same period. This provision does not apply to:
   a. cases of non-disclosure;
   b. cases where a person receives deferred income with respect to any period for which assistance was provided;
   c. sums paid to a person that were agreed to be repayable; or
   d. cases where a former recipient is refusing to participate in the repayment process.
5. **Undue Hardship**: Only ineligible cases will be considered and all cases will be reviewed on a case by case basis (e.g. former recipient will never have ability to pay due to an end stage terminal illness, former recipient will never have ability to pay due to being a long term care resident with a profound cognitive or physical disability, etc.).

6. **Contrary to the Purpose of the ESIA Act**: Only ineligible cases will be considered and all cases will be reviewed on a case by case basis (e.g. continued attempted recovery would not be fiscally prudent because collection has not been possible for six (6) years due to a former recipient’s financial circumstances and the situation is unlikely to change).

**Exception**: In relation to Policy 8.1.7 – Overpayment Notification waiver consideration may be extended to both eligible and ineligible cases.

When staff recommends approving a request, it is forwarded to the Minister/Designate for consideration.

### 8.1.7 Policy: Overpayment Notification

A recipient/former recipient must be advised of an overpayment in a timely manner.

When a recipient/former recipient has not been notified of an overpayment within two (2) years of the overpayment being detected, waiving the overpayment may be considered under Policy 8.1.6 - Waiver of Overpayments as being ‘Contrary to the Purpose of the ESIA Act’.

This provision does not apply to cases where the Department has attempted to notify the recipient/former recipient and they have not responded (e.g. former recipient’s whereabouts are unknown).

### 8.1.8 Policy: Overpayment Resulting from Department Error

When an error has been made in calculating the amount of assistance a recipient/former recipient is eligible to receive, and an overpayment has resulted, and:

1. there is documented evidence that the recipient/former recipient has notified a caseworker of the error, and

2. the necessary changes have not been made;
the recovery of the overpayment(s) will be limited to the most recent six (6) months immediately before the recipient/former recipient is advised in writing of the overpayment amount and of the need for repayment.

8.1.9 Policy: Combining and Splitting Overpayments

Combining Overpayments

When a recipient/former recipient becomes a spouse on another case and they have an existing overpayment balance, it is combined with any existing balance on the shared case.

Splitting Overpayments

When a recipient/former recipient and a spouse separate or become ineligible for ESIA and:

1. one individual had an overpayment prior to being added to the shared case, the overpayment, less any applicable recoveries, is returned to that individual, or

2. both individuals had overpayments prior to being added to the shared case, the respective overpayments, less any applicable recoveries, are returned to the corresponding individuals, or

3. both individuals incurred an overpayment while on the shared case, 50% of the balance, less any applicable recoveries, is assigned to each individual unless the overpayment can be attributed to the actions of one individual and the Department is satisfied that the other is not complicit.

Recoveries made on the shared case are applied first to overpayments incurred during the current shared period. Additional recoveries are applied equally to the overpayment balances each individual brings to the shared case, until the smaller overpayment balance is paid in full, then 100% of recoveries are applied to the remaining balance.

When a recipient/former recipient or a spouse dies, recovery of any portion of the overpayment assigned to the deceased party will be reviewed under Policy 8.1.6 – Waiver of Overpayments.

8.1.10 Policy: Cohabitation Overpayments

Recipients are required to disclose their living arrangements under Policy 5.1.9 - Reporting Change in Circumstances and Policy 5.2.8 - Cohabitation.
Overpayment calculations related to a recipient/former recipient’s failure to disclose they were living in a relationship of interdependence in which they were functioning as an economic and domestic unit with a spouse or other individual, will consider the amount of ESIA they may have been eligible to receive for the period in question.

It is the recipient/former recipient’s responsibility to provide all information required to assess their joint eligibility. If they do not, the Department will determine there was no eligibility.

8.1.11 Policy: Overpayments Greater than $10,000

When an overpayment is greater than $10,000 and involves non-disclosure, a casework supervisor reviews the circumstances surrounding the non-disclosure to determine what supporting documentation is available, if legal action is appropriate, and/or what additional action is required.

8.1.12 Policy: Pharmacare Overpayments

Assistance granted in the form of Pharmacare is included in the calculation of full entitlement overpayments.

The amount of Pharmacare to be included in an overpayment calculation will not result in the total overpayment exceeding the chargeable income/assets for the service period.

8.1.13 Policy: Employment Support Services (ESS) Overpayments

Employment Support Services payments will be considered in the calculation of overpayments.
<table>
<thead>
<tr>
<th>Program Policy:</th>
<th>Employment Support and Income Assistance</th>
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<tbody>
<tr>
<td>Chapter:</td>
<td>9</td>
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<tr>
<td>Section:</td>
<td>Pharmacare</td>
</tr>
<tr>
<td>Effective:</td>
<td>August 1, 2001</td>
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<tr>
<td>Revised:</td>
<td>June 5, 2015</td>
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<td>ESIA Regulations:</td>
<td>2(ab) Special Need</td>
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<td>62 Pharmacare Assistance</td>
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<td>63 Co-pay</td>
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<td>64(1)(2) Extended Pharmacare</td>
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<td>65 Transitional Pharmacare</td>
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<td>78, 79 Pharmacare</td>
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<td>Page 1 of 4</td>
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### 9.1.1 Policy: Pharmacare

**Pharmacare** benefits may be granted to eligible recipients and/or spouse and dependents in receipt of Income Assistance. Any recipient and/or spouse and dependents having access to another drug plan, from a public (does not include Nova Scotia Family Pharmacare or Low Income Pharmacare for Children) or a private entity, may be required to use that plan and may not be eligible for Pharmacare benefits. There may be eligibility for a reimbursement of the co-payment amounts that exceed $5 per prescription provided the medication/supply is a benefit under the [Nova Scotia Formulary](#). **Policy 6.2.24 – Prescription Drug Coverage**.

Only those medications/supplies and the approved amount included in the Nova Scotia Formulary can be considered. Requests for assistance with prescription drug coverage that is not included in the Nova Scotia Formulary will not be approved as a special needs item. **Policy 9.1.3 – Exception Drug Status**. Receipts verifying the co-payments from the pharmacy or private health plan are required.

Recipients and/or spouse and their dependents are required to pay a flat co-pay fee of $5 per prescription, unless recipients and/or spouse of recipient and their dependents is/are eligible for co-pay exemption as per **Policy 9.1.4 – Co-Pay Exemptions**.

Recipients and/or spouse and their dependents requiring Pharmacare coverage must provide their Nova Scotia Health Card Number (HCN).

Where Pharmacare benefits have been provided to a recipient is discontinued because the total chargeable income of a recipient exceeds the total allowable expenses, a recipient may be eligible for Extended or Transitional Pharmacare if they meet the specific criteria for **Policy 9.1.5 - Extended Pharmacare** or **Policy 9.1.6 – Transitional Pharmacare**.
9.1.2 Policy: Pharmacare Coverage

Pharmacare coverage will be effective immediately or on the first day of the subsequent month following the determination of eligibility for Income Assistance for recipients and/or spouse of recipients and their dependents, where Pharmacare (prescription drug coverage) is not available from an employer or from some other source. When cases are deemed ineligible, Pharmacare coverage will normally be terminated on the last day of that month, however, where warranted, Pharmacare coverage may be terminated immediately.

Pharmacare coverage is accessed by use of the Nova Scotia Health Card Number (HCN). Only those pharmacies that have on-line access to Medavie Blue Cross can be utilized.

The maximum supply of an eligible product to be dispensed at any one (1) time by a pharmacy is one hundred (100) days.

Assistance granted in the form of Pharmacare assistance may be included in the calculation of an overpayment, for more information see Policy 8.1.12 – Pharmacare Overpayments.

9.1.3 Policy: Exception Status Drugs

The Department of Community Services Pharmacare benefits are administered by the Department of Health and Wellness. The Community Services Pharmacare benefits adhere to the Nova Scotia Formulary. This list provides access to approved drugs, biological and related preparations, diabetes, and ostomy supplies.

If a recipient is prescribed or requesting a drug that is not a benefit on the Nova Scotia Formulary, a recipient should be advised to have their physician request approval through Pharmacare for coverage by submitting the appropriate Department of Health and Wellness documentation. Certain drugs are only eligible for coverage when an individual meets the criteria developed by the Department of Health and Wellness. These drugs may be approved by the Department of Health and Wellness as exception status drugs.

Those drugs that are not approved as benefits under the Nova Scotia Formulary, or drugs not approved for exception status drug coverage must not be covered under special needs under any circumstances.
9.1.4 Policy: Co-pay Exemptions

Individual recipients may be considered co-pay exempt under the following circumstances:

1. there is the existence of a disability, or

2. multiple monthly prescriptions (more than three (3) per person), or

3. a small dosage amount specified in the prescription, which can only be dispensed on a frequent basis (more than once per thirty (30) days).

9.1.5 Policy: Extended Pharmacare

A recipient, spouse or dependent child receiving Extended Pharmacare benefits prior to December 15, 2014 will continue to be eligible if there has been no break in eligibility.

When conducting the assessment for items/services of special need, the average drug costs that were included in the budget to determine eligibility are to be excluded from the calculation of the budget deficit. The removal of the average drug costs from the calculation will allow for an accurate reflection of the eligibility for the requested item/service.

Where a recipient is discontinued because the total chargeable income exceeds the total allowable expenses, the caseworker will advise the recipient to register for the Nova Scotia Family Pharmacare program.

9.1.6 Policy: Transitional Pharmacare

When Pharmacare assistance is discontinued because the total chargeable income from wages exceeds the total allowable expenses, Transitional Pharmacare coverage can continue for up to one (1) year from date of discontinuation of financial eligibility provided a drug plan is not available at the place of employment or with another drug plan.

A recipient and/or spouse may request activation of Transitional Pharmacare benefits any time in the twelve (12) month period after the discontinuation of financial eligibility due to employment income. The period of coverage of Transitional Pharmacare will not exceed the twelve (12) month period after the date of discontinuation.
Recipients who are ineligible for ESIA for reasons other than employment and who secure employment at a later date are not eligible for Transitional Pharmacare benefits.

Transitional Pharmacare will only be provided when the cost of drugs is not available from any other source including, but not limited to, a drug plan from the place of employment of a recipient or a recipient’s spouse. Recipients must provide information respecting their new work situation, including available benefits.

Recipients are not limited to the number of times they can receive Transitional Pharmacare benefits.

Cross Reference:

Policy 6.1.6 - Individuals not in Receipt of Income Assistance
10.1.1 Policy: Children’s Benefits

Benefits for Nova Scotia children in all low-income families, including those in receipt of ESIA, are administered through the tax system. By filing an annual income tax return and completing a Canada Child Tax Benefit (CCTB) application, eligible families may receive these benefits. The CCTB consists of a base amount, the National Child Benefit Supplement (NCBS), the Nova Scotia Child Benefit (NSCB) and, if applicable, the Child Disability Benefit (CDB). These benefits are income based.

In circumstances where families in receipt of ESIA are receiving less than $133 per child through a combination of the NCBS and the NSCB, ESIA may provide temporary benefits (up to three (3) months, or until the family receives the NCBS/NSCB).

10.1.2 Policy: Child Benefit Adjustment (CBA)

Families in receipt of ESIA with children under the age of 18 may request a Child Benefit Adjustment (CBA). This payment may be issued by ESIA when a family does not receive the National Child Benefit Supplement (NCBS) and the Nova Scotia Child Benefit (NSCB) equal to $133 per child. An applicant/recipient and/or spouse may request an assessment to determine eligibility to receive CBA.

To receive a CBA payment an applicant/recipient and spouse will:

1. request an assessment for CBA eligibility,

2. be eligible for ESIA and receive a basic assistance payment for the same month(s) they are requesting CBA,

3. ensure their income tax returns are filed up to date with Canada Revenue Agency (CRA) for an applicant/recipient and spouse,

4. provide CRA with their current address,
5. notify CRA when there has been a change in marital status in excess of 90 days and they have completed a ‘Marital Status Change’ form RC65,

6. apply for the Canada Child Tax Benefit (CCTB) for all dependent children. An applicant/recipient and spouse must make application for the Canada Child Tax Benefit. In addition to filing an up to date Income Tax Return, families must apply for children’s benefits. Form ‘RC66 Canada Child Tax Benefit Application’ must be submitted to CRA for application for children’s benefit,

7. be recognized as the primary care giver with CRA to receive consideration for the children’s benefits,

8. provide completed and correct information to CRA to advise changes in family circumstances (e.g. marriage, separation, or a new partner and address),

9. advise the worker if they or their spouse and dependent are immigrants and provide information of action taken to secure permanent Canadian Residency,

10. advise the worker of any changes in their Social Insurance Number (SIN) or their spouse’s SIN, including status of a temporary SIN number, and

11. comply with CRA’s request for information (e.g. completing a questionnaire).

If an applicant or recipient and spouse has requested a CBA assessment and meet the above criteria, CBA may be issued according to the following guidelines:

1. CBA will be calculated separately for each child, based on the number of children as recorded by CRA, unless the number of children declared for income assistance purposes is lower. In situations where a family is receiving partial payments but receives more than $133 for one (1) child and less than $133 for each subsequent child, the excess for the first child will not be used to reduce the adjustment for the other children,

2. payments will be prorated from the date of the child’s birth or the date the child returned home to determine the amount of CBA. CBA will be issued for a maximum period of three (3) months,

3. clients may be eligible to receive a CBA payment when a family’s income for the prior tax year disqualifies the family for the NCBS and the NSCB,
4. a recipient or spouse who has a change in marital status (separation) and the family is receiving the NSCB totaling less than $133 per month per child may receive a CBA payment. This payment may be issued for a maximum period of nine (9) months from the date of the initial CBA payment, and/or

5. a family who is not receiving the equivalent of $133 per month, per child, due to the birth of a child(ren) or a child(ren) returning to the family from an agency/foster parent or from another family situation may receive CBA.

10.1.3 Policy: Child Benefit Adjustment (CBA) Eligibility for Refugee Claimants

Families who are refugee claimants and in receipt of ESIA with children under the age of 18 may request a Child Benefit Adjustment (CBA), Policy 10.1.2 - Child Benefit Adjustment. Refugee claimants who do not meet Canada Revenue Agency (CRA)’s eligibility criteria because of their immigration status are not able to apply for the Canada Child Tax Benefit (CCTB). Although a work permit and temporary Social Insurance Number (SIN) prefixed by the number nine (9) may have been issued, an application for CCTB can only be made after refugee protection or permanent residency has been granted.

In these situations, ESIA may provide temporary benefits, in excess of three (3) months or until the family receives the National Child Benefit Supplement (NCBS) and the Nova Scotia Child Benefit (NSCB), because the immigration process may exceed three (3) months.

10.1.4 Policy: Child Benefit Adjustment (CBA) Repayment

When a recipient/former recipient and/or spouse receives a retroactive National Child Benefit Supplement (NCBS)/Nova Scotia Child Benefit (NSCB) payment, for the same period a Child Benefit Adjustment (CBA) payment was issued through ESIA, an overpayment is assigned.

Assistance granted in the form of a CBA payment is included in an overpayment calculation when it is determined there has been no eligibility for assistance.

Cross Reference: Policy 5.3.6 – Child Benefit Adjustment Repayment
11.1.1 Policy: Early Detection Prevention

When there are eligibility concerns at intake, an Early Detection Prevention (EDP) review may be performed.

11.1.2 Policy: Eligibility Review

When staff become aware of information that may impact a recipient’s eligibility for ESIA, the case may be referred to Eligibility Review (ER).

Recipients may be referred to the Eligibility Review program when there is suspicion of:

1. undisclosed cohabitation, income, or assets;
2. inaccurately reported expenses, or family situations; and/or
3. any other misrepresentation that may affect eligibility for assistance.
12.1.1 Policy: Definitions

In these policies and procedures:

2. “Advocate” means any person who assists and/or represents an appellant during the appeals process.
3. “Appellant” means an applicant/recipient who has filed an appeal or who has had an appeal filed on their behalf under the Employment Support and Income Assistance Act, or the Social Assistance Act, such as the Services for Persons with Disabilities program.
4. “Caseworker” means the person who has made the initial decision on behalf of the Department and communicated this decision to an applicant/recipient.
5. “Coordinator” means the person responsible for coordinating appeals in a region.
6. “Days” means calendar days (See Policy 12.1.8 - How to Interpret Dates).
7. “Supervisor” means the person who is responsible for conducting the administrative review as designated by the Minister in pursuant to Sec4(2) of the Act.

12.1.2 Policy: Right to Appeal

Any person who applies for or receives Employment Support and Income Assistance or who applies or receives assistance under the Services for Persons with Disabilities programs, has the right to have any decision made by the Department of Community Services reviewed and appealed if dissatisfied with the decision concerning the application. The Legislative Authority is established under
the *ESIA Act*, sec 12(1), and the *Social Assistance (SA) Act*, sec 19 “...may appeal any decision...”

With respect to Homes for Special Care and other programs under the Services for Persons with Disabilities program, only issues of financial eligibility related to a needs test are subject to an administrative review and appeal hearing by an Appeal Board under the *Employment Support and Income Assistance Appeal Regulations*. Appeals of Homes for Special Care and other programs under the Services for Persons with Disabilities program that are based on disputed level of care are referred to Appeal Board hearings under the *Homes for Special Care Act* and *Regulations*.

**12.1.3 Policy: Notification of Right to Appeal**

Legislative Authority; *ESIA Act* sec 7(2)(v) “advise the applicant.”

A caseworker will notify the applicant/recipient in writing of the decision made and of their right to appeal that decision. A pamphlet that defines the steps to appeal in plain language that includes an application for appeal form will accompany the decision.

A caseworker will make reasonable efforts to give the applicant/recipient explanation of the *Legislation, Regulations* and *Policy* as well as the factual basis for the decision. This provides the opportunity for all parties to review and understand the rationale behind a decision prior to an appeal being filed.

**12.1.4 Policy: Filing an Appeal**

Legislative Authority; *ESIA Act* sec 12(3) “...within thirty days...”

If an applicant/recipient wishes to appeal, they must submit a written application for appeal to their caseworker within thirty (30) days of the original decision having been communicated to them.

Procedures for filing an appeal:

1. an applicant/recipient shall make a written application for an appeal making sure to include; the decision being appealed, the reason for the appeal as well as their signature, date, address and telephone number if applicable,

2. to assist an applicant/recipient, who wishes to appeal, a pamphlet is available at each office outlining the steps, and includes the form to be completed. Where appropriate or if required, a caseworker should assist an applicant/recipient, and
3. applications will be accepted up to thirty (30) days as defined in Policy 12.1.8 – How to Interpret Dates from communication of the decision.

12.1.5 Policy: Administrative Review

An Administrative Review is a meaningful, thorough and objective review that provides an opportunity for the original decision to be upheld, overturned or varied. The person conducting the Administrative Review is independent of the original decision and will ensure the decision being appealed is consistent with the Legislation, Regulations and Policy, and that the appellant’s case is given a fair and timely review.

Legislative Authority; ESIA Act sec 4(2) “The Minister may...”

A caseworker’s immediate supervisor will conduct the administrative review unless they had been closely involved with the case decision, in which case an alternate supervisor or the next level of supervision will conduct the review.

Legislative Authority; ESIA Act sec 12(4) “The Minister shall...”

Within ten (10) days of receiving notification of an appeal, the administrative review must be conducted and the appellant informed of the decision. Compliance with the ten (10) day requirement will be monitored through program management.

Legislative Authority; ESIA Act sec 12(5) “Within ten days...”

When the decision of a caseworker is upheld, and an appellant has been advised of the outcome in writing, an appellant will have ten (10) days as defined by Policy 12.1.8 – How to Interpret Dates to respond in writing to request to continue the appeal hearing.

If an appellant does not respond within the given time frame, the Department will record that an appellant accepts the outcome of the review. Once an appellant withdraws an appeal it is closed and cannot be reopened.

12.1.6 Policy: Notification of Appeal Hearing

Assistance Appeal Regulation 9(1) “...shall hear and render...”

In the event that the appellant continues with the appeal, the regional office will coordinate the appeal and send notification of the date, time and place of the hearing by registered mail to the appellant ten (10) days prior to the hearing. The regional office will also provide documentation for the Appeal Board.
**Assistance Appeal Regulation 11(1) “Appellant may...”**

If an appellant wishes to have a hearing but cannot attend due to extenuating circumstances, they can either request that the appeal hearing be rescheduled or indicate that they would like the option of a hearing utilizing the telephone.

**Assistance Appeal Regulation 11(2) “Where the appellant...”**

The appellant shall be notified that if they do not attend the hearing or send a representative, the appeal will be heard in their absence unless they have requested an alternative date.

**12.1.7 Policy: Right to Representation**

*Assistance Appeals Regulation; sec 11(1) “The appellant may...”*

Persons appealing have the right to be represented by an advocate throughout the appeals process. Prior to appeal information being sent to a representative, the Department should obtain consent, preferable written, from the appellant to discuss their case with an advocate acting on their behalf.

Procedures for appeals involving representatives:

1. the Department will ask the appellant if they have any documentation to submit to the Appeal Board or Department and if they have witnesses to present, prior to the hearing,

2. in lieu of attending the hearing, the appellant may send a representative to the appeal hearing who will provide the Chairperson or Vice Chairperson with written proof that the appellant authorizes them to represent the appellant at the hearing,

3. if counsel is representing the appellant at the hearing, the person responsible for coordinating appeals for the Region will send a copy of the appeals report to the representative, provided they are admitted to the bar. If the representative is an articled clerk, the Department should send the appeals report to the principal as well or confirm that the clerk is acting on their behalf,

4. the person responsible for coordinating appeals for the region will also identify and schedule who will represent the Department at the appeals hearing,
5. if counsel is required to represent the Department, the person responsible for coordinating appeals for the region will consult with the Department of Justice to engage counsel.

12.1.8 Policy: How to Interpret Dates

When calculating dates as defined in Legislation, Regulations and Policy, they will be calculated according to the Interpretation Act.

**Legislative Authority:** Interpretation Act sec. 19(k) “Where the time limit for the doing of any act expires or falls upon a holiday, the time so limited extends to and the act may be done on the first following day is not a holiday;”

**Legislative Authority:** sec 7(j) “holiday’ includes Sunday, New Year’s Day, Good Friday, Canada Day, Christmas Day, the birthday or the day appointed for the celebration of the birth of the reigning Sovereign, Victoria Day, Labour Day, Remembrance Day and any day appointed by any statute in force in the Province or by proclamation of the Governor General or of the Lieutenant Governor as a general holiday or for general fast or thanksgiving, and whenever a holiday other than Remembrance Day falls on a Sunday the expression holiday includes the following day;”

The person conducting the review will follow this procedure:

1. the date a decision is communicated or an application for an appeal is received is not counted as the start date for the required time line. Time line for completion commences on the day following communication,
2. if the due date falls on a Saturday, work must be completed by the preceding Friday,
3. if the due date falls on a Sunday, work is due on the following Monday, or
4. if the due date falls on a holiday, work is due the next day which is not a holiday.

12.1.9 Policy: Information about the Appeal Board

**Legislative Authority:** sec 13 & Regulations sec 4, 6, 7, 8, 9, 10 11, 12, 13

Legislation and regulations govern the Appeal Board. The Appeal Board is established by the Minister pursuant to section 11 of the Employment Support and Income Assistance Act. There are five (5) boards for the province. The Minister shall designate one (1) member of an appeal board to be the Chairperson of the
board and all other members to be Vice-Chairpersons. The quorum of an appeal board is one (1) member. Members of the Appeal Board will attend such training, as the Minister considers necessary.

Member(s) of the Appeal Board will be selected for appeal hearings based on rotation within each region.

The Appeal Board shall hear and render a decision within 45 days of the date of the appellant’s rejection of the decision of the administrative review. Once the hearing is held, the Appeal Board has seven (7) days to render its decision. If an appellant is dissatisfied with a decision of the Appeal Board, their next level of appeal would be to the Supreme Court of Nova Scotia.
Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ALTC</td>
<td>Nova Scotia Affordable Living Tax Credit</td>
</tr>
<tr>
<td>AOM</td>
<td>Assignment of Maintenance</td>
</tr>
<tr>
<td>CBA</td>
<td>Child Benefit Adjustment</td>
</tr>
<tr>
<td>CCTB</td>
<td>Canada Child Tax Benefit</td>
</tr>
<tr>
<td>CDB</td>
<td>Child Disability Benefit</td>
</tr>
<tr>
<td>CNIB</td>
<td>Canadian National Institute for the Blind</td>
</tr>
<tr>
<td>CPAP</td>
<td>Continuous Positive Airway Pressure</td>
</tr>
<tr>
<td>CPP</td>
<td>Canada Pension Plan</td>
</tr>
<tr>
<td>CPPD</td>
<td>Canada Pension Plan Disability</td>
</tr>
<tr>
<td>CPR</td>
<td>Coronary Pulmonary Resuscitation</td>
</tr>
<tr>
<td>CRA</td>
<td>Canada Revenue Agency</td>
</tr>
<tr>
<td>CSA</td>
<td>Canadian Standards Association</td>
</tr>
<tr>
<td>DCS</td>
<td>Department of Community Services</td>
</tr>
<tr>
<td>DIAND</td>
<td>Department of Indian Affairs and Northern Development</td>
</tr>
<tr>
<td>EI</td>
<td>Employment Insurance</td>
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<tr>
<td>EP</td>
<td>Employability Participation</td>
</tr>
<tr>
<td>EPO</td>
<td>Emergency Protection Order</td>
</tr>
<tr>
<td>ER</td>
<td>Eligibility Review</td>
</tr>
<tr>
<td>ERO</td>
<td>Eligibility Review Officer</td>
</tr>
<tr>
<td>ESIA</td>
<td>Employment Support and Income Assistance</td>
</tr>
<tr>
<td>ESS</td>
<td>Employment Support Services</td>
</tr>
<tr>
<td>ETW</td>
<td>Educate to Work</td>
</tr>
<tr>
<td>FB</td>
<td>Family Benefits</td>
</tr>
<tr>
<td>FMIS</td>
<td>Family Maintenance Income Support</td>
</tr>
<tr>
<td>FOIPOP</td>
<td>Freedom of Information and Protection of Privacy</td>
</tr>
<tr>
<td>GED</td>
<td>General Education Diploma</td>
</tr>
<tr>
<td>GIS</td>
<td>Guaranteed Income Supplement</td>
</tr>
<tr>
<td>GST</td>
<td>Goods and Services Tax</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<td>----------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>HCN</td>
<td>Health Card Number</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IA</td>
<td>Income Assistance</td>
</tr>
<tr>
<td>IDA</td>
<td>Individual Development Account</td>
</tr>
<tr>
<td>LAE</td>
<td>Labour and Advanced Education</td>
</tr>
<tr>
<td>LMAPWD</td>
<td>Labour Market Agreement for Persons with Disabilities</td>
</tr>
<tr>
<td>LMDA</td>
<td>Labour Market Development Agreement</td>
</tr>
<tr>
<td>LTD</td>
<td>Long Term Disability</td>
</tr>
<tr>
<td>MEP</td>
<td>Maintenance Enforcement Program</td>
</tr>
<tr>
<td>MERC</td>
<td>Mandatory Employment Related Costs</td>
</tr>
<tr>
<td>MLA</td>
<td>Member of the Legislative Assembly</td>
</tr>
<tr>
<td>MP</td>
<td>Member of Parliament</td>
</tr>
<tr>
<td>MR</td>
<td>Municipal Relations</td>
</tr>
<tr>
<td>MSI</td>
<td>Medical Services Insurance</td>
</tr>
<tr>
<td>NCBS/NCB</td>
<td>National Child Benefit Supplement</td>
</tr>
<tr>
<td>NCP</td>
<td>Non-Custodial Parent</td>
</tr>
<tr>
<td>NSCB</td>
<td>Nova Scotia Child Benefit</td>
</tr>
<tr>
<td>NSEA</td>
<td>Nova Scotia Employability Assessment</td>
</tr>
<tr>
<td>OAS</td>
<td>Old Age Security</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Occupational Health and Safety</td>
</tr>
<tr>
<td>PDRU</td>
<td>Prevention, Detection and Recovery Unit</td>
</tr>
<tr>
<td>PIN</td>
<td>Personal Identification Number</td>
</tr>
<tr>
<td>PRC</td>
<td>Poverty Reduction Credit</td>
</tr>
<tr>
<td>RDSP</td>
<td>Registered Disability Savings Plan</td>
</tr>
<tr>
<td>SA</td>
<td>Social Assistance</td>
</tr>
<tr>
<td>SIN</td>
<td>Social Insurance Number</td>
</tr>
<tr>
<td>SNSMR</td>
<td>Service Nova Scotia and Municipal Relations</td>
</tr>
<tr>
<td>SPD</td>
<td>Services for Persons with Disabilities</td>
</tr>
<tr>
<td>UCCB</td>
<td>Universal Child Care Benefit</td>
</tr>
<tr>
<td>USA/US</td>
<td>United States of America</td>
</tr>
<tr>
<td>WCB</td>
<td>Workers Compensation Board</td>
</tr>
<tr>
<td>WHMIS</td>
<td>Workplace Hazardous Materials Information System</td>
</tr>
<tr>
<td>WITB</td>
<td>Working Income Tax Benefit</td>
</tr>
</tbody>
</table>
The Nova Scotia Child Benefit

Legislative Authority:

• the *Nova Scotia Income Tax Act*.

Policy Objectives:

• help prevent and reduce child poverty;

• promote labour market attachment, reducing the need for low income working families to turn to social assistance programs and making it easier for families receiving income assistance to make the transition to work; and

• simplify and reduce administration by harmonizing program objectives and benefits across jurisdictions.

Strategic Direction:

• provide benefits in a more mainstream way by using an income test to address the needs of all low income families (e.g. children’s benefits, working income supplements and Pharmacare);

• reduce the percentage of population that typically depend on income assistance programs;

• ensure work is a viable economic choice; and

• help families to better participate in their communities, reducing the marginalization that can be associated with income assistance programs.

Operating Principles:

• fair and equitable provision of income support for children;

• non-discriminatory, eligibility based on income test only;
• non-intrusive;
• secure, predictable income source throughout changes in the economy; and
• assist families to be financially self-sufficient.

Program Description:

The Nova Scotia Child Benefit is an income support program for all low income families with children under the age of 18, regardless of the parents’ source of income. It shares the same objectives as the National Child Benefit Initiative.

Starting in July 2001, the benefits are designed to fully integrate with the National Child Benefit Supplement to establish a standard benefit for each child of a low income family.

Together, these two (2) programs, started in July 1998, removed the need for children’s personal allowances in Nova Scotia’s Employment Support and Income Assistance program effective August 1, 2001.

The Nova Scotia Child Benefit is based on an income test, and makes provision for the payment of cash benefits to eligible families with a net annual family income below $26,000. Families with net incomes up to $18,000 are eligible for maximum benefits; families with annual incomes between $18,001 and $26,000 are eligible to receive partial benefits.

The provision of benefits is governed by the Nova Scotia Child Benefit Regulations made pursuant to Section 34, Chapter 217, of the Nova Scotia Income Tax Act. The Regulations specify eligibility requirements, per child benefit levels, income thresholds and benefit reduction levels where applicable.

The program is administered and delivered by the Canada Customs and Revenue Agency on behalf of Nova Scotia and shares the same business rules as the Canada Child Tax Benefit. The Canada Child Tax Benefit has two (2) components; the National Child Benefit Supplement and the basic amount. The basic amount is the benefit that, prior to July 1998 was known as the Child Tax Benefit. When the Supplement was added July 1998 the two (2) components became known as the Canada Child Tax Benefit.

Eligibility for the program is determined by Canada Customs and Revenue Agency pursuant to the Nova Scotia Income Tax Act and Regulations. Canada Customs and Revenue Agency is responsible for general communication, client notification regarding eligibility and entitlements, inquiries, and appeals on behalf of Nova Scotia. Monthly payments are included with Canada Child Tax Benefit payments.
Families do not have to make separate application for the Nova Scotia Child Benefit. The annual income tax return filed by a family constitutes an application. Both parents must file an income tax return whether or not one or both have income. Eligibility and benefits are determined on net family income for the previous income tax year and number of children. The benefit year is July 1 to June 30.

Payments are made by direct deposit or cheque on the 20th of each month. To ensure there is no disruption in benefit payments, Canada Customs and Revenue Agency must be kept informed of any changes in family income, marital status, number of dependent children and current address.

**Benefit Structure:**

Effective July 1, 2001 the Nova Scotia Child Benefit was fully integrated with the National Child Benefit Supplement to establish a standard benefit.

The benefits are:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td># of Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st child</td>
<td>July 2013</td>
<td>July 2014</td>
</tr>
<tr>
<td></td>
<td>$624.96</td>
<td>$624.96</td>
</tr>
<tr>
<td>2nd child</td>
<td>$825.00</td>
<td>$825.00</td>
</tr>
<tr>
<td>3rd and each additional child</td>
<td>$900.00</td>
<td>$900.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st child</td>
<td>$2,220.96</td>
<td>$2,241.00</td>
</tr>
<tr>
<td>2nd child</td>
<td>$1,964.04</td>
<td>$1,981.80</td>
</tr>
<tr>
<td>3rd and each additional child</td>
<td>$1,869.00</td>
<td>$1,886.16</td>
</tr>
</tbody>
</table>

The Nova Scotia Child Benefit is combined with the National Child Benefit Supplement to establish a standard benefit for each child as illustrated below:
The following chart illustrates the Nova Scotia Child Benefit combined with the Canada Child Tax Benefit:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Child</td>
<td>$238.83</td>
<td>$120.50</td>
<td>$359.33</td>
</tr>
<tr>
<td>2 Children</td>
<td>$499.73</td>
<td>$214.00</td>
<td>$713.73</td>
</tr>
<tr>
<td>3 Children</td>
<td>$704.91</td>
<td>$369.91</td>
<td>$1,074.82</td>
</tr>
<tr>
<td>4 Children</td>
<td>$937.09</td>
<td>$498.82</td>
<td>$1,43.91</td>
</tr>
<tr>
<td>5 Children</td>
<td>$1,169.27</td>
<td>$627.73</td>
<td>$1,797.00</td>
</tr>
</tbody>
</table>
A.3.1 Definition of the Family Violence and Abuse Protocols

The Employment Support and Income Assistance (ESIA) Family Violence and Abuse Protocols identify ESIA caseworkers’ responsibilities in regards to three (3) types of violence and abuse that could be experienced by ESIA clients:

1. Intervention for Spousal/Intimate Partner Violence (Section A.3.2)
2. Protection of Children from Abuse and Neglect (Section A.3.3)
3. Protection of Adults from Abuse and Neglect (Section A.3.4)

The Protocols are helpful for caseworkers and staff who might be in a position to observe violence and abuse.

The objective of the Family Violence and Abuse Protocols is to increase awareness of the three (3) types of violence and abuse, and to outline caseworkers’ and staff’s responsibilities, where required, to respond to violence and abuse experienced by ESIA clients or others with whom caseworkers or staff may have contact.
A.3.2 Intervention for Spousal/Intimate Partner Violence

A.3.2.1 Definition of Spousal/Intimate Partner Violence

Spousal/intimate partner violence is the violence or abuse inflicted on a person by her/his intimate partner, whether she/he is married, in a common-law relationship, dating, or the violence or abuse is inflicted by a former intimate partner. Spousal/intimate partner violence can occur between same or opposite sex couples.

Other common terms describing spousal/intimate partner violence are “domestic violence”, “woman abuse”, and “family violence”.

The majority of spousal/intimate partner violence cases reported to the police involve a woman being the victim; however incidents are also reported where a man is the victim.

Underlying all abuse is a power imbalance between the victim and the abuser. Spousal/intimate partner violence need not involve physical contact with the victim since acts of intimidation such as punching walls and making verbal threats can also achieve this power imbalance. The abuser exercises control over the victim by inducing fear.

Spousal/intimate partner violence can occur in a variety of forms:

- Verbal (name-calling, criticism, insults, swearing, yelling, blaming)
- Physical (slapping, punching, choking, grabbing, kicking, shoving, throwing items, physical restraint)
- Sexual (forced intercourse or other sexual activity, criticizing victim for refusing to engage in sexual activity, treating victim like a sex object)
- Emotional/psychological/social (intimidation, isolation from family and friends, mind games, lying, insults, jealousy, embarrassing the victim, ignoring the victim, not allowing the victim to express emotions)
- Financial/economic (misusing money or possessions, withholding money)
- Criminal harassment (stalking in person, by phone, email, or other)
- Spiritual (mocking personal spiritual beliefs, not allowing person to attend spiritual institution or participate in ceremonies or traditions of her/his faith).
- Threats of any of the forms of spousal/intimate partner violence noted above (verbal, non-verbal, written)
Spousal/intimate partner violence does not necessarily end when the victim leaves her/his partner. Abusive partners may continue to harass and assault their partner after separation. Victims of spousal/intimate partner violence are at an increased risk of experiencing additional violence or even homicide during the first year after leaving the relationship.

### A.3.2.2 Indicators of Spousal/Intimate Partner Violence

The following are indicators that a person may be experiencing spousal/intimate partner violence. The person may:

- show signs of bruises, welts, burns, or scalds
- be undernourished or withdrawn
- exhibit shame or fear
- be accompanied by a partner who answers questions directed at the client
- give an explanation that does not accurately account for her/his injury
- avoid eye contact, or show extreme agitation or anxiety while explaining the injury
- minimize the injury, or blame her/himself as being “clumsy”
- give an exaggerated denial of violence as the cause of the injury
- give a quick, ready-made response as to the cause of the injury before being asked

When in the client’s home, a caseworker will be aware of signs of violence, such as broken furniture or other items; holes in walls; and changes in the client’s or children’s behaviour.

Pregnancy can increase a woman’s chances of experiencing spousal/intimate partner violence. Violence can start and/or escalate during pregnancy.

Persons with disabilities (physical, cognitive, or mental health) may be increasingly vulnerable to spousal/intimate partner violence. A person with a disability often faces barriers that may deter her/him to disclose the violence, or leave the relationship.
Cultural diversity can enhance a person’s vulnerability to spousal/intimate partner violence. Some common barriers that might deter the person from disclosing the violence or leaving the relationship include:

- language
- discrimination
- gender roles
- family values
- fear of deportation
- isolation
- blaming self

**Note:** These indicators do not necessarily prove that an individual has experienced spousal/intimate partner violence. They are clues that violence may have occurred.

### A.3.2.3 Spousal/Intimate Partner Violence, and the Law

Many of the types of violence associated with spousal/intimate partner violence are identified as crimes in the *Criminal Code of Canada*. Particularly, these are physical and sexual abuse, threats, and criminal harassment (stalking).

Individuals can seek protection from spousal/intimate partner violence through either an emergency protection order or a peace bond.

**Emergency Protection Order (EPO):** This order provides an individual immediate protection from spousal/intimate partner violence. An emergency protection order is available under Nova Scotia’s *Domestic Violence Intervention Act*, which explains how people can apply to the justice system for immediate protection.

An EPO application can be made by calling the Justice of the Peace Centre toll free at 1-866-816-6555, or asking the police, the Nova Scotia Department of Justice’s Victim Services, or a transition house worker to apply for one on the victim’s behalf. (See Section A.3.2.7 – Helpful Links for an online link to more information about the *Domestic Violence Intervention Act*).

**Peace Bond:** A peace bond is a legal document that protects an individual’s safety, and/or that of their spouse/common-law partner, their child(ren),
and/or their property. To receive a peace bond, individuals must submit an application to the Provincial Court. (Contact information for the Provincial Court: www.courts.ns.ca/provincial/pclocation.htm).

A.3.2.4 Reporting Procedures

There is no legal obligation to report spousal/intimate partner violence. If however there are children in the environment witnessing the violence, or if the client discloses her/his children are being abused, this information must be reported to Child Welfare, as per Section 22 (2) (i) of the Children and Family Services Act.

A.3.2.5 Intervention Guidelines

Despite no legal obligation to report spousal/intimate partner violence, caseworkers may identify the need, either in the office or in the field, to provide help to clients who have experienced violence. Where there is violence, whether it is suspected or confirmed, caseworkers should provide an opportunity and atmosphere/environment in which a client feels comfortable to disclose the violence:

1. **Discuss the issue with the client alone**
   It is imperative to discuss the issue privately in order to ensure the safety of the client and avoid any escalation of the violence. It is unlikely a client will speak about violence in the presence of the abuser or other family members.

2. **Validate the client's experience**
   Supporting the client may be the first indication to her/him that the violence is serious and is not her/his fault. The client is not to be blamed for the violence.

3. **Educate the client**
   Inform the client that:
   - she/he is not alone
   - she/he is not to blame for the violence
   - assault is a criminal offence
   - there is the risk that the violence will escalate in frequency and severity over time
e. there are services available to support the client

f. violence in the family can adversely affect children who witness the violence by causing devastating traumatic and/or psychological effects.

4. Be supportive
   Be aware of how very difficult and traumatizing this is for the client. Because of the devastating psychological effects of physical and emotional harm, people who have experienced violence may require counseling to receive support and to improve their self-esteem. A caseworker will communicate with the client in a manner that is supportive and respectful.

5. Discuss options for action
   Share information about supportive services and agencies, such as:
   a. police;
   b. transition houses, outreach programs, help-lines, women’s/men’s centres, youth centres;
   c. support groups and counseling services for the client and her/his children;
   d. legal aid, including emergency protection orders and peace bonds;
   e. medical services;
   f. clergy; and/or
   g. resources such as brochures and booklets.

Encourage the client to establish a network of support through family and friends.

6. Respect freedom of choice
   Be sensitive to the client’s freedom of choice. Assisting the client in violent situations should never go beyond what she/he wants. A caseworker will encourage the client to define her/his own problems and solutions. Intervention should be aimed not at making decisions for the client, but rather facilitating her/his ability to think through alternatives and seek an acceptable course of action. The client is an adult and her/his decisions must be respected.
7. **Be aware of confidentiality**
   The information received from the client about her/his situation must be kept confidential in compliance with policy respecting confidentiality and the *Freedom of Information and Protection of Privacy Act*.

   However, if there are children in the environment witnessing the violence, or if the client discloses her/his children are being abused, this must be reported to Child Welfare, as per Section 22 (2) (i) of the *Children and Family Services Act*.

8. **Leave the door open**
   People who have experienced spousal/intimate partner violence may choose a course of action that others may consider inappropriate. The fact that a client returns to her/his partner is not an indication that the intervention has failed. The encounter with the client is successful if:

   a. the client is not blamed, but rather supported;
   
   b. she/he is educated about options; and
   
   c. she/he is made aware of existing supportive resources.

   If the client decides to return or remain with her/his partner, it is acceptable for the Caseworker to voice her/his concern for the client’s safety, but this must be done so in a nonjudgmental manner.

   **Note:** The caseworker will consult or apprise her/his supervisor on the situation, where appropriate.

A.3.2.6 **Documentation**

Care is to be taken when documenting the intervention with a client who is experiencing or may be experiencing spousal/intimate partner violence. The purpose of documenting the intervention is to:

1. support eligibility for financial assistance provided in an emergency situation, in accordance with the Employment Support and Income Assistance (*ESIA*) *Policy Manual*; and/or

2. demonstrate in case notes that the appropriate response has been taken, in accordance with the ESIA Family Violence and Abuse Protocols.

   Documentation should include only a brief summary of the client’s situation and the intervention with the client. Case notes will be recorded electronically.
Information to be documented will include:

1. type of financial assistance (if any) provided to client;
2. brief description of the indicators of violence observed, or that were disclosed by the client; and
3. identification of community support services, legal support, and/or information provided to client.

It is recommended that personal information identifying the abuser or third parties in the situation be limited (e.g. name, residence). This is in accordance to Confidentiality Policy and the Freedom of Information and Protection of Privacy Act.

When making case notes, a caseworker must avoid including her/his personal assumptions or judgments regarding the situation.

A caseworker will identify in the case notes whether the abuse being documented has been disclosed by the client, or observed by a caseworker; and the client must be made aware that documentation of the violence observed or disclosed is being included in the case notes.

Note: If further direction is needed regarding what information is appropriate for documentation, a supervisor will be consulted. If a supervisor is not available, contact the regional FOIPOP Delegate.

A.3.2.7 Links to Helpful Information

- Fact Sheet on Intimate Partner Violence, Nova Scotia Advisory Council on the Status of Women


To order copies of “Making Changes” contact the Nova Scotia Advisory Council on the Status of Women at (902) 424-8662

- Safely on Your Way: Child Custody and Access Information for Women Leaving Abusive Relationships and Their Service Providers, Family Law Information Project for Abused Women
• Emergency Protection Order brochure, Nova Scotia Department of Justice
http://gov.ns.ca/just/flic/docs/DIVA_Brochure_EN.pdf

• Peace Bond application information, Nova Scotia Department of Justice

• Freedom of Information and Protection of Privacy DCS Privacy Policy:
www.gov.ns.ca/coms/department/documents/PrivacyPolicy.pdf

• DCS Privacy Brochure:
www.gov.ns.ca/coms/department/documents/Privacy_Brochure.pdf

For additional information about spousal/intimate partner violence, contact the Nova Scotia Department of Justice Victim Services: (902) 424-3309 or www.gov.ns.ca/just
A.3.3 Protection of Children from Abuse and Neglect

A.3.3.1 Children and Family Services Act

The *Children and Family Services Act* (1991) is the legislation that deals with child protection, children in care, foster care, and adoption. The Act protects children from abuse and neglect, and offers services to children and their families.

A child is defined as a person under sixteen (16) years of age, according to Section 3 (1) (e) of the *Children and Family Services Act*.

A.3.3.2 Definition of Child Abuse or Neglect

Child abuse or neglect refers to a wide range of actions or omissions by a parent, guardian, and/or other that place a child at risk of serious harm. Child abuse or neglect can be:

1. **Physical abuse**
   Physical abuse is defined as a deliberate non-accidental assault on any part of a child’s body that results in physical harm. It may also result from excessive or inappropriate discipline. Injuries may include bruising, burns, welts, bite marks, major bone fractures, internal injuries, and death.

2. **Sexual abuse**
   Sexual abuse is a generic term used to describe the improper exposure of a child to sexual contact, activity, or behaviour with or without the child’s consent. Sexual abuse is perpetrated by an older person for personal sexual gratification. The abuse can occur by anyone either within or outside of the child’s family.

3. **Emotional abuse**
   Emotional abuse is actions or omissions ranging from habitual humiliation to withholding life-sustaining nurturing. The abuse is persistent or chronic on the part of the parent, guardian, or other; and results in some degree of emotional damage to the child, evidenced by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour.

4. **Neglect**
   Child neglect is any lack of care on the part of the parent, guardian, or other, that may result in significant harm to the child’s development, or that places the child in danger. Neglect includes failure to provide adequately for the child’s need for food, shelter, clothing, hygiene, medical care and/or supervision.
When a child has been abused or neglected, or is at substantial risk of being harmed from abuse or neglect, protective services from Child Welfare are needed. The following is Section 22 (2) from the *Children and Family Services Act*, which defines in what situations a child is in need of protective services.

**Child is in need of protective services**

22 (1) In this Section, "substantial risk" means a real chance of danger that is apparent on the evidence.

(2) A child is in need of protective services where:

(a) the child has suffered physical harm, inflicted by a parent or guardian of the child or caused by the failure of a parent or guardian to supervise and protect the child adequately;

(b) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);

(c) the child has been sexually abused by a parent or guardian of the child, or by another person where a parent or guardian of the child knows or should know of the possibility of sexual abuse and fails to protect the child;

(d) there is a substantial risk that the child will be sexually abused as described in clause (c);

(e) a child requires medical treatment to cure, prevent or alleviate physical harm or suffering, and the child's parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment;

(f) the child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour and the child's parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the condition;
(i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child, and the child's parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence;

(j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child, and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(ja) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (j);

(k) the child has been abandoned, the child's only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the child's care and custody, or the child is in the care of an agency or another person and the parent or guardian of the child refuses or is unable or unwilling to resume the child's care and custody;

(l) the child is under twelve (12) years of age and has killed or seriously injured another person or caused serious damage to another person's property, and services or treatment are necessary to prevent a recurrence and a parent or guardian of the child does not provide, or refuses or is unavailable or unable to consent to, the necessary services or treatment;

(m) the child is under twelve (12) years of age and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of a parent or guardian of the child or because of the parent or guardian's failure or inability to supervise the child adequately. 1990, c. 5, s. 22; 1996, c. 10, s. 1.

A.3.3.4 Indicators of Abuse and Neglect

The following are indicators that a child may be experiencing abuse or neglect. The child may:

- describe abusive incidents, or describe witnessing violence by or towards a parent/guardian/other adult (e.g. spousal/intimate partner violence)
- have unexplained injuries on the face, head, torso, buttocks, or back of legs where accidental injuries are unlikely to appear; or have injuries inconsistent with the explanation provided
• have unexplained pain, bruises, lacerations, redness, swelling, or bleeding in the genital, vaginal, or anal areas

• have a detailed and age-inappropriate understanding of sexual behaviour, and be preoccupied with sex in conversations and in play

• seek attention and affection inappropriately

• be anxious, depressed, or withdrawn; or engage in self-destructive or aggressive behaviour

• seem afraid to tell parents of minor misdeeds, or be wary of adults in general

• be very dirty and unkempt

• seem malnourished, or be constantly hungry due to inadequate nutrition (sufficient quality and quantity)

• engage in role reversal with his/her parent/guardian/other adult

• be inadequately dressed for the weather

• be unsupervised or left with an inappropriate caregiver

• have medical problems that have not been addressed

• seem to be suffering from developmental lags that have no obvious physical cause

• have been abandoned

• The following are indicators that a parent/guardian/other adult may be abusing or neglecting a child:

  • offers an illogical, unconvincing, or contradictory explanation, or no explanation for the child's injury

  • is evasive and/or resistant and may show signs of anxiety

  • exhibits signs of indifference to the extent of the injuries and the need for treatment

  • blames the injuries on the child’s awkwardness or behaviour

  • makes negative comments indicating the child is bad, stupid, clumsy
• gives rewards and punishments inconsistently

• openly rejects the child, or is inconsistent in providing affection, attention and stimulation

• holds unrealistic and age-inappropriate expectations, and makes inappropriate demands on the child

Note: These indicators do not necessarily prove that a child has been abused. They are clues that abuse or neglect may have occurred.

A.3.3.5 Legal Requirement to Report

1. Reporting child abuse or neglect

Under the Children and Family Services Act (Section 23 (1)), every person who has information indicating that a child is in need of protective services shall forthwith report that information to the local Child Welfare agency. This includes all information indicating possible abuse or neglect, regardless whether or not that information is confidential or privileged.

The legislation places an even higher responsibility on persons who provide professional or official duties with respect to children (Section 24). The Employment Support and Income Assistance (ESIA) caseworker is one of these professionals. Professionals are legally obligated to report information of suspected abuse or neglect to a Child Welfare agency. The Act requires that if, in the course of their duties, professionals have information to suspect that a child is being abused, may be abused, or may have been abused in the past, this must be reported forthwith to a Child Welfare agency.

ESIA caseworkers are only responsible for reporting suspected or known abuse or neglect. They are not required to prove that abuse or neglect has occurred. Child Welfare may use the information received by the caseworker to conduct an investigation, to determine whether abuse or neglect has occurred.

Child Welfare referrals should be given top priority. Legal reporting obligations override the confidentiality requirement of all professional relationships, and require professionals to report even if the information is considered to be privileged.

The Children and Family Services Act also sets out the duty to report third party abuse. Section 25 (2) specifies that “every person who has
information indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian shall report the information to an agency.” Caseworkers must report situations involving third party abuse or neglect.

2. Protection from liability

The Children and Family Services Act states that legal action cannot be taken against a person who reports child abuse or neglect, unless the reporting is done falsely or maliciously (Section 23 (5)).

3. Penalty for failure to report

The Children and Family Services Act states that any person who fails to report child abuse or neglect is guilty of a summary offence. The penalty is a fine of up to two thousand dollars ($2,000) and/or imprisonment for a term of up to six (6) months (Section 23 (3)).

Persons who provide professional or official duties with respect to children are liable, under Section 24 (6), to higher penalties if they fail to report. The penalty is a maximum fine of five thousand dollars ($5,000), and/or imprisonment for a period not exceeding one (1) year. The ESIA caseworker is one of these professionals.

A.3.3.6 The Referral to Child Welfare

The information upon which suspected child abuse and/or neglect is based must be reported to a Child Welfare agency forthwith. To make a Child Welfare referral, the caseworker will call the central Child Welfare office toll free at 1-877-424-1177. To make a referral after regular business hours, on weekends, and on holidays, call 1-866-922-2434.

Caseworkers may also contact their local Child Welfare office. Contact information for these offices can be found online at: www.gov.ns.ca/coms/department/contact/Agencies.html

When making the referral, the caseworker will provide Child Welfare with the following information:

• name and contact information of the caseworker making the referral
• name of the child who might need protection, their location, and their Health Card Number (if known)

Other known information to provide Child Welfare includes:
• observed signs of abuse or neglect
• the relationship between the child and the alleged abuser(s)
• contact information for whoever else may have information about the abuse
• whether there is a family doctor available
• health/safety issues of which the Child Welfare Worker should be aware (e.g. dangerous animals, weapons at the child’s residence)

Letter to confirm receipt of referral

At the time of referral, it is the caseworker’s responsibility to request from Child Welfare a written acknowledgment of their receipt of the referral. The caseworker should not request details from Child Welfare about how they will be proceeding with the referral (e.g. whether an investigation will be conducted).

A.3.3.7 Documentation and Follow Up

1. Documentation

A case note that a referral was made to Child Welfare must be documented by the caseworker and placed on the electronic case file. The case note must indicate only that a referral was made. The case note will not include details of the reported abuse or neglect. When/if the caseworker receives the written confirmation from Child Welfare that the referral was received, this will be put in the case file.

If further direction is needed regarding what information about the Child Welfare referral is appropriate for documentation, a supervisor should be consulted. If a supervisor is not available, contact the regional Freedom of Information and Protection of Privacy (FOIPOP) Delegate.

2. Informing a supervisor

A supervisor should be informed as soon as possible that a referral to Child Welfare has been made.

A.3.3.8 Links to Legislation and Helpful Information

• Child Welfare, Department of Community Services
  www.gov.ns.ca/coms/families/abuse/index.html
• *Children and Family Services Act*
  [http://nslegislature.ca/legc/statutes/childfam.htm](http://nslegislature.ca/legc/statutes/childfam.htm)

• Freedom of Information and Protection of Privacy DCS Privacy Policy:

• DCS Privacy Brochure:
A.3.4 Protection of Adults from Abuse and Neglect

A.3.4.1 Adult Protection Act

The Adult Protection Act (1985) protects from abuse or neglect all persons sixteen (16) years of age and older who cannot physically or mentally protect or care for themselves.

A.3.4.2 When an Adult is in Need of Protective Services

An adult in need of protection is a person who:

• is sixteen (16) years of age or over;
• in the premise where she/he resides, is a victim of physical abuse, sexual abuse, mental cruelty, neglect, or a combination thereof;
• due to physical or mental infirmity, is incapable of protecting her/himself from abuse or neglect; and refuses, delays, or is unable to make provision for her/his protection;
• is not receiving adequate care and attention; is incapable of caring adequately for her/himself due to physical or mental infirmity; and refuses, delays, or is unable to make provision for her/his adequate care and attention.

The Adult Protection Act does not cover cases of financial abuse. These cases are of a criminal matter and are investigated by the police under the Criminal Code.

If the caseworker is not sure whether a case falls under the Adult Protection Act, she/he will contact an Adult Protection Worker.

Where the situation involves a person who is subject to abuse, but the person does not meet the criteria of the Adult Protection Act, the caseworker will intervene as outlined in the Family Violence and Abuse Protocols, Section A.3.2 – Intervention for Spousal/Intimate Partner Violence.

A.3.4.3 Indicators of Abuse and Neglect

The following are just a few of the indicators that an adult may be experiencing abuse or neglect:
unexplained injuries such as bruises, burns, swelling, fractures, rope marks
repeated falls, old injuries
poor skin condition, such as dry, dirty, pressure sores, abrasions
inability to care for personal needs such as hygiene, toileting, diet
malnourished, dehydrated, extreme weight loss
agitation, unexplained fearfulness, particularly in the presence of a family member/care giver
deferece to the family member/care giver (e.g. waits for the care giver to respond to questions when no communication impediment exists)
confusion

Note: These indicators do not necessarily prove that an adult has been abused. They are clues that abuse or neglect may have occurred.

A.3.4.4 Legal Requirement to Report

1. Reporting adult abuse or neglect

Under Section 5(1) of the Adult Protection Act, in a situation where it appears that an adult is in need of protection from abuse or neglect (as stated in the definition of an adult in need of protective services), it is required by law that a referral be made forthwith to the local Adult Protection office. Reporting this information to Adult Protection is a legal obligation, regardless whether or not that information is confidential or privileged. All persons must give top priority to their referral to Adult Protection.

2. Protection from liability

The Adult Protection Act states that legal action cannot be taken against a person who reports adult abuse or neglect, unless the reporting is done falsely or maliciously (Section 5 (2)).

3. Penalty for failure to report

The Adult Protection Act states that a person who fails to report adult abuse or neglect is guilty of an offence. The penalty for this offence is a maximum
of one thousand dollars ($1,000), and/or imprisonment for a period not exceeding one (1) year (Section 16 (1) and 17).

A.3.4.5 The Referral to Adult Protection

The information upon which suspected adult abuse or neglect is based must be reported to Adult Protection forthwith. To report adult abuse or neglect, the caseworker will call Adult Protection through its Continuing Care phone line (1-800-225-7225) and leave a message with information that will help Adult Protection to proceed with an investigation, if warranted. Required information in this referral includes:

• name and contact information of the caseworker making the referral;
• name of the client who might need protection, their location, and Health Card number (if known)

Within seven (7) working days (depending on the urgency of the referral), an Adult Protection Worker may return the caseworker’s call to gather more information about the referral.

Information requested by the Adult Protection Worker might include:

• observed signs of abuse or neglect
• the relationship between the client and the alleged abuser(s)
• contact information for whoever else may have information about the abuse
• whether there is a family doctor available
• whether there is a need to see the client alone
• health/safety issues of which the Adult Protection Worker should be aware (e.g. dangerous animals/weapons at the adult’s residence)

Follow-up with Adult Protection authorities

If the caseworker has not been contacted by Adult Protection within one (1) week of making the referral, the caseworker will contact Adult Protection to confirm that the referral has been received. The caseworker will not request details from Adult Protection about how they will be proceeding with the referral (e.g. whether an investigation will be conducted).
A.3.4.6 Documentation and Follow Up

1. Documentation

A case note that a referral was made to Adult Protection must be documented by the caseworker and placed on the electronic case file. This case note must indicate only that a referral was made. The case note will not include details of the reported abuse.

If further direction is needed regarding what information is appropriate for documentation, a supervisor should be consulted. If a supervisor is not available, contact the regional Freedom of Information and Protection of Privacy (FOIPOP) Delegate.

2. Informing a supervisor

A supervisor should be informed as soon as possible that a referral to Adult Protection has been made.

A.3.4.7 Protection for Persons in Care Act

The Protection for Persons in Care Act (2007) is an extra safeguard that protects from abuse or neglect adults sixteen (16) years of age and older who are patients or residents receiving care from a care facility. All facility administrators and service providers, including staff and volunteers, are liable under this Act to promptly report all allegations of abuse.

The Act intends to protect persons in care from:

- physical abuse
- sexual contact, activity, or behaviour between a patient/resident and a service provider
- non-consensual sexual contact, activity, or behaviour between patients/residents
- mistreatment causing emotional harm
- the administration, withholding, or prescribing of medication for inappropriate purposes
- the misappropriation, improper, or illegal conversion of money or other valuable possessions
• failure to provide adequate nutrition, care, medical attention, or necessities of life without valid consent

**Reporting adult abuse and neglect**

To report adult abuse/neglect, or for more information about the *Protection for Persons in Care Act*, call Adult Protection toll free at 1-800-225-7225.

### A.3.4.8 Links to Legislation and Helpful Information

- **Adult Protection Act** and general information, Department of Health and Wellness

- **Protection for Persons in Care Act** and general information, Department of Health and Wellness

- Freedom of Information and Protection of Privacy Act
  [http://nslegislature.ca/legc/statutes/freedom.htm](http://nslegislature.ca/legc/statutes/freedom.htm)

- DCS Privacy Policy:

- DCS Privacy Brochure: