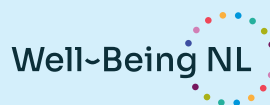


# Caregiver Benefit

## Application Form



### Program Details

The Caregiver Benefit recognizes the beneficial impact caregivers have on the well-being of friends and loved ones. The benefit is provided to caregivers to sustain the support they provide to lower income adults, aged 65 and over, who have high care needs as determined by Newfoundland and Labrador (NL) Health Services. Eligible caregivers will receive \$400 per month.

**The Caregiver Benefit is reportable income so caregivers should contact Canada Revenue Agency for information about tax implications.**

### Who can apply for the grant?

Both the caregiver and care recipient must meet eligibility criteria for the program.

Caregiver Eligibility: To be eligible to receive the Caregiver Benefit, a **caregiver** must:

- Be a resident of Newfoundland and Labrador;
- Be 19 years of age or older;
- Provide meaningful, significant, and regular care to an eligible care recipient as determined by NL Health Services. Meaningful and significant care can include supporting activities of daily living including supporting the care recipient to eat and drink, supporting personal care including bathing, washing hair, dressing, etc., supporting continence care, supervision, or housekeeping and meal preparation;
- Have a caregiving relationship with the care recipient that is ongoing, regular and expected to extend beyond 90 days;
- Not be paid to provide assistance to the care recipient; and
- Sign an Agreement with NL Health Services defining any terms and conditions for receiving the caregiver benefit.

To be eligible for the Caregiver Benefit, a **person receiving care (care recipient)** must:

- Be a resident of Newfoundland and Labrador;
- Be 65 years of age or older;
- Have a caregiving relationship with an eligible caregiver that is ongoing, regular and is expected to extend beyond 90 days;
- Have an annual household net income of \$49,000 or less for couples or \$32,000 or less for single households ("Net Income" is the income identified on Line 23600 of the Federal Income Tax Return or in the Notice of Assessment provided by the Canada Revenue Agency).
- Have been assessed by NL Health Services to require significant care as determined by the outcome of a clinical assessment; and
- Be in receipt of community support services from NL Health Services.

Community Support Program clients who meet financial hardship criteria will be considered to meet the income threshold for this program.

**How to apply**

Caregivers submit completed application forms and supporting documentation to: [clericalhoh@nlhealthservices.ca](mailto:clericalhoh@nlhealthservices.ca), or by mail to 3 P.O. Box 70 Holyrood, NL A0A 2R0.

If you need help completing your application call 709.229.1638.

Name of care recipient (person receiving care): \_\_\_\_\_

MCP # of care recipient: \_\_\_\_\_

Name of caregiver: \_\_\_\_\_

Address of caregiver: \_\_\_\_\_

Social Insurance Number of caregiver: \_\_\_\_\_

Caregiver date of birth: \_\_\_\_\_

Caregiver phone number: \_\_\_\_\_

Caregiver email: \_\_\_\_\_

Do you have an ongoing, regular, unpaid caregiving relationship with the care recipient that is expected to extend beyond 90 days?

Yes       No

**Required Documentation**

I have enclosed proof of age and address.

**Consent of Care Recipient**

By signing this application, the care recipient is giving consent for NL Health Services to review their eligibility for the caregiver benefit program and inform the caregiver applicant whether the care recipient has been assessed to meet the care recipient eligibility criteria.

Care recipient signature: \_\_\_\_\_

**Certification**

I declare that the information provided on this application form is true to the best of my knowledge.

Caregiver signature: \_\_\_\_\_

Date: \_\_\_\_\_