

## Low Income Declaration

*(Outpatient & Community Physiotherapy Services)*

**Read the Income Eligibility section below** to determine if you are qualified to receive AHS-funded physiotherapy services.

- Confirm that you are visiting a clinic listed in our directory: <http://www.ahs.ca/AdultRehab>
- You must call the Rehab Advice Line prior to completing this form: **1-833-379-0563** (Monday to Friday 9 a.m. to 5 p.m.).
- Fill out the Low Income Declaration Form on the next page.
- At your **first physiotherapy appointment**, please bring your:  
Completed Low Income Declaration; and  
Government benefit card, benefit approval letter, or your Canada Revenue Agency GST letter.

### **Determining Income Eligibility**

**If you are receiving income from any of these programs you are eligible for AHS funded physiotherapy:**

- Canada Revenue Agency GST Credit
- Alberta Adult and/or Child Health Benefit
- Assured Income for the Severely Handicapped (AISH)
- Alberta Seniors Dental & Optical Assistance Program
- Alberta Works - Alberta Income Support
- Alberta Seniors Benefit
- Federal Guaranteed Income Supplement (GIS) for Seniors
- Special Needs Assistance for Seniors (Alberta)

You are required to complete this declaration form to qualify for funded AHS Community Outpatient Physiotherapy Services.

<b>Applicant Personal Information</b>		
Last Name	First Name	
Personal Health Number (PHN)		
<b>Income Eligibility</b>		
<input type="checkbox"/> I receive income or health benefits from one of the programs listed under the <b>Determination of Income Eligibility</b>		
<b>Consent</b>		
<ul style="list-style-type: none"> <li>I understand that Alberta Health Services may review or audit the validity of my low-income declarations.</li> <li>I acknowledge that I must give the information or documents Alberta Health Services needs to verify any statement that is made on this application.</li> <li>I understand that giving false or incomplete information or not advising of changes in my situation may cancel my eligibility for physiotherapy services.</li> </ul> <p>Based on evidence of receipt of government income or health benefits, I declare that I qualify for low-income status for the purposes of Outpatient Community Physiotherapy Services.</p>		
Applicant/Guardian Name <i>(print)</i>	Applicant/Guardian Signature	Date <i>(dd-Mon-yyyy)</i>

<b>For Contracted Provider Use Only</b>		
Verified by	Staff Signature	Date <i>(dd-Mon-yyyy)</i>

The personal information collected will be used to determine and/or verify your eligibility to participate in the Outpatient & Community Physiotherapy Services program. The personal information is collected and used under Section 33(c) of the Freedom of Information and Protection of Privacy Act of Alberta. If you have any questions about the collection of your personal information, please email: [provincial.rehabilitation@ahs.ca](mailto:provincial.rehabilitation@ahs.ca)