

| Acts/Regulations | Program | Social Assistance, AccessAbility Supports | | |
|---------------------------------|---------|---|----------|--|
| Social Assistance Act Reg. 6(6) | | | | |
| | Subject | Exemptions from Employment | Policy # | |
| | | | SA 3.2 | |
| | | | AAS 4.2 | |
| Effective Date: July 1, 2022 | | Authorized by: | | |
| - | | - | | |
| | | Deputy Minister Jamie MacDonald | | |

1.0 PURPOSE

1.1 To state the conditions under which an applicant of Social Assistance (SA) or Assured Income (AI) may be exempt from employment and/or training requirements.

2.0 **DEFINITIONS**

- 2.1 **Applicant:** a person who applies for or on whose behalf an application is made for SA or AI.
- 2.2 **Assured Income**: a component of AccessAbility Supports (AAS) that provides monthly financial supports to eligible applicants with disabilities to use towards securing basic needs.
- 2.3 **Co-applicant**: the spouse of an applicant, and includes a person who, although not married to the applicant, lives with the applicant as if they were married.
- 2.4 **Employability Assessment:** a systemic process used to determine whether an applicant is employable at the time of the assessment and includes an assessment of the measures and/or activities that may reasonably be undertaken by an applicant to enable an applicant to become employable.
- 2.5 **Recipient:** a person who is provided SA or AI and includes a person whose SA or AI has been suspended, but not cancelled.
- 2.6 **Supports Coordinator:** a staff member that provides direction and case management support in delivering a range of social benefits and services to applicants eligible for Social Programs.

3.0 POLICY STATEMENTS

3.1 For the purposes of this policy use of the word applicant is inclusive of the terms recipient and co-applicant.

- 3.2 Exemptions from employment and/or training requirements will be determined by the Department on a case-by-case basis.
- 3.3 An applicant may be considered exempt from employment and/or training requirements where the applicant:
 - is 65 years of age or older;
 - is the sole custodial parent to an infant child under one year of age;
 - resides in a special care facility, institution, or hospital;
 - is participating in a treatment or rehabilitation program for drug and/or alcohol use;
 - has separated from an abusive spouse and/or relative within the previous six months;
 - has a medical, and/or mental health condition that interferes with employment;
- 3.3 Sufficient documentation, evidence, or information regarding any circumstances that interfere with an applicant's ability to meet employment-related requirements must be provided to qualify for an exemption from employment-related requirements.
- 3.4 Applicants are assumed to have employment-related requirements until the Department is satisfied their circumstances are verified.
- 3.5 Exemptions from employment are intended to be temporary and must be reviewed regularly to ensure the circumstance for which the exemption was granted still exists and continues to interfere with employment. Where an applicant no longer meets the criteria for an exemption from employment related requirements, the applicant is required to participate in an employability assessment.

4.0 PROCEDURE STATEMENTS

- 4.1 The Supports Coordinator will use information from a variety of sources when determining if an applicant is eligible for an exemption from employment. Sources may include, but are not limited to:
 - formal medical documentation;
 - a social programs health report;
 - knowledge of an applicant's circumstances;
 - conversations with the applicant; and/or
 - observed applicant behavior.
- 4.2 Where an applicant is requesting an exemption from employment due to a medical, and/or mental health condition, the applicant will be provided with a *Social Programs Health Report* (attached) to have completed by a medical practitioner and returned to the Department within the next 30 days describing the nature, extent and expected duration of that medical reason. Where the applicant is charged a fee to obtain a Health Report, the cost of the report may be covered by the Department.

- 4.3 Where the medical information provided is insufficient to assess an applicant's present or future employability, it may be necessary for the Department to seek a second opinion.
- 4.4 Where the applicant does not have access to a medical practitioner to complete the *Social Programs Health Report*, supporting documentation from other professionals who are involved with the applicant and familiar and with the applicant's condition may be considered in lieu.
- 4.5 The Supports Coordinator is responsible to document in the applicant's electronic file any decision related to an exemption from employment. Documentation must include:
 - the circumstances that warrant an exemption from employment-related requirements;
 - the expected duration of the applicant's circumstances;
 - the impact of circumstances on the applicant's employability; and
 - a review date to re-assess an applicant's exemption from employment-related requirements.

5.0 REFERENCES

- 5.1 SA Policy 3.1/AAS Policy 4.1 Employable Persons
- 5.2 SA Policy 6.8 Personal Comfort Allowance

6.0 ATTACHMENT

6.1 Social Programs Health Report

Social Programs Health Report

| SECTION 1: APPLICANT INFORMATION | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Applicant Name: <insert first="" name=""><insert applicant="" last="" name=""></insert></insert> | Provincial Hea | ncial Health No.: <insert phn=""></insert> | | | | | | |
| Address: <insert address="" residence=""></insert> | Date of Birth: <insert applicant="" dob=""></insert> | | | | | | | |
| Email Address: | Telephone Number: | | | | | | | |
| SECTION 2: AUTHORITY TO RELEASE INFORMATION (to be completed | by the Applica | int) | | | | | | |
| As requested in this form, I consent to the health care practitioner, indic | | - | sonal health | | | | | |
| information about me, to the Department, pursuant to the Health Infor | | • | | | | | | |
| the Department to assess program eligibility, employability and suppor | t planning. | | | | | | | |
| Date: Signature: | | | | | | | | |
| | | | | | | | | |
| SECTION 3: MEDICAL ASSESSMENT (to be completed by a Health Care | • | | | | | | | |
| All questions must be answered completely to determine how the medi Medical Condition(s) | cal condition(s ₎ | | employability. nset (YYYY MM DD) | | | | | |
| Primary Medical Condition(s): | | | | | | | | |
| Secondary Medical Condition(s): | | | | | | | | |
| Tertiary Medical Condition(s): | | | | | | | | |
| How would you describe the overall medical condition? | □ M | loderate | □ Severe | | | | | |
| Expected duration of medical condition(s): 1-6 mths 6-12mths 12-18 mths 18-24 r | nths 🗆 2- | -4 yrs | ☐ 5+ yrs | | | | | |
| Is this person capable of working given the medical status? | □ Ye | es | □ No | | | | | |
| Additional comments: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| If 'No', please complete SECTION 4: EMPLOYABILITY | | | | | | | | |
| SECTION 4: EMPLOYABILITY (to be completed by a Health Care Practit | • | · | | | | | | |
| All questions must be answered completely to determine how the medi | cal condition(s) |) may affect ϵ | employability. | | | | | |
| How long do you anticipate the applicant to be exempt from the workf | orce? | | | | | | | |
| Do you expect the applicant to return to the workforce following treatments | nent? | □ Yes | □ No | | | | | |
| If Yes, do you anticipate any restriction on the type of work they may d | | □ Yes | □ No | | | | | |
| If 'Yes', please describe: | . | □ 1C3 | □ 1 10 | | | | | |
| ii ies, piease describe. | | | | | | | | |
| | | | | | | | | |
| If the applicant is employable, work may be: (Please check all that appl | y) | ☐ Full-tim | ne 🗆 Part-time | | | | | |
| Do you consider this person to have a disability? | | □ Yes | □ No | | | | | |
| | | A person with a disability means a person who has a substantial physical, intellectual, sensory, neurological or mental impairment that is continuous or recurrent, is expected to last for at least one year and has a direct and cumulative effect which results in a substantial restriction in the person's ability to function in his or her home, the community or a workplace. | | | | | | |
| A person with a disability means a person who has a substantial physical impairment that is continuous or recurrent, is expected to last for at least feet which results in a substantial restriction in the person's ability to | st one year an | d has a direct | t and cumulative | | | | | |
| A person with a disability means a person who has a substantial physical impairment that is continuous or recurrent, is expected to last for at least feet which results in a substantial restriction in the person's ability to a workplace. | st one year an | d has a direct | t and cumulative | | | | | |
| A person with a disability means a person who has a substantial physical impairment that is continuous or recurrent, is expected to last for at least effect which results in a substantial restriction in the person's ability to a workplace. If 'Yes', please complete SECTION 5: Disability Assessment | st one year and function in his | d has a direct or her home, | t and cumulative | | | | | |
| A person with a disability means a person who has a substantial physical impairment that is continuous or recurrent, is expected to last for at least effect which results in a substantial restriction in the person's ability to a workplace. If 'Yes', please complete SECTION 5: Disability Assessment SECTION 5: DISABILITY ASSESSMENT (to be completed by a Health Can | st one year and function in his e Practitioner | d has a direct or her home, | t and cumulative the community or | | | | | |
| A person with a disability means a person who has a substantial physical impairment that is continuous or recurrent, is expected to last for at least effect which results in a substantial restriction in the person's ability to a workplace. If 'Yes', please complete SECTION 5: Disability Assessment SECTION 5: DISABILITY ASSESSMENT (to be completed by a Health Can All questions must be answered completely and may be used in combining the substantial physical | st one year and function in his re Practitioner ation with an a | d has a director or her home,) assessment to | t and cumulative the community or o confirm eligibility. | | | | | |
| A person with a disability means a person who has a substantial physical impairment that is continuous or recurrent, is expected to last for at least effect which results in a substantial restriction in the person's ability to a workplace. If 'Yes', please complete SECTION 5: Disability Assessment SECTION 5: DISABILITY ASSESSMENT (to be completed by a Health Call All questions must be answered completely and may be used in combin Primary Disability: Intellectual Medical Mental | st one year and function in his e Practitioner | d has a director or her home,) assessment to | t and cumulative the community or o confirm eligibility. | | | | | |
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| IMPAIRMENT is the loss of use or derangement of any body part, system, or function. | | | | | | | | | | |
|---|---|-----------|-----------|-----------------|---|---------------|---------------------|-----------|----------|--|
| | In your professional opinion, does the diagnosis cause impairment? | | | | | | | | | |
| | | | _ | | • | l Yes | | □ No | | |
| Is the impairment continuo | | | | l Yes | | □ No | | | | |
| • | | - | | | and/or enisodic? | | | _ | | |
| • | had to restrain a transfer and | | | l Yes l Temp | | □ No □ Per | manent | | | |
| Are supports needed to hel | o the i | ndivid | ual ach | ieve fu | III citizenship | | • | □ No | | |
| including social inclusion and economic participation? | | | | | | | | | | |
| RESTRICTION(S) is the limit | ation | to the | activiti | ies of c | laily living arising directly or ind | irectly fi | rom the | impairı | ment. | |
| CLASS 1 (0 - 24%) | | CLASS | 2 (25 | - 49%) | CLASS 3 (50 - 74%) | | CLASS | 4 (75+9 | %) | |
| Within normal limits or N/A | Milo | or slig | ht limit | ations. | May Medium or moderate | Seve | ere or con | nplete | | |
| Does not prevent the | result in slightly longer time | | | _ | | | limitations on most | | | |
| performance of any activity | | | | omplete | | | sions to | complet | ion of | |
| | | | | rbation | | | task. | | | |
| | | | | tion ma | · |) | | | | |
| | requ | iirea to | compi | ete task | complete the task with or without accommodations an | | | | | |
| | | | | | with or without moderate | iu | | | | |
| | | | | | pain. | | | | | |
| How do the effects of the i | mnairi | ment (| even w | ith the | erapy and use of appropriate de | vices an | d medic: | ations) | restrict | |
| | - | - | | | using the CLASS score from above. I | | | - | | |
| IADL descriptions) | : (Con | ιριετε τι | ie ciiui | LDEIUW | using the CLASS score from above. I | reuse rej | iei to pug | e 3 jui 7 | ADL & | |
| Activities of Daily Living (Al |) c)· | | | | Instrumental Activities of Daily | Living | IVDI e). | | | |
| A series of self-care activities | - | occon. | for | | Activities that are related to inc | | = | and ro | auiro | |
| independent living at home | | • | | +>. | more complex thinking and org | • | _ | | • | |
| | | | IIIIIuiii | ty. | | | | | | |
| ADLs are performed daily as | | | l +a +h. | ·ivo | reflect on a person's ability to l | | | y anu t | iiive | |
| accomplished every day for | an inc | iividua | i to thr | ive. | but are not always necessarily r | required | dally. | | | |
| | | | | | NOTE Destrictions are several | la 4 la .a | | | | |
| | | | | | NOTE: Restrictions are caused | • | • | | | |
| of financial resources should not be considered when | | | | | | | | | | |
| | | | | | determining the impact. | | | | | |
| Bathing | 1 | 2 | 3 | 4 | Shopping | 1 | 2 | 3 | 4 | |
| Dressing | 1 | 2 | 3 | 4 | Cooking | 1 | 2 | 3 | 4 | |
| Grooming | 1 | 2 | 3 | 4 | Managing medications | 1 | 2 | 3 | 4 | |
| Toileting | 1 | 2 | 3 | 4 | Housework/Laundry | 1 | 2 | 3 | 4 | |
| - | | 2 | 3 | 4 | Managing finances | | | 3 | 4 | |
| Walking | 1 | | | 1 | | 11 | 2 | | | |
| Eating | 1 | 2 | 3 | 4 | Driving or using public trans. | 1 | 2 | 3 | 4 | |
| Transferring to bed/chair | 1 | 2 | 3 | 4 | Telephone/look up numbers | 1 | 2 | 3 | 4 | |
| • | | | | | health services to treat/manage | | n? 🗆 | Yes | □ No | |
| Are there medical treatmer | ts/opt | ions a | vailable | e to he | lp alleviate the individual's impa | irment? | | Yes | □ No | |
| If 'Yes', have all medical tre | atmen | ts/opti | ions be | en exh | nausted? | | | Yes | □ No | |
| If 'No', please provide furth | er det | ails as | to why | : | | | | | | |
| | | | • | | | | | | | |
| | | | | | | | | | | |
| Have other medical disciplines/specialists been consulted in relation to any of the diagnosis? | | | | | | | | | | |
| · | | | | | | | | | _ 110 | |
| If 'Yes', please list medical disciplines/specialists consulted or provide copies of the medical reports/consultations/notes. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| SECTION 6: CERTIFICATION | (to be | comp | leted b | у а Не | ealth Care Practitioner) | | | | | |
| Please select your occupation | n: | | MD | | □ NP | | Specia | lty | | |
| I have been the patient's m | edical | practit | ioner f | or: | ☐ 6 months or more | | l Less th | nan 6 m | onths | |
| If less than 6 months have y | ou rev | /iewed | previo | us me | | | | | lo | |
| , | | | | | | _ | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Health Care Practitioner | | | Signa | ture | Registration Numbe | r | | Date | | |

APPENDIX A - Definitions

Activities of daily living (ADLs)

A series of self-care activities necessary for independent living at home or in the community. ADLs are performed daily and must be accomplished every day for an individual to thrive.

| | Bathing - A person's overall ability to wash one's body parts in the bath or shower. |
|-----|---|
| | Dressing - A person's ability to make appropriate clothing decisions and physically dress and undress ones upper and |
| | lower body. This includes making appropriate clothing decisions for different occasions and weather (i.e. clean, |
| | weather appropriate clothing). |
| | Grooming - A person's ability to manage their own personal appearance and hygiene including grooming nails, |
| | teeth, facial hair, combing hair, washing face and hands and overall cleanliness. |
| | Toileting - A person's mental and physical ability to use the restroom. This includes how one cleans self after toilet |
| | use or incontinence episode(s), changes pad, manages ostomy or catheter and adjusts clothes. |
| | Walking - A person's ability to walk independently. |
| | Eating - Whether one can feed themselves or requires assistance (though not the capability to prepare the food). |
| | This includes intake of nourishment by other means (e.g. tube feeding). |
| | Transferring - A person's ability to change from one position to the other. This includes the extent to which the |
| | person can stand from a sitting position as well as transferring as it pertains to bed, shower, bath, toilet use and |
| | their ability to ambulate from one location to another (locomotion). |
| | |
| Ins | strumental activities of daily living (IADLs) |
| Ac | tivities that are related to independent living and require more complex thinking and organizational skills. IADLs also |
| ref | lect on a person's ability to live independently and thrive but are not necessarily required daily. |
| | |
| | |
| | TE: Restrictions are caused by the impairment and a lack of financial resources should not be considered when |
| de | termining the impact. |
| | |
| ш | |
| | Shopping – A person's ability to go around or procure their grocery, pharmacy and household needs without help. |
| | Shopping – A person's ability to go around or procure their grocery, pharmacy and household needs without help. This includes the ability to make appropriate food and clothing purchase decisions. |
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A person's level of independence is based on whether someone can perform these activities on their own or they need help from a family caregiver. When reflecting on the ADLs and IADLs of your patient consider the degree to which their impairment(s) cause restrictions (CLASS 1-0-24%, CLASS 2-25-49%, CLASS 3-50-74%, CLASS 4-75+%).

| PLEASE RETURN COMPLETED FORM TO: | | | | | | | |
|--|-----------------------|-------------------|-------------------|-------------------|--|--|--|
| EMAIL : Please scan completed & signed copy with Subject Heading of "Health Report" to socialprograms@gov.pe.ca . | | | | | | | |
| | | | | | | | |
| MAIL OR FAX: Please forward the completed & signed copy to the office identified below: | | | | | | | |
| | | | | | | | |
| O'Leary | Summerside | Charlottetown | Montague | Souris | | | |
| P.O. Box 8 | 120 Heather Moyse Dr. | P.O. Box 2000 | P.O. Box 1500 | P.O. Box 550 | | | |
| O'Leary, PE | Summerside, PE | Charlottetown, PE | Montague, PE | Souris, PE | | | |
| COB 1V0 | C1N 5P5 | C1A 7N8 | COA 1RO | C0A 2B0 | | | |
| | | | | | | | |
| Fax: 902-859-8780 | Fax: 902-888-8398 | Fax: 902-368-6443 | Fax: 902-838-0727 | Fax: 902-687-7100 | | | |
| | | | | | | | |