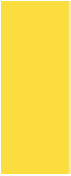


# Personal Care Home Benefit (PCHB) Application Guide



Please follow these instructions when completing your application for the Personal Care Home Benefit. You are encouraged to apply as soon as you meet the eligibility requirements and you have up to 60 days to submit the required documents. If you are eligible, benefits will be paid as of the date the application was received by the Client Service Centre.

## Section 1 – Applicant Information

### Resident Information

- The resident is the person applying for the Personal Care Home Benefit
- Enter the resident's name as it appears on your Saskatchewan Health Services card
- Enter the resident's birthdate
- Enter the resident's Social Insurance Number
- If the resident has never been issued a Social Insurance Number enter the resident's Old Age Security (OAS) Account Number

### Spouse Information

- If the resident has a spouse (married or common-law) enter the same information for the spouse
- If the spouse is also a Personal Care Home resident, a separate application must be completed for him or her

### Marital Status

- Indicate the resident's current marital status (check only one box)

### Address

- Enter the address where mail related to the Personal Care Home Benefit should be sent
- You may have your mail directed to a responsible person nominated to act on your behalf (see Section 4 below)

### Phone Number

- Enter the phone number if the resident has a phone where he or she can be reached or
- the phone number of the designated responsible person

## Section 2 – Personal Care Home Information

### Name of Personal Care Home

- Enter the name of the Personal Care Home where the resident currently resides Note: In some homes, not all beds are licensed under *The Personal Care Homes Act*. You must be a resident in a licensed personal care home space to be eligible for this benefit.
- Enter the Personal Care Home Licence Number
  - This is found on the license posted in the personal care home or can be located on the Licensed Personal Care Homes list at <http://www.health.gov.sk.ca/personal-care-home-listing>

### Less than 60 days

- If you have lived in a licensed space in the Personal Care Home for less than 60 days please complete and attach Form PCHB 2 (Confirmation of Admission).

### Spouse's Personal Care Home

- If you have a spouse, indicate if they also live in a licensed personal care home.

### Section 3– Income Information

#### Monthly Benefit Calculation

- The resident must be in receipt of OAS to be eligible for the PCHB
- Attach a copy of the most recent entitlement letter from the federal Guaranteed Income Supplement program
- If a resident meets all other eligibility criteria, he or she is eligible for a Personal Care Home Benefit (PCHB) if their monthly income is below \$2,000 per month
- The amount of the PCH Benefit will be \$2,000 minus your monthly income (as calculated using your tax return and current OAS/GIS/SIP amounts)
- You will be advised of these calculations and the amount of your PCHB eligibility

### Section 4– Responsible Person

#### Responsible Person Nomination

- Check yes if a person has Power of Attorney (POA) or is a Trustee or Guardian appointed to act on behalf of the resident and attach the legal documents. Some documents may not provide sufficient authority for the designated person to carry out all duties on behalf of the resident
- If another person is being nominated as a responsible person who does not have POA, or is not a Trustee or Guardian, then Form PCHB 4 (Responsible Person Consent) must be completed and attached

### Section 5 – Declaration and Consent

#### Applicant’s Declaration and Consent

- In this section, the resident is declaring that the information provided is true and complete to the best of their knowledge and is providing consent to the use of the Social Insurance Number or Old Age Security Account Number to verify information
- The resident is also providing consent to Ministry of Social Services officials to contact the Ministry of Health, Canada Revenue Agency or any other ministry or agency to verify information related to his or her eligibility for the PCHB
- The resident is also acknowledging that he or she must notify the Ministry of Social Services of any changes in circumstances that may affect his or her eligibility for the PCHB
- If 2 (or more) persons have joint Power of Attorney both (all) must sign the application

#### Spouse’s Declaration and Consent

- In this section, the spouse is declaring that the information provided is true and complete to the best of their knowledge
- The spouse is providing consent to the use of their Social Insurance Number or Old Age Security Account Number to verify information related to his or her spouse’s eligibility for the PCHB
- The spouse is also providing consent to Ministry of Social Services officials to contact the Ministry of Health, Canada Revenue Agency or any other ministry or agency to verify information related to his or her spouse’s eligibility for the PCHB.

#### **For information or assistance with your application:**

please phone the Ministry of Social Services

In Regina: 306-798-PCHB (7242)

Outside Regina: 1-855-544-PCHB (7242) (toll-free)