

**Complete and mail to:** Ministry of Social Services Box 2405 Station Main Regina, SK S4P 4L7  
or email/fax to the contact information at the bottom of the page.

**To be eligible for the Personal Care Home Benefit a person must:**

- Be a Saskatchewan resident;
- Be 65 years of age or older;
- Be in receipt of an Old Age Security (OAS) pension pursuant to the *Old Age Security Act* (Canada);
- Be a resident in a licensed personal care home space in a Personal Care Home licensed pursuant to *The Personal Care Homes Act*;
- Have monthly income below certain levels (see Application Instructions guide); and
- Have applied for and be receiving any government benefits for which the person may be eligible.

**You must complete and attach Direct Deposit Payment Request Form PCHB 3 (2012). You have 60 days after you apply to submit the rest of the required documents. If you are eligible, benefits will be paid as of the date the application is received. Please allow four weeks for processing. Incomplete applications may result in delays in processing.**

## Section 1 – APPLICANT INFORMATION

RESIDENT INFORMATION (Please Print)	SPOUSE INFORMATION (Please Print)
<p>Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <span>Surname</span> <span>Given</span> <span>Initial</span> </div> <p>(as it appears on your Saskatchewan Health Services card)</p>	<p>Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <span>Surname</span> <span>Given</span> <span>Initial</span> </div> <p>(as it appears on your Saskatchewan Health Services Card)</p>
<p>Date of Birth</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>(dd/mm/yyyy)</p>	<p>Date of Birth</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>(dd/mm/yyyy)</p>
<p>Social Insurance Number or OAS Account Number</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Social Insurance Number or OAS Account Number</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Current Marital Status (check one)

Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common-law ☐ Separated ☐

Address (where mail should be sent)	Phone Number (optional)
<div></div>	<div></div>

## Section 2 – PERSONAL CARE HOME INFORMATION

<p>Name of Personal Care Home <b>(where you currently reside)</b></p> <div></div>	<p>Personal Care Home Facility Number</p> <p>(Found on license)</p> <div></div>
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Have you lived in this Personal Care Home for less than 60 days? Yes ☐ No ☐

If **Yes**, complete and attach Confirmation of Admission Form PCHB 2 (2012).

If Married or Common-Law, does your spouse also live in a personal care home? Yes ☐ No ☐

## Section 3 - INCOME INFORMATION

Please provide the following so your adjusted income (see Application Instruction sheet) can be determined:

- a copy of the most recent entitlement letter from the federal Guaranteed Income Supplement Program; or
- a copy of the T1 general forms from your Income Tax Return and a copy of a bank statement showing the most recent Old Age Security/Guaranteed Income Supplement deposit (for both applicant and spouse).

If you did not file a tax return for last year, please call the number shown at the bottom of the Application Form.

**Section 4 - RESPONSIBLE PERSON**

Is a person with Power of Attorney (POA) or a Trustee or Guardian signing and providing information on behalf of the resident? Yes ☐ No ☐

If Yes, a copy of the legal document must be attached. Due to the variety of documents some may not be considered acceptable (such as POA specific or limited to a bank or financial institution).

If **No**, do you wish to nominate another person to sign and provide information on your behalf? Yes ☐ No ☐

**If YES, complete and attach Responsible Person Consent Form PCHB 4 (2012)**

**Section 5 - DECLARATION AND CONSENT**

**Applicant's and Spouse's (if applicable) Declaration and Consent**

I/we hereby apply for the Personal Care Home Benefit and declare that to the best of my/our knowledge the information on this application is true and complete. I/we understand I/we must immediately report any changes in my/our circumstances that affect my/our eligibility for the Personal Care Home Benefit.

I/we authorize the Canada Revenue Agency to release income and expense information and related identifying information about me/us from its income tax records to the Ministry of Social Services. The information released is to be used solely for the purposes of determining and verifying my/our eligibility for the benefits through the Personal Care Home Benefit and for collecting overpayments of benefits under that program to which I/we was/were not entitled, and will not be disclosed to any person or organization without my/our written approval or unless required to be disclosed by operation of law (e.g., search warrants, subpoenas or other legislative requirements to disclose information). This authorization is valid for the taxation year of signature and each subsequent taxation year for which I/we receive a benefit.

The information is being collected in accordance with accepted use of personal information as defined in *The Freedom of Information and Protection of Privacy Act* and will be relevant to, and used solely for the purpose of determining and verifying my/our eligibility and the general administration and enforcement of the Personal Care Home Benefit pursuant to *The Personal Care Home Benefit Regulations*, and will not be used for other purposes or disclosed to any other person or organization without my/our consent, except where authorized by law.

I/we understand that, if I/we wish to withdraw this consent, I/we may do so at any time by writing to Saskatchewan Ministry of Social Services, at the address shown on the top of this Application. I/we also understand that if I/we withdraw or decline to provide this consent, I/we will forfeit my eligibility for the Personal Care Home Benefit program.

Signature of **Applicant** or Responsible Person

Signature of Joint Responsible Person (if any)

Date (dd/mm/yyyy)

**A witness is necessary if Applicant signs with an "X" or a mark**

Signature of Witness

Print Name of Witness

Date (dd/mm/yyyy)

Signature of **Spouse** or Legally Authorized Person, if applicable

Date (dd/mm/yyyy)

**A witness is necessary if Applicant signs with an "X" or a mark**

Signature of Witness

Print Name of Witness

Date (dd/mm/yyyy)

**For information, please phone toll-free: 1-855-544-PCHB (7242) | Email: PCHBInquiry@gov.sk.ca**