



Policy Manual

EMPLOYMENT SUPPORT AND INCOME ASSISTANCE

EFFECTIVE: AUGUST 1, 2001

REVISED: NOVEMBER 1, 2024

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Chapter 1: General Policy Statements	
Section: 1.1 General Policy Statements	Issue Date: August 1, 2001
Page 1 of 3	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	

Policy

1.1.1 Program Statement

The purpose of the *Employment Support and Income Assistance (ESIA) Act* is to provide for the assistance of persons in need and, in particular, to facilitate their movement toward independence and self-sufficiency.

1.1.2 Definitions

Refer to [Policy 4.1.1 - Definitions](#).

1.1.3 Policy Objective

To provide for compliance with the *ESIA Act* as it pertains to persons in need and employment support services.

1.1.4 Application

Applies to persons who apply for assistance under the *ESIA Act*.

1.1.5 Policy Guidelines

Policy was developed with the following guidelines that:

1. independence and self-sufficiency, including economic security through opportunities for employment, are fundamental to an acceptable quality of life in Nova Scotia;
2. individuals, government and the private sector share responsibility for economic security;

3. assistance to develop skills and abilities will be required for some Nova Scotians that will enable them to participate as fully in the economy and in their communities so far as it is reasonable for them to do;
4. the provision of assistance to and in respect of persons in need and the prevention and removal of the causes of poverty and dependence on public assistance are the concern of all Nova Scotians;
5. ESIA must be combined with other forms of assistance to provide effectively for Nova Scotians in need; and
6. ESIA must be effective, efficient, integrated, coordinated and financially and administratively accountable.

1.1.6 Policy Directives

The *Policy* contains direction on:

Operating Principles; Collection, Use, Disclosure & Retention of Information; Eligibility; Calculation of Eligibility Amount; Basic Needs; Special Needs; Prevention and Detection; Issuing Income Assistance; Employability; Child Benefit Adjustment; Overpayments, Underpayments and Recovery; and Appeals, which have the *Employment Support and Income Assistance Act* and *Regulations* as their legislative authority.

1.1.7 Accountability

The Executive Director, Director, and program staff are responsible for ensuring compliance with the *ESIA Act*, *Regulations* and *Policy*.

1.1.8 Monitoring

The Employment Support and Income Assistance division is responsible for monitoring this policy. This will be accomplished through formal and informal program and system reviews and evaluations.

1.1.9 References

1. [*Employment Support & Income Assistance Act*](#)
2. [*Employment Support & Income Assistance Regulations*](#)
3. [*Assistance Appeal Regulations*](#)
4. [*Federal Child Support Guidelines*](#)

5. [Freedom of Information and Protection of Privacy Act & Regulations](#)
6. [Parenting and Support Act](#)
7. [Children and Family Services Act](#)

Chapter 2: Operating Principles	
Section: 2.1 Operating Principles	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: October 4, 2021

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	

Policy

2.1.1 **Promoting Self-Reliance and Empowerment**

The Employment Support and Income Assistance (ESIA) program must be administered in a manner that enables individuals to manage and control their own lives and, where possible, make the transition to employment.

2.1.2 **Eligibility Based on Need**

A person's need is determined based on their individual circumstances and allowable rates as determined pursuant to the regulations.

The ESIA program will be administered to individuals who demonstrate eligibility based on need. The principle of need must be paramount in determining eligibility for Income Assistance.

2.1.3 **Adequacy**

The ESIA program will strive to provide residents of Nova Scotia who are in need with a level of assistance adequate to meet their basic needs for shelter, food, clothing, and personal care. Clients must have the knowledge that their benefits will provide the supports necessary to move toward self-sufficiency.

2.1.4 **Fair and Responsive Services**

The ESIA program will be administered in a fair, accessible and timely manner. A client should receive equitable treatment and access to the same core benefits across the province. Clients have the right to appeal any decision related to their completed application for assistance, the assistance they received, and any changes to their assistance as outlined in [Chapter 14 – Decision Reviews and Appeal Hearings](#). All services will be provided to clients in a manner that is

culturally sensitive and provides advocacy and support for clients experiencing systemic barriers as a result of racism, sexism, ageism, sexual orientation and/or socio-economic disadvantages.

2.1.5 Efficient and Accountable Program Administration

The ESIA program must be efficient, open and accountable to the public for administration, expenditures made on behalf of clients, and for informing recipients of their rights and obligations.

2.1.6 Accountability of Applicants/Recipients

All persons applying for or in receipt of assistance are responsible to provide information and to pursue all other sources of support. The Department of Community Services is accountable to provide a program that does not create dependency but should support each individual's move to self-sufficiency.

2.1.7 Consistent Administration and Understandable Rules

Every effort will be made to have the ESIA program understandable to the client, and administered in a least intrusive, non-judgmental and consistent manner.

2.1.8 Compassion and Respect

All ESIA clients will be treated with compassion and respect.

2.1.9 Decision Making

Authority and responsibility for client services will be delegated as close as possible to the point of client contact. Employees will be provided with the training, policy guidance and supportive work environment required to carry out their responsibilities.

2.1.10 Confidentiality

The confidentiality of the circumstances of every individual applying for or receiving assistance will be respected. Clients must have the assurance that information about them is confidential.

2.1.11 Coordination of Services

Coordination with other levels and departments of government agencies and community-based organizations must be developed and/or maintained to link recipients to needed programs and services.

Chapter 3: Collection, Use, Disclosure and Retention Policy	
Section: 3.1 Collection, Use, Disclosure and Retention Policy	Issue Date: August 1, 2001
Page 1 of 15	Revised Date: February 22, 2021

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 4: Consents Required
<u>FOIPOP Act</u>	

Policy

3.1.1 Policy Statement

This *Policy* provides guidance to staff of the Department of Community Services (DCS) in relation to their responsibilities with respect to the collection, use, disclosure, retention and security of Employment Support and Income Assistance (ESIA) client records.

3.1.2 Policy Objectives

This policy is designed to assist ESIA in understanding their responsibilities under the *Freedom of Information and Protection of Privacy (FOIPOP) Act*, the government of NS Privacy Policy, and the *Government Records Act*, with respect to the treatment of personal information collected, used and disclosed through the course of their work in providing supports and services to Nova Scotians.

3.1.3 Definitions:

For the purpose of this policy, the following definitions shall apply:

Client

Refers to the current or former applicant or recipient (including the spouse), dependent children, or student family member.

Consent

Is obtained when it is reasonable to expect that the individual providing consent understands the nature, purpose, and consequences of the collection, use or disclosure of their personal information to which they are consenting.

FOIPOP

The *Freedom of Information and Protection of Privacy Act* (Nova Scotia).

<https://www.nslegislature.ca/sites/default/files/legc/statutes/freedom%20of%20information%20and%20protection%20of%20privacy.pdf>

Government Entities

All government departments, agencies, boards, and commissions categorized as Category I or II entities in Appendix 1-A of the Corporate Administrative Policy Manuals Policy (Policy 1.2 of Chapter 1, Manual 100: Management Guide).

<https://novascotia.ca/treasuryboard/manuals/PDF/100/10102-09.pdf>

Personal Information

As described in Section 3(1)(i) of the *FOIPOP Act*, personal information is “recorded information about an identifiable individual”, including:

- i. the individual's name, address or telephone number;
- ii. the individual's race, national or ethnic origin, colour, or religious or political beliefs or associations;
- iii. the individual's age, sex, sexual orientation, marital status or family status;
- iv. an identifying number, symbol or other particular assigned to the individual;
- v. information about the individual's health-care history, including a physical or mental disability;
- vi. information about the individual's educational, financial, criminal or employment history;
- vii. anyone else's opinions about the individual; and
- viii. the individual's personal views or opinions, except if they are about someone else.

Privacy Breach

The intentional or unintentional unauthorized collection, use, disclosure, disposal, modification, reproduction, access, or storage of personal information that is in violation of the *FOIPOP Act* or *Personal Information International Disclosure Protection (PIIDPA) Act*.

Privacy Policy

The Government of Nova Scotia Privacy Policy [Chapter 4.11 or the common Services Manual].

<https://novascotia.ca/treasuryboard/manuals/PDF/300/30411-03.pdf>

Record

Books, documents, maps, drawings, photographs, letters, vouchers, papers, emails and any other thing on which information is recorded or stored by graphic,

electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records.

3.1.4 Application

This *Policy* applies to all personal information collected, used and disclosed by all staff of the ESIA program of DCS.

3.1.5 General

As a public body, DCS is bound by the [FOIPOP Act](#) and its [Regulations](#), and the province of Nova Scotia Privacy Policy, Chapter 4.11 of the Common Services Manual. The purpose of FOIPOP is outlined in Section 2 of the *Act*, states:

The purpose of this *Act* is:

- (a) to ensure that public bodies are fully accountable to the public by
 - i. giving the public a right of access to records,
 - ii. giving individuals a right of access to, and a right to correction of, personal information about themselves,
 - iii. specifying limited exceptions to the rights of access,
 - iv. preventing the unauthorized collection, use or disclosure of personal information by public bodies, and
 - v. providing for an independent review of decisions made pursuant to this Act;
- (b) to provide for the disclosure of all government information with necessary exemptions, that are limited and specific, in order to:
 - i. facilitate informed public participation in policy formulation,
 - ii. ensure fairness in government decision-making, and
 - iii. permit the airing and reconciliation of divergent views; and
- (c) to protect the privacy of individuals with respect to personal information about themselves held by public bodies and to provide individuals with a right of access to that information.

The purpose of the Government of Nova Scotia Privacy Policy is to ensure that the Government of NS respects the privacy of individuals and is committed to

ensuring that their employees understand and adhere to the privacy protection provisions of the *FOIPOP Act*, the *Personal Information International Disclosure Protection Act (PIIDPA)*, the *Privacy Review Officer Act (PRO)*, and other applicable legislation.

The *FOIPOP Act* describes how government entities must collect, use, and disclose personal information. The *FOIPOP Act* protects the privacy of Nova Scotians by limiting how government manages personal information. Collection use and disclosure outside of the limits outlined in the *FOIPOP Act* is prohibited. Government entities are further expected to maintain reasonable security arrangements and procedures to protect against the unauthorized collection, use, disclosure, access or storage of Nova Scotian's personal information.

Of particular significance in the *FOIPOP Act* is the stated purpose of ensuring that public bodies are fully accountable to the public. In keeping with this obligation, staff have a responsibility to explain to a client:

1. why we are collecting their personal information;
2. how their personal information will be used;
3. how their information may be disclosed to others;
4. their right to have access to their personal information held by the Department;
5. their right to request a correction of their personal information when a client believes that we hold erroneous information about them; and
6. why and how decisions about their eligibility have been made and their right to appeal decisions of the Department.

3.1.6 Access to their Personal Information

Except in specific circumstances, identified as exemptions in the *FOIPOP Act*, a client is entitled to full access of their personal information. Clients should be able to find out what is happening in respect to their case as well as why and how decisions are being made about them through ongoing and regular dialogue between the client and their caseworker.

Upon request, a client can be provided with the following documents without needing to apply for access through the *FOIPOP Act*:

1. copies of letters sent to the client from department officials.

2. copies of letters and/or documents the client has provided to the department; and
3. information which contains no third party information such as:
 - a. history of eligibility amounts,
 - b. eligibility amount calculations, and
 - c. overpayment calculations.

A client requesting access to any other document/record or their complete file, should be directed to apply for access through the *FOIPOP Act*.

Requests for access to a record or file should be directed to Corporate Information Access & Privacy (IAP) Services.

1. Requests received by mail or fax should be scanned and emailed to IAP Services at IAPServices@novascotia.ca.
2. Requests received by email should be forwarded to IAP Services at IAPServices@novascotia.ca.

Original requests for information being processed under the *FOIPOP Act* do not need to be retained by the regional office. Once scanned and sent to IAP Services, the documents should be placed in the shredding bin.

Although the FOIPOP process may be seen as an obstacle to access information, the purpose is to ensure that a client receives all the information they are entitled to, in the time frame established by law. The FOIPOP process also ensures that any third party information contained in the file is protected.

If staff are asked to provide records in response to a FOIPOP request, the file must be scanned in full, unless specified differently. The scan of the records must be accurate and complete and sent via email to the IAP Administrator responsible for the request, within the time period specified. Staff cannot alter records that are the subject of a FOIPOP application.

3.1.7 Obligations of Staff for the Collection, Use, Disclosure and Retention of Client Information

Personal information must be collected, used, disclosed, and managed in accordance with the *FOIPOP Act* and the *FOIPOP Act's* associated regulations, to the extent that the *FOIPOP Act* and its regulations apply to such collection, use, disclosure or management.

Staff are required to only access information for the purpose of conducting departmental business as a requirement of their position or as permitted by law.

Staff are required to keep information about a client confidential unless they are authorized or required by law to disclose the information.

Unauthorized access, collection, use or disclosure of personal information by an employee may result in disciplinary action.

3.1.8 Collection of Personal Information

Personal information about a client can only be collected if it is expressly authorized by or pursuant to an enactment, or if the information relates directly to and is necessary for an operating program or activity of the public body.

The *Employment Support and Income Assistance Act, Regulations and Policy* prescribe the information which can be collected, used, and disclosed to determine eligibility or ongoing eligibility for ESIA.

Staff are permitted to collect personal information in accordance with ESIA [Policy 5.1.3 – Required Information & Documentation](#), for the purpose of determining initial or on-going eligibility, as permitted by the client signing the ‘Consent to Release and Obtain Information Authorization’ form.

A client may give verbal permission for the Department to contact a third party to collect or confirm information that is related to the client’s eligibility. Provision of verbal consent must be recorded in a case note. This does not replace the need to complete the ‘Consent to Release and Obtain Information Authorization’ form as part of the required documentation. If the client requests ongoing contact with a third party to represent them or provide information about their eligibility, a written consent must be provided by the client to communicate with the specific third party.

ESIA staff are required to ensure that the personal information being collected is objective, accurate, relevant, and complete.

Collection of Information about a Third Party

DCS does not have the authority to collect personal information about a third party, defined as anyone other than a client named on an application or file, unless the following circumstances apply:

1. the third party’s information is included in a document provided by a client (i.e., Separation Agreement, Custody Order, etc.);

2. the third party's information is included in other documents the Department is authorized to collect (i.e., banking records).

DCS is not authorized to collect additional personal information about the named third party from additional sources. Note that this does not mean that the caseworker cannot discuss the third-party information provided with the client.

The name, contact information, and relationship to a client can and should be recorded in the file for accountability and transparency purposes.

Information Contained within ESIA Records

If there is suspicion of an undisclosed circumstance (e.g., financial resources or co-habitation), DCS is authorized to conduct a search in ICM and CCM for information pertaining to the third party information. If there is a match, and the third party is a current or former client of Income Assistance, the caseworker is authorized to review and collect information from the ESIA electronic and/or paper case file to determine if the information is relevant/necessary for determining the on-going eligibility of a client.

DCS cannot collect additional personal information of the third-party if they are no longer eligible for income assistance as the consent form is no longer valid.

If there is not a match in ICM or CCM to the third party, DCS is not authorized to seek out or collect any additional personal information about the third party. This does not prevent DCS from discussing or collecting information directly from/with a client in relation to the undisclosed information.

3.1.9 Methods of Information Collection

1. **From the client** – The primary source of information about an applicant, recipient, spouse, any dependent children and any student family members should be from the applicant(s)/recipient(s).

When a client refuses to provide information required to determine their eligibility, ESIA may be refused or discontinued. See section 5(5) of the *ESIA Regulations*.

2. **From other sources with consent from the applicant or recipient** – 'Consent to Release and Obtain Information Authorization' form signed by the client allows the Department to request information from other persons and/or organizations for the purposes identified in the form.

This 'Consent to Release and Obtain Information Authorization' form must be updated at the annual review. Personal information cannot be collected if the consent form is not valid.

The 'Consent to Release and Obtain Information Authorization' form is a critical document that permits the Department to collect relevant information about the client from other parties.

With respect to the 'Consent to Release and Obtain Information Authorization' form, staff must:

1. take every reasonable measure to ensure the client reads and understands what it is they are consenting to by signing the form;
2. discuss each aspect of the form with the client and answer any questions they may have;
3. where necessary, read the form to the client who may not be able to do so themselves; and
4. inform the client that refusal to sign the 'Consent to Release and Obtain Information Authorization' form will result in ESIA being refused or discontinued. See Section 5(5) of the *ESIA Regulations*.

3.1.10 Collection of Unsolicited Information about a Client

When an individual provides unsolicited information about a client, and the information is relevant in the determination of eligibility or ongoing eligibility for ESIA, the information should be recorded in the case file.

The caseworker should determine an appropriate course of action in respect to verifying the validity of the information. This information should be discussed with the client, if appropriate. The source of the referral should be confidential unless confidentiality cannot be maintained by law, or the source has consented to the release of their name. When consent is provided to release their name, the consent and name is recorded on the case file.

If the information provided is not relevant in the determination of eligibility or ongoing eligibility, the information should not be placed in or recorded in the case file. The information should be returned or destroyed (i.e., placed in the secure shredding bin). A case note should be added to document that information was received that was not relevant, and that it was returned or shredded.

3.1.11 Use of Client's Personal Information

To be compliant with the *FOIPOP Act*, DCS may only use the personal information it has collected for the purposes for which it was obtained or for a compatible purpose.

A compatible purpose must be reasonably and directly connected to the purpose the personal information was collected for and is necessary for DCS to perform its statutory duties or operate a legally authorized program.

Pursuant to Section 7 of the *ESIA Act* for which DCS may use personal information include:

1. to determine whether a client is eligible to receive assistance;
2. to determine the amount of financial assistance;
3. to determine other forms of assistance available that would benefit a client;
4. to advise a client of the amount of financial or other assistance that will be provided and the conditions to be met to ensure the continuance of the assistance;
5. to advise a client of their right to appeal; and
6. from time to time to review assistance provided to a client and advise them of any changes in eligibility.

3.1.12 Disclosing Client Personal Information

In accordance with section 27 of the *FOIPOP Act*, DCS may disclose personal information in a number of circumstances, including:

1. in accordance with the Act or as provided pursuant to any other enactment;
2. if the individual has identified the information and consented in writing;
3. for the purpose for which it was obtained or compiled, or a use compatible with that purpose;
4. for the purpose of complying with an enactment or with a treaty, arrangement or agreement made pursuant to an enactment;

5. to an officer or employee of a public body or to the Minister, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the officer, employee or Minister;
6. To a public body to meet the necessary requirements of government operations.

ESIA staff are responsible to take reasonable measures to protect the privacy of a client. It is expected that during the course of processing an individual's application for ESIA or assessing their ongoing eligibility for ESIA that only the personal information needed to determine eligibility will be disclosed. In doing so, however, it may become apparent to the individuals from whom information is being sought, or with whom the information is shared, that the person may be receiving benefits from the ESIA program.

Staff must make clients aware that during the process of assessing their eligibility for ESIA that the documentation will indicate that DCS is involved. As an example, the 'Consent to Release and Obtain Information Authorization' form clearly indicates that the information is being used to determine eligibility for ESIA.

3.1.13 Disclosing Information to Other Public Bodies or Third Parties

1. Other Public Bodies

Staff are permitted to share personal information of a client if the disclosure meets one or more of the provisions outlined in the *FOIPOP Act* under section 3.1.12 or section 27.

Staff should consult with their supervisor or the Manager, Information Access & Privacy if they have any questions or are unsure of what information they should be sharing.

2. Police

Where the Department has referred a matter to the Police for investigation, staff can share relevant information with the investigating police force in respect to the matter that has been referred.

All other requests from Police for information should be directed to the Manager, Information Access & Privacy for response.

3. Members of the Legislative Assembly (MLA)

Pursuant to Section 27(j) of the *Freedom of Information and Protection of Privacy Act*, staff can disclose personal information about a client to an MLA who has been requested by the client “to assist in resolving a problem.” The information staff provides to the MLA should only be as much information as is required to respond to the inquiry and should only be done when staff are confident that they are speaking with an MLA or an MLA’s staff and that it is certain that the MLA’s office has been contacted by the client. To ensure that the MLA has been contacted by the client, staff should advise that they wish to be as helpful as possible but need the MLA or the staff member to verbally confirm that they have been requested by the client “to assist in resolving a problem.”

When staff are unsure as to whether or not they are speaking with an MLA or a member of the MLA’s staff, they should ask the individual for their name, the constituency they represent, their constituency office telephone number and indicate that you will get back to them within a specified time frame. To confirm the information given, contact the appropriate Caucus Office and verify the MLA’s constituency office telephone number or staff member’s name.

While the *FOIPOP Act* does not require the request from the MLA to be in writing, the above process is recommended for verbal disclosure of personal information. If the MLA requests access to copy of records, even if it is “to assist in resolving a problem”; the MLA must put the request in writing indicating:

1. documents they are requesting access to;
2. confirming that they are assisting the client in resolving a problem; and
3. consent form signed by the client authorizing the MLA to request access to the records (Form can be accessed in the District Offices).

Any information conveyed to the MLA should be documented in the case file along with confirmation that the MLA verified they have been requested by the client “to assist them in resolving a problem.”

4. Members of Parliament (Federal) or Municipal Councillor

Unlike MLAs, Members of Parliament (MPs) or Municipal Councillor do not have any special status under the *FOIPOP Act*.

Responses should only contain information about policy and procedures. No personal information about a client can be released to an MP or

Municipal Councillor without the consent of the client. The consent should be in writing or verbally confirmed with the client and should specify the information that can be disclosed. The obtaining of verbal consent must be documented in the case file.

5. Other Advocates

Information released to any other individual or organization without the consent of a client. The consent should be in writing or verbally confirmed with the client that they have authorized an advocate to obtain information about them and should specify the information that can be disclosed. The obtaining of verbal or written consent must be documented in the case file.

3.1.14 Disclosing Information Pursuant to a Court Order

1. Search Warrants

When law enforcement officials present a search warrant to staff to search premises and/or documents of the Department, the Supervisor or Service Delivery Manager of the office involved should gather up the records which are the subject matter of the search warrant. A review of the records by a caseworker, with supervisor support if necessary, is required to determine if there are documents in the record which are not subject to the search warrant.

If there are questions or concerns about releasing certain documents which are the subject of the search warrant, advice should be sought from the ESIA Program to request Legal Counsel. This is not an inquiry through FOIPOP.

2. Subpoenas

A subpoena is an Order of the Court and the staff person who is subject to the subpoena, is not required, nor authorized to provide information to either of the parties who are the subject of the proceedings or to their lawyers. The staff person's obligation is to appear in Court at the time and place indicated in the subpoena and to bring with them the documents cited in the subpoena.

If a staff person receives a subpoena, advice should be sought from the ESIA Program to request Legal Counsel. Legal Counsel is also available to accompany staff if required to appear in Court. This is not an inquiry through FOIPOP.

Where a staff member of the Department is subpoenaed the staff person should, if the subpoena requires records to be produced, gather up the

relevant records and review the records in consultation with their supervisor. This is to determine if there is any information in the records that should be brought to the attention of the Court as potentially not subject to the subpoena, such as documents which are subject to solicitor-client privilege or information pertaining to a third party.

It may be possible in some cases for the information which is the subject of the subpoena to be provided to the Court/parties in a manner which would not involve the staff member attending Court. This should be discussed with Legal Counsel at the Department of Justice as the information sought may be provided by way of an affidavit if both parties are prepared to consent to this, thereby alleviating the need for the staff member to attend Court. As well, in some cases the Department may not have information to provide, or the subpoena may have been issued to the wrong person, or it is impossible for the person to whom it is issued to attend the Court hearing.

3. Orders for Production

The Department often receives Orders from the Supreme Court known as "Orders for Production." This is an Order of the Court requiring the production of records in respect of a matter which is before the Courts.

Orders for Production are handled by the Manager, Information Services & Privacy. There are usually tight timelines for responding to Orders for Production so staff must forward the records to the Manager as soon as the Order is received to comply with this request in a timely manner.

3.1.15 Disclosing Information in Emergency Circumstances

1. Section 27 (f) of the *FOIPOP Act* allows the disclosure of personal information about a client where the disclosure is necessary to protect the health or safety of an officer of a public body or an employee of a public body or the Minister (i.e., disclosing information to a staff person about an applicant or recipient who is known to be dangerous).

Staff should consult with a supervisor or the Manager, Information Services & Privacy before releasing information in these circumstances unless the situation is so urgent that immediate release of the information is required.

2. Section 27(o) of the *FOIPOP Act* allows the disclosure of personal information about a client if there are compelling circumstances affecting the health or safety of a member of the public. Such disclosure, however, requires the prior consent of the Head of the public body (the Deputy Minister). Staff should consult with a supervisor and the Manager,

Information Services & Privacy to determine if the circumstances are within the scope of this provision of the *FOIPOP Act*.

3.1.16 Retention of Information

1. ESIA records are governed by the Department of Community Services' Record Retention Schedule and must be retained according to this Schedule. Each office will have designated staff who are responsible for adherence to the Record Retention Schedule; and
2. *Freedom of Information and Protection of Privacy Act* requires that information used to make a decision about a client must be retained for at least one (1) year after this action has been taken. The Record Retention Schedule takes this into account.

3.1.17 Security of Information

The security of client files is paramount in ensuring client confidentiality.

Staff are required to protect personal information about a client by making reasonable security arrangements against unauthorized access to personal information and unauthorized disclosure of personal information.

Examples of security arrangements include:

1. staff must not conduct conversations about a client in public places or discuss client information outside the work environment. Interviews with a client should be held in a location that maintains a client's privacy and confidentiality;
2. case files, both electronic and paper, are to be maintained in a secure location;
3. passwords are not to be shared with others;
4. computer screens must be locked before walking away from your computer;
5. where staff are transporting files outside of the office, they are required to take reasonable precautions to ensure the security of the file. This could be achieved by carrying them in locked cases, not leaving them unattended and ensuring that they are kept out of sight, in locked vehicles;
6. when sending or transferring original files to another office, the files are to be sealed in an envelope, marked private and confidential, and addressed

to the individual and that location that it is intended to be sent. Files must be sent by courier or through interdepartmental mail.

7. staff must ensure that Blue Recycle Bins are used to dispose of drafts and working materials that do not contain personal and/or confidential information. Exact copies or convenience copies of records that do not contain personal and/or confidential information may be disposed of in Blue Recycle Bins.
8. any records that contain personal and/or confidential information must be placed in the secure shredding bin.

At the end of the business day, staff will:

1. tidy up and secure documents containing confidential, sensitive and/or personal information;
2. lock drawers, file cabinets and office doors; and
3. ensure that documents are locked in drawers or file cabinets if they are unable to locate their office doors.

3.1.18 Privacy Breaches

A privacy breach occurs when there is the intentional or unintentional unauthorized collection, use, disclosure, disposal, modification, reproduction, access or storage of personal information.

Some common types of breaches are:

1. sending documents containing personal information in any way to the wrong person. For example, sending an email to the wrong address;
2. snooping through files or database systems looking at personal information that you have no need to know;
3. discussing someone else's personal information with any person, whether inside or outside the workplace, who does not have a need to know that information;
4. sharing your password to a system;
5. disclosing personal information of an applicant or recipient or former recipient to the public with malicious intent.

In some instances, the following events could result in a privacy breach:

1. theft or loss of equipment or devices containing personal information;
2. carelessness in the transporting or handling of electronic devices such as memory sticks, laptops or tablets outside of the office without adequate security measures;
3. unlocked office doors or filing cabinets or computers that are not logged off;
4. not verifying a person's identity before disclosing personal information.

If a breach has been identified, staff must act immediately and complete the following steps:

1. Contain the Breach – Immediately take steps to contain the suspected or known breach. Steps should be taken to prevent any further disclosure of the personal information and/or secure and recover any personal information that has been disclosed. The steps may vary depending on how the breach occurred.
2. Report the Privacy Breach – Staff should notify their supervisor or manager as soon as a privacy breach is thought to have occurred or is discovered. Staff or the supervisor or manager must then notify the Manager, Information Services & Privacy, who will provide direction on next steps.

Documentation – Staff should be careful not to destroy evidence that may help determine the cause of the breach, or to take corrective action.

Chapter 4: Definitions	
Section: 4.1 Definitions	Issue Date: August 1, 2001
Page 1 of 8	Revised Date: November 1, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions

Policy

4.1.1 Definitions

1. **“Aboriginal Peoples”** shall mean “Indian Band” as defined by the federal *Indian Act*. Usually, this will refer to the thirteen (13) Mi’kmaq Indian Bands and reserve lands in Nova Scotia, but it could also refer to any of the over three hundred and twenty (320) Indian Bands in Canada. First Nations Family includes any registered dependent child or member of a First Nations family;
2. **“applicant”** means a person who applies for assistance and their spouse;
3. **“applicable assets”** means equity in any real or personal property and liquid assets;
4. **“application”** means an application for assistance pursuant to Section 3 of the *ESIA Regulations*;
5. **“approved education program”** means:
 - a. a high school, adult day school, upgrading or literacy program, or
 - b. technical or professional training of a duration of two (2) years or less;
6. **“assets”** means:
 - a. **liquid** - such as, but not limited to, cash on hand, bank accounts, stocks, bonds or other securities, monetary lottery winnings, monetary inheritances, liquidation of business assets,

- b. **personal** - such as, but not limited to, a second motor vehicle, recreational vehicles,
 - c. **real property** - other than the primary residence, such as but not limited to a cottage, building lots;
- 7. **“assistance”** means the provision of money, goods or services to a person in need for:
 - a. basic needs including food, clothing, shelter, fuel, utilities, and personal requirements,
 - b. special needs,
 - c. employment services;
- 8. **“board”** means where an applicant or recipient lives with the owner or sole lessee of a home, has their own bedroom and shares access to a bathroom, kitchen, entrance or other area of the home;
- 9. **“caseworker”** means a person in the employ of the Department of Community Services who is responsible for reviewing applications for assistance, determining eligibility for assistance, and making decisions with respect to the granting of assistance to applicants, recipients and dependent children;
- 10. **“chargeable income”** of an applicant or recipient means income that is included for the purpose of computing the amount of assistance payable to the applicant or recipient pursuant to the *Regulations*;
- 11. **“child welfare agency”** agency within the meaning of the *Children and Family Services Act*;
- 12. **“cohabit”** means to live together with another person as a spouse and **“cohabitation”** and **“cohabiting”** have corresponding meanings;
- 13. **“common-law partner”** means a person who is living with another person in a relationship of interdependence functioning as an economic and domestic unit, and at least one (1) of the following applies:
 - a. they have lived together for at least twelve (12) continuous months,
 - b. they are parents of a child or children by birth or adoption or share legal custody of a child or children,

- c. they lived together previously in a relationship of interdependence functioning as an economic and domestic unit for at least 12 continuous months, including any period of time the two (2) persons were separated for less than 90 days, and have resumed living together in such a relationship;
- 14. **“deferred income”** is income that is received for a retroactive time period. Types of income that may be paid for a retroactive time period include, but are not limited to, pensions, benefits or other compensation for loss of income (including compensation for insufficient termination of employment), and wages. Examples of income source include, but are not limited to: Employment Insurance, Canada Pension Plan, Workers’ Compensation, and Labourers’ Pension;
- 15. **“Department”** means Department of Community Services;
- 16. **“dependent child”** means a person residing in Nova Scotia who is dependent for support upon an applicant or a recipient and is:
 - a. under 19 years old, or
 - b. over 19 years old and younger than 21 years old and is attending an approved educational program not designated for student loan purposes;
- 17. **“Director”** means the Director of Income Assistance in the Department of Community Services;
- 18. **“earned income”** means the income generated any of the following:
 - a. net wages from an employer,
 - b. tips,
 - c. gratuities,
 - d. net commissions,
 - e. net business income,
 - f. rental income,
 - g. boarder income,
 - h. roomer income,

- i. training allowance.
19. “**education plan**” means a plan within the employment action plan that sets out in detail the approved educational interventions and course of action to gain labour market attachment in a specific employment area. An education plan must include formalized assessments, and extensive labour market research;
 20. “**eligibility amount**” is the amount of assistance an applicant or recipient is entitled to receive pursuant to *Regulations*;
 21. “**employability**” means the many factors that assist a person to be more self-sufficient, including but not limited to skills, education, learning experiences, work experience, life situation, health, goals, volunteer activities, resources in the community, availability of transportation and child care, and personal supports;
 22. “**employability assessment**” means an assessment, which is used to determine whether a recipient is employable at the time of the assessment and, if not employable at the time of the assessment, includes an assessment of the measures or activities that can reasonably be undertaken by a recipient to enable a recipient to become employable;
 23. “**employment plan**” means an approved plan that is developed in conjunction with an employability assessment and that establishes the goals of a recipient in respect of:
 - a. participation in employment services
 - b. participation in an approved educational program, and
 - c. employment;
 24. “**Employment Support Services**” is a range of services provided by the Department of Community Services aimed at assisting employable recipients of ESIA to achieve employment;
 25. “**employment services**” means services and programs to assist recipients in enhancing their employability and quality of life, including programs provided by other departments, agencies or governments;
 26. “**expense**” means an expense of an applicant or recipient that is included for the purpose of calculating the amount of assistance payable to the applicant or recipient pursuant to the *ESIA Regulations*, and includes an expense of a dependent child, where applicable;

27. **“Family Benefits”** means benefits received under the Family Benefits Schedule “B” *Regulations*;
28. **“fixed address”** means the address where an applicant or recipient permanently resides which meets the policy criteria of Standard Household Rate – Board or Rent/Own.
29. **“full-time”**, with respect to employment, means paid employment for thirty (30) hours or more per week;
30. **“government income payment”** means a payment made to a person by the government of Canada or of Nova Scotia in respect of loss or presumed loss of income by reason of unemployment, loss of the principal family provider, illness, disability or age;
31. **“home”** means the primary residence of an applicant or recipient and includes a mobile home;
32. **“home improvement loans”** means loans that are granted for essential repair to the home and/or replacement or equipment considered part of the structure of the home (e.g., furnace, pump, hot water heater, etc.);
33. **“Individual Development Account (IDA)”** means a restrictive savings account held by a low-income person whose regular savings are matched by contributions from government or other sources. The matched contributions can only be put towards specific uses;
34. **“MSI”** means the Medical Services Insurance Program administered under the *Health Services and Insurance Act*;
35. **“Minister”** means the Minister of Community Services;
36. **“mobile home”** means a trailer that meets all of the following criteria, but does not include a travel trailer or tent trailer:
 - a. it is intended to be equipped with wheels, whether or not it is equipped with wheels,
 - b. it is constructed or manufactured to provide a residence for one (1) or more persons;
37. **“mortgage payment”** means the actual amount paid, calculated monthly, less any payment of taxes included in the payment for a mortgage that has been obtained for the purpose of purchasing or making necessary repairs or renovations to the home of an applicant or recipient;

38. “**municipality**” means a municipality in Nova Scotia;
39. “**net business income**” means any profit earned from self-employment, including profit earned from a registered or non-registered business;
40. “**net wages/salaries**” means gross income less Mandatory Employment Related Costs (MERCs) and mandatory contributions at the minimum rate including, but not limited to, the following:
 - a. income tax payable,
 - b. Employment Insurance contributions,
 - c. Canada Pension Plan contributions,
 - d. mandatory company pension plan contributions,
 - e. union dues,
 - f. mandatory group health and life contributions and
 - g. long term disability contributions;
41. “**no fixed address**” means the address where an applicant/recipient temporarily resides and meets the policy criteria of Standard Household Rate – Essentials.
42. “**Nova Scotia Formulary**” means the publication of the Department of Health and Wellness that details which drugs and supplies are benefits under the Nova Scotia Seniors' Pharmacare Program, Family Pharmacare Program, Diabetes Assistance Program, Community Services Pharmacare Programs and Drug Assistance for Cancer Patients;
43. “**overpayment**” means assistance paid to an applicant, recipient, and/or dependent child that was:
 - a. paid in error,
 - b. paid based on false or misleading information,
 - c. paid for any period that deferred income was received,
 - d. agreed to be repayable (from the proceeds of the sale of an asset, deferred income, or any other source), and/or
 - e. otherwise should not have been paid;

44. “**part-time**”, with respect to employment, means paid employment of less than 30 hours per week;
45. “**person in need**” means a person whose requirements for basic needs, special needs and employment services as prescribed in the *Regulations* exceed the income, assets and other resources available to that person as determined pursuant to the *Regulations*;
46. “**post-secondary education program**” means a program designated by the Canada Student Loans Program;
47. “**recipient**” means a person who is receiving assistance and their spouse;
48. “**rent**” means where an applicant or recipient:
 - a. is a signatory to lease agreement and lives in a self-contained unit with a separate entrance and a private bathroom, kitchen and living area, or
 - b. lives in a room in municipally approved or licensed rooming, boarding, or lodging house;
49. “**service period**” means the calendar month of eligibility for which an ESIA payment is intended;
50. “**special needs**” means a need for items or services in Chapter 8;
51. “**spouse**” means, with respect to any individual, an individual who is cohabiting with that individual in a conjugal relationship as married spouse, registered domestic partner or common-law partner;
52. “**Standard Household Rate**” means the prescribed amount an applicant or recipient is entitled to receive to cover basic needs based on their household composition and accommodation type;
53. “**student family member**” means a person who resides with an applicant or recipient who is their parent or legal guardian, and who meets all of the following criteria:
 - a. they are at least 19 years old and younger than 24 years old,
 - b. they have been out of high school for less than four (4) years,
 - c. they are attending a post-secondary education program full time,

- d. they have not had two (2) periods of twelve (12) consecutive months when they were not a student, specifically they did not take two (2) years off school;
- 54. “**supervisor**” means a person in the employ of the Department of Community Services who is responsible for overseeing the work and decisions of a caseworker;
- 55. “**supported employment**” means employment of a person whose physical, mental or cognitive abilities prevent them from working on their own without continuous supports;
- 56. “**taxes**” means any tax imposed by or under an enactment in respect of real or personal property;
- 57. “**training allowance**” means an allowance for services and expenses necessary for a person to pursue academic studies, skills training, life skills development, on-the-job training, or training in a sheltered workshop;
- 58. “**unearned income**” includes government income payments, workers’ compensation, regular and/or periodic insurance payments, income from mortgages, spousal support payments, superannuation and income from investments such as stock and bonds;
- 59. “**youth**” means a person aged 16 to 18, inclusive, who is eligible to apply for assistance in their own name.

Chapter 5: Eligibility	
Section: 5.1 Initial and Ongoing Eligibility	Issue Date: August 1, 2001
Page 1 of 17	Revised Date: October 11, 2022

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 3: Applications for Assistance Section 5: Documentation and information required Section 6: Pending documentation Section 8: Age of applicant Section 9: Residency in Province Section 21(2): Circumstances that may result in change in amount of assistance Section 34: Training allowances Section 40: Assistance reduced Section 45: Refusing to accept employment Section 46: Quitting or fired from job Section 47: Required medical examination

Policy

5.1.1 **General Eligibility Criteria**

In order to be eligible for Employment Support and Income Assistance (ESIA), an applicant must:

1. be at least 19 years of age or between the ages of 16 and 18 and unable to reside in the parental home due to specific circumstances;
2. be a resident of Nova Scotia and be present in Nova Scotia;

3. be a person in need and have an eligibility amount that is greater than zero;
4. pursue all other feasible sources of income and assets; and
5. provide and complete all required documentation to substantiate need.

5.1.2 Completion of Application for Determination of Eligibility

To determine eligibility for assistance, an applicant must submit an application for assistance together with all of the applicable information and documentation.

When an applicant is unable to complete an application of their own accord, the following representatives may complete an application on their behalf when documentation is provided to confirm the representative is the applicant's

1. legal guardian/representative under the *Adult Capacity and Decision-making Act*;
2. power of attorney; or
3. in the case of an application for funeral assistance, an application for funeral assistance, representative of the deceased means the surviving spouse or the parent of a deceased dependent child, or, if neither situation is applicable, then an executor, or another family member. A representative of the deceased must be able to provide the information and documentation required to determine eligibility for funeral expenses as outlined in [Policy 8.2.13 – Funerals](#).

The Department requires consent from the applicant for any other individual to discuss their case circumstances or attend appointments.

An application for assistance includes the program application form and all other required forms, agreements, and consents, as outlined in [Policy 5.1.3 – Required Information and Documentation](#).

An application is started by applying on-line, by telephone, or through an in-office appointment as part of the intake process. During intake, must give permission to register their personal information and collect identifying information to assess the nature of the request and eligibility for assistance.

An applicant must provide the required information and documentation within thirty (30) calendar days from the date of the enrollment by the caseworker. A caseworker may extend the thirty (30) calendar day requirement when an applicant indicates the information is pending.

An application is considered complete when all required forms, agreements and consents have been completed, signed, and provided to a caseworker, together with all of the applicable information and documentation.

If an assessment of the completed application and required information and documentation determines the applicant is eligible for assistance, the date of eligibility will be based on the date the Program Application and consents have been signed by the applicant.

In an emergency situation, if the applicant has completed and signed the Program Application and consents but has not submitted all the required information or documentation, assistance may be provided based on the criteria outlined in [Policy 5.1.8 – Emergency Situations Pending Receipt of Information or Documentation](#).

An applicant who is not eligible for assistance will be provided notification of ineligibility and the reason(s) for ineligibility and advised of their right to appeal.

An applicant has the right to appeal any decision related to their completed application for assistance as outlined in [Policy 14.1.2 – Right to a Decision Review and an Appeal Hearing](#).

5.1.3 Required Information and Documentation

An applicant or recipient must complete all required program forms, agreements and consents, together with all the applicable information and documentation, to assess initial and ongoing eligibility for assistance. This includes information and documentation that may not be listed in this policy when it has been determined that it is applicable and relevant to adequately assess eligibility. If an applicant or recipient does not provide the required information and documentation within the requested timelines, they will be determined ineligible for assistance and/or their assistance will be discontinued.

In an emergency situation, a caseworker may provide assistance pending submission of the required information and documentation as outlined in [Policy 5.1.8 – Emergency Situations Pending Receipt of Information or Documentation](#).

Relevant information and documentation is required for an applicant or recipient, including a spouse and dependent children, if applicable.

All required information and documentation is maintained on the Employment & Income Assistance (ESIA) case file.

Required Information and Documentation (This list is not all inclusive)		
ESIA Program Forms An applicant or recipient includes a spouse, if applicable.	Required	Required if Applicable
Completed 'Program Application' form signed by the applicant at intake.	X	
Completed 'Consent to Release and Obtain Information Authorization' form signed by the applicant or recipient. Completed at intake and updated at an annual review.	X	
Completed 'Client Personal and Financial Statement' form signed by the recipient, and copies of any supporting information. Completed at an annual review.	X	
Completed 'Medical Assessment' form, when an applicant or recipient or dependent child has a disability or medical condition, to assess eligibility for basic and special needs and/or ESS participation. Signed by qualified medical practitioner or nurse practitioner and applicant or recipient.		X
Completed 'Student Family Member Consent' form(s) signed by the applicant or recipient and the student family member(s), which must include documentation from the post-secondary institution confirming enrollment.		X
Completed 'Trustee Agreement' form when a trusteeship is required. Signed by the recipient's trustee.		X
Completed 'Direct Payment of Rent to Housing Authorities Agreement' form when entering into an agreement with the Housing Authority for direct payment of rent. Signed by the Regional Housing Authority and the applicant or recipient.		X
Completed 'Voluntary Housing Authority Arrears Deduction Agreement' form when a recipient is entering into a 'Direct Payment of Rent to Housing Authorities Agreement' and has deductions due to rental arrears. Signed by the applicant or recipient.		X
Completed 'Sixteen to Eighteen (Inclusive)' form, when an applicant or recipient is a youth, to outline the requirements (support services, education, etc.) of the applicant's or recipient's eligibility. Signed by the applicant or recipient.		X
Completed 'Addition of a Dependent Child' form when a new dependent child is added to the family (i.e., birth,		X

adoption). Also used to apply for the Child Benefit Adjustment. Signed by the recipient.		
Employability Documentation	Required	Required if Applicable
Completion of the 'Understanding of Employment Participation Requirements' form to determine an initial employment participation plan and referring to employment services. Signed by an applicant or recipient.		X
Completion of employability assessments and development of an approved employment and/or educational plan when participating with ESS. Signed by a recipient.		X
Completion of the employability screening questions from the 'Employment Services Review' form at an annual review, if applicable.		X
Completion of the 'Report of Present Health Condition' form at an annual review, if applicable. Can include medical documents, assessments, and information provided by a qualified medical practitioner, nurse practitioner or other health professional.		X
Intergovernmental Communication & Deduction Forms	Required	Required if Applicable
Completed 'CPP Authorization to Communicate Information' forms signed by the applicant or recipient. One form is required to be completed for each applicant or recipient and spouse. Completed at intake and at an annual review.	X	
Completed Employment Insurance 'Individual's Consent to Disclosure and/or use of Personal Information' forms signed by the applicant or recipient. One form is required to be completed for each applicant or recipient and spouse. Completed at intake and at an annual review.	X	
Completed 'CPP Consent to Deduction and Payment' forms signed by the applicant or recipient when there appears to be eligibility for or pending CPP benefits. One form is required to be completed for each applicant and recipient and spouse. Completed at intake or when making application for CPP benefits, and at an annual review, until the claim is resolved.		X
Completed 'OAS Authorization to Communicate Information' forms signed by the applicant or recipient. One form is required to be completed for each applicant and recipient and spouse. Completed at age 59 and at an annual review.		X

Completed 'OAS Consent to Deduction and Payment' forms signed by the applicant or recipient. One form is required to be completed for each applicant and recipient and spouse. Completed at age 59 and at an annual review.		X
Completed 'EI Assignment of Benefit' form signed by the applicant or recipient. One form is required to be completed for each applicant and recipient and spouse. Completed when making application for Employment Insurance (EI) benefits (before any Income Assistance payments are issued).		X
Completed 'WCB Consent to Deduction and Payment Agreement' signed by the applicant or recipient when there may be eligibility for Workers' Compensation Board (WCB) benefits. One form is required to be completed for each applicant and recipient and spouse. Completed at intake and at an annual review, until the claim is resolved.		X
General Documentation Requirements	Required	Required if Applicable
<p>Copies of at least one of the following for the applicant or recipient, including the spouse and dependent children, if applicable:</p> <ul style="list-style-type: none"> - Birth certificates, driver's license, provincial government IDs, federal government IDs and status cards, or passports - Legal guardian/representative under the <i>Adult Capacity and Decision-making Act</i> or power of attorney - Social Insurance Numbers (SIN). Can be in the form of a SIN card, Confirmation of SIN letter or other documentation that references the SIN. Provide Social Insurance Numbers for dependent children and student family members, if available. - Valid Health Card Numbers (HCN) for the purposes of providing Pharmacare and Dental coverage. Collection of HCN only occurs when eligibility for ESIA has been confirmed. 	X	
If applicable, copies of at the following for an applicant or recipient, including a spouse and dependent children, if applicable of at the following:		X

<ul style="list-style-type: none"> - Adoption papers, confirmation of Canada Child Benefits, shared custody agreements, court custody documents. - Marriage license, divorce order, separation documents, spousal support orders and any relevant evidence that is deemed to occur if individuals represent themselves to others as being each other's spouse. - School and education documents to confirm school registration, enrollment dates, grades, student loan verification. For dependent children up to the age of 18 (inclusive) attending secondary school, documentation is not required when the name of the school and date of enrollment is provided. - Death certificates, wills, estates, trusts to determine eligibility for funeral expenses; identification of the representative of the deceased and proof of relationship. - Immigration, Refugees and Citizenship Canada documents to confirm citizenship and immigration status. - Confirmation of registration for the Senior's Pharmacare program. Each applicant or recipient must apply for the Senior's Pharmacare program three (3) months prior to turning age 65. 		
<p>Income & Assets Includes an applicant or recipient and a spouse and dependent children, if applicable.</p>	Required	Required if Applicable
<p>Copies of all bank account statement(s) including the account profile information for at minimum the past 60 days (i.e., all financial institutions).</p>	X	
<p>Online verification or copies of the current Income Tax Notice of Assessment (NOA).</p>	X	
<p>Potential/Pending Income: Any forms and/or documents that are not listed above but are required to support the pursuit of additional sources of income (e.g., private pension, private disability benefits, immigration sponsorship etc.)</p>		X
<p>Wages: The most recent cheque stub or written confirmation of employment earnings and mandatory deductions completed by the employer(s). Documentation must show earnings for at least the last thirty (30) days. A</p>		X

Record of Employment (ROE) is required to determine reasons for leaving employment.		
Self-Employment: Copies of the business' current financial statements (must include gross income, expenses, net income and assets), and income tax return. More detailed business information will be required when necessary to confirm income.		X
Employment Insurance: The most recent cheque stub, confirmation through an on-line inquiry, or written confirmation from Service Canada.		X
Workers' Compensation Income: The most recent cheque stub or written confirmation from the Workers' Compensation Board.		X
Old Age Security (OAS) / Guaranteed Income Supplement (GIS): The most recent cheque stub or written confirmation from Employment and Social Development Canada (ESDC). The reason for any reduction in GIS must be established and recorded.		X
Canada Pension Plan or Quebec Pension Plan: The most recent cheque stub or written confirmation from the Canada/Quebec Pension Plan.		X
Veteran's Allowance: The most recent cheque stub or written confirmation from Department of Veterans Affairs.		X
Private Pension, Insurance or Disability Plan: The most recent cheque stub or a statement from the company that is administering the plan.		X
Income from Boarders: A copy of the most recent receipt given to a boarder(s) or written confirmation from the boarder stating the amount paid.		X
Rental Income: A copy of the most recent receipt given to the tenant stating the amount paid.		X
Spousal Support: Copies of maintenance Orders/agreements that include spousal support.		X
International Social Security Programs: A copy of the most recent cheque stub or written confirmation from any international social security program.		X
Lump Sum Payment: Documentation outlining the payment details (i.e., source, type, gross amount, deductions (e.g., lawyers' fees), and amount paid and indicating any conditions.		X

Deferred Income: Documentation outlining the payment details (i.e., source, type, period for which the income was paid, and monthly amount).		X
Asset documentation to support the value of assets (e.g., house, property, vehicles, cash, inheritances, investments, RRSPs, RESPs, life insurance, etc.).		X
Documentation for all other types of incomes or assets received and not listed in this section.		
Accommodation Documentation	Required	Required if Applicable
<p>Verification of accommodations and confirmation of a Nova Scotia address for the applicant, recipient and spouse and dependent children, if applicable, through one of the following:</p> <p>Own - Mortgage or deed including documentation in the name of the applicant or recipient.</p> <p>or</p> <p>Rent - Lease agreement or 'Confirmation of Occupancy' form in the name of the applicant or recipient.</p> <p>or</p> <p>Board – 'Confirmation of Occupancy' form in the name of the applicant or recipient.</p> <p>or</p> <p>Other – when not in a board, rent or own situation as outlined in Policy 7.3.1 – Standard Household Rate – Essentials, Policy 5.5.1 – Homelessness Supports, include a 'Confirmation of Mailing Address' form or 'Confirmation of Occupancy' form.</p>	X	
Special Needs Requests Includes an applicant or recipient and a spouse and dependent children, if applicable.	Required	Required if Applicable
Any specific documentation required to support special need requests as outlined in Policy 8.1.2 – Requests for Special Needs Assistance .		X

<p>For example, professional documentation supporting the special need request (examples include, but are not limited to, documentation from a medical physician, dietician, dentist, nurse practitioner, police officer, social worker, psychologist), and documentation to prove expenses (examples include, but are not limited to, quotes, receipts, invoices).</p> <p>In the case of a request for assistance with costs for funeral expenses an 'ESIA Funeral Application' is required to be completed by the representative of the deceased.</p>		
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5.1.4(a) Required to Pursue all Other Feasible Sources of Income and Applicable Assets

Unless identified otherwise in policy, an applicant or recipient is required to pursue all other feasible sources of income including, but not limited to wages, Employment Insurance, Canada Pension Plan, Old Age Security, the Guaranteed Income Supplement, private insurance claims, spousal support, and other sources of unearned income and applicable assets. Where an applicant or recipient refuses to pursue all other feasible sources of income and applicable assets, ESIA will be refused and/or discontinued.

5.1.4(b) Applying for Canada Pension Plan Pensions and/or Benefits

An applicant, recipient or dependent child who may qualify for Canada Pension Plan (CPP) pensions and/or benefits (e.g., Disability Benefit (CPP-D), Post-Retirement Disability Benefit (CPP-PRDB) or Survivor's Pension (CPP-S)) must apply and advise their caseworker when their application has been submitted.

CPP Children's Benefits (payments for children of disabled or deceased CPP contributors) are exempt income as per [Policy 6.3.1 – Exempt Income](#).

Application for the CPP Retirement (CPP-R) pension is not required before age 65. When Income Assistance (IA) is needed at or after age 65, an applicant, recipient and/or spouse must apply for CPP-R and advise their caseworker when their application has been submitted.

With the exception of CPP Children's Benefits, when CPP is received for a period that IA was provided, the IA must be reimbursed to the Department of Community Services (DCS) up to a maximum of the amount of CPP received. The initial qualifying month of CPP pensions and/or benefits is exempt when it is a month for which IA was provided. A **'CPP Consent to Deduction and**

Payment' form must be signed to authorize Service Canada to pay DCS directly. When DCS is not reimbursed, an overpayment is assigned.

The monthly CPP pensions and/or benefits are included as chargeable income when calculating the eligibility amount. For more information see [Policy 6.2.4 – Unearned Income](#).

When CPP pensions and/or benefits are denied, for reasons other than insufficient contributions, an appeal may be required as a condition of eligibility for assistance.

5.1.4(c) Spousal Support Income

As a condition of eligibility, an applicant or recipient is required to pursue every feasible source of income, including spousal support.

Specifically, spousal support must be pursued through the Court when there is no Order or the enforcement of an Order and/or arrears has been suspended, and the former spouse has a legal obligation to pay.

Child support is exempt under [Policy 6.3.1 – Exempt Income](#).

5.1.4(d) Suspension of Requirement to Pursue Spousal Support

When potential abuse by the absent spouse poses a serious threat to the applicant, recipient, or other family members, it may be appropriate to temporarily suspend the requirement to pursue maintenance.

A permanent suspension may be established when the absent spouse is deceased or has a disability or illness that will permanently prevent them from paying maintenance. It may also be appropriate for the applicant, recipient or dependent children to apply for the CPP Children's Benefit and/or CPP Survivor's Pension under [Policy 5.1.4\(b\) – Applying for Canada Pension Plan Pensions and/or Benefits](#).

CPP Survivor's Pension paid to the applicant or recipient is chargeable income when completing the eligibility calculation, however, CPP Children's Benefits (payments for children of disabled or deceased CPP contributors) are exempt income.

5.1.4(e) Employment Insurance Benefits

An applicant or recipient who may qualify for Employment Insurance (EI) benefits must apply and advise their caseworker when their application has been submitted.

When EI is received for a period that ESIA was provided, the assistance paid by the Department of Community Services must be reimbursed up to a maximum of the amount of EI received.

An Employment Insurance 'Assignment of Benefit' form must be signed to authorize Employment and Social Development Canada to pay the Department directly. When the Department is not reimbursed, an overpayment is assigned.

When EI Benefits are denied, an appeal of the decision may be required.

5.1.4(f) Workers' Compensation Board Benefits

An applicant or recipient who may qualify for Workers' Compensation Board (WCB) benefits must apply and advise their caseworker when their application has been submitted.

When WCB benefits are received for a period that assistance was provided, the amount of assistance must be reimbursed to DCS up to a maximum of the amount of WCB benefits received. A 'Workers Compensation Board Consent to Deduction and Payment Agreement' form must be signed to authorize WCB to pay DCS directly. In situations where WCB pays an applicant or recipient directly, it is the applicant or recipient's responsibility to reimburse DCS. When DCS is not reimbursed, an overpayment will be assigned.

When WCB benefits are denied, an appeal of the decision may be required.

5.1.4(g) Old Age Security

An applicant or recipient who may qualify for Old Age Security (OAS) Allowance, OAS Allowance for the Survivor (age 60 to 64), OAS Pension or OAS Guaranteed Income Supplement (GIS) (65 years of age) must apply and advise their caseworker when their application has been submitted.

When OAS is received for a period that assistance was provided, the assistance must be reimbursed to DCS up to a maximum of the amount of OAS received. In situations where a retroactive payment is expected, an '**Old Age Security Consent to Deduction and Payment**' form must be signed to authorize Service Canada to pay DCS directly. When DCS is not reimbursed, an overpayment is assigned.

When OAS Benefits are denied, and it appears the recipient may be eligible, an appeal may be required as a condition of eligibility for assistance.

5.1.5 Quit or Fired from Employment, Refusal to Accept Employment

An applicant or recipient is required to accept employment and maintain attachment to the labour market as a means of self-sufficiency, whenever possible.

A 20% reduction to the applicable Standard Household Rate will be applied for a one (1) month service period when an applicant (within thirty (30) days prior to the date of application) or a recipient has:

1. unreasonably refused to accept employment where suitable employment is available; or
2. quit a job without just cause or quit a job for the purpose of qualifying for ESIA; or
3. been fired with just cause.

An applicant will have the 20% reduction applied to the subsequent one (1) month service period from the date of eligibility.

For greater certainty, in a family of greater than one (1), the 20% reduction is attributed to the defaulting applicant or recipient in the family who failed to accept employment or maintain attachment to the labour market.

The 20% reduction is calculated on the applicable Standard Household Rate and not any other basic needs or special needs amounts. The recipient and, if applicable, spouse and dependent children will continue to receive all remaining assistance.

Where more than one (1) recipient in the family does not meet employment participation requirements, the 20% reduction will be calculated for each defaulting party. When applied to the applicable Standard Household Rate, this will result in a 40% reduction.

The reduction in assistance will not be applied where an applicant or recipient has a legitimate barrier that negatively impacts their ability to participate in employment (such as, but not limited to, health conditions, safety of the individual was in jeopardy if the employment relationship was to continue, and/or there was an inability to perform job duties).

5.1.6 Employment Participation Requirements

A recipient is required to participate in an employability assessment, employment services and an approved employment action plan based on their abilities and the outcome of the employability screening questions.

The employment screening questions will be used to develop an initial employment action plan using the 'Understanding of Employment Participation Requirements' form.

The initial employment action plan will include a referral to:

1. Employment Support Services (ESS) for Job Search Activities as outlined in [Policy 11.1.2 – Job Search Activities and Employment Action Plan](#);
2. ESS for an Employment Readiness Assessment as outlined in [Policy 11.1.3 – Employability Activities, Employability Assessment, Education Plans and Employment Action Plans](#);
3. a NS Works Centre (The Department of Labour and Advanced Education (LAE) - External Service Provider).

A recipient who has a legitimate barrier to employment may be excused from any, or all, of the requirements of employment participation for a temporary or indeterminate period based on the recipient's ability to participate. Employment participation must be assessed at a minimum of annually.

A recipient who has identified they are starting work or is working in supported employment will be referred to ESS for a Supported Employment Review to determine if they meet the supported employment criteria. as outlined in [Policy 6.2.8 – Earned Income from Supported Employment](#). A recipient who is working in a supported employment, although not required, may voluntarily participate with ESS after the review to receive additional supports and services.

Relevant medical or additional information may be required in situations where a recipient indicates their disability, illness or life circumstances limits employment participation or is required to determine a suitable type of approved training or employment action plan.

Medical documentation is not required to confirm a disability in situations where a recipient is in receipt of and/or eligible for:

1. Canada Pension Plan (CPP) Disability Benefits;
2. Long-Term Disability Benefits from an employer;
3. Disability Tax Credit;
4. Worker's Compensation Disability Benefits; and
5. Canada Workers Benefit (CWB) disability supplement (former Working Income Tax Benefit (WITB) disability supplement).

It is the responsibility of a recipient to obtain documentation, when requested. A reasonable period will be provided to obtain documentation.

5.1.7 Refusal to Engage in Employment Participation Requirements

A 20% reduction to the applicable Standard Household Rate will be applied for a one (1) month service period when a recipient refuses to engage in employment participation requirements, including:

1. completion of the employment screening questions;
2. completion of the initial employment action plan using the 'Understanding of Employment Participation Requirements' form;
3. attending appointments based on referrals to Employment Support Services or NS Works Centres;
4. participating in employment services for job search or employment readiness assessment;
5. developing and participating in an approved employment action plan; or
6. provision of medical or supporting documentation requested to assist in determining legitimate barriers to employment participation.

For greater certainty, in a family of greater than one (1), the 20% reduction is attributed to the defaulting recipient in the family who failed to accept employment or maintain attachment to the labour market.

The 20% reduction is calculated on the applicable Standard Household Rate and not any other basic needs or special needs amounts. The recipient, and if applicable spouse and any dependent child, will continue to receive the remaining assistance.

Where more than one (1) recipient in the family does not meet employment participation requirements, the 20% reduction will be calculated for each defaulting party. When applied to the applicable Standard Household Rate, this will result in a 40% reduction.

A recipient is expected to continue to engage in their employment participation requirements during the time the 20% reduction is applied. The 20% reduction will continue for each subsequent one-month service period where a recipient does not engage in their employment participation requirements.

The reduction in assistance will not be applied where a recipient has a legitimate barrier that negatively impacts their ability to engage in employment participation requirements or where a recipient requires a reasonable period to secure requested medical or other applicable documentation.

5.1.8 Emergency Situations Pending Receipt of Information or Documentation

In an emergency situation, assistance may be provided where there is an urgent, apparent and verified need related to the health and safety of an applicant, recipient or dependent child, and an applicant or a recipient is unable to provide all the required information or documentation.

A completed and signed Program Application and 'Consent to Release and Obtain Information Authorization' form is required before providing assistance. A caseworker must complete an assessment of the available information and documentation provided and determine there is potential eligibility. Assistance should be for the minimum amount required to address the urgent basic or special need. Supervisor approval is required.

Assistance will not be provided when a referral to other agencies or services can be provided to meet an urgent need.

A recipient who has been approved for assistance in an emergency situation must provide the outstanding information or documentation as soon as possible and within thirty (30) calendar days. An extension may be approved by a caseworker when it is confirmed a recipient has requested the information or documentation and it is pending.

Assistance will be discontinued, and/or an overpayment applied where the outstanding information or documentation is not provided or where the information and documentation does not support eligibility for the assistance.

5.1.9(a) Reporting Change in Circumstances

An applicant or recipient is required to report any change in circumstances which may affect their eligibility immediately upon the occurrence of the change or prior to, if known in advance. An applicant or recipient must report changes in circumstances by contacting their caseworker and/or by the completion of the monthly 'Income Statement' form and/or provision of requested documentation.

Changes in circumstances include, but are not limited to, changes in income, assets, living arrangements, or other changes such as increases/decreases in number of dependent children, cohabitation, marriage, divorce, separation, and name change.

5.1.9(b) Failure to Report Change in Circumstances - Fraud

Providing false or misleading information, for the purpose of receiving ESIA, is an offense under the *ESIA Act*.

When it appears an applicant or recipient has intentionally provided false or misleading information in order to receive ESIA, a thorough review will be undertaken and ESIA may be reduced or terminated, an overpayment may be assigned, and criminal charges may be pursued.

5.1.10 Monthly and Periodic Reporting

Recipients who are on a monthly reporting cycle must establish ongoing eligibility each month by completing a monthly income statement. This includes verification of income and special needs expenses.

Recipients who are on a periodic reporting cycle do not have to complete a monthly income statement. In order for a recipient to move to a periodic reporting cycle, the following criteria must be met by the recipient:

1. does not have earned income;
2. does not have income that fluctuates month to month;
3. has no change in basic monthly payments for three (3) months;
4. has a fixed address; and
5. is eligible for ESIA for more than six (6) months.

As outlined in [Policy 5.1.9\(a\) – Reporting Change in Circumstances](#), recipients are required to immediately report any changes in circumstances.

5.1.11 Conducting the Annual Review

Recipients are required to participate in a comprehensive annual review to assess ongoing eligibility for ESIA and ensure appropriate supports are being provided. At the meeting, documentation and forms including, but not limited to, those outlined in [Policy 5.1.3 – Required Documentation](#) will be reviewed and/or completed. Assistance is discontinued when a recipient and/or student family member refuses to participate in the annual review and/or provide the required documentation.

In addition to the Annual Review, recipients are required to report any changes in their circumstances as they occur.

Chapter 5: Eligibility	
Section: 5.2 Youth	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 8: Age of applicant

Policy

5.2.1 Youth Aged 16 to 18 (Inclusive) Eligibility Criteria

Applicants for Employment Support and Income Assistance (ESIA) aged 16 to 18 (inclusive) are the legal responsibility of their parent(s)/guardian(s) and therefore are not eligible for assistance, in their own right.

In the circumstances outlined below, Income Assistance (IA) may be granted if the youth is:

1. exposed to an alleged unsafe home environment or an unresolvable youth/parent conflict and is unable to return and/or remain in the parental/guardian home;
2. residing in circumstances where it has been established that parent(s)/guardian(s) are unwilling and/or unable to provide an appropriate home environment for the applicant; and
3. not attending a student loan eligible educational program.

While in receipt of IA, youth must be:

1. willing to participate in a case plan that includes participation in an approved educational program, employment, and/or a referral to Employment Support Services for development of an education/employment action plan that may include youth-focused programs and services;
2. willing to access counseling or mediation services as required;

3. willing to access medical services, which are required to preserve their physical and mental health; and
4. willing to live in a setting, which provides a degree of supervision, accountability and guidance in accordance with their age and needs. Independent living may be considered in circumstances where the youth demonstrates the life skills and maturity necessary to live independently.

Chapter 5: Eligibility	
Section: 5.3 Immigrants and Non-Canadians	Issue Date: August 1, 2001
Page 1 of 3	Revised Date: August 1, 2018

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 5: Documentation and information required

Policy

5.3.1 **Immigrants and Non-Canadians**

An applicant who is verified as a permanent resident, a refugee claimant, or a Temporary Resident Permit (TRP) holder may be eligible for Employment Support and Income Assistance (ESIA) provided all other sources of assistance have been exhausted.

A TRP is a document that authorizes a person who is inadmissible or does not meet the requirements of the *Immigration and Refugee Protection Act or Regulations* either as a temporary resident or as a permanent resident to enter or remain in Canada. A TRP is not the same as a Temporary Resident Visa (student, work, or visitor permit).

An applicant who is in Canada due to a study, work, or visitor permit are most often not eligible assistance based on the program entry requirements established by Citizenship and Immigration Canada (CIC).

5.3.2 **Applicants Determined at Intake to be a Permanent Resident**

Immigrants under the Economic Class categories are admitted to Canada from selection criteria under the *Immigration and Refugee Protection Act*. ESIA can be provided when all other sources have been exhausted.

5.3.3 Applicants Determined at Intake to be a Family Class Immigrant

Sponsored immigrants are admitted after a relative in Canada agrees to undertake their support for periods set by the Federal Government of up to ten (10) years.

Family Relationship	Financial Sponsor Requirements
Spouse or Common Law Partner	3 year from the date on which permanent resident status is granted
Dependent child of spouse or common-law partners, who is less than 22 years of age on the date permanent resident status is granted	10 years from the date on which permanent residence status is granted OR until the age of 25, whichever comes first.
Dependent child of spouses or common-law partners who is 22 years of age or older on the date permanent residence status is granted	3 years from the date on which permanent residence status is granted
Parents, Grandparents	10 years from the date on which permanent residence status is granted

An applicant sponsored under the Family Class, remains the responsibility of the sponsors for that period agreed to at the time of their admission to Canada.

If the sponsoring family/individual can no longer, or refuses to support the applicant, then the applicant may be considered for ESIA. The provision of ESIA requires supervisory approval. Where a sponsor is able but refuses to provide support, the applicant is required to take appropriate action to secure ongoing sponsorship.

5.3.4 Applicants Determined at Intake to be a Resettled Refugee

Immigrants in this class may be granted permanent resident status for humanitarian reasons of international obligation by the Government of Canada. They must either be a privately sponsored or sponsored by government (Government Assisted Refugee).

Government Assisted Refugees (GARs) are provided with financial assistance through the Refugee Assistance Program, administered through Immigrant Services Association of Nova Scotia (ISANS). Private Assisted Refugees (PARs)

are provided sponsorship and integration assistance by an approved sponsoring group. Immigrants who no longer qualify for the above program may qualify for ESIA.

5.3.5 Applicants Determined at Intake to be a Refugee Claimant

A refugee claimant is a person who has made a formal refugee claim (request for asylum) upon entering Canada at a port of entry or from inside of Canada. A refugee protection claim is processed under Immigration, Refugees and Citizenship Canada (IRCC) or the Canada Border Services Agency (CBSA) and the claim is then referred to the Refugee Protection Division (RPD) for a hearing with the Immigration Refugee Board (IRB) of Canada.

Pending a *Notice to Appear for a Hearing* before the IRB, a refugee claimant may be eligible for ESIA based on providing a Refugee Protection Claimant Document (an identification document provided to refugee claimants). A review of ESIA eligibility must be completed once there is a hearing and confirmation of the decision of the refugee claim is provided. If the decision of the IRB is not to accept the refugee claim application, proof of appeal to the Refugee Appeal Division is required to determine ongoing eligibility.

Refugee claimants can apply for a work permit while they are in Canada awaiting a final determination on their claim from the RPD. They must first complete an Immigration Medical Exam (IME) and wait for approval from this exam (about one month) before proceeding to apply for work authorization (a work permit). A refugee claimant's work permit is not an immigration status document but allows the refugee claimant to apply for a SIN and legally work in Canada for a temporary period while they are making their claim for refugee protection.

Refugee Claimants who cannot afford to cover their medical expenses are issued health coverage under the Interim Federal Health Program (IFHP). Coverage under the IFHP is noted in the Refugee Protection Claimant Document.

5.3.6 Employment Support Services and Immigrants and Refugees

Eligible immigrants and refugees should only be referred to Employment Support Services (ESS) if they have a hearing date scheduled and an open work permit.

5.3.7 Medical Expenses and Immigrants and Refugees

Medical expenses for items such as, but not limited to tests, medications, dental, essential health treatments for preventative health conditions will be provided by the Interim Federal Health Program (IFHP) of the Federal Government. Applicants or recipients will be required to contact federal authorities for further information.

Chapter 5: Eligibility	
Section: 5.4 Aboriginal	Issue Date: August 1, 2001
Page 1 of 1	Revised Date: April 9, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions

Policy

5.4.1 Aboriginal Peoples Eligibility Criteria

Aboriginal peoples living on reserve in Nova Scotia are the responsibility of the band and are not eligible for Employment Support and Income Assistance (ESIA).

Aboriginal peoples living off reserve may be eligible for ESIA in accordance with the provisions of the *ESIA Policy*. If an Aboriginal person returns to live on a reserve, they are no longer eligible for assistance.

5.4.2 Non-Aboriginal Peoples Living on a Reserve

Non-Aboriginal applicants living on reserve may be eligible to receive ESIA, unless they are a registered dependent child or member of a First Nations Family.

5.4.3 Aboriginal Peoples – Access to Non-Insured Health Benefits Program

Recipients and their dependent children who are eligible for the Non-Insured Health Benefits (NIHB) program, are not eligible for ESIA special needs covered by the NIHB program. NIHB benefits include coverage for drugs, dental care, vision care, medical supplies, medical equipment, mental health counselling and medical transportation.

Chapter 5: Eligibility	
Section: 5.5 Homelessness Supports	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: July 1, 2021

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 5: Documentation and information required Section 6: Pending documentation Section 50: Standard household rate—essentials Section 51: Dependent child allowance Section 59: Supervisor may approve higher amount for special need

Policy

5.5.1 **Homelessness Supports**

An applicant or recipient is considered homeless when they have no fixed address and no permanent residence that meets the policy criteria of Standard Household Rate – Board, Rent or Own. Individuals experiencing homelessness may be staying in a homeless shelter, transition house for women, temporarily staying with family or friends (i.e., couch surfing), or unsheltered (e.g., sleeping rough, in a tent, car, or outside). Individuals may also become homeless upon eviction, release from a hospital, rehabilitation facility, or correctional facility.

An applicant or recipient experiencing homelessness must provide confirmation that they are a resident of Nova Scotia and provide a mailing address in order to receive assistance. A mailing address is required to send important case management correspondence between the caseworker and applicant or recipient, payments (if by cheque), and payment remittance information.

Verification of mailing address will be completed verbally or by completion of a 'Confirmation of Mailing Address' or 'Confirmation of Occupancy' form. If an applicant/recipient is unsheltered and is unable to provide a mailing address of an individual or community organization where they can receive correspondence,

the department may choose to use the address of the applicant/recipient's local DCS office as a temporary option and/or a last resort. An applicant or recipient is responsible for ensuring their mailing address information is up to date at all times and to ensure they collect their departmental correspondence from the address they have provided.

An applicant or recipient receiving homelessness supports may be eligible for the Standard Household Rate – Essentials as outlined in [Policy 7.3.1 – Standard Household Rate – Essentials](#) and eligible special needs. An applicant or recipient receiving homelessness supports may also be eligible for a Dependent Child Allowance for any dependent child aged 18 to 20 (inclusive) residing with them as outlined in [Policy 7.4.1 – Dependent Child Allowance – Dependents Age 18 to 20 \(inclusive\)](#).

Emergency assistance may be provided while determining eligibility for Employment Support and Income Assistance (ESIA) as outlined in [Policy 5.1.8 – Emergency Situations Pending Receipt of Information and Documentation](#).

Wherever possible, referrals to a shelter/emergency housing will be made to ensure family members are not separated. Short-term hotel or motel stays are only approved when no other resources are available.

A recipient will be provided information of available services such as Housing Support Workers, Street Navigators, and/or other community supports. Supports may include coordination to facilitate transition from temporary to permanent living arrangements, if applicable.

A youth applicant or recipient aged 16 - 18 (inclusive) must be assessed to determine if they meet eligibility criteria in [Policy 5.2.1 – Youth Aged 16 to 18 \(Inclusive\) Eligibility Criteria](#) and assessed for an appropriate living situation.

Chapter 5: Eligibility	
Section: 5.6 Ineligibility	Issue Date: August 1, 2001
Page 1 of 3	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	Section 3(b): Interpretation
<u>ESIA Regulations</u>	Section 2: Definitions Section 10: Persons detained Section 11: Spouses separating for convenience Section 12: Strike or lockout Section 13: Other feasible sources of income or assets Section 14: Obligation to commence proceedings Section 17: No eligibility amount Section 21(1): Circumstances that may result in change in amount of assistance Section 70: Recipients under <i>Family Benefits Act</i> as of July 31, 2001

Policy

5.6.1 No Eligibility Amount

An applicant or recipient is not eligible to receive or continue to receive Employment Support and Income Assistance (ESIA) when the applicant or recipient does not have an eligibility amount.

5.6.2 Supervisor Can Modify Calculation of Eligibility Amount

A supervisor may exempt an applicant or recipient from the provisions regarding the calculation of the eligibility amount where a supervisor considers it necessary to:

1. protect the health and safety of an applicant, recipient or dependent child;
or

2. preserve the dwelling of an applicant or a recipient.

The approval to modify the calculation of the eligibility amount must determine that all other available resources have been exhausted. The eligibility amount calculation will be reviewed monthly or at such intervals as is considered appropriate in the circumstances.

5.6.3 Separation for Convenience

An applicant or recipient is not eligible to receive or continue to receive ESIA when the couple separate to qualify for ESIA.

5.6.4 Strike or Lockout

An applicant or recipient is not eligible to receive or continue to receive ESIA if they are an individual on strike or lockout.

5.6.5 Lawful Confinement

An applicant or recipient is not eligible for ESIA while the applicant or recipient is detained in a lawful place of confinement.

ESIA will be discontinued where an applicant or recipient is imprisoned for more than thirty (30) consecutive days in any penitentiary to which the *Prisons and Reformatories Act (Canada)* applies, in a jail, lockup or adult reformatory institution or due to a warrant of committal for the East Coast Forensic Hospital.

Applicants/recipients who are under House Arrest, may be eligible to receive ESIA based on an assessment of determination for eligibility.

5.6.6 Applicants Age 18 and Under, Residing with Parents

An applicant who is 18 years of age and under and residing with their parent(s)/guardian(s) is not eligible to receive ESIA as the *Parenting and Support Act* defines a dependent child as being under the age of majority (age 19 years old).

An applicant who is 18 years of age and under who is a single parent and is residing with their parent(s)/guardian(s) is not eligible for ESIA in their own right or on behalf of their dependent child.

The parent(s)/guardian(s) of an applicant who is 18 years of age and under must be eligible if ESIA is to be provided.

5.6.7 Applicants Age 19 and 20, Residing with Parents and Attending an Educational Program

An applicant who is age 19 or 20, residing with their parent(s)/guardian(s) and attending an educational program may not be eligible to receive ESIA as the *Parenting and Support Act* may include a young person age 20 and under who is still pursuing their education as a dependent child.

5.6.8 Absent from the Province – Non-Work Related

A caseworker must discontinue ESIA where a recipient or any dependent child has been absent from the province for more than thirty (30) consecutive days, unless the absence is otherwise approved under *ESIA Policy*.

5.6.9 Fraud

ESIA provided to a recipient will be reduced, discontinued or suspended where there has been fraud, misrepresentation, non-disclosure of facts or other cause that has resulted in ESIA being improperly provided to the recipient. ESIA recipients are required to report all changes in circumstances as outlined in [Policy 5.1.9\(a\) - Reporting Change in Circumstances](#).

5.6.10 Spousal Support

An applicant or recipient is not eligible to receive ESIA when they have not fulfilled the requirement to pursue spousal support under [Policy 5.1.4\(c\) – Spousal Support Income](#).

It may be appropriate to suspend the requirement to pursue spousal support under [Policy 5.1.4\(d\) – Suspension of Requirement to Pursue Spousal Support](#).

Child support is exempt under [Policy 6.3.1 – Exempt Income](#).

Chapter 6: Calculation of Eligibility Amount	
Section: 6.1 Eligibility Calculations	Issue Date: August 1, 2001
Page 1 of 10	Revised Date: November 1, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 15: Dependent children Section 16: Dependent child in custody under <i>Children and Family Services Act</i> Section 17: No eligibility amount Section 18: Calculating eligibility amount Section 19: Eligibility amount modified by supervisor Section 20: Total assistance payable Section 31: Trust funds Section 55: Special needs payable for dependent child Section 59: Supervisor may approve higher amount for special need Section 70: Recipients under <i>Family Benefits Act</i> as of July 31, 2001

Policy

6.1.1 Initial Eligibility Amount Calculation

The amount of assistance a recipient is eligible to receive is based on the calculation of the eligibility amount.

In calculating the initial eligibility amount, a caseworker must consider the household composition, accommodation type, chargeable income, assets, and any special needs expenses, of the applicant and any dependent children.

In determining initial eligibility for ESIA, the following will be included in the calculation of the eligibility amount:

1. amounts for basic needs as outlined in [Policy 7.6.1 – Schedule: Basic Needs Rates](#);
2. expenses prescribed for applicable special needs as outlined in [Policy 8.1.1 – Provision of Special Needs](#); and
3. chargeable income and assets as outlined in [Policy 6.2.1 – Chargeable Income – Initial Eligibility](#) and [Policy 6.4.1 – Assets – Liquid, Real and Personal](#).

6.1.2 Ongoing Eligibility Amount Calculation

The amount of assistance a recipient is eligible to receive is based on a calculation of the eligibility amount.

In calculating the ongoing eligibility amount, a caseworker must consider the household composition, accommodation type, chargeable income, assets, and any special needs expenses, of the recipient and any dependent children.

In determining ongoing eligibility for ESIA, the following will be included in the calculation of the eligibility amount:

1. amounts for basic needs as outlined in [Policy 7.6.1 – Schedule: Basic Needs Rates](#);
2. expenses for applicable special needs as outlined in [Policy 8.1.1 – Provision of Special Needs](#); and
3. chargeable income and assets as outlined in [Policy 6.2.2 – Chargeable Income – Ongoing Eligibility](#) and [Policy 6.4.1 – Assets – Liquid, Real and Personal](#).

6.1.3 Debts of Applicant or Recipient

The debts that an applicant or recipient may have with, for example, loan companies, merchants or individuals, are not included in the determination of eligibility.

6.1.4 Dependent Children Included in the Eligibility Calculation

A dependent child residing with an applicant or recipient, who is the child's parent or legal guardian, is included in the household composition when determining the eligibility amount.

Proof of Guardianship

If an applicant or recipient is a legal guardian of a dependent child, legal guardianship is determined by documents from the court or by parental written consent in the form of a sworn statement.

Alternative Family Care

For an applicant or recipient who is an Alternative Family Care (AFC) program caregiver, the DCS Child Welfare Program will confirm that the child is the care of the applicant or recipient and that the child will be included as a dependent child in the calculation of the applicant or recipient's eligibility amount.

Dependent Child Temporarily in Care of the Minister or in an Alternative Family Care (AFC) Program Arrangement

For an applicant or recipient who has a dependent child temporarily taken into the care of the Minister by DCS Child Welfare Services or is in an Alternative Family Care (AFC) Program arrangement, the applicant or recipient may continue to have a dependent child included in the calculation of their eligibility amount for up to two (2) years when:

1. there is notification from Child Welfare that the recipient is participating in a case plan to facilitate the reuniting of the dependent child with the recipient; or
2. there is notification from Child Welfare of a valid reason why the recipient cannot currently participate in a case plan and there is still the goal to facilitate the reuniting of the dependent child with the recipient.

Income from Dependent Children

Unearned income received by a dependent child, or by an applicant or recipient on behalf of a dependent child, is charged as income in the eligibility calculation.

Earned income from employment received by a dependent child who is attending an approved educational program not designated for student loan purposes, will not be included in the eligibility calculation.

Not Considered to be a Dependent Child

A dependent child who begins working full time and who is not attending an approved educational program is no longer considered a dependent child and will be removed from the eligibility calculation on the last day of the month in which they began full-time employment.

A child who is between the ages of 19 and 20 (inclusive) must be attending an approved no-student loan eligible program to be considered a dependent child and be included in the eligibility calculation. If not attending an approved non-student loan eligible program, the child will be removed from the eligibility calculation on the last day of the month in which they turn 19.

A child who is between the age of 19 and 23 (inclusive) and is enrolled in a student loan eligible program, is not considered a dependent child. An assessment may be performed to determine if they may be included in the eligibility calculation as a Student Family Member. Student Family members are included in the eligibility calculation for the purposes of determining the Standard House Rate only, and do not qualify for a Dependent Child Allowance or special needs. A recipient with a child moving from a dependent child to a student family member will have their eligibility amount reassessed.

6.1.5 Shared Custody

Where a dependent child's primary residence is with one (1) applicant or recipient, the child will only be included in the calculation of that applicant or recipient's eligibility amount.

Where a dependent child resides with more than one (1) applicant or recipient in a shared custody agreement with each applicant or recipient having the child at least 40% of the time, each applicant or recipient will receive the applicable Standard Household Rate for their household composition including the dependent child. The dependent child can only be included in the calculation of the eligibility amount of one applicant or recipient for the purposes of special needs.

Documentation as to the status of the custody situation for each dependent child (a complete and signed court order, decree or separation agreement confirming shared custody, and/or verification that the Canada Child Benefit (CCB) is shared equally) must be provided.

6.1.6 Non-Receipt of Spousal Support

A recipient may be eligible to receive ad hoc spousal support payments, up to a maximum of their eligibility amount, when the following criteria are met:

1. a recipient does not receive their spousal support payment from the Maintenance Enforcement Program (MEP) or from the payor directly;
2. the Order has been included as chargeable income in the calculation of the eligibility amount for the applicable service period;

3. a recipient has a spousal support Order that is active, registered with the Court and is enrolled with MEP, and provides the MEP case ID or agrees to immediate registration (see MEP Enrollment); and

Note: For privacy reasons, staff will not request, use or record MEP PIN numbers (even if offered by the recipient).

4. a recipient completes a 'Request for Spousal Support Arrears' form, indicating they agree to repay the funds to DCS if they later receive them from MEP or from the payor directly.

MEP Enrollment

DCS will not issue an ad hoc spousal support payment for more than one (1) service period, until MEP enrollment is completed and any arrears owing to the Department have been declared.

When a recipient cannot enroll their Order with MEP before the next service period, additional ad hoc spousal support payments may be issued with supervisory approval (maximum of one (1) month's Order amount per service period).

Non-reciprocal Jurisdictions

When a payor lives in a jurisdiction without a reciprocal enforcement arrangement, the spousal support Order cannot be registered with MEP. In these situations, no additional ad-hoc spousal support payments are issued, spousal support is charged as reported received by the recipient. See [Policy 6.2.13 – Charging Spousal Support](#) for further direction.

Private Agreements

A recipient who has a private spousal support agreement that cannot be enrolled with MEP must be referred to Legal Aid or Court, under [Policy 5.1.4\(c\) - Spousal Support Income](#), to pursue a formal spousal support arrangement.

Maximum Number of Ad-hoc Payments & Assignment of Maintenance (AOM) Requirement

Ad hoc spousal support payments may be issued for a maximum of three (3) months per any twelve (12) month period.

After three (3) ad hoc payments, a recipient may choose to enter into an AOM under [Policy 6.1.7 - Assignment of Spousal Support Payments to the Department](#). If they do not choose to participate in an AOM, the spousal support amount will be included as chargeable income in the calculation of the eligibility

amount and no additional ad hoc spousal support payments will be issued. If they choose to participate in an AOM, additional ad hoc payments may be issued as per the MEP Enrollment section of this policy (i.e., when the recipient has agreed to participate in the AOM process).

It is not a requirement for a recipient to receive three (3) ad hoc spousal support payments within a twelve (12) month period before qualifying for AOM. However, they must be in receipt of assistance for three (3) consecutive months and have irregular spousal support payments; exceptions may be made when an applicant's Order is greater than their potential eligibility amount and this is the only reason preventing them from qualifying. For full AOM eligibility criteria, see [Policy 6.1.7 - Assignment of Spousal Support Payments to the Department](#).

Overpayments

When a recipient receives spousal support from MEP or from the payor directly for a service period for which an ad hoc spousal support payment was issued, including monies received through the Assignment of Maintenance, and does not return the funds to DCS, an overpayment will have been incurred and will be considered repayable by the recipient.

As of August 2018, child support is exempt income; however, ad hoc child support payments issued for previous periods are recoverable and will be collected under this policy.

IA Reapplication with Established Assignment of Maintenance

A former recipient, with an AOM that has not been terminated with MEP, who becomes eligible for income assistance will have their assignment immediately re-activated.

6.1.7 [Assignment of Spousal Support Payments to the Department](#)

A recipient may assign their right to receive spousal support under a Court Order to the Department of Community Services (DCS). When a recipient enters into an Assignment of Maintenance (AOM) Agreement, the amount of the Court Order is not included as chargeable income when calculating the eligibility amount (i.e., the amount of assistance is not reduced by the amount of the Court Order).

To be eligible to enter into an AOM, a recipient must be in receipt of assistance, the Order must be enrolled with the Maintenance Enforcement Program (MEP), and the spousal support payments must be irregular, meaning:

1. sporadic;

2. seven (7) or more days late for three (3) of the last twelve (12) months; or
3. otherwise problematic for the recipient (e.g., percentage, provisional, or large Orders).

Exception: An ESIA applicant may be eligible to enter into an AOM when an applicant's Order is greater than their potential eligibility amount and this is the only reason preventing them from qualifying.

Note: Private agreements cannot be registered with the Court and, therefore, can not be assigned. In these situations, refer to [Policy 6.2.13 – Charging Spousal Support](#).

When spousal support has been assigned:

1. it is not included as chargeable income when calculating the amount of assistance a recipient is eligible to receive;
2. the additional amount of assistance that is paid (because the income is not being charged) becomes arrears owed to DCS;
3. MEP forwards all funds received to DCS and DCS allocates the funds between the recipient and the Department;
4. ad hoc spousal support payments are not issued; and
5. the recipient agrees not to accept direct payments from the NCP or from MEP.

Note: If a recipient/former recipient accepts a payment, which should have been forwarded to DCS for payment of the Department's arrears, an overpayment will be established.

Allocating Payments for Ineligible Clients

When a case is ineligible for IA, DCS first pays the recipient or former recipient all arrears owed to them. Any remaining funds are retained toward the Department's arrears.

Allocating Payments for Eligible Clients

When a case is eligible for IA, DCS allocates payments received from MEP in the following order:

1. funds are retained to pay any arrears owed to the Department; then

2. when DCS arrears are paid in full, the remaining funds (if any) are refunded to the recipient for their arrears.

Note: Spousal support monies received by recipients during the reporting period are chargeable income and must be reported on the monthly income statement to be included in the calculation of the upcoming months' eligibility amount. In some rare situations, spousal support refunds are not chargeable income; assignment clerks issuing refunds to a recipient will clearly advise the caseworker if the associated funds are chargeable.

Allocating Payments for Eligible Clients (Order Greater than Eligibility)

When a case is eligible for IA, and the Order is greater than the eligibility amount, DCS allocates payments received from MEP in the following order:

1. funds are allocated backward on a month by month basis for the current period of IA eligibility beginning in the month in which they are received from MEP,
 - a. DCS retains funds to pay its arrears for the first month,
 - b. DCS refunds the recipient for their arrears for the first month;

Note: When both parties are paid for the first month, funds are allocated backward to each previous month until both parties are paid in full for the current period of IA eligibility.

2. funds are retained to pay any other arrears owed to the Department;
3. when DCS arrears are paid in full, funds are refunded to the recipient to pay for their arrears for other periods.

Note: Spousal support monies received by recipients during the reporting period are chargeable income and must be reported on the recipient's monthly income statement to be included in the calculation of the upcoming months' eligibility amount. In some rare situations, spousal support refunds are not chargeable income; assignment clerks issuing refunds to recipients will clearly advise the caseworker if the associated funds are chargeable.

IA Reapplication with Established Assignment of Maintenance

A former recipient, with an AOM that has not been terminated with MEP, who becomes eligible for income assistance will have their assignment immediately re-activated.

MEP Termination

When the former recipient is ineligible for IA and the arrears owed to DCS have been paid in full, the AOM agreement is terminated and MEP sends all future payments to the former recipient.

Suspension of Order and/or Arrears

The Court occasionally suspends enforcement of Orders/arrears due to case circumstances (e.g., former spouse is unemployed). In these situations, the applicant or recipient is required to request a future Court date at which time the suspension will be reviewed (e.g., former spouse becomes employed). If they do not do so at the time the suspension is initially put in place, they must submit a request for a Court date within sixty (60) days of receiving notice from DCS.

If a recipient does not seek a court date, assistance will be reduced or discontinued. Where arrears have been identified as being owed to the Department and the applicant or recipient has not taken the required action, the amount of the arrears will be assigned to a recipient as an overpayment.

Child Support Arrears

As of August 2018, child support is exempt income. Child support arrears owed to DCS for previous periods are still payable. For both eligible and ineligible cases, all monies received will be issued to the client, until their child support arrears are paid in full. When client arrears are up to date, monies will be retained toward the Department's arrears.

6.1.8 Cohabitation

Persons who reside together with shared financial resources such as, but not limited to, credit cards, bank accounts and loans, and who represent themselves to others to be each other's spouse will be considered as a two (2) adult family unit in determining initial eligibility or ongoing eligibility.

Cohabitation is determined to exist in these situations even though there may not be a legal marriage or conjugal relationship.

See [Policy 4.1.1 - Definitions](#) for "spouse" and "common law partner".

6.1.9 Fines

A fine is a legal obligation placed on an individual by a court of law. The amount of the fine cannot be provided for or recognized in the calculation of the eligibility amount.

6.1.10 Seizure/Garnishment

Pursuant to section (9) of the *ESIA Act*, ESIA payments are not assignable and are not subject to seizure or garnishment except as may be required in order to recover an overpayment by the Department of Community Services.

6.1.11 Trust Money

Where an applicant or recipient and/or a dependent child have access to monies set aside in trust, these monies are included in the determination of the eligibility amount.

If trust money is defined for discretionary purposes only, a caseworker must contact the trust administrator to establish contributions from the trust account to be included as income in the calculation of the eligibility amount.

Chapter 6: Calculation of Eligibility Amount	
Section: 6.2 Income	Issue Date: August 1, 2001
Page 1 of 7	Revised Date: November 1, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 3: Application form Section 5: Documentation and information required Section 6: Pending documentation Section 8: Age of applicant Section 18: Calculating eligibility amount Section 32: Chargeable income Section 34: Training allowances Section 69: Child support owed before August 1, 2018

Policy

6.2.1 Chargeable Income – Initial Eligibility

For the purpose of determining initial eligibility, all sources of income received by an applicant and/or income paid to or on behalf of any dependent child of an applicant within thirty (30) days of application will be applied as chargeable income unless otherwise exempt under [Policy 6.3.1 – Exempt Income](#).

Where income has been used for expenses as outlined under [Policy 6.4.3 – Reasonable Disposal](#), a caseworker may, with approval of a supervisor, determine the income has been reasonably disposed.

6.2.2 Chargeable Income – Ongoing Eligibility

For the purpose of determining ongoing eligibility, all sources of income received by a recipient and income paid to or on behalf of any dependent child of a recipient will be applied as chargeable income unless otherwise exempt under [Policy 6.3.1 – Exempt Income](#) and [Policy 6.2.5 – Earned Income](#).

Income is calculated at the gross amount unless otherwise indicated in policy. Recipients who have income tax deductions being made from their income source can complete a Revenue Canada 'TD1' form. Completion of this form can ensure that the income tax will not be deducted or deducted at the minimal rate based on household size and estimated yearly income.

Deductions made for debts owed/garnishee orders are not exempt and will be included as income received.

6.2.3 Lump Sum Payment

When an applicant, recipient, former recipient and/or dependent child receives a lump sum payment, an assessment is performed to determine if the funds are exempt under [Policy 6.4.5 – Assets Exclusions](#), [Policy 6.3.1 – Exempt Income](#) or [Policy 6.3.3 – Compensation Payments](#).

When the funds are not exempt, a further assessment is performed to determine whether they will be treated as Deferred Income, Unearned Income, or an Asset.

1. Deferred Income

Deferred income is income that is received for a retroactive time period. Types of income that may be paid for a retroactive time period include, but are not limited to pensions, benefits or other compensation for loss of income (including compensation for insufficient termination of employment) and wages. Examples of income source include, but are not limited to: Employment Insurance, Canada Pension Plan, Workers' Compensation, and Labourers' Pension.

Deferred income is defined in [Policy 4.1.1 – Definitions](#).

When deferred income is paid to a recipient/former recipient, for any period for which assistance was issued, eligibility for those service periods is reviewed and overpayments will be established.

2. Excess Deferred Income/Unearned Income

Excess deferred income will be considered under [Policy 6.2.4 – Unearned Income](#). Excess deferred income includes funds that exceed the assistance paid for each month or that relate to periods for which assistance was not paid.

The income is first applied to the current service period to determine eligibility. Any income exceeding the eligibility amount for the current service period is applied as unearned income. At intake/reapplication,

[Policy 6.4.3 – Reasonable Disposal](#) may be used as a guide to determine eligibility.

3. Asset

When the payment is an asset as defined in [Policy 4.1.1 - Definitions](#), follow [Policy 6.4.2 - Allowable Asset Level – Liquid, Real and Personal](#).

6.2.4 Unearned Income

For the purposes of determining initial and ongoing eligibility, all sources of unearned income received by the applicant or recipient, or by the applicant or recipient on behalf of any dependent child, will be applied as chargeable income unless otherwise exempt.

Unearned income includes, but is not limited to, the following and is charged at 100%:

1. government income payments (such as, but not limited to, Employment Insurance (EI), Canada Pension Plan (CPP) (except CPP Children's Benefits), Old Age Security (OAS);
2. income from an estate or trust whether or not the applicant or recipient has access to the principle amount;
3. Long-Term Disability benefits;
4. Workers' Compensation;
5. regular and periodic insurance payments;
6. income from mortgages;
7. spousal support payments;
8. superannuation; and
9. income from investments such as stocks and bonds.

6.2.5 Earned Income

At initial eligibility, earned income will be charged at 100%.

Once eligibility is established, the monthly earned income a recipient receives will be completely or partially exempt and the remainder is chargeable income as

outlined in the Earned Income Table below. A recipient and spouse in a household are both eligible for the earned income exemption.

The earned income exemption is applied once for any employment income, once for any rental/boarder/roomer income, and once for any training allowances to the total monthly income earned from all sources.

Recipients will retain all their earnings. Recipients that earn income will have their assistance reduced by the Chargeable Rate in the next service period.

Earned Income Table

Tier	Total Net Earned Income	Exemption Rate	Chargeable Rate
T1	On your first \$350	100%	0%
T2	Your next \$150 (\$350.01 - \$500.00)	75%	25%
T3	Your next \$250 (\$500.01 - \$750.00)	50%	50%
T4	Over \$750	25%	75%

The earned income exemption works as follows:

Amount Earned	Exempt	Chargeable	Calculations
\$150.00	\$150.00	\$0	(T1, \$150 x 100%)
\$250.00	\$250.00	\$0	(T1, \$250 x 100%)
\$350.00	\$350.00	\$0	(T1, \$350 x 100%)
\$500.00	\$462.50	\$37.50	(T1, \$350 x 100%) + (T2, \$100 x 75%)
\$600.00	\$512.50	\$87.50	(T1, \$350 x 100%) + (T2, \$150 x 75%) + (T3, \$100 x 50%)
\$750.00	\$587.50	\$162.50	(T1, \$350 x 100%) + (T2, \$150 x 75%) + (T3, \$250 x 50%)
\$900.00	\$625.00	\$275.00	(T1, \$350 x 100%) + (T2, \$150 x 75%) + (T3, \$250 x 50%) + (T4, \$150 x 25%)

Reference: Refer to “earned income” definition in Chapter 4.

6.2.6 Net Business Income

Net business income includes any income earned from a registered or nonregistered business and self employment earnings from contract work (including cash payments), minus business expenses used to earn the income.

An applicant or recipient is required to provide a copy of the current financial statement for the business and a copy of the most recent income tax return for the business, if applicable. Verification or a copy from the Canada Revenue Agency of both an applicant and spouse's income tax CRA 'Notice of Assessment (NOA)' forms must be provided on an annual basis.

To determine net business income, an applicant or recipient is required to provide a statement of revenue and expenditures and supporting documentation for the business on a monthly basis. A 'Monthly Monitoring Report' form can be provided to record the statement of revenue and expenditures.

For recipients operating a business as part of an approved employment plan, refer to [Policy 11.4.1 - Self-Employment and Entrepreneurship](#).

6.2.7 Wages of Persons 16 to 20 (Inclusive)

At initial eligibility, net wages of persons age 16 to 20 (inclusive) will be charged at 100% as earned income.

Recipients and dependents of recipients between the age of 16-18 (inclusive), who are attending an approved educational program and are employed on a part-time basis, will have 100% of the net wages exempted from their or their parent/guardian's calculation of eligibility amount.

Recipients and dependents of recipients between the ages of 16-18 (inclusive) who are employed on a full-time basis will have 100% of the net wages exempted from their or their parent/guardian's calculation of eligibility amount for up to three (3) calendar months per year, provided that the 16-18-year-old (inclusive) attends an approved educational program following the completion of full-time employment.

Recipients and depends of recipients who are 19 and 20 years of age, attending a non-student loan eligible program, and are employed on a part-time basis will have 100% of the net wages exempted from their or their parent/guardian's calculation of eligibility amount.

6.2.8 Earned Income from Supported Employment

Supported employment is paid employment that is also accompanied by continuous supports and assistance to recipients whose physical, mental or cognitive abilities would otherwise prevent them from working on their own.

To be eligible for the supported employment earned income exemption, a recipient must:

1. require assistance in performing, maintaining employment and/or returning to employment related to their disability;
2. be working in paid employment (for at least minimum wage);
3. be receiving on-the-job supports or ongoing job maintenance supports related to their disability such as, but not limited to, a job coach, work modifications and/or transitional employment follow up supports; and
4. have a supported employment plan that has been:
 - a. developed by a third-party service provider and approved by an ESS caseworker upon their supported employment review; or
 - b. developed and approved by an ESS caseworker upon their supported employment review.

At initial eligibility, net wages from supported employment will be charged at 100% as earned income.

If the recipient is then determined to meet the above supported employment criteria, the Supported Employment Earned Income Exemption will be applied to the monthly net wages earned by a recipient as outlined below. A recipient and spouse in a household are both eligible for the earned income exemption that applies to their employment situation.

For recipients who receive supported employment wages and other types of earned income from more than one source and at least one of those sources is supported employment, their total monthly earned income will be treated under the Supported Employment Earned Income Exemption.

Recipients retain all of their earnings from employment and their assistance is reduced by the Chargeable Rate in the next service period.

Supported Employment Earned Income Exemption Table

Tier	Total Net Wages	Exemption Rate	Chargeable Rate
T1	On your first \$450	100%	0%
T2	Your next \$50 (\$450.01 - \$500.00)	75%	25%
T3	Your next \$250 (\$500.01 - \$750.00)	50%	50%
T4	Over \$750	25%	75%

The Supported Employment Earned Income Exemption works as follows:

Amount Earned	Exempt	Chargeable	Calculations
\$250.00	\$250.00	\$0.00	(T1, \$250 x 100%)
\$350.00	\$350.00	\$0.00	(T1, \$350 x 100%)
\$450.00	\$450.00	\$0.00	(T1, \$450 x 100%)
\$500.00	\$487.50	\$12.50	(T1, \$450 x 100%) + (T2, \$50 x 75%)
\$650.00	\$562.50	\$87.50	(T1, \$450 x 100%) + (T2, \$50 x 75%) + (T3, \$150 x 50%)
\$800.00	\$625.00	\$175.00	(T1, \$450 x 100%) + (T2, \$50 x 75%) + (T3, \$250 x 50%) + (T4, \$50 x 25%)
\$950.00	\$662.50	\$287.50	(T1, \$450 x 100%) + (T2, \$50 x 75%) + (T3, \$250 x 50%) + (T4, \$200 x 25%)

6.2.9 Boarder Income

At initial eligibility, 100% of income received from boarder income will be charged.

Once eligibility is established, income from boarders will be treated as earned income (see Policy 6.2.5 – Earned Income).

If a boarder is the adult child of an applicant or recipient, the board rate may not be charged if it would cause undue hardship, subject to supervisor approval.

6.2.10 Roomer Income

At initial eligibility, 100% of income received from roomer income will be charged.

Once eligibility is established, income from roomers will be treated as earned income (see Policy 6.2.5 – Earned Income).

6.2.11 Rental Income

At initial eligibility, 100% of income received from rental income will be charged.

Once eligibility is established, income from renters will be treated as earned income (see Policy 6.2.5 – Earned Income).

6.2.12 Training Allowances

At initial eligibility, 100% of income received from training allowances will be charged.

Once eligibility is established, income received from training allowances will be treated as earned income (see Policy 6.2.5 - Earned Income).

6.2.13 Charging Spousal Support

Spousal Support is charged at 100% as unearned income.

When a recipient does not receive their Order amount, they may qualify for an ad-hoc payment under [Policy 6.1.6 – Non-Receipt of Spousal Support](#) or they may meet the criteria for Assignment of Maintenance under [Policy 6.1.7 – Assignment of Spousal Support Payments to the Department](#).

When a recipient receives more than their Order amount, the additional spousal support is charged against the upcoming service period(s).

Child support is exempt under [Policy 6.3.1 – Exempt Income](#).

Chapter 6: Calculation of Eligibility Amount	
Section: 6.3 Exempt Income	Issue Date: August 1, 2001
Page 1 of 4	Revised Date: September 19, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 33: Earned income exemption rates Section 35: Not chargeable income Section 36: Harvest connection program wages Section 37: Wages of dependent child attending approved education program Section 38: Default in spousal support payments assigned to Minister Section 39: Compensation payments and money generated from payments Section 69: Child support owed before August 1, 2018

Policy

6.3.1 Exempt Income

The income of an applicant or recipient or income paid to or on behalf of any dependent child received from the following sources will be exempt and not considered as chargeable income:

1. the Canada Child Benefit or any previous child tax benefit paid under the Income Tax Act (Canada), including all of the following:
 - a. the National Child Benefit supplement,
 - b. payments under the Nova Scotia Child Benefit Program under the Income Tax Act, and
 - c. the child disability benefit;

2. subject to Section 69, child support payments;
3. any payments made pursuant to the Children Family Services Act, including all of the following:
 - a. payments made in support of a foster child,
 - b. payments made to a youth, and
 - c. adoption subsidy payments;
4. any payments made under the Alternative Family Care Program, Child Welfare Services;
5. the Goods and Services Tax Credit paid under the Income Tax Act;
6. any payment received pursuant to the Canada Workers Benefit or former Working Income Tax Benefit;
7. the Nova Scotia Poverty Reduction Credit;
8. the Nova Scotia Affordable Living Tax Credit under the Income Tax Act;
9. income tax refunds;
10. any payments made under the provincial low-income fuel assistance program and the federal relief for heating expenses program;
11. a caregiver's benefit under the Department of Health and Wellness's Caregiver Benefit Program;
12. honorariums provided for serving on a provincial agency, board or commission;
13. bursaries, scholarships and stipends received for the purpose of assisting with the costs of attending an approved educational program or persons whom Section 65 of the *Regulations* apply;
14. any money withdrawn from a Registered Disability Savings Plan;
15. any money withdrawn from a Registered Educational Savings Plan and intended for use by that child in relation to education expenses;

16. up to \$3,000 per fiscal year of the combined wages of a recipient as per [Policy 6.3.2 – Wages from Harvest Connection](#) (this exemption is not available to an applicant);
17. wages of any dependent child as long as the dependent child is attending an approved educational program not designated for student loan purposes, [Policy 6.2.7 – Wages of Persons 16 to 20 \(Inclusive\)](#);
18. the Canada Nova Scotia Targeted Housing benefit (CNSTHB);
19. Canada Pension Plan Children’s Benefits (payments for children of disabled or deceased CPP contributors);
20. the Seniors Care Grant;
21. All financial assistance received through the Sports Nova Scotia Support4Sport program and the federal Athlete Assistance Program (AAP).

6.3.2 Wages from Harvest Connection

A recipient may be able to retain up to a maximum of \$3,000 combined income per fiscal year (April 1 - March 31) by participating in the following:

1. seasonal harvesting of field-produced horticulture;
2. harvesting of Christmas trees; and/or
3. the making of Christmas wreaths.

6.3.3 Compensation Payments

A compensation payment referred to in this policy received by an applicant or recipient will not be considered as income or an asset when determining the eligibility for assistance. Any money generated from such payments must be considered as income for the month in which it is received.

1. A payment, other than a payment for loss of income or loss of support, pursuant to:
 - a. The 1986-1990 Hepatitis C Settlement Agreement,
 - b. the Pre-1986/Post-1990 Hepatitis C Settlement Agreement, and
 - c. the federal/provincial/territorial assistance program of HIV Secondarily Infected Persons;

2. a payment as a Merchant Navy Veteran or as a surviving spouse of a Merchant Navy Veteran for post-war benefits;
3. a payment under a Memorandum of Understanding regarding Compensation for Survivors of Institutional Abuse;
4. a payment pursuant to a victims' compensation program of the federal or a provincial government;
5. a payment pursuant to the Indian Residential Schools Settlement Agreement;
6. a payment pursuant to a court order or under a victims' compensation program to a victim of abuse by a church organization;
7. a payment pursuant to the Memorial Grant Program for First Responders;
8. payments made by the federal government as a support package to Canadian thalidomide survivors;
9. a payment pursuant to the Nova Scotia School for Coloured Children Class Action Settlement Agreement;
10. a payment pursuant to the Federal Indian Day Schools Settlement (McLean), 2019;
11. a payment pursuant to the Veterans Affairs Canada settlement agreement in *Raymond Michael Toth v. her Majesty the Queen*, 2019;
12. a payment pursuant to the Sixties Scoop Settlement Agreement; and
13. a payment pursuant to the Peepeekisis Cree Nation No. 81 File Hills Colony Specific Claim Settlement Agreement.

Chapter 6: Calculation of Eligibility Amount	
Section: 6.4 Assets	Issue Date: August 1, 2001
Page 1 of 5	Revised Date: May 1, 2021

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 24: All applicable assets considered in determining eligibility Section 25: Not applicable assets Section 26: Asset limits Section 27: Disposing of assets Section 28: Joint assets Section 29: Conversion or sale of assets Section 30: Repayment agreements Section 70: Recipients under <i>Family Benefits Act</i> as of July 31, 2001

Policy

6.4.1 **Asset – Liquid, Real and Personal**

All assets of the applicant, recipient and any dependent children will be considered in determining initial and ongoing eligibility, unless specifically exempted under [Policy 6.4.5 – Assets Exclusions](#).

There are three (3) types of assets:

1. **liquid** – such as, but not limited to, cash on hand, bank accounts, stocks, bonds, non-locked in retirement savings plans (RRSPs) or other securities, monetary lottery winnings, monetary inheritances, liquidation of business assets, damage awards, Veteran Affairs Canada Disability Award and family contributions;
2. **personal** – such as, but not limited to, a second motor vehicle, recreational vehicles; and

3. **real property** – such as, but not limited to, a cottage, land or building lot, and excludes the home of the applicant or recipient.

6.4.2 Allowable Asset Level – Liquid, Real and Personal

All assets will be considered in determining eligibility unless specifically exempted by Regulation. The following allowable asset levels are:

Family size of one (1)	\$2,000
Family size of two (2)	\$4,000

A person who was in receipt of Family Benefits on July 31, 2001, is entitled to retain assets in the amounts below provided there has been no subsequent break in eligibility for assistance from the ESIA program:

Single Disabled	\$3,000
Married Disabled	\$5,500

Refer to [Policy 6.4.3 – Reasonable Disposal](#), for applicants or recipients with assets in excess of the allowable asset levels.

6.4.3 Reasonable Disposal

An applicant, recipient and any dependent child who has access to assets (family inheritance, cash on hand, etc.) or has disposed of assets within one (1) year prior to the date of application will provide documentation of expenditures to determine potential eligibility for ESIA.

Deferred income (e.g., CPP (excluding CPP Children’s Benefits), WCB, EI, OAS, etc.) that is received for the same period of time that assistance was paid must be setup as an overpayment (i.e., up to the amount of assistance paid) and is not subject to Reasonable Disposal provisions. Reasonable Disposal can only be considered for excess deferred income. Refer to [Policy 6.2.3 – Lump Sum Payment](#).

Reasonable disposal of assets includes:

1. personal and family shelter including the purchase of a home or the payment of a mortgage or debts and purchases related to the home;
2. basic needs (includes food, clothing, fuel, utilities, and personal requirements);
3. necessary repairs of the home occupied; and/or

4. replacement of necessary household items as approved by a casework supervisor.

If it is determined that assets were not disposed of in a reasonable manner, the applicant or recipient may be determined to be:

1. ineligible (up to a maximum of twelve (12) months before the individual can reapply, as per *Regulation 27*; and/or
2. eligible with an overpayment.

The maximum allowable asset levels are outlined in [Policy 6.4.2 – Allowable Asset Level - Liquid, Real and Personal](#) and the exemptions are listed in [Policy 6.4.5 – Assets Exclusions](#), [Policy 6.3.1 – Exempt Income](#), and [Policy 6.3.3 – Compensation Payments](#). The allowable asset levels do not apply when the source of the funds is chargeable income.

6.4.4 Assets – No Access to a Principal Amount

Where it is determined an applicant, recipient and any dependent child has access to the principal, then the principal will be treated as an asset.

Where it is determined an applicant, recipient and any dependent child has no access to a principal amount, but receives monthly income from the asset, this income will be charged at 100% as unearned income under [Policy 6.2.4 – Unearned Income](#).

6.4.5 Assets Exclusions

The following items are not considered assets:

1. a home of an applicant or recipient where the property is assessed at less than twice the average assessed value of single family dwellings in the municipality in which it is located;
2. a cash surrender value of under \$500 of a life insurance policy;
3. a motor vehicle used for basic transportation including transportation to job-search requirements, training or health and safety requirements;
4. tools or equipment directly related to a trade or profession;
5. a Registered Education Savings Plan (RESP) established for the education of a child and intended for use by that child in relation to education expenses;

6. any portion of a Registered Retirement Savings Plan (RRSP) that is part of an employment pension program at the place of employment where the applicant or recipient is/was employed, temporarily laid off or on sick leave, or part or all of a locked-in retirement account.

An applicant or recipient is not required to withdraw from their locked-in pension account(s). If an applicant or recipient decide to withdraw these funds, they are required to report it and the amount is subject to the asset level;

7. a prepaid funeral to the value of \$5,000;
8. insurance paid for damages to a home of an applicant or recipient and the contents contained within (examples include but are not limited to fire/flood insurance), and for damage to motor vehicle used for basic transportation;
9. a Registered Disability Savings Plan (RDSP) and any income withdrawn from the RDSP shall not be considered chargeable income or an asset; and
10. savings from participation in a savings program that is designed to promote self-sufficiency and is approved by the Minister (e.g., Individual Development Accounts as defined in [Policy 4.1.1 – Definitions](#) such as a Phoenix Youth Program IDA).

6.4.6 Assets Not Readily Converted

Assets (excluding the home of an applicant or recipient), including property, second motor vehicles, and/or recreation vehicles, will be considered when determining eligibility. An applicant or recipient must be provided a reasonable time period to convert such assets and may be entitled to ESIA conditional upon actively pursuing sale of the asset.

6.4.7 Wills, Estate and Trust Monies

The amount received by an applicant or recipient, including any interest in the will/estate by any dependent child, will be considered an asset.

Where the applicant or recipient and/or any family member have access to monies set aside in trust, these monies are included in the determination of the eligibility amount.

If trust money is defined for discretionary purposes only, a caseworker must contact the trust administrator to establish contributions from the trust account to be included in the eligibility amount and determination of eligibility.

Income from a will, estate or trust is unearned income under [Policy 6.2.4 – Unearned Income](#) and will be considered as chargeable income in calculating the eligibility amount.

6.4.8 Property

Real property, other than the home of the applicant or recipient, will be considered an asset.

6.4.9 Joint Ownership

Where cash, investments, land/property, etc. are held in joint names, an applicant or recipient's portion is considered an asset.

6.4.10 Treatment of Damage Awards and Insurance Settlements

Where an applicant, recipient or former recipient and/or dependent child receives a damage award/insurance settlement, an assessment is performed to determine if the funds are exempt under [Policy 6.4.5 – Assets Exclusions](#), [Policy 6.3.1 – Exempt Income](#), or [Policy 6.3.3 – Compensation Payments](#).

Exempt funds are not considered when determining eligibility for assistance.

When the funds are not exempt, a further assessment is performed to determine whether they will be treated as deferred income, unearned income, or an asset.

Deferred Income: When a portion of a damage award/insurance settlement is awarded for a retroactive time period, it is included in the calculation of the eligibility amount for the corresponding service period(s) as chargeable income. When deferred income is paid to a recipient or former recipient and/or dependent child, for any period for which assistance was issued, eligibility for those service periods is reviewed and overpayments will be established. Any deferred income that exceeds the assistance paid for a month or relates to periods for which assistance was not paid is treated as unearned income.

Unearned Income: When a portion of a damage award or insurance settlement is awarded in the form of ongoing monthly or periodic payments, the payments are considered unearned income under [Policy 6.2.4 – Unearned Income](#) and will be charged against the month(s) in which they are received.

Asset: When a portion of a damage award/insurance settlement is not awarded retroactively or in the form of monthly or periodic payments, that portion is treated as an asset under [Policy 6.4.1 – Asset – Liquid, Real and Personal](#).

Chapter 7: Basic Needs	
Section: 7.1 Standard Household Rate	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: October 4, 2021

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 48: Standard household rate— board, rent or own

Policy

7.1.1 Standard Household Rate – Board, Rent or Own

An applicant or recipient is eligible for the Standard Household Rate for their household composition and an accommodation type of board, rent or own as outlined in [Policy 7.6.1 – Schedule: Basic Needs Rates](#).

The household composition includes an applicant or recipient, any dependent children, and any student family members.

An applicant or recipient must meet the criteria of board, rent or own as defined in [Policy 4.1.1 – Definitions](#), and provide documentation to confirm their accommodation type as outlined in [Policy 5.1.3 – Required Documentation](#).

A single applicant or recipient who owns or rents their home and who meets the criteria outlined in [Policy 7.2.1\(a\) – Standard Household Rate – Enhanced – Medical](#) or [Policy 7.2.1\(b\) – Standard Household Rate – Enhanced – Non-Medical](#) is eligible for the Standard Household Rate – Enhanced.

7.1.2 Shared Accommodations

An applicant or recipient who shares accommodations with a person who is not a spouse or common-law partner is eligible for the Standard Household Rate for their household composition and accommodation type as outlined in [Policy 7.1.1 Standard Household Rate – Board, Rent or Own](#).

If at any point the definition of spouse or common-law partner applies to a recipient and any individual who is sharing the accommodations, eligibility must

be reassessed to include the spouse/common-law partner in the calculation of their eligibility amount. Where only one individual is a recipient, a reapplication is required to assess initial eligibility.

Cross Reference(s):

- [Policy 6.1.8 – Cohabitation](#)

7.1.3 Standard Household Rate when Expecting a Child

Where an applicant or recipient is expecting a child within three (3) months, the applicant or recipient will have the expectant child included in their household composition when determining the Standard Household Rate up to a maximum household composition of three (3).

Chapter 7: Basic Needs	
Section: 7.2 Standard Household Rate – Enhanced	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 49: Standard household rate—enhanced

Policy

7.2.1(a) **Standard Household Rate – Enhanced – Medical**

A single applicant or recipient who rents or owns their home and who meets one of the following criteria is eligible for the Standard Household Rate – Enhanced as outlined in [Policy 7.6.1 – Schedule: Basic Needs Rates](#):

1. they have a disability;
2. they have a chronic mental, cognitive or physical condition that limits participation in employment services.

Eligibility is determined through an Employment Support and Income Assistance (ESIA) ‘Medical Assessment’ form, or where appropriate, other medical assessments, which must be completed by a medical professional and must indicate that an applicant or recipient meets one of the above criteria.

Medical documentation is not required to confirm a disability in situations where an applicant or recipient is in receipt of and/or eligible for:

1. Canada Pension Plan (CPP) Disability Benefits;
2. Long-Term Disability Benefits from an employer;
3. Disability Tax Credit;

4. Workers' Compensation Disability Benefits; or
5. Canada Workers Benefit disability supplement (formerly Working Income Tax Benefit disability supplement).

Applicants in receipt of or eligible for any of the above will be required to provide documented proof at intake, or when a recipient becomes eligible for any of the benefits listed above.

Re-assessment of a recipient's medical condition may be required at an interval indicated by the medical professional or when there is a change in circumstances.

7.2.1(b) Standard Household Rate – Enhanced – Non-Medical

A single applicant or recipient who rents or owns their home and who meets one of the following criteria is eligible for the Standard Household Rate - Enhanced as outlined in [Policy 7.6.1 – Schedule: Basic Needs Rates](#):

1. they are fleeing an abusive situation, until the issues related to the abuse have been addressed. These include, but are not limited to, court processes, and/or counseling related to the abuse;
2. they are 55 years old or older; or
3. they are 16 to 18 years old (inclusive).

Chapter 7: Basic Needs	
Section: 7.3 Standard Household Rate – Essentials	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 50: Standard household rate—essentials

Policy

7.3.1 Standard Household Rate – Essentials

An applicant or recipient who does not board, rent or own their home is eligible for the Standard Household Rate – Essentials amount as outlined in [Policy 7.6.1 – Schedule: Basic Needs Rates](#), including when an applicant or recipient is:

1. receiving homelessness supports as outlined in [Policy 5.5.1 – Homelessness Supports](#);
2. hospitalized or in a residential rehabilitation program as outlined in [Policy 7.3.2 – Hospitalization and Residential Rehabilitation](#); or
3. in an emergency situation or unable to provide documentation to confirm an accommodation type of board, rent or own in a timely manner as outlined in [Policy 5.1.8 – Emergency Situations Pending Receipt of Information or Documentation](#).

7.3.2 Hospitalization and Residential Rehabilitation

A recipient may have their assistance reduced or discontinued where the recipient or dependent child has been hospitalized or is in a residential rehabilitation program for more than thirty (30) consecutive days when there are other available resources or funding.

A residential rehabilitation program includes organizations such as recovery houses funded by Department of Health and Wellness or those that provide supported housing.

An applicant or recipient who is eligible for the Standard Household Rate – Board, Rent or Own prior to being hospitalized or in a residential rehabilitation program will continue to be eligible for the Standard Household Rate – Board, Rent or Own unless the applicant or recipient:

1. is not returning to their residence due to their health circumstances;
2. decided not to maintain their place of residence; or
3. is in a residential rehabilitation program where they can stay for up to 12 months or longer.

If any of the above circumstances apply, the recipient will have the Standard Household Rate – Essentials substituted for the Standard Household Rate – Board, Rent or Own in the calculation of the eligibility amount as outlined in [Policy 7.3.1 – Standard Household Rate – Essentials](#).

If a Dependent Child Allowance is included in the calculation of the eligibility amount, and a dependent child is hospitalized or in a residential rehabilitation program, the dependent child allowance continues to be included in the calculation of the eligibility amount unless the dependent child:

1. is not returning to the home due to their health circumstances; or
2. is in a residential rehabilitation program where they can stay for up to 12 months or longer.

A recipient or dependent child must have special needs reviewed to determine those that are required while in hospital or in a residential rehabilitation program.

Chapter 7: Basic Needs	
Section: 7.4 Standard Household Rate – Dependent Child Allowance	Issue Date: August 1, 2001
Page 1 of 1	Revised Date: June 19, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 51: Dependent child allowance

Policy

7.4.1 Dependent Child Allowance – Dependents Age 18 to 20 (inclusive)

An applicant or recipient is eligible for a Dependent Child Allowance for any eligible dependent child age 18 to 20 (inclusive) in the amount outlined in [Policy 7.6.1 – Schedule: Basic Needs Rates](#).

An applicant or recipient will not be eligible for a Dependent Child Allowance for dependent children under the age of 18 due to eligibility for other federal and provincial benefits for children. Benefits for children of low-income families in Nova Scotia are outlined in [Policy 12.1.1 – Child Benefit Adjustment](#).

Chapter 7: Basic Needs	
Section: 7.5 Excess Shelter – Barrier-Free Access Allowance	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: November 9, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 52: Barrier-free access allowance

Policy

7.5.1 Excess Shelter – Barrier-Free Access Allowance

Where an applicant, recipient or dependent child in a board, rent or own accommodation type has special needs with respect to barrier-free access to, from or within their accommodations as a result of a terminal illness or a physical disability, an applicant or recipient may be eligible for a barrier-free access allowance for excess shelter needs.

Eligibility is determined through an ESIA 'Medical Assessment', or where appropriate, other medical assessments or documentation, which is to be completed by a medical professional and must indicate that an applicant, recipient or dependent child requires barrier-free access.

Barrier-free access refers to housing that has been modified/adapted for individuals with mobility disabilities and visual impairments. Such modifications include, but are not limited to, ramps instead of stairs, handrails/grab bars, doors wide enough for wheelchairs, lowered counter tops, lever type handles for doors and water taps, lowered electrical switches and sockets, rounded corners to prevent injury, and no curbs on the property.

If the barrier-free access allowance is insufficient and if no other economical options are available (for example a less expensive rental unit, public housing or rent/homeowner supplement), a supervisor can approve an additional amount above when actual shelter expenses (amounts paid for rent, board, mortgage, utilities and taxes) less any amount received for a rent/homeowner supplement exceed the amounts listed in the table below:

Household Size	Amount
1	\$735
2	\$770
3 or more	\$820

An applicant or recipient must provide proof of actual shelter expenses and, if applicable, the amount of a rent/homeowner supplement such as the Canada Nova Scotia Targeted Housing Benefit (CNSTHB).

Chapter 7: Basic Needs	
Section: 7.6 Rates Schedule	Issue Date: August 1, 2001
Page 1 of 1	Revised Date: July 1, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 48: Standard household rate—board, rent or own Section 50: Standard household rate—essentials Section 52: Barrier-free access allowance

Policy

7.6.1 Schedule: Basic Needs Rates

Household Composition		Standard Household Rate		
Recipient(s)	Dependent(s)/Student Family Member(s)	Rent/Own	Board	Essentials
1	0	\$974 (Enhanced)	n/a	n/a
1	0	\$704	\$624	\$390
1	1	\$987	\$643	\$390
1	2 or more	\$1,039	\$685	\$390
2	0	\$1,376	\$1,034	\$760
2	1 or more	\$1,428	\$1,076	\$780

Allowance	Amount
Dependent Child Allowance (Dependents age 18 to 20)	\$390
Excess Shelter – Barrier Free Access Allowance	\$205

Chapter 8: Special Needs	
Section: 8.1 Special Needs Eligibility	Issue Date: August 1, 2001
Page 1 of 5	Revised Date: June 19, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 13: Other feasible sources of income or assets Section 18: Calculating eligibility amount Section 19: Eligibility amount modified by supervisor Section 20: Total assistance payable Section 54: Special needs defined Section 56: Request for assistance for item of special need Section 58: Amount of special needs assistance determined Section 59: Supervisor may approve higher amount for special need Section 60: Assistance for special need essential for health

Policy

8.1.1 Provision of Special Needs

An applicant or recipient may be eligible for assistance for an item or service of special need in accordance with the special needs schedule of approved items and services outlined in [Policy 8.3.1- Special Needs Schedule](#).

An applicant or recipient must demonstrate that they have exhausted all options for full or partial coverage of the cost of the special need item or service from all available resources, private or publicly funded or community organizations.

The following items and services are not included in the definition of special needs and assistance will not be provided regardless of recommendations regarding their medical necessity:

1. an item or service that is insured under a Provincial insured health services program or is otherwise funded by government;
2. an item or service for medical purposes for which an alternative exists under MSI;
3. prescription medications, drugs and substances that are not listed as benefits under the pharmacare programs in the Nova Scotia Formulary;
4. medical treatments and substances that are not covered as an insured service under MSI, including any equipment, supplies, materials or services used in producing or administering the treatments or substances;
5. an item which is provided for in the Standard Household Rate, Dependent Child Allowance, or Excess Shelter for Barrier Free Access Allowance;
6. medical marijuana or any equipment, supplies, materials or services used in producing or administering medical marijuana is not a special need under any circumstances.

The following items and services may be considered based on specific criteria outlined in [Policy 8.2.20 – Medical – Essential Treatments](#):

1. services provided by other health care workers, which are not insured under MSI such as, but not limited to, chiropractors, massage therapists, acupuncturists, chiropractic and periodontal practitioners; and/or
2. medical treatments and substances that are not covered as an insured service under MSI; including equipment, supplies, materials or services used in producing or administering the treatments or substances.

Special Needs Benefits Granted before August 8, 2011

A recipient or dependent child who was receiving assistance for a special need item or service prior to August 8, 2011 will continue to be eligible for assistance for that special need item or service if all of the following conditions apply:

1. there has been no break in eligibility since August 8, 2011;
2. assistance for the item or service was first received before August 8, 2011;
3. there has been no break in eligibility for the special need item or service since August 8, 2011; and

4. the reasons why the special need item or service is required have not changed.

8.1.2 Request for Special Needs Assistance

An applicant or recipient will provide the following information, where applicable, when requesting a special need item or service:

1. the reason for the request;
2. a description of the special need;
3. any professional documentation supporting the special need (examples include, but not limited to, medical physician, dietician, dentists, social worker, psychiatrist, police);
4. the monthly and/or total cost of the special need item or service;
5. information regarding the resources/alternatives that have been investigated with respect to obtaining the special need item or service from other sources;
6. requested estimates; and
7. invoice or receipt for the special need item or service.

Prior approval is required for special needs items or services. Only in emergency situations, can a special need item or service be approved after the purchase of an item and/or utilization of a service. If the special need item or service has already been acquired and is an approved item or service under ESIA Policy, an invoice or receipt for the special need is required.

In determining eligibility in cases where the special need item or service being requested is related to the health or medical needs of the individual, the caseworker may obtain further information as required and/or consult with a person qualified to provide advice regarding appropriateness, necessity and effectiveness of the requested special needs item or service. This may include, but is not limited to, a request for a second opinion from a person who specializes in the area related to the special need item or service.

8.1.3 Overpayments Related to Special Needs

When a special need item or service has been previously issued or included in the calculation of the eligibility amount in accordance with the special needs schedule of approved items or services outlined in [Policy 8.3.1 – Special Needs Schedule](#), the amount issued for the requested special need item or service

(such as, but not limited to, fuel, electricity, water, etc.) will result in the establishment of an overpayment as outlined in [Policy 13.1.1 – Assignment of Overpayments and Underpayments](#), unless the request meets the criteria outlined in [Policy 8.2.7 – Emergency Heat](#).

Special need items and services are approved based on allowable maximum rates. Assistance with a special need item or service in excess of the approved ESIA rate will result in the establishment of an overpayment as outlined in [Policy 13.1.1 – Assignment of Overpayments and Underpayments](#), unless the supervisor approves a higher amount based on specific criteria outlined in [Policy 8.1.5 - Supervisory Determination of Higher Amount for a Special Need Item/Service](#).

8.1.4 Special Needs Purchase Guidelines

The purchase of goods and services is the responsibility of an applicant or recipient. An applicant or recipient purchasing special need items or services are required to purchase the most economical item available. A caseworker will refer to the expenditure guidelines outlined in [Policy 8.3.1- Special Needs Schedule](#).

Where there are no approved amounts within *Policy* for a special need item or service that will cost more than \$200, two (2) estimates are required. Supervisory approval is required for all special needs items or services over \$200 where no approved amount exists within policy. All special needs items or services not listed in *Policy* require supervisory approval.

8.1.5 Supervisory Determination of Higher Amount for a Special Need Item or Service

A supervisor may determine a higher amount for a special need item or service when:

1. all other available resources are exhausted, including private or publicly funded or community organizations, and the option of monthly payments for the rental or purchase of the special need item has been explored and is unavailable; and
2. there is documentation to support that the maximum amount allowed for any item or service of special need, as outlined in [Policy 8.3.1- Special Needs Schedule](#), is insufficient to pay for the cost of the item due to the distinctive need of an applicant or recipient or dependent child, the higher amount, as documented, may be included in the calculation of an applicant or recipient's eligibility amount.

In urgent circumstances pertaining to the health and safety of an applicant or recipient or dependent child, where the eligibility amount is less than

the total cost of the of the special need, the supervisor may approve a payment for the total cost.

8.1.6 Applicants Requesting One-Time Special Needs Only

When an applicant is not eligible for ongoing assistance and makes a request for a one-time special need item or service only, eligibility will be assessed based on the initial eligibility calculations as outlined in [Policy 6.1.1 – Initial Eligibility Amount Calculation](#).

The special need must meet the policy criteria as outlined in [Policy 8.1.1 – Provision of Special Needs](#) and [Policy 8.2 – Special Needs Items](#).

There are certain special needs that can only be provided to recipients who have been in receipt of ESIA for a specified period of time (for example, the house repairs policy only applies to those in receipt of ESIA for six (6) months or longer).

Cross Reference(s):

- [Policy 8.1.2 – Request for Special Needs Assistance](#)
- [Policy 8.1.5 – Supervisory Determination of a Higher Amount for a Special Need Item or Service](#)

Chapter 8: Special Needs	
Section: 8.2 Special Needs Items	Issue Date: August 1, 2001
Page 1 of 27	Revised Date: July 1, 2024

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 13: Other feasible sources of income or assets Section 18: Calculating eligibility amount Section 19: Eligibility amount modified by supervisor Section 20: Total assistance payable Section 54: Special needs defined Section 56: Request for assistance for item of special need Section 57: Assistance for special needs Section 58: Amount of special needs assistance determined Section 60: Assistance for special need essential for health Section 61: Special needs for recipients before August 8, 2011 Section 62: Pharmacare assistance Section 63: Extended pharmacare for recipients as of December 14, 2014 Section 64: Transitional pharmacare recipients

Policy

8.2.1 Ambulance

An applicant, recipient or dependent child who requires ambulance services may be eligible for assistance when the ambulance service was for emergency use only. Assistance will not be approved for non-emergency transportation. Prior

approval is required, if possible. Assistance will be provided at the approved rate set by the Department of Health and Wellness for emergency transportation.

8.2.2(a) Arrears – Mortgage Payments or Rent

In an emergency situation where an applicant or recipient requests assistance with mortgage payment arrears or rent arrears, the minimum payment amount to avoid foreclosure or eviction may be provided on a one (1) time only basis with approval of a supervisor.

To determine eligibility for mortgage or rental arrears and the minimum payment amount, an applicant or recipient must:

1. provide confirmation of foreclosure or eviction;
2. demonstrate that they have been unsuccessful in negotiating a repayment arrangement with the mortgage holder or landlord;
3. provide proof of actual shelter expenses (including amounts paid for rent, mortgage, utilities and taxes) and any amount received for a rent/homeowner supplement; and
4. identify income and ongoing ability to pay monthly mortgage or rent amount to avoid future arrears.

Mortgage or rental arrears will not be provided in circumstances where the caseworker determines the cost of the accommodations will cause financial hardship to an applicant or recipient and where the case plan includes a recommendation to find more affordable accommodations. Assistance will not be provided for any portion of arrears resulting from non-payment of a rent/homeowner supplement, such as the Canada Nova Scotia Targeted Housing Benefit (CNSTHB), toward mortgage payments or rent.

The overpayment provisions of [Policy 8.1.3 - Overpayments Related to Special Needs](#) may apply.

8.2.2(b) Arrears – Property Tax

In an emergency situation where a recipient requests assistance with property tax arrears, the minimum payment amount to avoid foreclosure may be provided on a one (1) time only basis with approval of a supervisor. To be eligible, a recipient must have been in receipt of ESIA for twelve (12) months, and only arrears related to the period of time during which a recipient was eligible for ESIA will be considered.

To determine eligibility for property tax arrears and the minimum payment amount, a recipient must:

1. provide confirmation of foreclosure;
2. have the property solely in their name;
3. demonstrate that they have been unsuccessful in negotiating a repayment arrangement with the municipality;
4. provide confirmation of actual shelter expenses (including amounts paid for mortgage, utilities and taxes) and any amount received for a rent/homeowner supplement; and
5. identify income and ongoing ability to pay monthly property taxes to avoid future foreclosure.

Property tax arrears will not be provided in circumstances where the caseworker determines the cost of the accommodations will cause financial hardship to an applicant or recipient and where the case plan includes a recommendation to find more affordable accommodations.

Under exceptional circumstances, applicants may be eligible for assistance with property tax arrears.

The overpayment provisions of [Policy 8.1.3 - Overpayments Related to Special Needs](#) may apply.

8.2.2(c) Arrears – Utility

In an emergency situation where an applicant or recipient requests assistance with utility arrears (e.g., electricity, gas, water) the minimum payment amount to avoid interruption or disconnection may be provided with approval of a supervisor.

To determine eligibility for utility arrears and the minimum payment amount, an applicant or recipient must:

1. provide confirmation that service will be or has been terminated;
2. demonstrate that they have been unsuccessful in negotiating a repayment arrangement with the utility company;
3. provide proof of actual shelter expenses (including amounts paid for rent, mortgage, utilities and taxes) and any amount received for a rent/homeowner supplement; and

4. identify income and ongoing ability to pay monthly utility amounts to avoid future arrears.

Utility arrears will not be provided in circumstances where the caseworker determines the cost of the accommodations will cause financial hardship to an applicant or recipient and where the case plan includes a recommendation to find more affordable accommodations.

The overpayment provisions of [Policy 8.1.3 – Overpayments related to Special Needs](#) may apply.

If heat expenses are included with the utility arrears request, the heat expenses will be considered under [Policy 8.2.6 - Emergency Heat](#).

8.2.3 Car Seats and Booster Seats

An applicant or recipient who requires assistance with the purchase of car seats/booster seats may be allowed assistance for the most economical option that is Canadian Standards Association (CSA) approved.

8.2.4 Child Care

An applicant or recipient may be allowed assistance with child care of up to a maximum of \$400 per month per family based on actual costs to have child care provided for any dependent children, 13 years of age and under, when:

1. the care is required for a recipient to participate in employment, training, upgrading, volunteer activity, job search, attendance at Employment Services and any other activity deemed appropriate as part of the employment action plan; or
2. the parent(s) are physically unable to care for any child due to medical reasons; or
3. child care assistance is required in the best interest of the family.

Allowable child care expenses will include, but are not limited to:

1. the parental contribution to a subsidized child care seat;
2. early morning, lunch and after school program expenses;
3. private licensed care; and/or
4. private unlicensed care in a recipient's or caregiver's home.

Costs for child care will not be provided to the non-custodial parent or legal guardian of the child, or an individual who is included in the calculation of the eligibility amount.

Child care expenses may be provided for children of single parents residing with their parent(s), when that parent(s) (grandparent) is a recipient of ESIA and is providing care to the single parent's child for the purpose of the single parent's return to an approved educational program or employment.

Verification of the child care expenses must be provided and, where appropriate, supporting documentation from appropriate physician.

Exceptions to provide child care expenses for children over the age of 13 can be made if the care is required for a person with a disability or if it is determined that the provision of child care is in the health and/or safety interest of the child.

8.2.5 Dental

An applicant, recipient or dependent child may be eligible for emergency dental coverage as per the approved contracted service and rates in [Policy 8.3.4 - Dental Fee Guide](#).

Coverage may be provided in accordance with the approved contracted service under the following circumstances:

1. for the relief of pain;
2. for control of prolonged bleeding;
3. for treatment of swollen tissue;
4. for provision or repair of broken dentures; and/or
5. for dental problems identified as barriers to employment by Employment Support staff.

An applicant, recipient or dependent child who has dental coverage under another dental plan, public or private, may be eligible for coverage by the ESIA program. Private dental plan coverage must be billed first. The ESIA program will cover any remaining unpaid balance as long as it is an approved service and the payment from the ESIA program does not exceed the fees listed in [Policy 8.3.4 - Dental Fee Guide](#).

When an applicant, recipient or dependent child requires dental work to be completed over a period of time and the recipient is deemed ineligible for a

portion of that time, the dental work must be completed within thirty (30) days from the date of ineligibility.

Recipients of Extended Pharmacare benefits may be assessed for dental coverage. In these cases, the average monthly drug cost is not included in the calculation of the eligibility amount when assessing eligibility for dental coverage.

8.2.6 Disability Supplement

An applicant, recipient, and/or dependent child (18 years or older) who boards, rents or owns their home qualifies for \$308/month Disability Supplement, if they have:

1. a disability; or
2. a chronic medical condition that prevents them, or will prevent them, from participating in employment for at least twelve (12) consecutive months.

Eligibility is determined through an Employment Support and Income Assistance (ESIA) 'Medical Assessment' form or, where appropriate, through other medical assessments. Assessments must be completed by a physician, nurse practitioner or other medical professionals and must indicate that the applicant, recipient, and/or dependent child (18 years or older) meets one of the above criteria.

Medical documentation may not be required to confirm a disability or chronic medical condition in situations where an applicant or recipient is in receipt of and/or eligible for:

1. Canada Pension Plan (CPP) Disability Benefits;
2. Long-Term Disability Benefits from an employer;
3. Disability Tax Credit;
4. Workers' Compensation Disability Benefits; and/or
5. Canada Workers Benefit Disability Supplement.

Applicants/recipients in receipt of, or eligible for, any of the above benefits or credits will be required to provide documented proof of eligibility.

Receiving the Disability Supplement will not impact eligibility for other special needs payments.

Receiving the Disability Supplement will not impact Employment Support Services participation requirements.

The amount of the Disability Supplement cannot be modified.

The Disability Supplement will discontinue when the chronic medical condition no longer prevents employment based on the medical documentation or an applicant, recipient, or dependent child (18 or older) is employed.

A dependent child (18 years or older) who is eligible with the Direct Family Supports for Children (DFSC) or other programs with the Disability Support Program (DSP) is not eligible for the Disability Supplement.

8.2.7 Emergency Heat

In an emergency situation, when there is no heat in an applicant or recipient's home, the minimum payment amount to address the immediate need for emergency heat may be provided with approval of a supervisor.

To determine eligibility for emergency heat and the minimum payment amount, an applicant or recipient must provide proof of actual shelter expenses (including amounts paid for rent, mortgage, utilities and taxes) and other documentation, as required.

From December to March of each year, the first payment for emergency heat will not be established as an overpayment. Any additional payments for emergency heat issued during any month of the year will be established as an overpayment under [Policy 8.1.3 – Overpayments related to Special Needs](#).

8.2.8 Employability Related Special Needs

A recipient may be eligible for assistance to cover employability related expenses, that are directly related to and necessary to facilitate employment or participation in an employment plan when they are:

1. employed on a full-time or part-time basis;
2. participating in employment services; or
3. implementing an approved employability plan.

Actual costs may be provided for the following related expenses up to the allowable maximums:

1. **Approved Personal Development Supports** (up to a maximum \$300 per activity to a maximum total of \$600 for a twelve (12) month period)—such

as, but not limited to; assertiveness training, self-esteem programs, anger management, career development, individual counseling not available through MSI;

2. **Association/Professional/Licensing Dues** (up to a maximum total of \$500 per twelve (12) month period - where not already covered through mandatory employment related costs, such as union dues, professional membership fees, professional license application and renewal;
3. **Books, Supplies, and Deposits**, including seat confirmation deposits (up to a maximum total of \$700 per twelve (12) month period) examples include books and supplies required to participate in an approved educational program which is non-student assistance eligible, such as, but not limited to, academic upgrading, high school, short term course;
4. **Equipment and Supports** related to a disability required to return to employment, where not available through other programs, such as, but not limited to, job coaching, tutoring, ergonomic supports, Obus Formes, special chairs, technical aids (up to a maximum total of \$1,000 per twelve (12) month period);
5. **Other Employment Related Expenses** (up to a maximum total of \$500 per twelve (12) month period) for other expenses associated with participation in employability related activities that are not covered in this list or by other policies and/or programs;
6. **Payment of Fees** (up to a maximum total of \$200 per twelve (12) month period) for fees that are directly related to a return to employment, such as but not limited to drivers licenses, criminal record check, drivers abstract, child abuse registry check, medicals, and fines. (Criminal record pardon applications may exceed this amount);
7. **Personal Hygiene and Grooming Supplies** (up to a maximum total of \$50 every four (4) months);
8. **Professional Assessments** (up to a maximum \$1,000 per twelve (12) month period)—professional assessments that may be required develop an appropriate employability plan and that cannot be provided directly by the Department of Community Services;
9. **Safety Equipment and Gear** (up to a maximum total of \$300 per twelve (12) month period) for items such as hard hat, work boots, ear protectors, eye protectors, safety harnesses, safety gloves, masks, helmets face shields required for employment purposes;

10. **Specific Short-Term Skills Training** (up to a maximum total of \$500 per course) such as, but not limited to, computer literacy, GED, upgrading, professional refresher programs, continuing education programs;
11. **Tools** (up to a maximum total of \$500 per twenty-four (24) month period) for such items as mechanics tools, carpentry tools, electronic tools, ladders, tool belts required for employment purposes;
12. **Training Related Clothing** (up to a maximum of total of \$200 per twelve (12) month period) such as, but not limited to, uniforms or specialized clothing required for the program;
13. **Work Related Clothing** (up to a maximum total of \$200 per twelve (12) month period) such as, but not limited to uniforms, rain gear, coveralls, office appropriate attire;
14. **Work Related Courses** (up to a maximum total of \$200 per course) such as First Aid, WHMIS, CPR, traffic control, non-violent crisis intervention.

8.2.9 Extermination Services

An applicant or recipient may be eligible for assistance for extermination services when it has been determined there is a definite need for the service and, where possible, it is confirmed in writing by a Public Health Inspector or Public Health Nurse; and only after confirmation is received that the landlord is not responsible for purchasing this service.

8.2.10 Fire/Liability Insurance for Homeowners

An applicant or recipient who owns and occupies their home may be eligible for assistance for fire/liability insurance. The monthly insurance rate is to be calculated at a twelfth (1/12) of the total yearly amount for each month of eligibility. In situations where an applicant or recipient is unable to access monthly payment options, a supervisor may approve the full premium.

8.2.11 Food, Shelter and/or Transportation for Medical Attention

An applicant, recipient or dependent child may be eligible for assistance for food, shelter and/or transportation for medical attention required outside of the local community when:

1. there is a critical situation for which no other options are available;
2. scheduled medical attention is documented by a physician; and
3. scheduled medical attention is not available in the local community.

In these situations, only the most economical option for food, shelter and transportation for required medical attention will be approved. The maximum amount for transportation is \$150 as outlined in [Policy 8.2.36 - Transportation](#), excluding exceptional circumstances where a supervisor may approve a higher amount.

Where other sources of assistance such as, but not limited to, the provincial insured health services (MSI), private insurances and/or privately or publicly funded organizations is not available, ESIA for shelter will be provided only in situations where an applicant or recipient cannot stay with family or friends. No assistance will be paid to family or friends.

When the specialist is outside their local community, proof of the visit (i.e., documentation from the specialist) must be provided. In extraordinary circumstances, and when the required service is not available within the Province of Nova Scotia, an applicant or recipient or dependent child may be eligible for out of province travel.

8.2.12 Foot Care

An applicant, recipient or dependent child may be eligible for assistance with the costs associated with foot care clinic services provided by Registered or Licensed Practical Nurses, up to a maximum of \$180 per year, and subject to supervisory approval when:

1. the treatment has been prescribed by a physician;
2. it is medically necessary and no other options are available; and
3. treatment is not available through the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.

8.2.13 Funerals

In the event of a death of a resident of Nova Scotia, a representative of the deceased may apply for assistance with funeral expenses when there are no other financial resources available.

A representative of the deceased is the surviving spouse or the parent of a deceased dependent child, or, if neither situation is applicable, then an executor, or another family member. A representative of the deceased must be able to provide the information and documentation required to determine eligibility for funeral expenses.

Eligibility is determined based on the income and asset information of the deceased and, if applicable, the surviving spouse or parent of a deceased dependent child.

When there is a will or estate, an application for assistance will not be completed, unless the executor can demonstrate there is insufficient income or assets to pay for the deceased's funeral expenses.

Assistance with funeral expenses is paid up to the maximum allowable rates as defined in the Funeral Rates Schedule. Itemized invoice(s) are required to be submitted for payment.

In addition to funeral expenses covered by ESIA, third party contributions can be made towards the cost of a funeral and are paid directly by the third party to a provider.

The department does not reimburse for any funeral expenses that were paid for prior to applying for assistance with funeral expenses.

The department will apply directly for the CPP Death Benefit unless a representative of the deceased has applied or is going to apply for the CPP Death Benefit. The CPP Death Benefit amount will be deducted from the maximum allowable funeral expenses that will be paid by the department.

The representative of the deceased must be able to:

1. provide proof of identity and relationship to the deceased;
2. complete the application process to demonstrate the deceased person meets all eligibility criteria including financial eligibility;
3. complete all required forms and provide required documentation as outlined in [Policy 5.1.3 – Required Information and Documentation](#) on behalf of the deceased, including a copy of the death certificate and funeral provider(s);
4. demonstrate they have exhausted all available resources for full or partial coverage of the funeral/burial, including the provision of funeral expenses from a will or estate; and
5. agree that the CPP Death Benefit will be applied for by the Department, unless specifically being applied for by the representative of the deceased or required by the executor of the will or estate (if applicable).

Funeral arrangements and payment of funeral costs are the responsibility of the representative of the deceased. The Department is not responsible for any failure

of the representative of the deceased to pay the funeral provider(s) or any other person/business for funeral related expenses.

Funeral Rates Schedule

Allowable Expenses	Maximum Approved Amounts
<p>Professional Services, Merchandise and Cash Disbursements for the following:</p> <ol style="list-style-type: none"> 1. Removal from the local place of death and transfer to funeral provider within 25 km 2. Documentation and registration 3. Care and shelter of the deceased while awaiting direction from representative of the deceased 4. Approval and preparation of remains for final disposition 5. Casket, cremation container, and/or urn and cremation retort fees 6. Visitation at a funeral home or other facility 7. Opening and closing of grave or niche 8. Grave rental equipment 9. Grave liner 10. Cemetery lot, niche, or vault 11. Monument or monument inscription/engraving 12. Honorarium for the clergy 13. Honorarium for the music 14. Funeral notices, death notices, obituaries 15. Suitable clothing 	<p>up to a maximum total of \$3,800 + taxes</p>
<p>Mileage over 25 kilometers</p>	<p>may be paid on a per kilometer basis at a rate of 60 cents per kilometer</p>
<p>Any exceptions requested in addition to the approved funeral expenses such as, but not limited to,</p>	<p>with supervisory approval</p>

oversized casket, special-embalming preparations, out-of-province transfer.

8.2.14 Furniture

Where no other alternative is available an applicant or recipient may be eligible for the following basic household and furniture items in accordance with the approved rate.

Item	Approved Rate
Bed	up to a maximum of \$100
Crib	new cribs that are the most economical and are Canadian Standards Association (CSA) approved
Mattress (including box spring)	up to a maximum of \$100
Refrigerator	up to a maximum of \$200
Stove	up to a maximum of \$150
Table/Chairs	up to a maximum of \$125
Washers	up to a maximum of \$200

The approved rate is plus tax when applicable.

For items listed, when all other options for delivery have been exhausted, the most economical delivery fee may be included.

8.2.15 Guide/Service Dog Allowance

A recipient or dependent child may be allowed \$90 per month for a guide/service dog allowance and up to \$300 a year for routine veterinary expenses, when there is documentation to confirm:

1. the successful completion of an accredited training program from the Assistance Dogs International or the International Guide Dog Federation; or
2. a valid Service Dog Team Certificate (provincial identification issued by the Department of Justice (DOJ) under the *Service Dog Act of Nova Scotia*).

The monthly guide/service dog allowance is for food and routine care expenses such as, but not limited to, grooming, teeth cleaning, toenail clipping, leashes, and incidentals. When other funding resources are not available, funding may be provided for routine veterinary expenses, which include checkups, vaccinations, and flea and heartworm treatments.

Expenses for non-routine care are not funded by ESIA. Non-routine expenses include, but are not limited to, surgical procedures, treatment for fractures, and infections, special diets, euthanasia, and travel, room and board to acquire a dog.

Funding is not provided to cover the cost of a service dog assessment, which may be required to receive a Service Dog Team Certificate. Funding may be available through the DOJ Service Dog Program for applicants in receipt of income supports. Information is available at <https://novascotia.ca/servicedogs/certification.asp>. Transportation expenses within the region may be provided to attend the service dog assessment upon confirmation of an appointment.

Retired guide/service dogs and/or pets maintained by a recipient or dependent child are not allowed the guide/service dog allowance or any other special needs funding.

8.2.16 Hearing Aids

An applicant, recipient or dependent child may be eligible for assistance for the purchase of a hearing aid when:

1. an audiologist has prescribed a hearing aid(s);
2. it has been confirmed there are no other options available to assist with the expenses, such as, but not limited to, the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations; and
3. supervisory approval has been provided for the most economical option.

8.2.17 House Repairs

Requests for housing maintenance or repairs that are expected to exceed \$1,000 will be referred to Housing Nova Scotia – Housing Services for an assessment prior to determining eligibility for assistance.

Recipients who own and occupy their own home may be eligible for assistance for housing repairs. This policy only applies to those in receipt of ESIA for six (6)

months or longer. Assistance will only be provided when repairs are essential to the health and safety of a recipient and any dependent children, and where alternative funding or commercial financing is not available. Recipients must provide documentation of health or safety hazard(s) to a caseworker.

Examples of house maintenance or repairs include, but not limited to, windows, doors, steps, modifications for disabled persons, roof repairs and plumbing.

When assistance is granted for essential household items (such as, but not limited to a furnace, water boiler) it will be provided on a monthly lease or lease to purchase basis, wherever possible.

8.2.18 Maternal Nutritional Allowance

An applicant or recipient may be eligible for a maternal nutritional allowance of \$51 per month where an applicant, recipient or dependent child is pregnant. The maternal nutritional allowance will be provided from the date a caseworker is notified of the pregnancy or birth of a child and up to twelve (12) full months after the birth of the child.

In situations where a caseworker is notified of a subsequent pregnancy or birth, the maternal nutritional allowance will continue up to and including twelve (12) full months after the birth of any subsequent child.

8.2.19 Medical Equipment

An applicant, recipient or dependent child may be eligible for assistance for the monthly rental/purchase of medical equipment, such as, but not limited to, prosthetic appliances (e.g., mobility aids, braces, CPAP machines, hearing aids) and personal alert emergency response systems (e.g., Lifeline, Project Lifesaver) that are not covered through any other resource when:

1. the need for the requested item has been verified through documentation provided by a qualified medical doctor or medical practitioner;
2. the requested item is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations;
3. it is confirmed it is the most economical option (including monthly rental/purchase) ([Policy 8.1.2 – Request for Special Needs Assistance](#)); and
4. prior to determination of eligibility, a caseworker may refer to a second medical professional/practitioner to determine:
 - a. if the item or service is required,

- b. if considered effective, and/or
- c. if an equally effective, more economical device, or piece of equipment is available.

The Medical Equipment Policy does not include dental equipment or prosthesis (for dental refer to [Policy 8.3.4 - Dental Fee Guide](#)).

8.2.20 Medical – Essential Treatments

An applicant, recipient or dependent child may be eligible for assistance for essential medical treatments under section 60 of the *Regulations*. This provision does not permit requests for private healthcare services that are insured under a Provincial insured health services program or otherwise funded by Government, or prescription drugs.

The items and services that may be considered are medical treatments prescribed for medical purposes that are not covered by MSI or otherwise funded by Government. Such treatments include, but are not limited to, massage therapy, acupuncture, chiropractic and periodontal.

To be considered, the evidence must establish that there is a properly diagnosed disease, injury, disability or other serious health issue, and there is convincing evidence that the prescribed treatment is appropriate and effective in terms of medical efficacy and health outcomes and can be provided at reasonable cost.

In determining eligibility all of the following criteria must be met:

1. the item or service has been prescribed by a health practitioner who is licensed to practice in Nova Scotia as a physician, dentist, or nurse practitioner;
2. the item or service is provided by a medical professional licensed or registered to practice in Nova Scotia;
3. the 'Request for Essential Medical Treatment' form has been completed by the health practitioner providing details of all of the following:
 - a. the existence of a diagnosed disease, injury, disability or serious health issue,
 - b. all other alternative items and services available through the provincial insured health services (MSI), private insurances, privately / publicly funded organizations and / or otherwise provided by Government have been attempted or considered and the

reason(s) they were not successful in addressing the medical condition,

- c. the cost of the recommended treatment and the alternatives considered (if known), and
 - d. there is medical evidence of the appropriateness, necessity and effectiveness of the requested item or service; and
4. the item or service is the most economical option to address the need.

Prior to determination of eligibility, a caseworker may request a second medical opinion from a person qualified to determine if the request meets the criteria to be considered an essential medical treatment.

8.2.21 Medical Supplies

An applicant, recipient or dependent child may be eligible for assistance for the purchase of medical supplies, such as, but not limited to, incontinent supplies, ostomy supplies, dressings that are not covered through any other resources when:

1. the need for the requested item has been verified through documentation provided by a qualified medical doctor or medical practitioner;
2. the requested item is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations; and
3. it is confirmed it is the most economical option.

Prior to determination of eligibility, a caseworker may refer to a second medical professional/practitioner to determine if:

1. the item or service is required;
2. considered effective; and/or
3. if an equally effective, more economical treatment, is available.

Soaps and cleaning supplies are not funded as an item of special need.

8.2.22 Moving Expenses – Within Region

An applicant or recipient may be eligible for moving expenses up to a maximum of \$200 when:

1. an applicant or recipient is forced out of present accommodations by fire, flood, or an abusive situation; or
2. an applicant or recipient's health or safety is threatened; or
3. the new accommodations are more affordable than the present accommodations.

Assistance with moving expenses will only be provided one (1) time per twelve (12) month period.

8.2.23 Optical Care

An applicant, recipient or dependent child may be eligible for assistance for expenses associated with optical care. Specifically, assistance with the expenses of a routine eye examination for those 10 - 64 years of age who use, or believe they need, corrective eyeglasses may be provided once every two (2) years. The maximum payment for this service will be \$64.

When eyeglasses are prescribed by an optometrist or physician, assistance may be provided subject to the following maximum rates:

1. \$120 for single vision orders with regular glass or CR39 plastic lenses complete with frame once every two (2) years; or
2. \$145 for bifocal orders with Kryptoc (round segment) or flat-top glass or CR39 plastic complete with frame once every two (2) years.

Special lenses, at additional expense, may be covered, when prescribed by an optometrist or physician subject to the following restrictions:

1. no coverage will be provided under any circumstances for any cosmetic purpose. This includes, without limiting the generality of the previous statement, progressive (invisible) bifocals and anti-reflective coatings, except on high index lenses;
2. high index lenses will only be provided if the prescription equals or exceeds +/-5.0 diopter.

Assistance with the expenses associated with eye exams and the purchase of eyeglasses will be provided a maximum of once every two (2) years, unless there is a medically substantiated reason for new eye wear by the optometrist or physician.

8.2.24 Orthotics

An applicant, recipient or dependent child may be eligible for assistance for the purchase of orthotics and/or orthotic modifications when:

1. the need for the requested item has been verified through documentation provided by a qualified medical doctor or medical practitioner;
2. the requested item is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations; and
3. it is confirmed it is the most economical option.

Prior to determination of eligibility, a caseworker may refer to a second medical professional/practitioner, to determine when:

1. the item or service is required;
2. considered effective; and/or
3. if an equally effective, more economical option or treatment, is available.

When orthotics or orthotic modifications are prescribed by a medical doctor or medical practitioner, assistance may be provided, subject to the following maximum rates:

1. Custom Orthotic Supports: Must be custom molded foot supports (inserts) or customized footwear for orthotic support intentionally designed to accommodate a medical condition, up to \$300 once every two (2) years;
2. Orthopaedic Footwear and/or Modifications: Off-the-shelf orthopaedic footwear and/or shoe modifications. The combined total is up to \$130 for a twelve (12) month period.

8.2.25 Over the Counter Non-Prescription Medications

An applicant, recipient or dependent child may be eligible for assistance for over-the-counter (non-prescription) medications, when a physician or dietician substantiates the need in writing.

Only those non-prescription medications authorized by a medical doctor or registered dietician can be considered.

Herbal medications are not funded or approved as items of special need. Soaps and cleaning supplies are not funded or approved as items of special need.

8.2.26 Personal Development – Employment Plan Activities

A recipient may be eligible for assistance for personal development activities such as, but not limited to, assertiveness training, self-esteem programs, anger management, career development when they are part of an approved employment plan developed to facilitate their movement towards independence and self-sufficiency.

Approval may be provided when it has been confirmed that funding is not available through MSI, private insurances and/or privately/publicly funded organizations. Up to a maximum of \$300 per activity/program to a maximum total of \$600 in a twelve (12) month period may be provided.

Personal development activities ordered or required by other agencies, departments or court system are not approved items/services of special need.

8.2.27(a) Pharmacare

Pharmacare benefits may be granted to eligible recipients and dependent children in receipt of Income Assistance. Any recipient and dependent child having access to another drug plan, from a public (does not include Nova Scotia Family Pharmacare or Low-Income Pharmacare for Children) or a private entity, may be required to use that plan and may not be eligible for Pharmacare benefits. There may be eligibility for a reimbursement of the co-payment amounts that exceed \$5 per prescription provided the medication/supply is a benefit under the Nova Scotia Formulary.

Only those medications/supplies and the approved amount included in the Nova Scotia Formulary can be considered. Requests for assistance with prescription drug coverage that is not included in the Nova Scotia Formulary will not be approved as a special needs item as outlined in Policy 8.2.27(c) – Exception Status Drugs.

Receipts verifying the co-payments from the pharmacy or private health plan are required as outlined under Policy 8.2.28 – Prescription Drug Coverage.

Recipients and their dependent children are required to pay a flat co-pay fee of \$5 per prescription, unless recipients and their dependent children is/are eligible for co-pay exemption as outlined in Policy 8.2.27(d) – Co-Pay Exemptions.

Recipients and their dependent children requiring Pharmacare coverage must provide their Nova Scotia Health Card Number (HCN).

Where Pharmacare benefits that have been provided to a recipient are discontinued because the total chargeable earned income of a recipient exceeds the total allowable assistance, a recipient may be eligible for Transitional

Pharmacare if they meet the specific criteria outlined in [Policy 8.2.27\(f\) – Transitional Pharmacare](#).

8.2.27(b) Pharmacare Coverage

Where Pharmacare (prescription drug coverage) is not available from an employer or from some other source, Pharmacare coverage will be effective immediately or on the first day of the month following the determination of eligibility for Income Assistance for recipients and their dependent children. When cases are deemed ineligible, Pharmacare coverage will normally be terminated on the last day of that month, however, where warranted, Pharmacare coverage may be terminated immediately.

A recipient accesses Pharmacare coverage by using their Nova Scotia Health Card Number (HCN). Only those pharmacies that have on-line access to Medavie Blue Cross can be utilized.

The maximum supply of an eligible product to be dispensed at any one (1) time by a pharmacy is one hundred (100) days.

Assistance granted in the form of Pharmacare assistance may be included in the calculation of an overpayment as outlined in [Policy 13.1.12 – Overpayments Related to Pharmacare and Dental Care](#).

8.2.27(c) Exception Status Drugs

The Department of Community Services (DCS) Pharmacare benefits are administered by the Department of Health and Wellness. The DCS Pharmacare benefits adhere to the [Nova Scotia Formulary](#). This list provides access to approved drugs, biological and related preparations, diabetes, and ostomy supplies.

If a recipient is prescribed or requesting a drug that is not a benefit on the Nova Scotia Formulary, a recipient should be advised to have their physician request approval through Pharmacare for coverage by submitting the appropriate Department of Health and Wellness documentation. Certain drugs are only eligible for coverage when an individual meets the criteria developed by the Department of Health and Wellness. These drugs may be approved by the Department of Health and Wellness as exception status drugs.

Those drugs that are not approved as benefits under the Nova Scotia Formulary, or drugs not approved for exception status drug coverage must not be covered under special needs under any circumstances.

8.2.27(d) Co-pay Exemptions

Recipients may be considered co-pay exempt under the following circumstances:

1. there is the existence of a disability; or
2. multiple monthly prescriptions (more than three (3) per person); or
3. a small dosage amount specified in the prescription, which can only be dispensed on a frequent basis (more than once per thirty (30) days).

8.2.27(e) Extended Pharmacare

A recipient or dependent child who was receiving Extended Pharmacare benefits prior to December 15, 2014 will continue to be eligible if they otherwise meet the requirements of regulations and there has been no break in eligibility.

Where a recipient no longer has an eligibility amount, the recipient is no longer eligible for Extended Pharmacare and the caseworker will advise the recipient to register for the Nova Scotia Family Pharmacare program.

When a recipient receiving Extended Pharmacare requests a special need, the average drug costs are excluded from the calculation of the eligibility amount. The removal of the average drug costs will allow for an accurate calculation of the eligibility amount for the requested item/service.

8.2.27(f) Transitional Pharmacare

When Pharmacare assistance is discontinued because the total chargeable income from earned income exceeds the total allowable assistance, Transitional Pharmacare coverage can continue for up to one (1) year from date of discontinuation of financial eligibility provided a drug plan is not available at the place of employment or with another drug plan.

A Transitional Pharmacare recipient may request activation of Transitional Pharmacare benefits any time in the twelve (12) month period after the discontinuation of financial eligibility due to earned income. The period of coverage of Transitional Pharmacare will not exceed the twelve (12) month period after the date of discontinuation.

Transitional Pharmacare recipients who are not eligible for ESIA for reasons other than employment activities and who secure employment at a later date are not eligible for Transitional Pharmacare benefits.

Transitional Pharmacare will only be provided when the cost of drugs is not available from any other source including, but not limited to, a drug plan from the place of employment of a recipient. Transitional Pharmacare recipients must

provide information respecting their new work situation, including available benefits.

Transitional Pharmacare recipients are not limited to the number of times they can receive Transitional Pharmacare benefits.

8.2.28 Prescription Drug Coverage

Coverage of prescription drug expenses may be provided to an applicant or dependent child when there is no eligibility for ESIA as outlined in [Policy 8.1.6 – Applicants Requesting One-Time Special Needs Only](#). Only medications and supplies approved in the Nova Scotia Formulary will be considered.

An applicant must register with the Nova Scotia Family Pharmacare program. The Nova Scotia Family Pharmacare monthly out of pocket expenses (actual prescription costs the applicant is required to pay) will be included in the calculation of the applicant or recipient's eligibility amount.

In urgent circumstances, pending Nova Scotia Family Pharmacare registration and with supervisory approval, the amount of a one-month supply of each prescription medication can be included in the applicant's eligibility amount.

An applicant, recipient or dependent child who has a private health care plan from a public (does not include Nova Scotia Family Pharmacare or Low-Income Pharmacare for Children) or a private entity may be required to use that plan and may not be eligible for Pharmacare benefits. There may be eligibility for a reimbursement of the co-payment amounts that exceed \$5 per prescription provided the medication or supply is a benefit under the Nova Scotia Formulary. Receipts verifying the co-payments from the pharmacy or private health plan organization are required.

When an applicant or recipient has reached the age of 65, they will be required to enroll in the Nova Scotia Seniors' Pharmacare program, and will not be eligible for Pharmacare benefits through the ESIA program. The Nova Scotia Seniors' Pharmacare monthly out of pocket expenses (annual premium or monthly co-payment) will be included in the calculation of the applicant or recipient's eligibility amount.

8.2.29 Relocation – Out of Region/Province

An applicant or recipient may be eligible for assistance to relocate in the following situations:

1. employment has been secured;

2. for health and safety reasons including, but not limited to, confirmed report of family violence and/or confirmed medical report that the recipient and/or dependent children can no longer live in their present environment.

An applicant or recipient may be allowed assistance for relocation expenses when required for employment when the above conditions are met and:

1. all avenues of available funding have been exhausted;
2. the viability of the employment opportunity has been verified through written confirmation from the employer stating the position for which the employee is hired, the start date of employment and the status of employment (part-time, casual, term, permanent);
3. a cost/benefit analysis compares the cost of providing ESIA for a period of three (3) months to the cost of relocation and confirms that the cost of ESIA payments would exceed the cost of relocation;
4. only the most economical cost of travel to the requested location will be considered;
5. authorization from the Supervisor for out of region travel or the Specialist has been obtained for out of province travel.

Where a parent requests financial assistance for the purpose of relocating themselves and their children to another jurisdiction, no assistance should be provided unless the parent provides verification that they may leave the jurisdiction with any child. This involves the parent providing verification which confirms the non-custodial parent's knowledge of the move. This verification may be in the form of a court order/legal agreement/consensual arrangement between the parent and the non-custodial parent. Verification that a non-custodial parent is unknown or whereabouts are unknown must be provided before relocation allowance will be issued.

Assistance with the expenses of relocation may be provided for health and safety reasons when there is confirmation of family violence. Applicants must provide all supporting documentation confirming the reasons for relocation prior to determination of eligibility for relocation.

In such situations, a caseworker will:

1. consider the following factors when determining the appropriateness of providing relocation assistance:
 - a. reports of family violence (e.g., transition house involvement, police reports),

- b. impact relocating may have on third parties (e.g., family, friends, and other jurisdiction), and/or
 - c. health and safety of the applicant or recipient;
2. request applicable supporting documentation:
 - a. **Health and Safety** - Report of family violence, confirmation from transition house personnel and/or police verifying a report(s) of family violence. Record the name, position, company name and/or name of employer of the individual confirming a report of family violence in the case notes,
 - b. **Environment** - Written confirmation from the recipient's and/or any dependent child's physician indicating that the recipient and/or dependent child, due to health concerns, can no longer live in their present environment;
3. notify the province/region to which the recipient is moving when any concerns exist with respect to the applicant and their dependent child's wellbeing. In addition, family members and/or friends may be contacted to verify they are aware the individual is relocating to their area; and
4. obtain authorization from the Supervisor for out of region travel and authorization from the Specialist for out of province travel.

8.2.30 Residential Respite

A recipient may be eligible for assistance with the costs associated with respite placement in an approved licensed home under the Disability Support Program (DSP) of the Department of Community Services. A recipient must be assessed by DSP and meet the eligibility criteria for admission into the licensed home.

The maximum respite allowed per recipient is four (4) weeks annually.

8.2.31 School Supplies Supplement

Recipients with dependent children between the ages of 5 and 20 (inclusive) and attending elementary, junior high, or senior high school are eligible for an annual school supplies supplement. An amount of \$80 for each child between the ages of 5 - 12 and \$160 for each child between the ages of 13 - 18 will be included in the eligibility amount for the month of September. The eligibility for the School Supplies Supplement will be based on the age of the child as of December 31st.

A dependent child who is under the age of 13 and is attending junior high school can receive an additional \$80 for school supplies when a recipient confirms enrollment.

Recipients with dependent children age 19 and 20 who are attending high school will be eligible for an annual school supplies supplement of \$160. A manual assessment is required by a caseworker to determine eligibility for dependents who are 19 or 20 years old.

Documentation to confirm enrollment is required when requested.

8.2.32 Security/Damage Deposits

An applicant or recipient may be eligible for assistance for a security/damage deposit, under the following circumstances:

1. there are health and safety concerns; or
2. a move can be made into more economical accommodations.

To determine eligibility for a security/damage deposit, an applicant or recipient must provide confirmation of the rental amount and security/damage deposit amount.

Only one (1) security deposit will be paid on behalf of an applicant or recipient, and will be the lesser of half (1/2) the actual rent amount or half (1/2) of the applicable Standard Household Rate amount.

Security deposits will not be provided in circumstances where the caseworker determines the cost of the accommodations will cause hardship to the client and where the case plan includes a recommendation to the recipient to find more affordable accommodations.

If the recipient is required to move to alternative accommodations due to health and safety reasons and there is a request for a subsequent security/damage deposit, the overpayment provisions under [Policy 8.1.3 – Overpayments Related to Special Needs](#) may apply.

8.2.33 Special Clothing

An applicant, recipient or dependent child may be eligible for a special clothing allotment under the following circumstances:

1. special clothing necessary because of a medical condition (e.g., mastectomy) and/or disability;

2. emergency situations (e.g., house fire); and
3. it has been confirmed that funding is not available through the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.

The Special Clothing Policy does not include footwear for orthotics, which are outlined under [Policy 8.2.24 – Orthotics](#).

8.2.34 Special Diet

An applicant or recipient may be eligible for up to \$150 per month when an applicant, recipient or dependent child has a medical condition that requires additional nutritional supports.

Medical documentation to support the special diet request can be accepted from a medical doctor, nurse practitioner or registered dietitian and is required prior to the approval of a special diet allowance. The medical documentation is to include information regarding the diagnosis, reason for the special diet, the type of special diet required, and the time frame the special diet is required. The approved allowances are outlined in [Policy 8.3.3 – Special Diet Rate Schedule](#).

If more than one (1) special diet is approved, the special diet allowances will be combined up to the maximum of \$150 per month per person.

The special diet will be reviewed when the time frame indicated by the medical professional has expired or at an annual review. Updated medical documentation is not required when the previous medical documentation indicates there is a chronic or permanent medical condition, such as diabetes, and there is an ongoing need for the special diet.

New or updated medical documentation is only required if:

1. the recipient advises there is a change in the reason for or type of special diet; or
2. the special diet time frame has expired, and the recipient advises it is still required.

8.2.35 Telephone for Health and Safety Reasons

An applicant or recipient may be eligible for assistance for basic telephone service, where a telephone is required for medical or personal safety reasons. Connection charges and deposits will not normally be paid by the Department.

The expense of special telephone equipment may be considered, when a medical condition prevents an applicant or recipient from using basic equipment, and assistance is not available from other sources (e.g., volunteer organizations).

Documentation of need from relevant professionals (medical or otherwise) must be provided by an applicant or recipient.

8.2.36 Transportation

An applicant or recipient may be eligible for transportation assistance:

1. in instances where the health and safety of an applicant, recipient or dependent child would be jeopardized;
2. when the transportation is required for a recipient to participate in employment, training, upgrading, volunteer activity, job search, attendance at Employment Services and any other activity deemed appropriate as part of the employment plan; and/or
3. where a recipient with significant mental, physical or cognitive barriers is participating in an approved learning, volunteer or day program.

A recipient will be allowed the actual cost, up to a maximum total of \$150 per month based on the most economical and efficient means of transportation.

Chapter 8: Special Needs	
Section: 8.3 Special Needs Schedules	Issue Date: August 1, 2001
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Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 13: Other feasible sources of income or assets Section 18: Calculating eligibility amount Section 19: Eligibility amount modified by supervisor Section 20: Total assistance payable Section 54: Special needs defined Section 56: Request for assistance for item of special need Section 57: Assistance for special needs Section 58: Amount of special needs assistance determined Section 60: Assistance for special need essential for health Section 61: Special needs for recipients before August 8, 2011 Section 62: Pharmacare assistance Section 63: Extended pharmacare for recipients as of December 14, 2014 Section 64: Transitional pharmacare recipients

Policy

8.3.1 Special Needs Schedule

Specific criteria regarding each special need item/service are contained within [Policy 8.2 - Special Needs Items](#).

Items of Special Need	Approval Criteria
Ambulance (Policy 8.2.1)	<ul style="list-style-type: none"> • for emergency use only. Not approved for non-emergency transportation • the approved rate set by the Department of Health and Wellness for emergency transportation
Arrears – Mortgage Payments or Rent (Policy 8.2.2(a))	<ul style="list-style-type: none"> • one time only, the minimum amount required to avoid foreclosure on the family home or eviction, with supervisor approval
Arrears – Property Tax (Policy 8.2.2(b))	<ul style="list-style-type: none"> • one time only, the minimum amount required to avoid foreclosure on the family home, with supervisor approval
Arrears – Utility (Policy 8.2.2(c))	<ul style="list-style-type: none"> • minimum amount required to avoid interruption or disconnection of service, with supervisor approval
Car Seats and Booster Seats (Policy 8.2.3) (in accordance with Provincial legislation)	<ul style="list-style-type: none"> • new car/booster seats that are the most economical and are Canadian Standards Association (CSA) approved
Child Care (Policy 8.2.4)	<ul style="list-style-type: none"> • up to a maximum of \$400 per month for a family
Dental Expenses (Policy 8.2.5)	<ul style="list-style-type: none"> • Policy 8.3.4 - Dental Fee Guide
Disability Supplement (Policy 8.2.6)	<ul style="list-style-type: none"> • \$308 per month for each family member who has a disability or chronic medical condition that prevents employment for at least 12 consecutive months.

Items of Special Need	Approval Criteria
Emergency Heat (Policy 8.2.7)	<ul style="list-style-type: none"> • minimum amount required to address the immediate need, with supervisor approval
Employability Related Special Needs (Policy 8.2.8) <ul style="list-style-type: none"> • approved personal development supports (examples include but not limited to, assertiveness training, self-esteem programs, anger management, career development, individual counseling not available through MSI) • association/professional/licensing dues • books, supplies and deposits/seat confirmation deposits (examples are but not limited to, books and supplies for non-student loan eligible programs) • equipment and supports related to disability where not available through other programs (examples include, but not limited to, job coaching, tutoring, ergonomic supports, Obus Forms, special chairs and technical aids) • other employment related expenses • payment of fees that are directly related to a return to employment (examples include but are not limited to, driver's licenses, criminal record check, driver's abstract, child abuse registry check, medicals, criminal record/pardon applications, fines) 	<ul style="list-style-type: none"> • up to a maximum of \$300 per activity/program to a maximum of \$600 in a twelve (12) month period • up to a maximum of \$500 in a twelve (12) month period • up to a maximum of \$700 in a twelve (12) month period • up to a maximum of \$1000 in a twelve (12) month period • up to a maximum of \$500 in a twelve (12) month period • up to a maximum of \$200 in a twelve (12) month period (criminal records pardon applications may exceed this amount).

Items of Special Need	Approval Criteria
<ul style="list-style-type: none"> • personal hygiene and grooming supplies • professional assessments that may be required to develop an appropriate employability plan that are not provided by the Department • safety equipment and gear (examples include but are not limited to, hard hat, work boots, ear protectors, eye protectors, safety harnesses, safety gloves, masks, helmets, face shields) • specific short-term skills training (examples include but are not limited to, computer literacy, GED, upgrading, professional refresher programs, continuing education programs) • tools (examples include but are not limited to, mechanics tools, carpentry tools, electronic tools, ladders, tool belts) • training related clothing (examples include but are not limited to, uniforms or specialized clothing required for the program) • work related clothing (examples include but are not limited to, uniforms, rain gear, coveralls, office appropriate attire) • work related courses (examples include but are not limited to, First Aid, WHMIS, CPR, traffic control, non-violent crisis intervention) 	<ul style="list-style-type: none"> • up to a maximum of \$50 every four (4) months • up to a maximum of \$1,000 in a twelve (12) month period • up to a maximum of \$300 in a twelve (12) month period • up to a maximum of \$500 per course • up to maximum of \$500 in a twenty-four (24) month period • up to a maximum of \$200 in a twelve (12) month period • up to a maximum of \$200 in a twelve (12) month period • up to a maximum of \$200 per course
<p>Extermination Services (Policy 8.2.9)</p>	<ul style="list-style-type: none"> • most economical option with supervisor approval

Items of Special Need	Approval Criteria
Fire/Liability Insurance for Homeowners (Policy 8.2.10)	<ul style="list-style-type: none"> • 1/12 of the total yearly premium for every month of eligibility for ESIA
Food, Shelter and/or Transportation for Medical Attention (Policy 8.2.11) that is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.	<ul style="list-style-type: none"> • most economical option with supervisor approval
Foot Care (Policy 8.2.12) that is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.	<ul style="list-style-type: none"> • up to a maximum of \$180 in a twelve (12) month period, with supervisor approval
Funerals (Policy 8.2.13) <ul style="list-style-type: none"> • opening and closing of grave, grave lot, clothing • professional services and cremation urn or casket • mileage 	<ul style="list-style-type: none"> • up to a maximum of \$1,100 • up to a maximum of \$2,700 • up to a maximum of \$0.60 per kilometer
Furniture (Policy 8.2.14) <ul style="list-style-type: none"> • bed • crib • mattress (including box spring) • refrigerator • stove • table/chairs 	<ul style="list-style-type: none"> • up to maximum of \$100 • new cribs that are the most economical and are Canadian Standards Approved (CSA) approved • up to a maximum of \$100 • up to a maximum of \$200 • up to a maximum of \$150 • up to a maximum of \$125

Items of Special Need	Approval Criteria
<ul style="list-style-type: none"> washing machines 	<ul style="list-style-type: none"> up to a maximum of \$200 <p>Stated amounts are plus tax when applicable</p> <p>Where all other all other options for delivery have been exhausted, supervisor may approve delivery fees in addition to stated amounts.</p>
<p>Guide / Service Dog Allowance (Policy 8.2.15)</p> <p>The guide dog allowance is for food and routine care expenses such as, but not limited to, grooming, teeth cleaning, toenail clipping, leashes, and incidentals.</p> <p>Routine veterinary expenses include checkups, vaccinations, flea and heartworm treatments.</p>	<ul style="list-style-type: none"> \$90 per month maximum up to a maximum of \$300 per twelve (12) month period
<p>Hearing Aids (Policy 8.2.16) that are not provided/ funded by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.</p>	<ul style="list-style-type: none"> most economical option with supervisor approval
<p>House Repairs (Policy 8.2.17) (recipients who have been in receipt of ESIA for six (6) months or longer) Assistance will only be considered when repairs are essential for the health and safety of the recipient and/or any dependent child, and where alternative funding or financing is not available.</p>	<ul style="list-style-type: none"> most economical option with supervisor approval
<p>Maternal Nutritional Allowance (Policy 8.2.18)</p>	<ul style="list-style-type: none"> \$51 when notified of a pregnancy or birth of a child and up to twelve (12) full months after the birth of the child

Items of Special Need	Approval Criteria
<p>Medical Equipment (Policy 8.2.19) (examples include but are not limited to, prosthetics appliances and personal alert systems) that is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.</p>	<ul style="list-style-type: none"> • most economical option (including monthly rental/purchase) • does not include dental equipment/ prosthesis (for dental refer to Policy 8.3.4 - Dental Fee Guide)
<p>Medical – Essential Treatments (Policy 8.2.20) Items and services that may be considered are medical treatments prescribed for medical purposes that are not covered by MSI or otherwise funded by Government. Such treatments include, but are not limited to, massage therapy, acupuncture, and chiropractic and periodontal. Treatments that are insured by the provincial health services program or otherwise provided by Government (examples include but are not limited to physiotherapy, speech therapy and prescription drugs) cannot be approved by the ESIA program.</p>	<ul style="list-style-type: none"> • To be considered, medical assessments must establish that there is a properly diagnosed disease, injury, disability or other serious health issue, and there is adequate information that the prescribed treatment is appropriate and effective in terms of medical efficacy and health outcomes and can be provided at reasonable cost
<p>Medical Supplies (Policy 8.2.21) (examples include but are not limited to, incontinent supplies, ostomy supplies, and dressings) that are not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations.</p>	<ul style="list-style-type: none"> • most economical option • soaps and cleaning supplies are not funded as an item of special need
<p>Moving Expenses - Within Region (Policy 8.2.22)</p>	<ul style="list-style-type: none"> • up to a maximum of \$200
<p>Optical Care (Policy 8.2.23)</p> <ul style="list-style-type: none"> • single vision glasses 	<ul style="list-style-type: none"> • up to a maximum of \$120 once every two (2) years

Items of Special Need	Approval Criteria
<ul style="list-style-type: none"> • bifocal glasses • eye exams 	<ul style="list-style-type: none"> • up to a maximum of \$145 once every two (2) years • up to a maximum of \$64 once every two (2) years
<p>Orthotics (Policy 8.2.24)</p>	<ul style="list-style-type: none"> • up to a maximum of \$300 once in a twenty-four (24) month period for orthotic inserts or customized footwear • up to a maximum of \$130 once in a twelve (12) month period for off-the-shelf footwear and/or shoe modifications
<p>Over the Counter Non-Prescription Medications (Policy 8.2.25) Only those non-prescription medications authorized by a medical doctor or registered dietician can be considered.</p>	<ul style="list-style-type: none"> • herbal medications are not funded as an item of special need • soaps and cleaning supplies are not funded as an item of special need
<p>Personal Development (Policy 8.2.26) (examples included but not limited to, assertiveness training, self-esteem programs, anger management, career development, individual counseling) not available through MSI, private insurances and/or privately/publicly funded organizations.</p>	<ul style="list-style-type: none"> • up to a maximum of \$300 per activity/program to a maximum of \$600 in a twelve (12) month period • personal development activities ordered or required by other agencies, departments or court system are not approved items/services of special need
<p>Pharmacare (Policy 8.2.27(a))</p>	<ul style="list-style-type: none"> • in accordance with the Nova Scotia Formulary only
<p>Prescription Drug Coverage (Policy 8.2.28)</p>	<ul style="list-style-type: none"> • in accordance with the Nova Scotia Formulary only
<p>Relocation Out of Region/Province (Policy 8.2.29)</p>	<ul style="list-style-type: none"> • most economical and subject to approval in accordance with

Items of Special Need	Approval Criteria
	specific criteria and supervisory approval
Residential Respite (Policy 8.2.30)	<ul style="list-style-type: none"> • maximum four (4) weeks annually
School Supplies Supplement (Policy 8.2.31): <ul style="list-style-type: none"> • children ages 5 - 12 years old • children ages 13 - 18 years old • dependent children ages 19 - 20 in high school 	<ul style="list-style-type: none"> • \$80 per school year • \$160 per school year • \$160 per school year
Security/Damage Deposits (Policy 8.2.32)	<ul style="list-style-type: none"> • Lesser of half (1/2) the actual rent amount, or half (1/2) of the Standard Household Rate amount for the household composition
Special Clothing (Policy 8.2.33) that is not covered by the provincial insured health services (MSI), private insurances and/or privately/publicly funded organizations such as, but not limited to, mastectomy clothing, shoes for orthotics.	<ul style="list-style-type: none"> • most economical and subject to specific criteria
Special Diet (Policy 8.2.34)	<ul style="list-style-type: none"> • up to a maximum of \$150 per month as outlined in Policy 8.3.3 – Special Diet Rate Schedule
Telephone for Health and Safety Reasons (Policy 8.2.35)	<ul style="list-style-type: none"> • the minimum monthly basic service charge • may approve purchase of special telephone equipment one (1) time only, when required, based on most economical option
Transportation (Policy 8.2.36) for medical and employment related	<ul style="list-style-type: none"> • up to a maximum of \$150 per month per recipient

8.3.2 Authority Levels

Approval of the cost of a special needs item, including the cost of all items that may be associated with the special needs item, must comply with the following authority levels. Any item or service of special need that has an amount specifically listed in *Policy* must be adhered to by a caseworker.

Authority	Special Needs Items Specified in Policy Without a Specific Approval Amount
Caseworker	up to a maximum of \$200
Casework Supervisor	up to a maximum of \$1,500
Specialist	up to \$5,000 (Up to a maximum of \$15,000 for wheelchairs)
Director, Income Assistance	\$5,000 and over

8.3.3 Special Diet Rate Schedule

A medical doctor, pediatrician; nurse practitioner or registered dietician/nutritionist is required to confirm:

1. medical diagnosis/condition(s) that requires the special diet(s);
2. explanation of specific dietary requirements and how the special diet(s) is/are relative to the diagnosis(s) and any underlying medical condition(s);
3. the estimated duration of the need for special diet(s) if not for a permanent medical condition that is not expected to change.

A referral to a registered dietician/nutritionist assists in determining the specific dietary requirements and provides advice and counselling about diet, food and nutrition. However, special diet documentation does not have to be from a dietician or nutritionist if the medical professional (physician, pediatrician, nurse practitioner) provides the required information.

Where there is eligibility for more than one (1) special diet, the special diet allowances will be added together up to the maximum of \$150 per month per applicant or recipient and dependent child.

When a request for a special diet has the same dietary requirements (e.g., Low Fat), the approved amount will be issued once.

Special Diet	Approved Amounts
Cardiovascular Disease Low Salt	\$27
Celiac Disease/Gluten Allergy/Wheat Allergy	\$30. Based on specific dietary requirements with supporting medical documentation, can approve a higher amount up to a maximum.
Chronic Constipation/ High Fibre Requirements High Fibre	\$27
Crohn's Disease/Ulcerative Colitis High Calorie/High Protein	\$66
Chronic Fatigue/Fibromyalgia High Fibre/Low Fat	\$54
Cystic Fibrosis	\$133. Based on specific dietary requirements with supporting medical documentation, can approve a higher amount up to a maximum.
Diabetes 1,000 and under kcalories 1,001 – 1,200 kcalories 1,201 – 1,500 kcalories 1,501 – 1,800 kcalories 1,801 – 2,000 kcalories 2,001 – 2,200 kcalories 2,201 – 2,400 kcalories 2,401 – 2,600 kcalories 2,601 – 2,800 kcalories 2,801 – 3,000 kcalories above 3,000 kcalories	No additional funds No additional funds \$5 \$18 \$26 \$34 \$42 \$51 \$60 \$68 \$8 for each additional 200 kcalories
Dialysis	\$27 plus a supplement of Nepro or Supplena purchased through a hospital.

Food Allergy - Milk/Dairy or Lactose Intolerance Less than 2 years of age see Infant Formulas	\$30. Based on specific dietary requirements with supporting medical documentation, can approve a higher amount up to a maximum.
Gastric/Ulcer or Bland Diets	No additional funds as treatment is based on eliminating the foods that cause distress.
Gastroplasty Surgical treatment plan	Actual amount, up to a maximum of \$150.
Hepatitis C Low Fat	\$27
Prescribed for medical condition that is not otherwise prescribed in the schedule where there has been extensive weight loss High Calorie/High Protein	\$66
HIV/AIDS – High Protein/High Calorie 3,000 kcalories 3,250 kcalories 3,500 kcalories	 \$66 \$88 \$101
Hyperlipidemia/ Dyslipidemia: Low Fat	\$27
Hypertension: Low Salt/Low Fat/High Fibre	\$81
Infant Formulas Soy Formula (includes Isomil, Prosobee) Lactose Free Formula Hypo- allergenic Formula	\$35 \$28 \$144 Pregestimil (powder) \$144 Alimentum (ready to feed) \$121 Nutramigen

	Note: This amount will gradually be reduced as the child begins eating solid foods
Oral Nutritional Replacements Failure to Thrive No Solid Food/Tube Feeding Some Solid Food	Actual amount, up to a maximum of \$150. This amount will be gradually reduced as the recipient begins eating solid food. Note: Must be paid through purchase order.
Paraplegic Diet	\$36.50
Reducing Diets For purposes of weight loss	No additional funds

8.3.4 Dental Fee Guide

RATES SCHEDULE

Procedure Code	Description	General Practitioner Fee	Specialist Fee
Diagnostic			
01205	Emergency Oral Examination	\$48.80	80.84
02111	Radiographs - Single Film	\$15.20	\$32.40
02112	Radiographs - Two Films	\$20.80	\$39.60
02131	Occlusal Radiograph - Single Film	\$25.60	\$32.00
Scaling			
11111	Scaling - one unit	\$38.64	\$74.40
11112	Scaling - two units	\$77.28	\$148.80
11113	Scaling - three units	\$115.92	\$223.20
11114	Scaling - four units	\$154.56	\$297.60
11117	Scaling - half unit	\$19.36	\$37.60
Caries/Trauma/Pain Control			
20111	Caries/Trauma/Pain Control first tooth	\$98.40	\$107.52
20119	each additional tooth (same quadrant)	\$98.40	\$107.52
20131	Smoothing of Fractured Surfaces first tooth	\$40.80	\$40.80

20139	each additional tooth (same quadrant)	\$40.80	\$40.80
Amalgam Restorations (Non-Bonded Technique)			
Permanent Anterior and Premolars			
21211	one surface	\$117.60	\$117.60
21212	two surfaces	\$148.80	\$148.80
21213	three surfaces	\$180.80	\$180.80
21214	four surfaces	\$200.80	\$222.08
21215	five surfaces or maximum surfaces per tooth	\$264.00	\$264.00
Permanent Molars			
21221	one surface	\$122.40	\$133.76
21222	two surfaces	\$155.20	\$167.04
21223	three surfaces	\$188.80	\$200.96
21224	four surfaces	\$209.60	\$256.00
21225	five surfaces or maximum surfaces per tooth	\$275.20	\$275.20
Amalgam Restorations (Bonded Technique)			
Paid at rate of non-bonded amalgam restorations			
Permanent Anterior and Premolars			
21231	one surface	\$117.60	\$117.60
21232	two surfaces	\$148.80	\$148.80
21233	three surfaces	\$180.80	\$180.80
21234	four surfaces	\$200.80	\$232.32
21235	five surfaces or maximum surfaces per tooth	\$264.00	\$264.00
Permanent Molars			
21241	one surface	\$122.40	\$133.76
21242	two surfaces	\$155.20	\$167.04
21243	three surfaces	\$180.80	\$200.96
21244	four surfaces	\$209.60	\$266.88
21245	five surfaces	\$275.20	\$282.24
Retentive Pins			
21401	one pin	\$24.00	\$32.80
21402	two pins	\$37.60	\$56.00
21403	three pins	\$51.20	\$70.40
21404	four pins	\$64.80	\$91.20
21405	five pins	\$79.20	\$104.80
Tooth Coloured Restorations			
Permanent Anteriors			
23111	one surface	\$109.60	\$111.36
23112	two surfaces	\$139.20	\$154.88

23113	three surfaces	\$168.20	\$185.60
23114	four surfaces	\$198.40	\$240.64
23115	five surfaces or maximum surfaces per tooth	\$260.80	\$309.60
Permanent Premolars			
23311	one surface	\$130.40	\$135.68
23312	two surfaces	\$165.60	\$169.60
23313	three surfaces	\$200.80	\$216.80
23314	four surfaces	\$236.00	\$255.36
23315	five surfaces or maximum surfaces per tooth	\$310.40	\$310.40
Tooth-Coloured Restorations Permanent Molars			
Permanent Molars			
23321	one surface	\$136.00	\$148.48
23322	two surfaces	\$172.80	\$185.60
23323	three surfaces	\$209.60	\$223.36
23324	four surfaces	\$246.40	\$279.04
23325	five surfaces	\$324.00	\$332.00
25754	Anterior Teeth only-with composite core + pins, where applicable	\$261.60 + Materials	\$382.72 + Materials
Endodontics			
32221	Pulpotomy - permanent anterior and premolars (excluding final restoration)	\$112.80	\$152.00
33111	Root Canals, Permanent Anteriors- one canal	\$356.00	\$591.12
Prosthodontics - Removable			
Complete Dentures, Standard			
51101	Maxillary	\$665.60 + LAB	
51102	Mandibular	\$802.40 + LAB	
Dentures, Surgical, Standard (Immediate)			
51301	Maxillary	\$797.60 + LAB	
51302	Mandibular	\$872.00 + LAB	
Dentures, Partial, Acrylic Base (Immediate)			
52111	Maxillary	\$501.60 + LAB	
52112	Mandibular	\$501.60 + LAB	
Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests			
Partial Dentures (Acrylic)			
52301	Maxillary	\$501.60 + LAB	
52302	Mandibular	\$501.60 + LAB	
Dentures, Repairs (Three Months After Insertion)			

55101	Repairs, Complete Denture No Impression Required Maxillary	\$53.60 + LAB	
55102	Mandibular	\$53.60 + LAB	
55201	Repairs, Complete Denture Impression Required Maxillary	\$95.20 + LAB	
55202	Mandibular	\$95.20 + LAB	
55301	Repairs, Partial Denture No Impression Required Maxillary	\$53.60 + LAB	
55302	Mandibular	\$53.60 + LAB	
55401	Repairs, Partial Denture Impression Required Maxillary	\$132.00 + LAB	
55402	Mandibular	\$132.00 + LAB	
Dentures Relines and Rebases			
Only one reline or rebase will be covered per arch per two-year period. Relines and rebases are not covered within 6 months of the date of insertion of a new denture.			
56211	Reline, Complete Denture Maxillary	\$229.60	
56212	Mandibular	\$229.60	
56221	Reline, Partial Denture Maxillary	\$195.20	
56222	Mandibular	\$201.60	
56231	Reline, Complete Denture (Processed) Maxillary	\$308.80 + LAB	
56232	Mandibular	\$317.60 + LAB	
56241	Reline, Partial Denture (Processed) Maxillary	\$279.20 + LAB	
56242	Mandibular	\$308.80 + LAB	
56311	Rebase, Complete Denture Maxillary	\$306.40 + LAB	
56312	Mandibular	\$355.20 + LAB	
56321	Rebase, Partial Denture Maxillary	\$280.80 + LAB	
56322	Mandibular	\$296.00 + LAB	
Dentures, Therapeutic Tissue Conditioning			
56511	Complete Denture Maxillary	\$118.40	
56512	Mandibular	\$118.40	

56521	Partial Denture Maxillary	\$118.40	
56522	Mandibular	\$118.40	
Oral Surgery			
01601	Surgical Consultation (Payable only with a referral from a Medical Doctor or a General Dentist)		\$130.00
Panoramic Radiograph Payable only if rendered by an Oral Surgeon. Limited to one film per five-year period. Not payable for orthodontic reasons.			
02601	Single Film	\$54.40	\$68.00
71101	Surgical Removal of Erupted teeth: single tooth, uncomplicated	\$116.80	\$139.49
71109	each additional in same quadrant, same appointment	\$88.00	\$88.00
71201	complicated, requiring surgical flap	\$219.20	\$268.56
71209	each additional in same quadrant, same appointment	\$164.80	\$224.00
Removal, Impacted Teeth Payable only as part of a prior-approved treatment plan.			
72111	single tooth	\$212.80	\$279.36
72119	each additional tooth, same quadrant	\$159.20	\$224.00
Removal, Residual Roots, Erupted			
72311	first tooth	\$89.60	\$123.12
72319	each additional tooth, same quadrant	\$67.20	\$92.00
Removal, Residual Roots, Soft Tissue Coverage			
72321	first tooth	\$162.40	\$215.87
72329	each additional tooth, same quadrant	\$121.60	\$177.60
Removal, Residual Roots, Bone Tissue Coverage			
72331	first tooth	\$321.60	\$321.60
72339	each additional tooth, same quadrant	\$241.60	\$244.00
Alveoloplasty			
73121	Per Sextant (Requires pre-approval)	\$189.60	\$190.40
Gingivoplasty			
73211	Per Sextant	\$80.00	\$261.36
Sedation (Requires pre-approval)			
92431	One Unit of Time	\$69.85	\$87.31
92432	Two Units of Time	\$138.00	\$172.50

ESIA Denturist Rates Schedule

Applicants may be eligible for assistance to cover the cost of dentures when recommended by a physician or a dentist. Dentures must be obtained by the most economical means. If dentures are provided by a denturist, then the denturist must be licensed in the Province of Nova Scotia to do so.

Procedure Code	Description	Fee
Diagnostic		
10010	General Oral Examination	\$96.00
10020	Limited Exam New Patient (Emergency or Specific)	\$61.60
10030	Limited Exam Previous Patient (Recall, Emergency, and Specific)	\$61.60
Dentures		
31310	Complete Standard Maxillary Denture	\$722.50 + LAB
31320	Complete Standard Mandibular Denture	\$787.40 + LAB
Complete Denture(s) Immediate/Surgical		
31311	Complete Maxillary	\$801.90 + LAB
31321	Complete Mandibular	\$895.10 + LAB
Dentures, Reline, Processed, Complete Denture		
32110	Maxillary	\$200.50 + LAB
32120	Mandibular	\$220.80 + LAB
Relines, Chairside Softlining		
Payable only as part of a prior-approved treatment plan.		
32318	Complete Maxillary	\$189.90 + LAB
32328	Complete Mandibular	\$220.80 + LAB
Denture, Rebase, Processed		
33117	Maxillary	\$321.10 + LAB
33127	Mandibular	\$331.20 + LAB
Denture Repairs		
36110	Complete Maxillary Repair - No Impression	\$66.50 + LAB
36120	Complete Mandibular Repair - No Impression	\$66.50 + LAB
36210	Complete Maxillary Repair - with Impression	\$97.00 + LAB
36220	Complete Mandibular Repair - with impression	\$97.00 + LAB
ARM fees need to be billed separately using the procedure codes below. Not as a LAB.		
Additional Repair Material (ARM)		
71309	Matrix – Lab Produced – No Impression	\$21.60
71310	Repair Model/Lab Produced – No Impression	\$21.60

71311	Opposing Model – With Impression	\$51.20
71313	Additional Tooth – Per Tooth	\$32.80
71314	Multiple Fractures – Per Denture	\$36.80
71315	Additional Flange – Per Denture	\$73.60
Tissue Conditioning, Complete Denture		
Tissue conditioning is limited to two (2) services per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue reconditioning can only be provided to the standard dentures.		
37110	Maxillary	\$73.60
37120	Mandibular	\$73.60
Partial Dentures Acrylic Base - With Clasp		
41610	Partial Maxillary	\$616.40 + LAB
41620	Partial Mandibular	\$708.60 + Lab
Partial Denture(s) – Reinforced – Free-end or Toothborne		
41145	Partial Maxillary	\$616.40 + LAB
41146	Partial Mandibular	\$708.60 + LAB
Partial Dentures Acrylic Base - Without Clasps		
41612	Partial Maxillary	\$515.60 + LAB
41622	Partial Mandibular	\$600.90 + LAB
Partial Denture(s) Acrylic Base - Immediate with Clasps		
41611	Partial Maxillary	\$615.30 + LAB
41621	Partial Mandibular	\$725.20 + LAB
Partial Denture(s) Acrylic Base Immediate/Surgical Without Clasps		
41613	Partial Maxillary	\$554.20 + LAB
41623	Partial Mandibular	\$664.60 + LAB
Relines, Processed		
42116	Partial Maxillary	\$210.10 + LAB
42126	Partial Mandibular	\$224.40 + LAB
RELINES - Payable Only As Part Of A Prior-Approved Treatment Plan		
Payable only as part of a prior-approved treatment plan.		
42318	Partial Maxillary	\$205.30 + LAB
42328	Partial Mandibular	\$220.80 + LAB
Rebase, Processed		
43116	Partial Maxillary	\$251.90 + LAB
43126	Partial Mandibular	\$273.400 + LAB
Repairs		
46110	Partial Maxillary - No Impression	\$66.50 + LAB
46120	Partial Mandibular - No Impression	\$66.50 + LAB
46210	Partial Maxillary - with Impression	\$97.00+ LAB
46220	Partial Mandibular - with Impression	\$97.00+ LAB

Tissue Conditioning, Partial Denture

Tissue conditioning is limited to two (2) services per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue reconditioning can only be provided to the standard dentures.

47110	Partial Maxillary	\$73.60
47120	Partial Mandibular	\$73.60

Cross Reference(s):

- [Policy 8.2.5 - Dental](#)

Chapter 9: Prevention and Detection	
Section: 9.1 Eligibility Review	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: February 22, 2021

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	Section 4(2): Supervision and management Section 19(1-5): Offences
<u>ESIA Regulations</u>	Section 2: Definitions

Policy

9.1.1 Early Detection and Prevention

When there are eligibility concerns identified at intake that require additional assessment, an Early Detection and Prevention (EDP) review may be performed.

An EDP review may be required, for example, when an applicant is unable to show any source of income for three (3) months prior to making application for IA, or when an applicant has previously become ineligible due to non-disclosure or misrepresentation of information.

EDP reviews may require the completion of additional third-party background checks, as well as interviews with an applicant or other sources based on the signed consents.

All program forms and available required information and documentation must be completed prior to submitting a referral to EDP for a review.

An EDP review will be completed within two (2) to five (5) business days from the referral date. Where the EDP review discovers eligibility concerns and additional investigation is required that cannot be completed within the EDP timeframe, eligibility for assistance will be determined and the case referred for continued review under the Eligibility Review (ER) program as outlined in [Policy 9.1.2 – Eligibility Review](#).

If through the EDP or ER process it is determined there was no eligibility for some or all of the assistance provided, assistance may be reduced or discontinued, and an overpayment may be applied.

9.1.2 Eligibility Review

When staff become aware of information that may impact a recipient's eligibility for Employment Support and Income Assistance (ESIA), the case may be referred to Eligibility Review (ER).

Recipients may be referred to the ER program when there is suspicion of:

1. undisclosed cohabitation, income, or assets;
2. inaccurately reported expenses, living situations, or family situations; and/or
3. any other misrepresentation that may affect eligibility for assistance.

Chapter 10: Issuing Income Assistance	
Section: 10.1 Issuing Income Assistance	Issue Date: August 1, 2001
Page 1 of 8	Revised Date: November 9, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 22: Money payments of assistance Section 23: Assistance paid to trustee

Policy

10.1.1 Payment Frequency

Monthly

Employment Support and Income Assistance (ESIA) payments are issued monthly unless a recipient chooses the mid-monthly payment option. When a recipient is not eligible for a full month of assistance, the payment is prorated based on the number of days a recipient is eligible in that month.

Mid-Monthly

A recipient has the option of receiving the monthly eligibility amount in two payments, the initial payment and a mid-monthly payment.

To be eligible for mid-monthly payments a recipient must:

1. be on direct deposit;
2. have a minimum of \$100 monthly payment (after any disbursements or overpayment recovery amounts). Each payment, the initial payment and the mid-monthly payments, must be at least \$50; and
3. not be an organization/service provider trustee. Mid-monthly is available for individual trustees such as a parent.

As part of case planning, a caseworker will assess if this option is practical for a recipient. A caseworker will review this option with an applicant or recipient at initial eligibility, and at any time as part of on-going case management.

Ad-hoc

Ad-hoc payments are issued between regular monthly payments when it is necessary to correct an amount already issued, to issue additional funds, or to issue one-time payments that are not included in the regular monthly payment. These payments can be made using a cheque or direct deposit.

10.1.2 Payment Methods – Issuing Payments Directly to Recipients

ESIA payments are issued directly to recipients using direct deposit or cheque.

Payments issued by cheque are sent through regular mail service. Direct deposit payments are recommended to ensure payments are received in a timely manner. A Direct Deposit Form is required to be completed to have payments deposited directly into a recipient's bank account. A new Direct Deposit Form is required when there is a change to a bank account.

A recipient is responsible for the following:

1. payment of any applicable bank charges;
2. payment of any fees associated with overdrawn accounts;
3. payment of any fees associated with cashing a cheque; and,
4. completion of applicable authorization forms.

10.1.3 Payment Methods – Issuing Payments to Third Parties

Direct payments may be made to third parties such as trustees, vendors and/or suppliers. These types of payments can be made by:

1. **Cheque or direct deposit** – when payments are issued directly to a trustee or vendor when it has been established that a recipient is unable to manage their funds as outlined in [Policy 10.1.4 – Administration of Recipient's Funds](#) or there is a trustee as outlined in [Policy 10.2.1 – Appointment of Trustee](#).
2. **Requisition/Purchase Order** – when payments are made by a caseworker based on a pre-authorized requisition/purchase order that has been approved by a supervisor, where necessary. Examples of when

requisitions/purchase orders may be used include when an emergency cheque cannot be issued, when special needs are issued, and where direct payments are needed when it has been established that a recipient is unable to manage their funds as outlined in [Policy 10.1.4 – Administration of Recipient’s Funds](#).

3. **Invoices** – when a caseworker authorizes a vendor to provide goods/services to a recipient, the vendor must submit an invoice which the caseworker authorizes for payment through the invoice/purchase order system. Funds may be issued directly to a recipient when they provide a paid invoice for goods/services that were approved by a caseworker.
4. **Multiple Billing** - when payments are made for several recipients on one bill for services rendered by a vendor following authorization by a recipient’s caseworker.

10.1.4 Administration of Recipient’s Funds

When there is a demonstrated history of financial mismanagement or inability to manage finances, joint cheques or direct payments may be used for payments to landlords and/or utilities, and/or other third parties. Joint cheques or direct payments are not to be used where the landlord is bankrupt, or a recipient’s basic assistance is less than the required payment for rent and/or utilities.

Direct payment cannot be used to partially pay rent and/or utilities unless a recipient is receiving a portion of their rent from a rent supplement.

When a recipient is incapacitated or otherwise incapable of managing financial affairs or funds have been, or are likely to be, mismanaged, a trustee will be appointed by the recipient as outlined in [Policy 10.2.1 – Appointment of Trustee](#).

If the recipient is unable to identify a trustee, the management and disbursement of a recipient’s eligibility amount may be managed by a caseworker. This may be issued through the use of third party, joint cheques and/or purchase orders. This will only be authorized in exceptional situations and must be approved by a supervisor.

In cases where a significant portion of the Standard Household Rate is allocated for direct payment, caseworkers will work with clients to discuss their financial resources, and may encourage clients to find more affordable rent to reduce risk hardship, future arrears, and housing instability.

10.1.5 Direct Payment of Rent to Provincial Housing Authorities

A recipient of ESIA (“the recipient”) living in housing provided by a provincial Housing (“the Authority”) and receives the full rent amount may request direct

payment of rent. Those who demonstrate a pattern of nonpayment of rent will have their monthly rent payment paid directly by ESIA to the Housing Authority.

1. Request by Recipient

A recipient may at any time request that their monthly rental amount be paid directly to the Authority, and such a request will be documented using a Direct Payment of Rent to Housing Authorities Agreement.

2. Recipient in Arrears of Rent

When a recipient defaults full or partial payment of their monthly rent to an Authority and the default constitutes two (2) full months of rent (either cumulative or consecutive), the Authority will send a letter, Form 01 – ‘Advice to Tenant - Rental Arrears’, to the recipient with a copy to the Income Assistance (IA) caseworker.

A caseworker will inform the recipient and discuss the following options:

1. immediate full payment of arrears by recipient;
2. completion of Direct Payment of Rent to Housing Authorities Agreement; or
3. application by the Authority to the Director of Residential Tenancies for an order of payment of money owed under the lease, termination of tenancy and vacant possession.

Rental arrears or other debts or charges which a recipient owes to the Authority, beyond the above specifically identified amounts, will remain the obligation of the recipient and ESIA will not pay any such rent arrears or related charges.

The Authority may pursue collection from the recipient in accordance with the Authority’s normal practices.

3. Recipient Pays Arrears

If the recipient pays the full arrears, the Authority will advise a caseworker that the matter has been resolved and that no further action is required.

4. Recipient has Existing Agreement with Housing Authority

If a recipient has an existing agreement to pay arrears with the Housing Authority, a recipient will not be required to enter into a direct pay agreement. If the recipient does default in full or partial payment of their

monthly rent for two (2) full months to the Authority a recipient will be requested to enter into the direct rent agreement.

5. Recipient Agrees to Direct Payment

If the ESIA recipient agrees to direct pay, a caseworker will explain the conditions of direct payment to the recipient as follows:

1. direct payment of the rent portion of ESIA to the Authority for twenty-four (24) months;
2. repayment of arrears in accordance with a schedule negotiated with the Authority;
3. agreement that if after twenty-four (24) months the recipient goes into arrears again the recipient will be placed in direct payment again and will remain on direct pay while in receipt of ESIA.

A caseworker will prepare the Direct Payment of Rent to Housing Authorities Agreement in triplicate for the recipient and the caseworker to sign. The form will then be sent to the Authority for signature with two (2) copies returned to the caseworker to be retained in the file and one (1) given to the recipient.

ESIA will only remit to the Authority the approved eligible ESIA rent amount at the beginning of each month while direct payment is being made.

6. Recipient Refuses Direct Payment

Where the recipient refuses to agree to the direct payment of rent, the Authority will review the matter and, if the Authority concludes that the tenant is in arrears of rent, the Authority will advise the recipient and the caseworker that it will immediately file a complaint in accordance with the *Residential Tenancies Act*.

ESIA will hold all eligible monthly rental payments until advised that the complaint and any appeals have been completed.

ESIA will disburse the monthly rental payments which have been held in accordance with the final disposition of the dispute.

If the final conclusion of all hearings and appeals of the dispute recommends payment of the monthly payments which have been held to the Authority, the monies will be forwarded to the Authority.

If the recipient moves out of the Authority property and into a rental unit with a private landlord before the dispute with the Authority has been resolved, ESIA will retain the eligible rental payments related to the disputed tenancy until the dispute is concluded. ESIA will provide the recipient with the eligible rent amount to which they are entitled, commencing the first (1st) month at their new location.

7. Ending Direct Rent

Direct payment will stop when:

1. the recipient is no longer receiving ESIA;
2. the recipient's assistance for basic needs is less than the monthly rent; or
3. recipient no longer resides in a property operated by the Authority.

If direct payment has been in place for twenty-four (24) consecutive months and all arrears, including any damages or other charges owed to the Authority have been paid, the recipient may make a written request to the Authority to stop direct payment. The Authority will notify the caseworker that direct payment may be discontinued effective the beginning of the month following the date of the notification.

8. Reinstatement of Direct Payment

If a recipient who has completed a period of direct payment of rent fails to make a subsequent rental payment within thirty (30) days from the date the rent was due, the Authority will request the caseworker to reinstate direct payment the month following the date of the request.

In such cases, direct payment will continue while the recipient is eligible for the full rent portion of ESIA and is living in housing provided by the Authority.

To arrange direct payment to an Authority the caseworker will:

1. receive a request for direct payment from the recipient, or written request from the Authority indicating that the recipient has missed two (2) full months of rent payments;
2. discuss the options with the recipient and document the discussion;

3. where appropriate, complete a 'Direct Payment of Rent to Housing Authorities Agreement' form to be signed by the recipient and forwarded to the Housing Authority for signature; and
4. where direct payment of rent is commenced, pay the Recipient's rent by issuing a supplier payment to the Housing Authority.

If a caseworker is advised that there is a dispute regarding arrears of rent between a recipient and the Authority, the caseworker will:

1. document the dispute and hold the eligible rental payments for the recipient until advised of the outcome; and
2. disburse the held funds in accordance with the determination by the Director of Residential Tenancies, or the Courts.

10.1.6 Non-Receipt of Income Assistance Payment

1. Non-Receipt of Income Assistance Payment via Cheque

When a recipient reports they did not receive their ESIA cheque, ESIA will verify the situation and determine if assistance will be re-issued, or if emergency assistance will be provided.

2. Non-Receipt of Income Assistance Payment via Direct Deposit - Funds Returned to Department

When a recipient reports that they have not received their monthly payment via direct deposit, and it has been verified the funds were returned to the Department, assistance may be provided to replace the funds in the form of a cheque or by direct deposit with updated direct deposit information.

3. Non-Receipt of Income Assistance Payment via Direct Deposit - Funds Deposited into the Recipient's Bank Account

When a recipient reports that they have not received their monthly payment via direct deposit, and it has been determined that the funds were deposited and received in a recipient's bank account, assistance will not be replaced.

10.1.7 Lost or Stolen Cash

When a recipient reports that the cash received from their cashed ESIA cheque or direct deposit has been lost or stolen, the cash amount lost or stolen will not be replaced.

Chapter 10: Issuing Income Assistance	
Section: 10.2 Trusteeship	Issue Date: August 1, 2001
Page 1 of 2	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	Section 10: Payment to trustee
<u>ESIA Regulations</u>	Section 2: Definitions Section 23: Assistance paid to trustee

Policy

10.2.1 Appointment of Trustee

A trustee can be appointed where a recipient is incapacitated or otherwise incapable of managing financial affairs or where funds have been, or are likely to be, mismanaged. Appointment of a trustee requires supervisor approval.

Departmental staff or a recipient’s landlord (or an immediate member of the landlord’s family) may not be appointed a trustee for a recipient. An exception will apply for an immediate family member who is a caregiver of a recipient who resides with them, and the recipient has a mental, cognitive or physical condition. Any other person or agency may be appointed a trustee.

Agreement to act as a trustee on behalf of a recipient is voluntary. A trustee will sign a Trustee Agreement form and a copy of the Trustee Agreement will be provided to a trustee and recipient. The need for a trustee will be reviewed on an annual basis.

A trustee will be advised of their responsibilities in the Trustee Agreement which include to:

1. accept the prudent administration of the income assistance payments on behalf of a recipient;
2. issue any direct payments for basic or special needs, and pay the remaining balance of the eligibility amount to a recipient within a reasonable amount of time from the date the trustee receives the monthly payment;

3. act on a recipient's behalf and without deriving any financial benefit;
4. establish a separate bank account and provide information, as requested by a caseworker, regarding the administration of monies held "in trust";
5. advise the caseworker of any change in a recipient's address they are aware of;
6. keep accurate accounting records for monies held "in trust";
7. return any money to the Minister that was received, but not paid out, on behalf of a recipient;
8. notify a caseworker if a trustee is unable to provide services to a recipient.

Acceptance of a trusteeship implies responsibility for financial management of the Employment Support and Income Assistance (ESIA) payment(s) only and there is no authority to create any obligations or responsibility on behalf of the Minister.

The Department will provide a trustee with:

1. a copy of the recipient's eligibility calculation summary and a copy of a recipient's lease, mortgage or 'Confirmation of Occupancy' form; and
2. notification of any changes to a recipient's monthly eligibility amount or eligibility

The Department will review with a trustee and a recipient any decisions to discontinue the Trustee Agreement.

An ESIA caseworker will continue to work directly with a recipient to support ongoing eligibility and case management.

Chapter 10: Issuing Income Assistance	
Section: 10.3 Transferring Cases	Issue Date: August 1, 2001
Page 1 of 1	Revised Date: August 1, 2018

Sources of Authority

Name of Legislation or Regulation	Location within Source
ESIA Regulations	ESIA Regulations Webpage
ESIA Act	ESIA Act Webpage

Policy

10.3.1 Recipient Moves - Transfer of ESIA Case Files – Region to Region

Recipients who move from region to region are required to advise their caseworker of their plan to move.

The following definitions apply when transferring ESIA cases between regions:

1. **sending office/originating office/caseworker:** The office (caseworker) that assisted the recipient prior to the move; and
2. **receiving office/caseworker:** The office (caseworker) to which the recipient is applying after their move.

Chapter 11: Employability	
Section: 11.1 Employment Action Plan Development	Issue Date: August 1, 2001
Page 1 of 3	Revised Date: August 1, 2018

Sources of Authority

Name of Legislation or Regulation	Location within Source
<i>ESIA Act</i>	
<i>ESIA Regulations</i>	Section 2: Definitions Section 13: Other feasible sources of income or assets Section 18: Calculating eligibility amount Section 41: Legitimate barrier to employment Section 42: Employability assessment Section 43: Employment plan Section 44: Participating in employment plan Section 45: Refusing to accept employment Section 46: Quitting or fired from job Section 47: Required medical examination Section 54: Special needs defined Section 57: Assistance for special needs

Policy

11.1.1 Employment Services Provided

Employment Services will be provided based on the most appropriate and cost-effective services that are available and necessary to support an approved employment action plan.

Labour market trends will be considered before approving the employment action plan. These services may include but are not limited to:

1. personal development services which facilitate progressions to self-sufficiency;
2. support for a recipient in the form of referrals to appropriate agencies which provide services that address a recipient's needs and goals;
3. job preparation and employment entry supports such as job development, resume preparation, workshops, employment referrals, placements, etc.;
4. skills development supports such as skill specific training and placements;
5. career development supports consistent with a career/life development model that promotes lifelong learning and encourages recipient ownership of the process;
6. literacy/academic upgrading programs up to and including grade 12 that meet standards recognized by the Nova Scotia Department of Education.

11.1.2 Job Search Activities and Employment Action Plan

A recipient who has been determined to be employable based on the employability screening questions will be required to participate in job search activities supported by an employment action plan. The services will be provided by the Department of Community Services (DCS) or a service provider approved by DCS.

Participation in job search activities and an employment action plan is an employment participation requirement as outlined in Policy [5.1.6 – Employment Participation Requirements](#) and Policy [5.1.7 – Refusal to Engage in Employment Participation Requirements](#).

11.1.3 Employability Activities, Employability Assessment, Education Plans and Employment Action Plans

A recipient who has been determined appropriate for participation in an employability activity, based on the employability screening questions, will be required to participate in an employability assessment and/or the completion of an employment action plan.

Participation in employability activities, an employability assessment and/or an employment action plan is a requirement for ongoing eligibility for assistance as outlined in Policy [5.1.6 – Employment Participation Requirements](#) and Policy [5.1.7: Refusal to Engage in Employment Participation Requirements](#).

An education plan must be developed as part of the employment action plan if the employability assessment determines further education is required to gain employment.

An education plan may be developed for recipient who already has education or training at a post-secondary level if the individual cannot secure a job in their current field of training.

The recipient must demonstrate one of the following:

- a. they have a disability that prevents them from working in their current field;
- b. they have completed an exhaustive job search no less than six (6) months and must provide evidence their training is no longer in demand in the current labour market.

11.1.4 File Closure – Employment Support Services

A recipient who is referred to Employment Support Services (ESS) will have a file within ESS.

The ESS file will be closed if one or more of the following circumstances exist:

1. a recipient becomes ineligible for Employment Support and Income Assistance (ESIA), except in cases where ineligibility has been caused through income generated from an ESS negotiated wage subsidy placement which requires follow up;
2. a recipient demonstrates that the ability to seek or maintain either employment or other employability enhancing activity is not feasible due to significant barriers in the areas of physical/mental health, personal, social, addiction or family issues, and these issues cannot be addressed through participation in ESS;
3. consultation with the Income Assistance caseworker indicates that closure is appropriate; and/or
4. a recipient has demonstrated verbal or physical behaviors that have been documented and determined to be inappropriate by a caseworker and a supervisor.

Chapter 11: Employability	
Section: 11.2 Approved Training/Educational Programs	Issue Date: August 1, 2001
Page 1 of 1	Revised Date: August 1, 2018

Sources of Authority

Name of Legislation or Regulation	Location within Source
ESIA Act	
ESIA Regulations	Section 2: Definitions

Policy

11.2.1 Approved Training/Educational Programs (Non Post-Secondary)

A recipient who is unable to obtain financial assistance from other sources may receive or continue to receive Employment Support and Income Assistance (ESIA) while participating in an approved training/educational program as part of an approved employment action plan. Such programs may include but are not limited to:

1. literacy/academic upgrading programs up to and including grade 12 that meet the standards recognized by the Nova Scotia Department of Education;
2. high school or adult day school;
3. short term specific skill enhancement programs (e.g., First Aid, WHMIS);
or
4. continuing education classes.

Educational costs (e.g., tuition, books, transportation, child care, and other employability related needs) are considered allowable expenses and may be provided through special needs, as outlined in [Policy 8.2.8 – Employability Related Special Needs](#), for those recipients attending non-student assistance eligible programs.

Chapter 11: Employability	
Section: 11.3 Post-Secondary Education	Issue Date: August 1, 2001
Page 1 of 5	Revised Date: August 1, 2018

Sources of Authority

Name of Legislation or Regulation	Location within Source
ESIA Act	
ESIA Regulations	Section 2: Definitions Section 65: Assistance while attending post-secondary education program

Policy

11.3.1 Ineligibility for Income Assistance and Post-Secondary Education (Student Assistance Eligible programs)

An applicant who is enrolled in, attending or returning to a post-secondary education program is not eligible for Employment Support and Income Assistance (ESIA) as they do not meet the criteria as outlined in [Policy 11.3.2 – Eligibility for Assistance and Post-Secondary Education](#).

A recipient who is enrolled in, attending or returning to a post-secondary education program is only eligible for ESIA if they meet the criteria outlined in [Policy 11.3.2 – Eligibility for Assistance and Post-Secondary Education](#), which includes having an employability assessment and an employment action plan approved by an Employment Support Services caseworker that recommends a post-secondary program.

11.3.2 Eligibility for Assistance and Post-Secondary Education (Student Assistance Eligible programs)

A recipient who meets the criteria of one of the following circumstances may be eligible to continue to receive ESIA while participating in a Post-Secondary Education program.

Circumstances:

1. is approved under the Labour Market Development Agreement. This program is for adults with vocational handicaps and is funded by

Employment and Social Development Canada in partnership with the Government of Nova Scotia; or

2. is approved under the Career Seek Pilot Project [Policy 11.3.3\(a\) – Participation in the Career Seek Program](#); or
3. was receiving Family Benefits on April 30, 2000 and commenced a post-secondary educational program prior to September 30, 2001; or
4. has an employability assessment and an approved employment action plan that recommends that a recipient attend a post-secondary education program of two (2) years or less and has been assigned a seat under a skills development program for adults funded in partnership between the Federal and Nova Scotia Governments; or
5. has been the subject of an employability assessment and an approved employment action plan that recommends that a recipient attend a post-secondary education program of two (2) years or less; has pursued other feasible sources of income but they are not available or are insufficient; has been in receipt of assistance for at least six (6) months immediately prior to attending the post-secondary educational program and is available for work when not involved in the post-secondary educational program.

As outlined in [Policy 11.3.2 – Eligibility for Assistance and Post-Secondary Education \(Student Assistance Eligible programs\)](#), ESIA will only be provided to support the completion of programs at an undergraduate level. Assistance will not be provided for the payment of tuition, school books or student fees unless the recipient has been assigned a seat under a skills development program for adults funded in partnership between the Federal and Nova Scotia Governments.

11.3.3(a) Participation in the Career Seek Program

The Career Seek program supports ESIA recipients in achieving long-term labour market attachment through university (undergraduate) level post-secondary training. To be found eligible for the Career Seek Program, a recipient must meet all of the following criteria:

1. in receipt of Income Assistance for at least six (6) months immediately prior to attending the university program or a total of twelve (12) months in the past five (5) years;
2. is unemployed and has demonstrated an exhaustive job search for six (6) months and has not been able to attach to the labour market with current skills and education.

or

has been considered underemployed for a minimum of twelve (12) consecutive months. This means the individual has been working, but still qualified for a monthly Income Assistance payment;

3. must participate or demonstrate recent participation in career exploration activities including:
 - a. Career Assessment and/or psycho educational assessment,
 - b. Extensive labour market research including employer information interviews,
 - c. Demonstrated exposure to their identified field of training (e.g., work placement, job shadowing, volunteer placement);
4. must hold an approved education plan prior to applying to the Career Seek program which supports sponsorship and includes a specific employment goal as outlined in [Policy 11.1.3 – Employability Activities, Employability Assessment, Education Plans and Employment Action Plans](#). The employment goal and education plan presented in the Career Seek application must clearly demonstrate the requested undergraduate degree is reasonably expected to result in labour market attachment upon completion;
5. must agree to participate as a full-time student – minimum of three credits per semester (consideration for part time studies is only supported in exceptional circumstances and must be approved by the Minister or designate);
6. must complete the program of study within a maximum of six (6) years. The Minister or designate may approve extensions for program completion in extenuating circumstances;
7. must demonstrate they can pay all education related costs not covered through the Career Seek program fund including: childcare; supplies and transportation through Canada Student Loan or alternative source of funding;
8. have confirmed acceptance to a university in Nova Scotia which is student loan eligible and approved by the Department of Labour and Advanced Education (exceptions may be made for Mount Allison University and Université de Moncton provided the participant is still living in Nova Scotia). Conditional acceptance may be considered when an individual has a confirmed application to university and is pending acceptance;

9. must be available for work when not attending school (i.e., summer break), and actively identify work placement opportunities in their field of study;
10. must complete the Career Seek application package.

11.3.3(b) Career Seek Program Benefits

A recipient who has been found eligible to participate in Career Seek will receive financial support for basic needs provided the participant continues to meet the program eligibility requirements. The program also provides additional financial supports to eligible participants. A fund for the Career Seek program has been established for extra ordinary costs in attending university level training.

11.3.3(c) Education Programs Supported through Career Seek

Financial support will be provided for an undergraduate degree only. A second undergraduate degree will only be supported in cases where the first degree may be considered a pre-requisite to further study, or where a recipient is enrolled in a concurrent degree program that is part of the approved education plan. Under no circumstance will Career Seek provide support for a master's or doctoral level program.

11.3.3(d) Expectations of Approved Participants in Career Seek

To remain eligible for ongoing support through the Career Seek program, participants must:

1. demonstrate they have the financial means to cover all other education related costs which are not covered by Career Seek or the IA program;
2. submit documentation annually to verify the cost of required books and mandatory student fees;
3. notify Student Aid (if applicable) that tuition support for the first year of Career Seek eligibility is not required (two (2) semesters only);
4. notify Student Aid (if applicable) that support for required books and mandatory student fees are not required for the duration of an approved program;
5. notify Student Aid (if applicable) that Income Assistance is providing assistance for basic needs for the duration of an approved program;
6. submit first year tuition invoices or receipts;

7. provide transcripts at the end of each semester;
8. notify of any changes in circumstances including:
 - a. changes in course load, program of study or career path,
 - b. ability to pay for costs related to tuition (excluding 1st year in Career Seek program), supplies, childcare and transportation,
 - c. medical or family circumstances impacting participation;
9. attend a minimum of four appointments during each year of study as agreed upon in their education plan. Additional meetings for job development services may be required to support work experience programs, and labour market attachment;
10. successfully complete a minimum of 80% of the course credits carried per academic year;
11. be available to participate in work experience programs or other forms of employment that would support their program of study during non-study period (i.e., summer break).

Chapter 11: Employability	
Section: 11.4 Self-Employment and Entrepreneurship	Issue Date: August 1, 2001
Page 1 of 1	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions

Policy

11.4.1 Self-Employment and Entrepreneurship

A recipient who becomes engaged in a new self-employment activity, as part of an approved employment action plan, may be eligible for assistance for a period of six (6) months for business plan development and up to a maximum of eighteen (18) months during the period of operation of the business.

If a salary or wage is drawn from the business by the recipient, it is chargeable income and will be considered earned income in determining eligibility for assistance.

The self-employment activity is contingent on an assessment and approval from an approved 3rd Party Delivery Agent. A recipient must agree to engage in a plan with this approved 3rd Party Delivery Agent.

If it is determined that the business will not enable the recipient to be self-supporting by the 12th month of operation, the Department may make a recommendation to extend the period of business operation up to another six (6) months (not to exceed a total of eighteen (18) months) from the date business became operational.

If it is determined that the recipient will not be fully self-supporting within the eighteen (18) month period, a recommendation will be made requiring a return to other related employment activity.

Chapter 11: Employability	
Section: 11.5 Parental Leave from Employability Activity	Issue Date: August 1, 2001
Page 1 of 1	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions

Policy

11.5.1 Parental Leave from Employability Activity

Where a recipient gives birth to a child or adopts a new child, a recipient will be exempted from participation in employability activity for a period of twelve (12) calendar months from the date of the birth or adoption of new child.

A recipient may be permitted to split this exemption, based on an approved employment action plan, to a maximum total of twelve (12) calendar months from the date of the birth of the child or adoption of a new child.

If the exempt recipient self identifies as being interested in participating in employability activity within the first twelve (12) months of the new child’s birth or from the date of adoption, the appropriate assessment and services will be offered, but ongoing eligibility for assistance will not be linked to participation in employability activity until the child reaches twelve (12) months of age or the first year from the date of adoption.

Chapter 12: Child Benefit Adjustment	
Section: 12.1 Child Benefit Adjustment	Issue Date: August 1, 2001
Page 1 of 3	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	
<u>ESIA Regulations</u>	Section 2: Definitions Section 53: Child Benefit adjustment

Policy

12.1.1 Child Benefit Adjustment (CBA)

Benefits for Nova Scotia children in all low-income families, including those in receipt of Employment Support and Income Assistance (ESIA), are administered through the tax system. By filing an annual income tax return and completing a Canada Child Benefits (CCB) application, eligible families may receive these benefits. The CCB consists of a base amount, plus the Nova Scotia Child Benefit (NSCB) and, if applicable, the Child Disability Benefit (CDB). These benefits are income based.

In circumstances where families in receipt of ESIA are receiving less than \$133 per child through a combination of the CCB and the NSCB, ESIA may provide a temporary Child Benefit Adjustment (CBA). CBA may be provided for up to three (3) months, or until the family receives the CCB/NSCB.

Families in receipt of ESIA with children under the age of 18 may request an assessment to determine eligibility to receive CBA. To receive a CBA payment an applicant or recipient must:

1. request an assessment for CBA eligibility;
2. be eligible for ESIA and receive a basic assistance payment for the same month(s) they are requesting CBA;
3. ensure their income tax returns are filed up to date with Canada Revenue Agency (CRA);
4. provide CRA with their current address;

5. notify CRA when there has been a change in marital status in excess of 90 days and they have completed a 'Marital Status Change' form RC65;
6. apply for the CCB for all dependent children. An applicant or recipient must make application for the CCB. In addition to filing an up to date Income Tax Return, families must apply for children's benefits. Form '[RC66 Canada Child Benefits Application](#)' must be submitted to CRA for application for children's benefit;
7. be recognized as the primary care giver with CRA to receive consideration for the children's benefits;
8. provide completed and correct information to CRA to advise changes in family circumstances (e.g., marriage, separation, or a new partner and address);
9. advise the worker if they or their dependent children are immigrants and provide information of action taken to secure permanent Canadian Residency;
10. advise the worker of any changes in their Social Insurance Number (SIN) or their spouse's SIN, including status of a temporary SIN number; and
11. comply with CRA's request for information (e.g., completing a questionnaire).

If a recipient has requested a CBA assessment and meet the above criteria, CBA may be issued according to the following guidelines:

1. CBA will be calculated separately for each child, based on the number of children as recorded by CRA, unless the number of children declared for income assistance purposes is lower. In situations where a family is receiving partial payments but receives more than \$133 for one (1) child and less than \$133 for each subsequent child, the excess for the first child will not be used to reduce the adjustment for the other children;
2. payments will be prorated from the date of the child's birth or the date the child returned home to determine the amount of CBA. CBA will be issued for a maximum period of three (3) months;
3. recipients may be eligible to receive a CBA payment when a family's income for the prior tax year disqualifies the family for the CCB/NSCB;
4. a recipient who has a change in marital status (separation) and the family is receiving the CCB/NSCB totaling less than \$133 per month per child

may receive a CBA payment. This payment may be issued for a maximum period of nine (9) months from the date of the initial CBA payment; and/or

5. a family who is not receiving the equivalent of \$133 per month, per child, due to the birth of any child or any child returning to the family from an agency/foster parent or from another family situation may receive CBA.

12.1.2 Child Benefit Adjustment (CBA) Eligibility for Refugee Claimants

Families who are refugee claimants and in receipt of ESIA with children under the age of 18 may request a Child Benefit Adjustment (CBA), [Policy 12.1.1 – Child Benefit Adjustment \(CBA\)](#). Refugee claimants who do not meet Canada Revenue Agency (CRA)'s eligibility criteria because of their immigration status are not able to apply for the Canada Child Benefits (CCB). Although a work permit and temporary Social Insurance Number (SIN) prefixed by the number nine (9) may have been issued, an application for CCB can only be made after refugee protection or permanent residency has been granted.

In these situations, ESIA may provide temporary benefits, in excess of three (3) months or until the family receives the Canada Child Benefit and the Nova Scotia Child Benefit (NSCB), because the immigration process may exceed three (3) months.

12.1.3 Child Benefit Adjustment (CBA) Repayment

When a recipient/former recipient receives a retroactive Canada Child Benefit/Nova Scotia Child Benefit (NSCB) payment, for the same period a Child Benefit Adjustment (CBA) payment was issued through ESIA, an overpayment is assigned.

Assistance granted in the form of a CBA payment is included in an overpayment calculation when it is determined there has been no eligibility for assistance.

Chapter 13: Overpayments, Underpayments and Recovery

Section: 13.1 Overpayments, Underpayments and Recovery	Issue Date: August 1, 2001
Page 1 of 9	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
ESIA Act	Section 3(f): Interpretation Section 14(1-5): Overpayments Section 15: Waiver of overpayment
ESIA Regulations	Section 2: Definitions Section 66: Recovery of overpayments Section 67: Pharmacare assistance included in calculation of overpayment Section 68: Payment of underpayments

Policy

13.1.1 Assignment of Overpayments and Underpayments

'Overpayment' is defined in [Policy 4.1.1 – Definitions](#).

The Department of Community Services (DCS) reviews all available information to assess eligibility for the Employment Support and Income Assistance (ESIA) program. Assistance provided by Income Assistance (IA) and Employment Support Services (ESS) are both considered in the calculation of overpayments. It may be necessary to set up an overpayment or an underpayment when it is determined that too much or too little assistance has been issued.

A calculation must be completed before an overpayment or an underpayment is established. If requested, both the calculation and the supporting documentation must be made available for review by the recipient/former recipient.

13.1.2 Recovery of Overpayments

An overpayment may be recovered from a recipient/former recipient, from their estate, or from their spouses' estate. Overpayments assigned under the *Family Benefits Act* and the *Social Assistance Act* may be recovered under the *Employment Support and Income Assistance Act*.

1. Recovery from Income Assistance

Overpayments on eligible cases are recovered by making monthly deductions (recoveries) from a recipient's eligibility amount.

The recovery rate is selected from the following Standard Recovery Rates table. When there has only been one overpayment, the recovery rate that corresponds to the original overpayment amount is assigned. When there has been more than one overpayment, the rate that corresponds to the highest overpayment balance owed by the recipient is assigned. The monthly recovery rate is not reduced as the overpayment balance decreases.

Standard Recovery Rates

<i>Maximum Overpayment Balance</i>	<i>Monthly Recovery Rate</i>
\$0 - \$299	\$15
\$300 - \$399	\$20
\$400 - \$799	\$25
\$800 - \$1,199	\$30
\$1,200 - \$1,599	\$35
\$1,600 - \$1,999	\$40
\$2,000 and over	\$45

A recipient may request that their recovery rate be changed from the standard recovery rate. A lower recovery rate may be established, due to extenuating circumstances, with casework supervisor approval. A higher recovery rate may be established, with written consent from the recipient and with casework supervisor approval. Recovery rates that are above or below policy are reviewed annually to ensure they are still appropriate.

2. External Collection

Overpayments on ineligible cases are recovered through external collection by Service Nova Scotia (SNS). The Prevention, Detection, and Recovery Unit (PDRU) manages the relationship between the Department of Community Services and SNS.

PDRU completes an assessment and determines if a referral to SNS is appropriate. SNS uses a variety of means, such as the Canada Revenue Agency's Set-Off Program, to collect outstanding overpayments.

Reviews of repayment agreements are conducted by SNS.

Recipients may contact SNS toll free by telephone at 1-888-292-7444.

3. Recovery after Eligibility Changes

When a recipient/former recipient has an overpayment and their eligibility status changes, the Prevention, Detection, and Recovery Unit performs an assessment to determine the appropriate recovery arrangements.

4. Overpayment Recovery during Appeals

When a recipient appeals their overpayment, monthly recovery from ESIA continues.

When a former recipient has an existing overpayment upon which the Department is pursuing external collection through Service Nova Scotia (SNS), recovery continues for the existing overpayment and for the overpayment being appealed. If there is no existing overpayment or if external collection is not being pursued, the case is not referred to SNS until the appeal decision is known or until the appeal period has elapsed.

If the appeal is granted, the overpayment and recovery are adjusted.

Refer to [Chapter 14 – Administrative Reviews and Appeals](#) for information relating to the appeals process.

5. Processing Recoveries

The Department may recover an overpayment by making deductions from a recipient's eligibility amount, through external collections (Service Nova Scotia), from direct payments from a recipient/former recipient, or from a third-party (e.g., Canada Pension Plan).

13.1.3 Underpayments

Where a recipient receives less ESIA than they are eligible to receive, through no fault of their own, the underpayment will be calculated for the most recent six (6) months for which the lesser amount was paid.

When a case is eligible, all or a portion of an underpayment may be applied to an existing overpayment, up to a maximum of \$45.00 per month. A recipient may choose to have all or a portion of the remaining underpayment applied to an overpayment.

When a case is ineligible, the underpayment will first be applied to any existing overpayment, with any remaining amount being refunded to the former recipient.

13.1.4 Adjustments

Overpayment balances will be adjusted when required (e.g., appeal decisions, errors, combining/splitting overpayments, etc.).

13.1.5 Bankruptcy, Consumer Proposal, and Orderly Payment of Debt

The Employment Support and Income Assistance program adheres to the *Bankruptcy and Insolvency Act*.

13.1.6 Waiver of Overpayments

Recipients/former recipients may submit requests to have their overpayments waived. Prior to any recommendation with respect to waiving, a reduction of the recovery amount must be explored. Waiving an overpayment will be considered in the following situations:

1. **Deceased:** Former recipient is deceased, and it is not possible to recover the overpayment from the estate; death has been verified by Service Nova Scotia, Vital Statistics Division. When a recipient incurred an overpayment on a shared case, it may be appropriate to assign a portion to the surviving individual as outlined in [Policy 13.1.9 – Combining and Splitting Overpayments](#).
2. **Bankrupt:** A trustee has been discharged from the bankruptcy proceedings and the debt did not survive those proceedings.
3. **Permanent Absence from the Province:** A former recipient has permanently left Nova Scotia, has not resided in the province for six (6) years and there has been no successful collection for six (6) years. This provision does not apply to:
 1. cases of non-disclosure; or
 2. cases where a former recipient is refusing to participate in the repayment process.
4. **Limitations Period:** Where a former recipient has been ineligible to receive assistance for a period of six (6) or more years and no recovery activity has been commenced on an overpayment during the same period. This provision does not apply to:
 1. cases of non-disclosure;
 2. cases where a person receives deferred income with respect to any period for which assistance was provided;

3. sums paid to a person that were agreed to be repayable; or
4. cases where a former recipient is refusing to participate in the repayment process.
5. **Undue Hardship:** Only ineligible cases will be considered, and all cases will be reviewed on a case by case basis (e.g., former recipient will never have ability to pay due to an end stage terminal illness, former recipient will never have ability to pay due to being a long term care resident with a profound cognitive or physical disability, etc.).
6. **Contrary to the Purpose of the *ESIA Act*:** Only ineligible cases will be considered, and all cases will be reviewed on a case by case basis (e.g., continued attempted recovery would not be fiscally prudent because collection has not been possible for six (6) years due to a former recipient's financial circumstances and the situation is unlikely to change).

Exception: In relation to [Policy 13.1.7 – Overpayment Notification](#) waiver consideration may be extended to both eligible and ineligible cases.

When staff recommends approving a request, it is forwarded to the Minister/Designate for consideration.

13.1.7 Overpayment Notification

A recipient/former recipient must be advised of an overpayment in a timely manner.

When a recipient/former recipient has not been notified of an overpayment within two (2) years of the overpayment being detected, waiving the overpayment may be considered under [Policy 13.1.6 - Waiver of Overpayments](#) as being 'Contrary to the Purpose of the *ESIA Act*'.

This provision does not apply to cases where the Department has attempted to notify the recipient/former recipient and they have not responded (e.g., former recipient's whereabouts are unknown).

13.1.8 Overpayment Resulting from Department Error

When an error has been made in calculating the amount of assistance a recipient/former recipient is eligible to receive, and an overpayment has resulted, and:

1. there is documented evidence that the recipient/former recipient has notified a caseworker of the error; and

2. the necessary changes have not been made;

the recovery of the overpayment(s) will be limited to the most recent six (6) months immediately before the recipient/former recipient is advised in writing of the overpayment amount and of the need for repayment.

13.1.9 Combining and Splitting Overpayments

Combining Overpayments

When a recipient or former recipient becomes a spouse on another case and they have an existing overpayment balance, it is combined with any existing balance on the shared case.

Splitting Overpayments

When a recipient/former recipient and a spouse separate or become ineligible for ESIA and:

1. one individual had an overpayment prior to being added to the shared case, the overpayment, less any applicable recoveries, is returned to that individual; or
2. both individuals had overpayments prior to being added to the shared case, the respective overpayments, less any applicable recoveries, are returned to the corresponding individuals; or
3. both individuals incurred an overpayment while on the shared case, 50% of the balance, less any applicable recoveries, is assigned to each individual unless the overpayment can be attributed to the actions of one individual and the Department is satisfied that the other is not complicit.

Recoveries made on the shared case are applied first to overpayments incurred during the current shared period. Additional recoveries are applied equally to the overpayment balances each individual brings to the shared case, until the smaller overpayment balance is paid in full, then 100% of recoveries are applied to the remaining balance.

When a recipient or former recipient dies, recovery of any portion of the overpayment assigned to the deceased party will be reviewed under [Policy 13.1.6 – Waiver of Overpayments](#).

13.1.10 Cohabitation Overpayments

Recipients are required to disclose their living arrangements under Policy [5.1.9\(a\) – Reporting Change in Circumstances](#) and [Policy 6.1.8 – Cohabitation](#).

Overpayment calculations related to a recipient/former recipient's failure to disclose they were living in a relationship of interdependence in which they were functioning as an economic and domestic unit with a spouse or other individual, will consider the amount of ESIA they may have been eligible to receive for the period in question.

It is the recipient/former recipient's responsibility to provide all information required to assess their joint eligibility. If they do not, the Department will determine there was no eligibility.

13.1.11 Overpayments Greater than \$10,000

When an overpayment is greater than \$10,000 and involves non-disclosure, a casework supervisor reviews the circumstances surrounding the non-disclosure to determine what supporting documentation is available, if legal action is appropriate, and/or what additional action is required.

13.1.12 Overpayments Related to Pharmacare and Dental Care

Assistance provided for Pharmacare and/or Dental care is included in the calculation of overpayments for service periods in which there is no eligibility amount for assistance.

The amount of Pharmacare or Dental care to be included in an overpayment calculation will not result in the total overpayment exceeding the chargeable income/assets for the service period.

13.1.13 Employment Support Services (ESS) Overpayments

Employment Support Services payments will be considered in the calculation of overpayments.

13.1.14 Income Information not Provided

Recipients are required to disclose their income under [Policy 5.1.9\(a\) – Reporting Change in Circumstances](#).

When undisclosed income is detected, it is a recipient's/former recipient's responsibility to provide all information required to reassess their eligibility.

If a recipient/former recipient does not provide the required information, and in the absence of knowledge to the contrary, DCS will treat all income as

chargeable and apply it to the service periods for which assistance was paid. This may result in the assignment of an overpayment that the recipient or former recipient will be required to repay.

If the recipient or former recipient later provide all required information, the overpayment will be re-evaluated.

13.1.15 **Restitution Orders**

An applicant or recipient may be ordered to pay restitution to the Minister of Community Services as part of a criminal sentencing proceeding. In these situations, the amount of restitution ordered by the Court may be less than the total overpayment assessed by the Department.

The entire amount of a debt will continue to be owed to the Minister, as a restitution order does not have the effect of reducing the amount of the debt.

Section 741.2 of the Criminal Code supports that restitution orders do not affect the ability to take other actions to recover a debt.

Payments made under the order reduce the overpayment.

Chapter 14: Decision Reviews and Appeal Hearings

Section: 14.1 Decision Reviews and Appeal Hearings	Issue Date: August 1, 2001
Page 1 of 5	Revised Date: January 1, 2020

Sources of Authority

Name of Legislation or Regulation	Location within Source
<u>ESIA Act</u>	Section 11: Appeal boards Section 12: Appeals Section 13: Powers and duties of appeal board
<u>Assistance Appeal Regulations</u>	
<u>ESIA Regulations</u>	Section 2: Definitions
<u>Interpretation Act</u>	Section 7: Interpretation of words and names Section 19: Implied provisions in enactment

Policy

14.1.1 Definitions and Interpretation of Dates

1. In these policies the Definitions are:
 - a. “**Act**” means the *Employment Support and Income Assistance (ESIA) Act*.
 - b. “**Appeal Board**” means the Assistance Appeal Board established by the Minister pursuant to section 11 of the *Employment Support and Income Assistance Act*. The quorum of the Appeal Board is one (1) member. Appeal Board members are not employed by the Department, the Department of Health and Wellness, or are members of the House of Assembly at the time of appointment or within 2 years immediately preceding the appointment, and are not a person who is a relative of the appellant.

- c. **“Appeal Hearing”** means a hearing held by the Appeal Board where the Board determines the facts and, on the basis of those facts, if the decision that was made is in compliance with the Act and the regulations.
- d. **“Appeals Unit”** means the Department unit responsible for coordinating the Appeal Hearing process.
- e. **“Appellant”** means an applicant/recipient who has filed an appeal or who has had an appeal filed on their behalf under the *Employment Support and Income Assistance Act* for the Employment Support and Income Assistance program or under the *Social Assistance Act* for the Disability Support Program.
- f. **“Assistance”** means Employment Support & Income Assistance.
- g. **“Business Days”** means Monday to Friday excluding holidays (See *Interpretation Act* sec 7(j)).
- h. **“Caseworker”** means a person who has made the initial decision on behalf of the Department and communicated this decision to an applicant/recipient.
- i. **“Decision Review Services”** means the Department unit responsible for conducting all Decision Reviews.
- j. **“Decision Review”** means a meaningful, thorough and objective review of a decision that provides an opportunity for the original decision to be upheld, overturned or varied. The person conducting the Decision Review is independent of the original decision maker and will ensure the decision being appealed is consistent with the Act, Regulations and Policy, and that the appellant’s case is given a fair and timely review.
- k. **“Representative”** means any person, counsel or agent who assists and/or represents an appellant during the appeal process.

2. In these policies the Interpretation of Dates are:

In accordance with the *Interpretation Act*, the calculation of dates as defined in the *Act, Regulations and Policy* will be calculated in Business Days.

In accordance with the *ESIA Act*, an applicant or recipient has thirty (30) business days after the communication of a decision to request a Decision Review. To account for the delivery standards of regular mail, the thirty

(30) day timeline begins five (5) business days following the date of written communication.

The start date to complete a Decision Review and all timelines related to Appeal Hearings commence on the day following the date of receipt of written communication.

14.1.2 Right to a Decision Review and an Appeal Hearing

An applicant or recipient has the right to appeal any decision related to their completed application for assistance, the assistance they received and any changes to their assistance.

An applicant or recipient will be notified in writing of a decision that affects their application for assistance or ongoing assistance and of their right to appeal that decision.

When a decision is made, an applicant or recipient may ask a caseworker for clarification on the decision and for the reasons it was made. An applicant or recipient may explain why they disagree and provide new information that could change the decision. If new information is provided, a caseworker will make a new decision based on the information provided.

If an applicant or recipient decides to appeal a decision, they must first request a Decision Review (See [Policy 14.1.4 – Decision Review Requests and Process](#)). If the applicant or recipient disagrees with the completed Decision Review, they may then request an Appeal Hearing (See [Policy 14.1.5 – Appeal Hearing Requests and Process](#)).

All requests for Decision Reviews and Appeal Hearings will be addressed in accordance with the appeal process set out in the *Employment Support and Income Assistance Act* and the *Assistance Appeal Regulations*.

As part of discussions with a caseworker, the Decision Review and Appeal Hearing, an applicant or recipient shall have an opportunity to provide any supplemental information that may affect the decision.

A plain language brochure is available to assist applicants and recipients which shows the steps of the appeal process. To assist an applicant or recipient who wants to request a Decision Review, the brochure will include a form that can be used to submit the written request. A caseworker may assist an applicant or recipient in completing the form.

14.1.3 Right to Representation

An appellant has the right to be assisted by a representative throughout the appeal process. A representative may sign a request for a Decision Review and for an Appeal Hearing on behalf of an appellant. If a representative is acting on an appellant's behalf, an appellant must provide written consent to allow the representative to discuss their appeal on their behalf.

14.1.4 Decision Review Requests and Process

If an applicant or recipient wants to appeal a decision, they must submit a request for a Decision Review in writing to the Department within thirty (30) business days as per [Policy 14.1.1 – Definitions and Interpretation of Dates](#).

A written request for a Decision Review needs to include the following information: the decision being reviewed, the reason for the request, and a signature, date, address and contact information.

Decision Review Services will complete the Decision Review within ten (10) business days following the receipt of the appellant's written request to the Department.

Decision Review Services will review all written materials submitted by the appellant and the Department to ensure that the original decision is consistent with the *Act*, *Regulations* and policy, and that the appellant's request is given a fair and timely review. Decision Review Services may also contact the appellant for additional information.

Upon review of all submitted materials, Decision Review Services will provide the appellant with a Decision Review Report, which will:

1. Uphold, vary or overturn the original decision; and
2. Provide the appellant with the reasons for the decision.

14.1.5 Appeal Hearing Requests and Process

An appellant who disagrees with the Decision Review can request an Appeal Hearing. The request for an Appeal Hearing must be in writing and received by the Department within ten (10) business days following the appellant's receipt of the Decision Review report.

If an appellant does not respond within the given time frame, the Department will record that no response was received. Once an appellant withdraws an appeal or does not respond within ten (10) business days of receiving the Decision Review Report, the appeal is closed and cannot be reopened.

When the Department receives a written request for an Appeal Hearing, the office in receipt of the request will notify the Appeals Unit who will coordinate an Appeal Hearing.

The Appeals Unit will send notification of the date, time and place of the Appeal Hearing by registered mail to the appellant in advance of the date of the Appeal Hearing. The Department will assign the staff who will be attending the Appeal Hearing on its behalf.

Before the date of the Appeal Hearing, the Appeals Unit will ask the appellant:

1. if they have any documentation to submit to the Appeal Board or Department;
2. who is attending the hearing with them;
3. if they have a representative.

When an appellant has an Appeal Hearing date but cannot attend due to extenuating circumstances, they can either request that the Appeal Hearing be rescheduled or indicate that they would like the option of an Appeal Hearing by telephone.

If an appellant is not attending the Appeal Hearing, the appellant may send a representative to the hearing who will provide the presiding Board Member with written proof that the appellant authorizes them to represent the appellant at the hearing.

An appellant will be notified that if they do not attend the Appeal Hearing or do not send a representative, the Appeal Hearing will be heard in their absence unless they have requested an alternative date.

The Appeal Board will conduct an Appeal Hearing and render a decision within forty-five (45) business days following the date of the Department's receipt of the appellant's request for an Appeal Hearing. The Appeals Unit will communicate the decision of the Appeal Board to the appellant within seven (7) business days following the date of the Appeal Hearing.

The decision will be made in writing and indicate if the appeal was granted, varied or denied. If an appellant is dissatisfied with a decision of the Appeal Board, their next level of appeal would be to the Supreme Court of Nova Scotia.

Appendix 1	
Section: Acronyms	Issue Date: August 1, 2001
Page 1 of 25	Revised Date: January 1, 2020

A.1.1 Acronyms

AFC	Alternative Family Care
AIDS	Acquired Immune Deficiency Syndrome
ALTC	Nova Scotia Affordable Living Tax Credit
AOM	Assignment of Maintenance
CBA	Child Benefit Adjustment
CCB	Canada Child Benefits
CDB	Child Disability Benefit
CNIB	Canadian National Institute for the Blind
CPAP	Continuous Positive Airway Pressure
CPP	Canada Pension Plan
CPP-CB	Canada Pension Plan Children's Benefits
CPP-D	Canada Pension Plan Disability Pension
CPP-PRB	Canada Pension Plan Post-Retirement Benefit
CPP-PRDB	Canada Pension Plan Post-Retirement Disability Benefit
CPP-R	Canada Pension Plan Retirement Benefit
CPP-S	Canada Pension Plan Survivor's Pension
CPR	Coronary Pulmonary Resuscitation
CRA	Canada Revenue Agency
CSA	Canadian Standards Association
DCS	Department of Community Services
DIAND	Department of Indian Affairs and Northern Development
EDP	Early Detection and Prevention
EI	Employment Insurance
EP	Employability Participation
EPO	Emergency Protection Order
ER	Eligibility Review
ERO	Eligibility Review Officer
ESIA	Employment Support and Income Assistance
ESS	Employment Support Services
ETW	Educate to Work
FB	Family Benefits

FMIS	Family Maintenance Income Support
FOIPOP	Freedom of Information and Protection of Privacy
GED	General Education Diploma
GIS	Guaranteed Income Supplement
GST	Goods and Services Tax
HCN	Health Card Number
HIV	Human Immunodeficiency Virus
IA	Income Assistance
IDA	Individual Development Account
LAE	Labour and Advanced Education
LMDA	Labour Market Development Agreement
LTD	Long Term Disability
MEP	Maintenance Enforcement Program
MERC	Mandatory Employment Related Costs
MLA	Member of the Legislative Assembly
MP	Member of Parliament
MSI	Medical Services Insurance
NCBS/NCB	National Child Benefit Supplement
NCP	Non-Custodial Parent
NSCB	Nova Scotia Child Benefit
NSSAL	Nova Scotia School for Adult Learning
OAS	Old Age Security
OH&S	Occupational Health and Safety
PDRU	Prevention, Detection, and Recovery Unit
PIN	Personal Identification Number
PRC	Poverty Reduction Credit
RDSP	Registered Disability Savings Plan
SA	Social Assistance
SHR	Standard Household Rate
SIN	Social Insurance Number
SNS	Service Nova Scotia
SPD	Services for Persons with Disabilities
UCCB	Universal Child Care Benefit
USA/US	United States of America

WCB
WHMIS
WITB

Workers Compensation Board
Workplace Hazardous Materials Information System
Working Income Tax Benefit

Appendix 2	
Section: The Nova Scotia Child Benefit	Issue Date: August 1, 2001
Page 1 of 25	Revised Date: May 1, 2024

A.2.1 The Nova Scotia Child Benefit

Legislative Authority:

- the *Nova Scotia Income Tax Act*.

Policy Objectives:

- help prevent and reduce child poverty;
- promote labour market attachment, reducing the need for low income working families to turn to social assistance programs and making it easier for families receiving income assistance to make the transition to work; and
- simplify and reduce administration by harmonizing program objectives and benefits across jurisdictions.

Strategic Direction:

- provide benefits in a more mainstream way by using an income test to address the needs of all low-income families (e.g., children's benefits, working income supplements and Pharmacare);
- reduce the percentage of population that typically depend on income assistance programs;
- ensure work is a viable economic choice; and
- help families to better participate in their communities, reducing the marginalization that can be associated with income assistance programs.

Operating Principles:

- fair and equitable provision of income support for children;

- non-discriminatory, eligibility based on income test only;
- non-intrusive;
- secure, predictable income source throughout changes in the economy; and
- assist families to be financially self-sufficient.

Program Description:

The Nova Scotia Child Benefit is an income support program for all low-income families with children under the age of 18, regardless of the parents' source of income. It shares the same objectives as the National Child Benefit Initiative.

Starting in July 2001, the Nova Scotia Child Benefit was designed to be fully integrated with the National Child Benefit Supplement (NCBS) to establish a standard benefit for each child of a low-income family.

Together, these two (2) programs, started in July 1998, removed the need for children's personal allowances in Nova Scotia's Employment Support and Income Assistance program.

In July 2016, the federal government introduced the new Canada Child Benefit (CCB) program. The CCB replaces the previous Canada Child Tax Benefit, National Child Benefit Supplement, and the Universal Child Care Benefit.

The Nova Scotia Child Benefit is based on an income test and makes provision for the payment of cash benefits to eligible families with a net annual family income below \$34,000. Families with net incomes below \$26,000 are eligible for maximum benefits; families with annual incomes between \$26,000 and \$33,999, are eligible to receive partial benefits.

The provision of benefits is governed by the *Nova Scotia Child Benefit Regulations* made pursuant to Section 34, Chapter 217, of the *Nova Scotia Income Tax Act*. The *Regulations* specify eligibility requirements, per child benefit levels, income thresholds and benefit reduction levels where applicable.

The program is administered and delivered by the Canada Revenue Agency on behalf of Nova Scotia and shares the same business rules as the Canada Child Benefit.

Eligibility for the program is determined by Canada Revenue Agency pursuant to the *Nova Scotia Income Tax Act* and *Regulations*. Canada Revenue Agency is responsible for general communication, recipient notification regarding eligibility

and entitlements, inquiries, and appeals on behalf of Nova Scotia. Monthly payments are included with Canada Child Benefit payment.

Families do not have to make separate application for the Nova Scotia Child Benefit. The annual income tax return filed by a family constitutes an application. Both parents must file an income tax return whether or not one or both have income. Eligibility and benefits are determined on net family income for the previous income tax year and number of children. The benefit year is July 1 to June 30.

Payments are made by direct deposit or cheque on the 20th of each month. To ensure there is no disruption in benefit payments, Canada Revenue Agency must be kept informed of any changes in family income, marital status, number of dependent children and current address.

Benefit Structure:

The benefits are:

For families with an annual income below \$26,000 eligible families will receive \$127.08 per month per child. For families with an annual income between \$26,000 and \$34,000, families will receive \$127.08 per month for the first child and receive \$63.54 per month for each additional child.

The Nova Scotia Child Benefit Maximum Annual Benefits (July 2023)		
# of Children	Family Income up to \$25,999	Family Income up to \$34,000
1 st child	\$1,525.00	\$1,275.00
2 nd child	\$3,050.00	\$1,912.50
3 rd and each additional child	\$4,575.00	\$2,550.00

Nova Scotia Child Benefit and Canada Child Benefit Maximum Monthly Benefits July 2023				
Per Child Rate	Age	NSCB	CCB	Total
1 st Child	0-5	\$127.08	\$619.75	\$746.83
Each Additional Child		\$127.08	\$619.75	\$746.83
1 st Child	6-17	\$127.08	\$522.91	\$649.99
Each Additional Child		\$127.08	\$522.91	\$649.99

For a more accurate calculation, visit the [Canada Child Benefit website](#).

Appendix 3	
Section: Family Violence Protocol	Issue Date: August 1, 2001
Page 1 of 25	Revised Date: April 30, 2010

A.3.1 Family Violence and Abuse Protocols

A.3.1.1 Definition of the Family Violence and Abuse Protocols

The Employment Support and Income Assistance (ESIA) Family Violence and Abuse Protocols identify ESIA caseworkers' responsibilities in regard to three (3) types of violence and abuse that could be experienced by ESIA recipients:

1. Intervention for Spousal/Intimate Partner Violence (Section A.3.2)
2. Protection of Children from Abuse and Neglect (Section A.3.3)
3. Protection of Adults from Abuse and Neglect (Section A.3.4)

The Protocols are helpful for caseworkers and staff who might be in a position to observe violence and abuse.

The objective of the Family Violence and Abuse Protocols is to increase awareness of the three (3) types of violence and abuse, and to outline caseworkers' and staff's responsibilities, where required, to respond to violence and abuse experienced by ESIA recipients or others with whom caseworkers or staff may have contact.

A.3.2 Intervention for Spousal/Intimate Partner Violence

A.3.2.1 Definition of Spousal/Intimate Partner Violence

Spousal/intimate partner violence is the violence or abuse inflicted on a person by her/his intimate partner, whether she/he is married, in a common-law relationship, dating, or the violence or abuse is inflicted by a former intimate partner. Spousal/ intimate partner violence can occur between same or opposite sex couples.

Other common terms describing spousal/intimate partner violence are "domestic violence", "woman abuse", and "family violence".

The majority of spousal/intimate partner violence cases reported to the police involve a woman being the victim; however, incidents are also reported where a man is the victim.

Underlying all abuse is a power imbalance between the victim and the abuser. Spousal/intimate partner violence need not involve physical contact with the victim since acts of intimidation such as punching walls and making verbal threats can also achieve this power imbalance. The abuser exercises control over the victim by inducing fear.

Spousal/intimate partner violence can occur in a variety of forms:

- Verbal (name-calling, criticism, insults, swearing, yelling, blaming)
- Physical (slapping, punching, choking, grabbing, kicking, shoving, throwing items, physical restraint)
- Sexual (forced intercourse or other sexual activity, criticizing victim for refusing to engage in sexual activity, treating victim like a sex object)
- Emotional/psychological/social (intimidation, isolation from family and friends, mind games, lying, insults, jealousy, embarrassing the victim, ignoring the victim, not allowing the victim to express emotions)
- Financial/economic (misusing money or possessions, withholding money)
- Criminal harassment (stalking in person, by phone, email, or other)
- Spiritual (mocking personal spiritual beliefs, not allowing person to attend spiritual institution or participate in ceremonies or traditions of her/his faith).
- Threats of any of the forms of spousal/intimate partner violence noted above (verbal, non-verbal, written)

Spousal/intimate partner violence does not necessarily end when the victim leaves her/his partner. Abusive partners may continue to harass and assault their partner after separation. Victims of spousal/intimate partner violence are at an increased risk of experiencing additional violence or even homicide during the first year after leaving the relationship.

A.3.2.2 Indicators of Spousal/Intimate Partner Violence

The following are indicators that a person may be experiencing spousal/intimate partner violence. The person may:

- show signs of bruises, welts, burns, or scalds
- be undernourished or withdrawn
- exhibit shame or fear
- be accompanied by a partner who answers questions directed at the recipient
- give an explanation that does not accurately account for her/his injury
- avoid eye contact, or show extreme agitation or anxiety while explaining the injury
- minimize the injury, or blame her/himself as being “clumsy”
- give an exaggerated denial of violence as the cause of the injury
- give a quick, ready-made response as to the cause of the injury before being asked

When in the recipient’s home, a caseworker will be aware of signs of violence, such as broken furniture or other items; holes in walls; and changes in the recipient’s or children’s behaviour.

Pregnancy can increase a woman’s chances of experiencing spousal/intimate partner violence. Violence can start and/or escalate during pregnancy.

Persons with disabilities (physical, cognitive, or mental health) may be increasingly vulnerable to spousal/intimate partner violence. A person with a disability often faces barriers that may deter them to disclose the violence or leave the relationship.

Cultural diversity can enhance a person’s vulnerability to spousal/intimate partner violence. Some common barriers that might deter the person from disclosing the violence or leaving the relationship include:

- language
- discrimination
- gender roles
- family values
- fear of deportation

- isolation
- blaming self

Note: These indicators do not necessarily prove that an individual has experienced spousal/intimate partner violence. They are clues that violence may have occurred.

A.3.2.3 Spousal/Intimate Partner Violence, and the Law

Many of the types of violence associated with spousal/intimate partner violence are identified as crimes in the *Criminal Code of Canada*. Particularly, these are physical and sexual abuse, threats, and criminal harassment (stalking).

Individuals can seek protection from spousal/intimate partner violence through either an emergency protection order or a peace bond.

Emergency Protection Order (EPO): This order provides an individual immediate protection from spousal/intimate partner violence. An emergency protection order is available under Nova Scotia's *Domestic Violence Intervention Act*, which explains how people can apply to the justice system for immediate protection.

An EPO application can be made by calling the Justice of the Peace Centre toll free at 1-866-816-6555, or asking the police, the Nova Scotia Department of Justice's Victim Services, or a transition house worker to apply for one on the victim's behalf. (See Section A.3.2.7 – Helpful Links for an online link to more information about the *Domestic Violence Intervention Act*).

Peace Bond: A peace bond is a legal document that protects an individual's safety, and/or that of their spouse/common-law partner, any child, and/or their property. To receive a peace bond, individuals must submit an application to the Provincial Court. (Contact information for the Provincial Court: <https://court.nl.ca/provincial/about/locations.html>).

A.3.2.4 Reporting Procedures

There is no legal obligation to report spousal/intimate partner violence.

If, however, there are children in the environment witnessing the violence, or if the recipient discloses her/his children are being abused, this information must be reported to Child Welfare, as per Section 22 (2) (i) of the *Children and Family Services Act*.

A.3.2.5 Intervention Guidelines

Despite no legal obligation to report spousal/intimate partner violence, caseworkers may identify the need, either in the office or in the field, to provide help to recipient who have experienced violence. Where there is violence, whether it is suspected or confirmed, caseworkers should provide an opportunity and atmosphere/ environment in which a recipient feels comfortable to disclose the violence:

1. Discuss the issue with the recipient alone

It is imperative to discuss the issue privately in order to ensure the safety of the recipient and avoid any escalation of the violence. It is unlikely a client will speak about violence in the presence of the abuser or other family members.

2. Validate the recipient's experience

Supporting the recipient may be the first indication to them that the violence is serious and is not their fault. The recipient is not to be blamed for the violence.

3. Educate the recipient

Inform the recipient that:

- a. they are not alone
- b. they are not to blame for the violence
- c. assault is a criminal offence
- d. there is the risk that the violence will escalate in frequency and severity over time
- e. there are services available to support the recipient
- f. violence in the family can adversely affect children who witness the violence by causing devastating traumatic and/or psychological effects.

4. Be supportive

Be aware of how very difficult and traumatizing this is for the recipient. Because of the devastating psychological effects of physical and emotional harm, people who have experienced violence may require counseling to receive support and to improve their self-esteem. A caseworker will communicate with the recipient in a manner that is supportive and respectful.

5. Discuss options for action

Share information about supportive services and agencies, such as:

- a. police;
- b. transition houses, outreach programs, help-lines, women's/men's centres, youth centres;
- c. support groups and counseling services for the recipient and their children;
- d. legal aid, including emergency protection orders and peace bonds;
- e. medical services;
- f. clergy; and/or
- g. resources such as brochures and booklets.

Encourage the client to establish a network of support through family and friends.

6. Respect freedom of choice

Be sensitive to the client's freedom of choice. Assisting the recipient in violent situations should never go beyond what they want. A caseworker will encourage the recipient to define their own problems and solutions. Intervention should be aimed not at making decisions for the client, but rather facilitating their ability to think through alternatives and seek an acceptable course of action. The recipient is an adult and their decisions must be respected.

7. Be aware of confidentiality

The information received from the recipient about their situation must be kept confidential in compliance with policy respecting confidentiality and the *Freedom of Information and Protection of Privacy Act*.

However, if there are children in the environment witnessing the violence, or if the recipient discloses that their children are being abused, this must be reported to Child Welfare, as per Section 22 (2) (i) of the *Children and Family Services Act*.

8. Leave the door open

People who have experienced spousal/intimate partner violence may choose a course of action that others may consider inappropriate. The fact that a recipient returns to their partner is not an indication that the intervention has failed. The encounter with the recipient is successful if:

- a. the recipient is not blamed, but rather supported;
- b. they are educated about options; and
- c. they are made aware of existing supportive resources.

If the recipient decides to return or remain with their partner, it is acceptable for the Caseworker to voice their concern for the recipient's safety, but this must be done so in a nonjudgmental manner.

Note: The caseworker will consult or apprise their supervisor on the situation, where appropriate.

A.3.2.6 Documentation

Care is to be taken when documenting the intervention with a recipient who is experiencing or may be experiencing spousal/intimate partner violence. The purpose of documenting the intervention is to:

1. support eligibility for financial assistance provided in an emergency situation, in accordance with the Employment Support and Income Assistance (*ESIA*) *Policy* Manual; and/or
2. demonstrate in case notes that the appropriate response has been taken, in accordance with the ESIA Family Violence and Abuse Protocols.

Documentation should include only a brief summary of the recipient's situation and the intervention with the recipient. Case notes will be recorded electronically.

Information to be documented will include:

1. type of financial assistance (if any) provided to recipient;
2. brief description of the indicators of violence observed, or that were disclosed by the recipient; and
3. identification of community support services, legal support, and/or information provided to recipient.

It is recommended that personal information identifying the abuser or third parties in the situation be limited (e.g., name, residence). This is in accordance to *Confidentiality Policy* and the *Freedom of Information and Protection of Privacy Act*.

When making case notes, a caseworker must avoid including her/his personal assumptions or judgments regarding the situation.

A caseworker will identify in the case notes whether the abuse being documented has been disclosed by the recipient or observed by a caseworker; and the recipient must be made aware that documentation of the violence observed or disclosed is being included in the case notes.

Note: If further direction is needed regarding what information is appropriate for documentation, a supervisor will be consulted. If a supervisor is not available, contact the regional FOIPOP Delegate.

A.3.2.7 Links to Helpful Information

- [Fact Sheet on Intimate Partner Violence, Nova Scotia Advisory Council on the Status of Women](#)
- [Making Changes: A Book for Women in Abusive Relationships, Nova Scotia Advisory Council on the Status of Women](#)
- To order copies of “Making Changes” contact the Nova Scotia Advisory Council on the Status of Women at (902) 424-8662
- [Safely on Your Way: Child Custody and Access Information for Women Leaving Abusive Relationships and Their Service Providers, Family Law Information Project for Abused Women](#)
- [Emergency Protection Order brochure, Nova Scotia Department of Justice](#)
- [Peace Bond application information, Nova Scotia Department of Justice](#)
- [Freedom of Information and Protection of Privacy DCS Privacy Policy](#)
- [DCS Privacy Brochure](#)
- For additional information about spousal/intimate partner violence, contact the Nova Scotia Department of Justice Victim Services: (902) 424-3309 or www.gov.ns.ca/just

A.3.3 Protection of children from Abuse and Neglect

A.3.3.1 Children and Family Services Act

The *Children and Family Services Act* (1991) is the legislation that deals with child protection, children in care, foster care, and adoption. The *Act* protects children from abuse and neglect, and offers services to children and their families.

A child is defined as a person under sixteen (16) years of age, according to Section 3 (1) (e) of the *Children and Family Services Act*.

A.3.3.2 Definition of Child Abuse or Neglect

Child abuse or neglect refers to a wide range of actions or omissions by a parent, guardian, and/or other that place a child at risk of serious harm. Child abuse or neglect can be:

1. Physical abuse

Physical abuse is defined as a deliberate non-accidental assault on any part of a child's body that results in physical harm. It may also result from excessive or inappropriate discipline. Injuries may include bruising, burns, welts, bite marks, major bone fractures, internal injuries, and death.

2. Sexual abuse

Sexual abuse is a generic term used to describe the improper exposure of a child to sexual contact, activity, or behaviour with or without the child's consent. Sexual abuse is perpetrated by an older person for personal sexual gratification. The abuse can occur by anyone either within or outside of the child's family.

3. Emotional abuse

Emotional abuse is actions or omissions ranging from habitual humiliation to withholding life-sustaining nurturing. The abuse is persistent or chronic on the part of the parent, guardian, or other; and results in some degree of emotional damage to the child, evidenced by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour.

4. Neglect

Child neglect is any lack of care on the part of the parent, guardian, or other, that may result in significant harm to the child's development, or that places the child in danger. Neglect includes failure to provide adequately for the child's need for food, shelter, clothing, hygiene, medical care and/or supervision.

A.3.3.3 When a Child is in Need of Protective Services

When a child has been abused or neglected or is at substantial risk of being harmed from abuse or neglect, protective services from Child Welfare are needed. The following is Section 22 (2) from the *Children and Family Services Act*, which defines in what situations a child is in need of protective services.

Child is in need of protective services

22 (1) In this Section, "substantial risk" means a real chance of danger that is apparent on the evidence.

(2) A child is in need of protective services where:

- (a) the child has suffered physical harm, inflicted by a parent or guardian of the child or caused by the failure of a parent or guardian to supervise and protect the child adequately;
- (b) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);
- (c) the child has been sexually abused by a parent or guardian of the child, or by another person where a parent or guardian of the child knows or should know of the possibility of sexual abuse and fails to protect the child;
- (d) there is a substantial risk that the child will be sexually abused as described in clause (c);
- (e) a child requires medical treatment to cure, prevent or alleviate physical harm or suffering, and the child's parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment;
- (f) the child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour and the child's parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (g) there is a substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the condition;
- (i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child, and the child's parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence;

- (j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child, and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (ja) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (j);
- (k) the child has been abandoned, the child's only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the child's care and custody, or the child is in the care of an agency or another person and the parent or guardian of the child refuses or is unable or unwilling to resume the child's care and custody;
- (l) the child is under twelve (12) years of age and has killed or seriously injured another person or caused serious damage to another person's property, and services or treatment are necessary to prevent a recurrence and a parent or guardian of the child does not provide, or refuses or is unavailable or unable to consent to, the necessary services or treatment;
- (m) the child is under twelve (12) years of age and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of a parent or guardian of the child or because of the parent or guardian's failure or inability to supervise the child adequately. 1990, c. 5, s. 22; 1996, c. 10, s. 1.

A.3.3.4 Indicators of Abuse and Neglect

The following are indicators that a child may be experiencing abuse or neglect. The child may:

- describe abusive incidents, or describe witnessing violence by or towards a parent/guardian/other adult (e.g., spousal/intimate partner violence)
- have unexplained injuries on the face, head, torso, buttocks, or back of legs where accidental injuries are unlikely to appear; or have injuries inconsistent with the explanation provided
- have unexplained pain, bruises, lacerations, redness, swelling, or bleeding in the genital, vaginal, or anal areas
- have a detailed and age-inappropriate understanding of sexual behaviour, and be preoccupied with sex in conversations and in play
- seek attention and affection inappropriately

- be anxious, depressed, or withdrawn; or engage in self-destructive or aggressive behaviour
- seem afraid to tell parents of minor misdeeds, or be wary of adults in general
- be very dirty and unkempt
- seem malnourished, or be constantly hungry due to inadequate nutrition (sufficient quality and quantity)
- engage in role reversal with their parent/guardian/other adult
- be inadequately dressed for the weather
- be unsupervised or left with an inappropriate caregiver
- have medical problems that have not been addressed
- seem to be suffering from developmental lags that have no obvious physical cause
- have been abandoned
- The following are indicators that a parent/guardian/other adult may be abusing or neglecting a child:
 - offers an illogical, unconvincing, or contradictory explanation, or no explanation for the child's injury
 - is evasive and/or resistant and may show signs of anxiety
 - exhibits signs of indifference to the extent of the injuries and the need for treatment
 - blames the injuries on the child's awkwardness or behaviour
 - makes negative comments indicating the child is bad, stupid, clumsy
 - gives rewards and punishments inconsistently
 - openly rejects the child, or is inconsistent in providing affection, attention and stimulation

- holds unrealistic and age-inappropriate expectations, and makes inappropriate demands on the child

Note: These indicators do not necessarily prove that a child has been abused. They are clues that abuse or neglect may have occurred.

A.3.3.5 Legal Requirement to Report

1. Reporting child abuse or neglect

Under the Children and Family Services Act (Section 23 (1)), every person who has information indicating that a child is in need of protective services shall forthwith report that information to the local Child Welfare agency. This includes all information indicating possible abuse or neglect, regardless whether or not that information is confidential or privileged.

The legislation places an even higher responsibility on persons who provide professional or official duties with respect to children (Section 24). The Employment Support and Income Assistance (ESIA) caseworker is one of these professionals. Professionals are legally obligated to report information of suspected abuse or neglect to a Child Welfare agency. The Act requires that if, in the course of their duties, professionals have information to suspect that a child is being abused, may be abused, or may have been abused in the past, this must be reported forthwith to a Child Welfare agency.

ESIA caseworkers are only responsible for reporting suspected or known abuse or neglect. They are not required to prove that abuse or neglect has occurred. Child Welfare may use the information received by the caseworker to conduct an investigation, to determine whether abuse or neglect has occurred.

Child Welfare referrals should be given top priority. Legal reporting obligations override the confidentiality requirement of all professional relationships, and require professionals to report even if the information is considered to be privileged.

The Children and Family Services Act also sets out the duty to report third party abuse. Section 25 (2) specifies that “every person who has information indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian shall report the information to an agency.” Caseworkers must report situations involving third party abuse or neglect.

2. Protection from liability

The Children and Family Services Act states that legal action cannot be taken against a person who reports child abuse or neglect, unless the reporting is done falsely or maliciously (Section 23 (5)).

3. Penalty for failure to report

The Children and Family Services Act states that any person who fails to report child abuse or neglect is guilty of a summary offence. The penalty is a fine of up to two thousand dollars (\$2,000) and/or imprisonment for a term of up to six (6) months (Section 23 (3)).

Persons who provide professional or official duties with respect to children are liable, under Section 24 (6), to higher penalties if they fail to report. The penalty is a maximum fine of five thousand dollars (\$5,000), and/or imprisonment for a period not exceeding one (1) year. The ESIA caseworker is one of these professionals.

A.3.3.6 The Referral to Child Welfare

The information upon which suspected child abuse and/or neglect is based must be reported to a Child Welfare agency forthwith. To make a Child Welfare referral, the caseworker will call the central Child Welfare office toll free at 1-877-424-1177. To make a referral after regular business hours, on weekends, and on holidays, call 1-866-922-2434.

Caseworkers may also contact their local Child Welfare office. Contact information for these offices can be found online at:

www.gov.ns.ca/coms/departement/contact/Agencies.html

When making the referral, the caseworker will provide Child Welfare with the following information:

- name and contact information of the caseworker making the referral
- name of the child who might need protection, their location, and their date of birth.

Other known information to provide Child Welfare includes:

- observed signs of abuse or neglect
- the relationship between the child and the alleged abuser(s)
- contact information for whoever else may have information about the abuse

- whether there is a family doctor available
- health/safety issues of which the Child Welfare Worker should be aware (e.g., dangerous animals, weapons at the child's residence)

Letter to confirm receipt of referral:

At the time of referral, it is the caseworker's responsibility to request from Child Welfare a written acknowledgment of their receipt of the referral. The caseworker should not request details from Child Welfare about how they will be proceeding with the referral (e.g., whether an investigation will be conducted).

A.3.3.7 Documentation and Follow Up

1. Documentation

A case note that a referral was made to Child Welfare must be documented by the caseworker and placed on the electronic case file. The case note must indicate only that a referral was made. The case note will not include details of the reported abuse or neglect. When/if the caseworker receives the written confirmation from Child Welfare that the referral was received, this will be put in the case file.

If further direction is needed regarding what information about the Child Welfare referral is appropriate for documentation, a supervisor should be consulted. If a supervisor is not available, contact the regional Freedom of Information and Protection of Privacy (FOIPOP) Delegate.

2. Informing a supervisor

A supervisor should be informed as soon as possible that a referral to Child Welfare has been made.

A.3.3.8 Links to Legislation and Helpful Information

- Child Welfare, Department of Community Services
www.gov.ns.ca/coms/families/abuse/index.html
- [*Children and Family Services Act*](#)
- [Freedom of Information and Protection of Privacy DCS Privacy Policy](#)
- [DCS Privacy Brochure](#)

A.3.4 Protection of Adults from Abuse and Neglect

A.3.4.1 Adult Protection Act

The Adult Protection Act (1985) protects from abuse or neglect all persons sixteen (16) years of age and older who cannot physically or mentally protect or care for themselves.

A.3.4.2 When an Adult is in Need of Protective Services

An adult in need of protection is a person who:

- is sixteen (16) years of age or over;
- in the premise where she/he resides, is a victim of physical abuse, sexual abuse, mental cruelty, neglect, or a combination thereof;
- due to physical or mental infirmity, is incapable of protecting her/himself from abuse or neglect; and refuses, delays, or is unable to make provision for her/his protection;
- is not receiving adequate care and attention; is incapable of caring adequately for her/himself due to physical or mental infirmity; and refuses, delays, or is unable to make provision for her/his adequate care and attention.

The *Adult Protection Act* does not cover cases of financial abuse. These cases are of a criminal matter and are investigated by the police under the Criminal Code.

If the caseworker is not sure whether a case falls under the *Adult Protection Act*, she/he will contact an Adult Protection Worker.

Where the situation involves a person who is subject to abuse, but the person does not meet the criteria of the *Adult Protection Act*, the caseworker will intervene as outlined in the Family Violence and Abuse Protocols, Section A.3.2 – Intervention for Spousal/Intimate Partner Violence.

A.3.4.3 Indicators of Abuse and Neglect

The following are just a few of the indicators that an adult may be experiencing abuse or neglect:

- unexplained injuries such as bruises, burns, swelling, fractures, rope marks
- repeated falls, old injuries

- poor skin condition, such as dry, dirty, pressure sores, abrasions
- inability to care for personal needs such as hygiene, toileting, diet
- malnourished, dehydrated, extreme weight loss
- agitation, unexplained fearfulness, particularly in the presence of a family member/care giver
- deference to the family member/care giver (e.g., waits for the care giver to respond to questions when no communication impediment exists)
- confusion

Note: These indicators do not necessarily prove that an adult has been abused. They are clues that abuse or neglect may have occurred.

A.3.4.4 Legal Requirement to Report

1. Reporting adult abuse or neglect

Under Section 5(1) of the *Adult Protection Act*, in a situation where it appears that an adult is in need of protection from abuse or neglect (as stated in the definition of an adult in need of protective services), it is required by law that a referral be made forthwith to the local Adult Protection office. Reporting this information to Adult Protection is a legal obligation, regardless whether or not that information is confidential or privileged. All persons must give top priority to their referral to Adult Protection.

2. Protection from liability

The *Adult Protection Act* states that legal action cannot be taken against a person who reports adult abuse or neglect, unless the reporting is done falsely or maliciously (Section 5 (2)).

3. Penalty for failure to report

The *Adult Protection Act* states that a person who fails to report adult abuse or neglect is guilty of an offence. The penalty for this offence is a maximum of one thousand dollars (\$1,000), and/or imprisonment for a period not exceeding one (1) year (Section 16 (1) and 17).

A.3.4.5 The Referral to Adult Protection

The information upon which suspected adult abuse or neglect is based must be reported to Adult Protection forthwith. To report adult abuse or neglect, the caseworker will call Adult Protection through its Continuing Care phone line (1-800-225-7225) and leave a message with information that will help Adult Protection to proceed with an investigation, if warranted. Required information in this referral includes:

- name and contact information of the caseworker making the referral;
- name of the recipient who might need protection, their location, and their date of birth.

Within seven (7) working days (depending on the urgency of the referral), an Adult Protection Worker may return the caseworker's call to gather more information about the referral.

Information requested by the Adult Protection Worker might include:

- observed signs of abuse or neglect
- the relationship between the recipient and the alleged abuser(s)
- contact information for whoever else may have information about the abuse
- whether there is a family doctor available
- whether there is a need to see the recipient alone
- health/safety issues of which the Adult Protection Worker should be aware (e.g., dangerous animals/weapons at the adult's residence)

Follow-up with Adult Protection authorities

If the caseworker has not been contacted by Adult Protection within one (1) week of making the referral, the caseworker will contact Adult Protection to confirm that the referral has been received. The caseworker will not request details from Adult Protection about how they will be proceeding with the referral (e.g., whether an investigation will be conducted).

A.3.4.6 Documentation and Follow Up

1. Documentation

A case note that a referral was made to Adult Protection must be documented by the caseworker and placed on the electronic case file. This case note must

indicate only that a referral was made. The case note will not include details of the reported abuse.

If further direction is needed regarding what information is appropriate for documentation, a supervisor should be consulted. If a supervisor is not available, contact the regional Freedom of Information and Protection of Privacy (FOIPOP) Delegate.

2. Informing a supervisor

A supervisor should be informed as soon as possible that a referral to Adult Protection has been made.

A.3.4.7 Protection for Persons in Care Act

The Protection for Persons in Care Act (2007) is an extra safeguard that protects from abuse or neglect adults sixteen (16) years of age and older who are patients or residents receiving care from a care facility. All facility administrators and service providers, including staff and volunteers, are liable under this Act to promptly report all allegations of abuse.

The Act intends to protect persons in care from:

- physical abuse
- sexual contact, activity, or behaviour between a patient/resident and a service provider
- non-consensual sexual contact, activity, or behaviour between patients/residents
- mistreatment causing emotional harm
- the administration, withholding, or prescribing of medication for inappropriate purposes
- the misappropriation, improper, or illegal conversion of money or other valuable possessions
- failure to provide adequate nutrition, care, medical attention, or necessities of life without valid consent

Reporting adult abuse and neglect

To report adult abuse/neglect, or for more information about the Protection for Persons in Care Act, call Adult Protection toll free at 1-800-225-7225.

A.3.4.8 Links to Legislation and Helpful Information

- [Adult Protection Act and general information, Department of Health and Wellness](#)
- [Protection for Persons in Care Act and general information, Department of Health and Wellness](#)
- [Freedom of Information and Protection of Privacy Act](#)
- [DCS Privacy Policy](#)
- [DCS Privacy Brochure](#)