
THE ALBERTA DISABILITY SYSTEM BREAKDOWN · APRIL 2026

The Complete Report Series

A Documented Public Record of Alberta's Disability Income System on the Eve of the AISH-to-ADAP Transition

This compilation brings together the full report series produced by **The Alberta Disability System Breakdown** — a public, source-cited record of how Alberta's disability income system functions, what is documented to be changing on July 1, 2026, and what 79,290 Albertans with severe permanent disabilities will face under the Alberta Disability Assistance Program.

Every claim in this volume is traced to a primary source: government legislation, ministerial correspondence, Alberta Government Open Data, Statistics Canada, court records, tribunal decisions, official budget documents, and verified independent reporting. Where allegations appear, they are distinguished from findings. Where the government's own positions appear in tension with each other, those tensions are identified and cited.

The compilation contains thirty individual reports, organized into nineteen primary sections with eleven companion documents that strengthen, expand, or supply structural context for the section they accompany.

ABOUT THIS DOCUMENT:

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta · April 2026

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DO YOU KNOW YOUR MINISTER NIXON

Do You Know Your Minister?

A Documented Public Record of Minister Jason Nixon

The minister responsible for 79,000 severely disabled Albertans — effective July 1, 2026.

The Alberta Disability System Breakdown — April 2026 | Background File

Every item in this document is sourced from court records, tribunal decisions, CBC News reporting, the Alberta Legislature Hansard, and verified independent journalism. This is not opinion. This is the public record.

WHO IS JASON NIXON?

FACT	DETAIL
Full name	Jason John Nixon ECA MLA
Date of birth	May 26, 1980 — Calgary, Alberta
Current title	Minister of Assisted Living and Social Services (sworn in May 16, 2025)
Riding	Rimbey-Rocky Mountain House-Sundre (elected 2015, re-elected 2019, 2023)
Party	United Conservative Party (formerly Wildrose)
Previous portfolios	Minister of Environment and Parks (2019–2022); Minister of Finance (acting); Government House Leader; Minister of Seniors, Community and Social Services (2023–2025)
Family	Father: Pat Nixon, founder of The Mustard Seed. Brother: Jeremy Nixon, MLA Calgary-Klein — first two brothers to sit in the Alberta Legislature simultaneously. Wife Tiffany works for a pipeline company.

FACT	DETAIL
His role in AISH/ADAP	Nixon is the minister responsible for the mandatory transition of 79,000 AISH recipients to ADAP, effective July 1, 2026. He is also responsible for the dollar-for-dollar CDB clawback — the only such clawback in Canada — and the removal of independent appeal rights under Bill 12.

LEGISLATIVE CONDUCT — DOCUMENTED INCIDENTS

The following incidents occurred in the Alberta Legislature — the most formally witnessed environment in the province — and are documented in CBC News reporting, Alberta Hansard, and Speaker’s rulings.

Incident 1 — The Earplug Incident — June 2019

What happened: During an all-night debate on Bill 9 — legislation freezing wages for 180,000 public sector workers — Premier Kenney distributed orange earplugs to UCP MLAs. Multiple witnesses including MLA Thomas Dang and NDP whip David Eggen stated they observed Nixon wearing the earplugs.

What Nixon said:

“Certainly nobody was wearing earplugs during debate inside the legislature, that’s a ludicrous assessment.” When pressed, Nixon revised this to say he was referring only to cabinet members — not the UCP caucus at large — when he said “nobody from government” wore them.

The Speaker’s ruling: Speaker Nathan Cooper found that the NDP were “rightly” offended. He confirmed the statement was misleading but declined to find it a point of privilege — the test requiring the member to have known the statement was inaccurate and intended to deceive. Cooper noted he is “duty-bound” to accept what members say about themselves.

Source: CBC News, June 25, 2019 — “Speaker finds no point of privilege on earplug incident.”

Incident 2 — Insulin Pump Laughter — May 2020

What happened: During the May 9, 2020 legislative session, Nixon was recorded on tape laughing while an NDP MLA presented concerns about 4,000 Albertans with Type 1 diabetes who had just lost coverage under the Insulin Pump Therapy Program — a program the UCP had cancelled. Twenty-five of those affected Albertans were present in the public gallery at the time.

What Nixon said: Nixon denied laughing at those affected. He stated he was sharing a private joke with colleagues while the NDP MLA was speaking, and condemned the Official Opposition for “playing politics.” He

described MLA Janis Irwin's question about what was funny about Albertans losing insulin pump coverage as "ridiculous."

Source: *Alberta Hansard*, May 9–10, 2020, pp. 1263–1264.

Incident 3 — Parks Land Sale Contradiction — March 2020

What Nixon said:

"We are not selling any Crown or public land — period." — Calgary Herald interview, March 5, 2020.

What happened next: On March 31, 2020 — seventeen days later — the province listed a 65-hectare plot of Crown land east of Taber at auction with a starting bid of \$440,000.

Source: *Calgary Herald*, March 5, 2020; *Government of Alberta auction records*.

Incident 4 — Legislature Intimidation — April 2022

What happened: As Government House Leader, Nixon was involved in a confrontation with Independent MLA Todd Loewen during debate on procedural changes. Nixon directed profane language toward Speaker Nathan Cooper and suggested restricting MLAs' ability to submit documents into the legislative record — a proposal the NDP characterized as "chilling" and Loewen called "troubling." Loewen filed a point of privilege alleging Nixon tried to intimidate him into silence.

Resolution: Nixon's remarks were withdrawn by a deputy minister on his behalf. An apology was read into the record. Speaker Cooper declared the matter closed without sanctions.

Source: *CBC News*, April 26, 2022 — *"Alberta legislative spat over intimidation ends with apology."*

PRE-POLITICAL RECORD — LEGAL AND TRIBUNAL HISTORY

The following is sourced from court records, a BC Human Rights Tribunal decision, and verified investigative journalism. Items marked NOT CONVICTED are included because they are part of the documented public record relevant to understanding the minister's history with accountability, women, and institutions.

BC Human Rights Tribunal — 2005–2008

In 2005, Nixon owned Nixon Safety Consulting (NSC), a workplace safety firm operating in BC and Alberta. A 25-year-old mother of three named Kori Harrison was hired as a safety officer on a condo construction project in Kelowna. She reported being repeatedly sexually harassed by the lead contractor's project manager. After she reported the harassment to both the contractor and to Nixon, Nixon fired her on December 20, 2005 — two days before Christmas.

Finding: BC Human Rights Tribunal adjudicator Kurt Neuenfeldt ruled in December 2008 that Nixon's company had discriminated against Harrison. The tribunal found NSC "terminated her employment" at the

“urging” of the developer after she complained.

Nixon’s response (2017, in the Alberta Legislature):

“I deeply regret some of the decisions that were made by myself and my organization while handling that human resources issue.”

Context: The ruling resurfaced when Nixon, as UCP House Leader, stood in the house to voice concerns about NDP legislation designed to toughen workplace harassment rules. Premier Rachel Notley noted: “Instead of defending a woman who complained to him about sexual harassment, two days later he fired her.”

Source: Harrison v. Nixon Safety Consulting and others (No. 3), 2008 BCHRT 462; CBC News; HRD Canada December 2017; Alberta Federation of Labour press release December 2017.

Poaching and Peace Bond — Allison Gentry — 2009–2011

February 6, 2009: Nixon was part of a group who shot a deer on Allison Gentry’s family property — the Sixty-One Ranch near Cremona, Alberta — near a No Hunting sign. Nixon pleaded guilty to poaching in June 2011 and paid a \$500 fine.

November 6, 2009 — the confrontation: When Gentry attempted to photograph the men, Nixon (6’8”) reached through her vehicle window to grab her camera and attempted to catch her arm. According to Gentry’s statement to police and the subsequent peace bond documentation, Nixon said to the men with him: *“Somebody just want to shoot the b—ch?”*

February 2011 — peace bond signed: The peace bond Nixon signed states: *“Jason John Nixon did on the 6th day of November, 2009 at or near Cremona, in the province of Alberta, harm Allison Gentry which causes Allison Gentry to have the said fear contrary to Section 810(1) of the Criminal Code of Canada.”* Nixon paid \$2,000 surety and agreed to stay 500 metres from Gentry’s property and have no contact with her for one year.

Nixon’s public position:

“These are old claims that have already been completely and fully discredited. The allegations are a complete lie.” Nixon maintained that signing the peace bond was not an admission of guilt.

2019 — video banned: UCP lawyers succeeded in having video evidence from Nixon’s 2011 trial — showing his confrontation with a Fish and Wildlife officer — banned from public release. The judge noted the *“risk of harm and prejudice to Mr. Nixon outweighs any interest that the public might have.”*

Source: CBC News, April 8, 2019; CBC News, April 17, 2019; The Sprawl, April 2022; Peace bond — Section 810(1) Criminal Code of Canada.

Wild Horse Killing Allegation — 2009–2011 (Charges Dropped)

An informant claimed Nixon and others shot a pregnant wild horse near Sundre, Alberta, in April 2009. Nixon and three others were charged in January 2010 for wilfully killing cattle and careless use of a firearm. From 2001 to 2010, approximately 30 equine killings had occurred in the Sundre area near Nixon's Mountain Aire Lodge. The Wild Horses of Alberta Society had offered a \$25,000 reward for a conviction.

Outcome: All charges were dropped April 27, 2011 due to lack of conclusive evidence. Nixon and the other defendants subsequently filed a multi-million dollar lawsuit against the RCMP for negligent investigation. The lawsuit was settled out of court.

Source: *The Sprawl*, April 2022.

Athabasca University Students' Union — 2014–2015

Nixon served as Athabasca University Students' Union president from April 2014 until his resignation in May 2015 when he was elected as an MLA. His student union voted to recommend his expulsion from the organization for:

- Taking an executive director salary while allegedly not working for six months.
- Interfering with the student newspaper (removing an issue from the website without the managing editor's consent).
- Raising executive salaries without student consultation and in violation of union bylaws.
- Other bylaw violations.

According to the student publication *The Voice*, Nixon was described as the “highest paid Student Executive in Alberta. And not by a few dollars, but by more than 30%.” Members voted to recommend a forensic audit of AUSU finances.

Note: Nixon was serving simultaneously as the Wildrose Party's critic for “Democracy and Accountability” during this period.

Source: *The Voice* (AUSU student publication); *daveberta.ca*, May 2015.

THE PATTERN

Jason Nixon is now the minister responsible for removing independent appeal rights from 79,000 severely disabled Albertans. He is the person whose word — uncontested by any independent body — will govern the most consequential disability income decision in Alberta's history.

The documented public record of Jason Nixon spans two decades and multiple institutions. Across that record, a consistent pattern emerges:

- **Public statements contradicted by witnesses or subsequent events** — in the legislature, to journalists, and on the public record.
- **Legal and regulatory findings requiring formal responses** — a BC Human Rights Tribunal discrimination ruling, a signed Criminal Code peace bond, a guilty plea to poaching.
- **Suppression of inconvenient documentation** — the student newspaper removed, the court video banned from public release.
- **A specific track record with women** — the fired harassment complainant, the peace bond signed with a woman who feared for her safety, the intimidation allegation from a woman on her own property.
- **Financial self-dealing in positions of institutional trust** — the student union salary scandal, raised without member consultation.

*This is why written, documented, multi-recipient correspondence matters when engaging with Minister Nixon's office. Phone calls leave no record. Written correspondence does. When you send correspondence to his office — **copy it to your MLA, to Premier Smith, to the AISH program, and to your federal MP.** Keep the delivery confirmation. The record belongs to you, not to his office.*

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St. Albert, Alberta | April 2026

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2

DO YOU KNOW YOUR PREMIER SMITH

Do You Know Your Premier?

A Documented Public Record of Premier Danielle Smith

All facts cited to primary sources. All allegations distinguished from findings. The record is presented in full — including actions that benefited AISH recipients.

The Alberta Disability System Breakdown — April 2026 | Background File

This document is not a polemic. It is a documented record of the Premier's public conduct — in the Legislature, before courts and commissioners, and in her public statements — that is directly relevant to the 79,000 AISH recipients whose lives are governed by decisions made by her government.

SECTION 1 — CAREER HISTORY AND POLITICAL BACKGROUND

TIMELINE	ROLE / EVENT
Born April 1, 1971	Calgary, Alberta. Second of five children. Family lived in subsidized housing. Father worked in the oil sector.
University of Calgary	Degrees in English and Economics
Late 1990s–2009	Journalist (print, radio, television); lobbyist for Canadian Federation of Independent Business
2009	Became leader of the Wildrose Party
2012 election	Led Wildrose to Official Opposition status — 17 seats. Elected to Legislature from Highwood.
November 26, 2014	Publicly condemned Wildrose colleagues for crossing the floor. Stated: <i>"there'll be no more floor crossings."</i>
December 17, 2014	Led mass floor crossing — herself and eight Wildrose MLAs — to the governing Progressive Conservatives. Later admitted negotiations had been ongoing for months while she was publicly condemning the act.
2015 election	Defeated in bid for PC nomination. Lost her seat.
2015–2022	Radio host, columnist, commentator

TIMELINE	ROLE / EVENT
October 6, 2022	Won UCP leadership race. Became Premier of Alberta.
May 2023	Led UCP to second consecutive majority — reduced from 63 to 49 seats.
Present	Premier and UCP leader. Next election: on or before October 18, 2027.

SECTION 2 — ETHICS COMMISSIONER FINDING: CONFIRMED BREACH OF THE CONFLICTS OF INTEREST ACT

CONFIRMED FINDING — NOT AN ALLEGATION: *On May 17, 2023, Ethics Commissioner Marguerite Trussler found that Premier Danielle Smith contravened Section 3 of the Conflicts of Interest Act. This is a documented, official finding — not an allegation.*

2.1 What Was Found

ELEMENT	DETAIL
Finding date	May 17, 2023
Finding body	Alberta Ethics Commissioner Marguerite Trussler
Provision breached	Section 3, Conflicts of Interest Act — using ministerial office to influence decisions to further the private interests of another person
Subject of Smith's intervention	Artur Pawlowski — far-right Calgary street pastor facing criminal charges under Alberta's Critical Infrastructure Defence Act related to the 2022 Coutts border blockade
What Smith did	Called Justice Minister Tyler Shandro while he was on vacation to discuss Pawlowski's charges; personally called Pawlowski and told him the charges were politically motivated; told him she contacted Crown prosecutors "almost weekly" to remind them cases had to be "winnable and in the public interest"; shared Rebel News founder Ezra Levant's letter with Shandro

ELEMENT	DETAIL
What Smith told reporters in January 2023	<i>"I've never called a Crown prosecutor. You're not allowed to do that as a politician. Everyone knows that."</i> (Jan. 14, 2023) — contradicted by recorded evidence
Response to investigation	Smith's lawyers sent a demand letter to CBC calling for retraction and apology; Smith said she was <i>"considering suing for defamation"</i>
Response after finding	Publicly apologized; UCP elected to second majority six days later

Sources: CBC News — *"Alberta Premier Smith breached Conflicts of Interest Act, says ethics commissioner"*, May 18, 2023; Global News — *"Timeline of Alberta Premier Danielle Smith and controversy over COVID court cases"*, April 11, 2023; Ethics Commissioner Marguerite Trussler — *Investigation Report*, May 17, 2023.

2.2 Additional Ethics Matters Under Investigation or Inquiry

- **Saudi Arabia trip (2024–25):** Smith accepted private flights and accommodation from the Saudi government during a trip to Saudi Arabia and the UAE. Only disclosed after direct questioning. Smith's office stated everything was cleared by the ethics commissioner. Critics noted the government had previously eased provincial ethics rules to permit politicians to more easily accept gifts under "official business" — rules changed by the same government that then relied on those changed rules as the defence.
- **Alberta Health Services restructuring (2023–ongoing):** A news leak in December 2023 revealed allegations of political interference in AHS operations, including in the hiring of Deena Hinshaw. One physician resigned in protest. A letter signed by over 200 physicians called for an investigation. The AHS procurement scandal (Section 4 of this document) is a continuation of this pattern.
- **Judicial appointments interference (January 2026):** Smith sent a letter to Prime Minister Mark Carney threatening to withhold provincial funding for new judicial appointments unless Alberta received more say in selecting judges for the Court of King's Bench, the Alberta Court of Appeal, and the Court of Justice. Legal scholars described this as constitutionally problematic.

Sources: Ethics Commissioner Trussler report, May 2023; *Prairie Exposed Substack* — *"Power, Privilege, and Secrecy: Inside Danielle Smith's Alberta"*, March 2026.

SECTION 3 — DOCUMENTED CONDUCT PATTERN: STATEMENTS AND ACTIONS

3.1 The Floor Crossing — A Documented Sequence

The floor crossing of December 17, 2014 is significant not only as a political event but as a documented sequence of contradictory public statements.

DATE	STATEMENT OR ACTION
November 26, 2014	Smith publicly condemned two Wildrose colleagues for crossing the floor. Stated: <i>“there’ll be no more floor crossings.”</i> Made public statements of outrage at the act she was simultaneously planning.
December 17, 2014	Smith led herself and eight Wildrose MLAs across the floor to the governing PCs — the leader of the Official Opposition joining the government, unprecedented in Canadian federal or provincial history. She took 440,000+ Wildrose voters’ representation with her.
Subsequent admission	Smith later admitted that negotiations with PC Premier Jim Prentice had been ongoing for months — including during the period she was publicly condemning floor crossings. She knew she was planning to do exactly what she was publicly condemning others for doing.
Smith’s own explanation	<i>“If you’re going to be the official Opposition leader, you have to really want to take down the government and really take down the premier. I don’t want to take down this premier. I want this premier to succeed.”</i>
Outcome	The mass floor crossing is widely credited as a direct cause of the 2015 election of Alberta’s first NDP government under Rachel Notley.

Sources: Wikipedia — Danielle Smith; The Canadian Encyclopedia — Danielle Smith; Dave Berta political blog, December 2014.

3.2 Unsubstantiated Indigenous Heritage Claims

CLAIM / EVENT	FINDING / RESPONSE
2012 — Legislature	Smith invoked her <i>“great-great-grandmother”</i> being a member of the Cherokee Nation, forcibly removed on the Trail of Tears, to claim personal connection to Indigenous oppression.
September 28, 2022 — UCP leadership campaign	Smith tweeted: <i>“As someone with Indigenous ancestry, I honour the heritage of Canada’s Indigenous Peoples as one of our nation’s and province’s greatest treasures and strengths.”</i>

CLAIM / EVENT	FINDING / RESPONSE
November 2022 — APTN investigation	APTN News worked with Canadian and Cherokee genealogists and examined U.S. census reports from the late 1800s. No evidence of Cherokee ancestry found. Smith's claimed ancestor (Mary Frances Crowe) was born in Georgia in 1870 — two decades after the Trail of Tears removal. Smith's ancestors do not appear on the Dawes Roll — the U.S. registry cataloguing members of the Cherokee, Creek, Choctaw, Chickasaw and Seminole nations.
Cherokee genealogist Kathy Griffin	<i>"It's not unusual for settlers from Tennessee, Oklahoma, or Kansas to claim some Cherokee ancestry."</i> — Griffin could find no proof that any of Smith's ancestors were members of any of the three federally recognized Cherokee tribes.
Smith's office response	<i>"Smith hasn't done a deep dive into her ancestry but is proud of her roots."</i> No substantive response to APTN's specific genealogical findings.
Response from Indigenous leaders	At a press conference of Treaties 6, 7 and 8 leaders, the room broke into laughter when Smith's heritage claims were raised. Chief Tony Alexis of Alexis Nakota Sioux Nation: <i>"A true Indigenous person would not go against all the treaty people of this land."</i>
August 2025	Smith was photographed wearing a traditional First Nations ribbon skirt, receiving criticism from Indigenous community members who regard the garment as sacred.

Sources: APTN News — *"Danielle Smith says she has Cherokee roots, but there's no record of them"*, November 2022; CBC News — *"First Nations chief critical of Alberta Premier Danielle Smith's Indigenous heritage claim"*, November 18, 2022.

3.3 Public Health Misinformation — Documented Record

STATEMENT / ACTION	DATE	SOURCE
Stated the unvaccinated were <i>"the most discriminated against group that I have ever witnessed in my lifetime"</i>	October 11, 2022 (first press conference as Premier)	CBC News, October 2022

STATEMENT / ACTION	DATE	SOURCE
Compared COVID vaccinated Albertans to “followers of Adolf Hitler” / invoked Nuremberg Code in relation to COVID vaccine mandates	November 10, 2021 (as Wildrose leader candidate)	Global News; National Observer — Smith apologized May 2023
Stated “moderate cigarette consumption can reduce the risk of COVID-19”	Documented in Canadian Encyclopedia biography	The Canadian Encyclopedia — Danielle Smith
Promoted ivermectin as a treatment for COVID-19 and hydroxychloroquine as a cure	2020–2021 period	The Canadian Encyclopedia
Boycotted wearing the Remembrance Day poppy to protest public health measures	November 2021	Wikipedia — Danielle Smith
Questioned legitimacy of reports of unmarked graves found at residential schools (social media posts on Locals.com)	2021	Wikipedia — Danielle Smith
Expressed support for the Freedom Convoy blockades including the Coutts border crossing	Early 2022	The Canadian Encyclopedia

SECTION 4 — ALBERTA HEALTH SERVICES PROCUREMENT SCANDAL (ACTIVE — RCMP INVESTIGATION ONGOING)

IMPORTANT DISTINCTION: *The allegations in Section 4 have NOT been proven in court. They are documented as allegations from a lawsuit and related investigations. The RCMP investigation is ongoing. Smith and her government deny wrongdoing. These facts are presented because they are publicly documented, the RCMP has confirmed an active investigation, and they are directly relevant to understanding the government's priorities in health administration.*

4.1 The Sequence of Events

DATE	EVENT
2022	MHCare Medical (owner: Sam Mraiche) awarded \$70M contract to import children's pain medication from Turkey during national shortage. Alberta received ~30% of order despite paying full price. The medication received was later withdrawn for safety concerns.
2023–2024	Mraiche provided luxury Edmonton Oilers box seats to multiple cabinet ministers and senior staff in Smith's office. Globe and Mail later reported Mraiche was present in Smith's inner-circle election night suite in 2023. Government eased ethics rules in 2023 making it easier to accept such gifts under "official business."
December 2023	Athana Mentzelopoulos appointed CEO of Alberta Health Services. She launched an internal investigation into AHS procurement, specifically into contracts with private surgical facilities and MHCare-related companies — totalling approximately \$614 million.
December 19, 2023	Mentzelopoulos briefed the AHS Board on her investigation. The Board recommended expanding the investigation and that she consider taking findings to the RCMP.
January 8, 2025	Mentzelopoulos was terminated as AHS CEO — two days before she was scheduled to meet with the Auditor General to discuss her investigation.
January 31, 2025	The entire AHS Board of Directors — which had recommended taking the findings to the RCMP — was dismissed by the government.
February 6, 2025	Globe and Mail reported Mentzelopoulos's lawyer's letter alleging she was fired for investigating. Letter alleged Smith's then-chief of staff Marshall Smith pressured her to approve contracts; that an AHS procurement official had a MHCare email account while negotiating the children's medication contract; and that Marshall Smith told her he "would be taken care of for the rest of his life" in relation to "Sam" (Mraiche).
February 2025	RCMP received a complaint relating to AHS. Mentzelopoulos filed wrongful dismissal lawsuit.

DATE	EVENT
March 2025	RCMP confirmed active investigation and execution of multiple search warrants.
March 2026	RCMP searched MHCare's Edmonton offices. RCMP confirmed ongoing investigation. Mentzelopoulos wrongful dismissal suit continues. Smith's government denied all wrongdoing throughout.

Sources: *Globe and Mail* — “Alberta ousted health services CEO amid probe into medical contracts”, February 6, 2025; *CBC News* — “Former AHS CEO’s lawsuit alleges pressure to sign private surgery deals”, February 14, 2025; *Global News* — “RCMP search MHCare”, March 2026; *The Tyee* — “Health Care Corruption Allegations Rock Smith Government”, February 7, 2025. All allegations unproven in court.

4.2 What the AISH Community Should Understand About This Scandal

The AHS scandal involves hundreds of millions of dollars in health procurement contracts directed to companies with documented ties to government insiders, under a government that simultaneously:

- Cut AISH by \$49 million over three years.
- Clawed back \$190 million/year in federal Canada Disability Benefit funding.
- Cut homelessness funding by \$4 million.
- Cut disability advocacy organizations including Voices of Albertans with Disabilities.
- Raised community housing rent by 63% for the most vulnerable recipients.

The question of fiscal necessity — which the government uses to justify disability income restructuring — is directly undermined by a documented record of hundreds of millions of dollars in health procurement with politically connected contractors, under a government that eased its own ethics rules to make the gift relationships that facilitated those contracts easier to maintain.

SECTION 5 — THE AISH AND DISABILITY RECORD: THE FULL PICTURE

The AISH community’s frustration with Premier Smith is documented and substantiated. But the record is not one-dimensional. It includes both a significant positive decision early in her tenure and a sustained pattern of decisions — and public statements — that have materially harmed the same population.

5.1 What Smith Did For AISH (Credit Where Due)

ACTION	DATE	IMPACT
Re-indexed AISH to the Consumer Price Index	November 2022 announcement — effective January 1, 2023	Reversed the Kenney government's 2019 de-indexation, which had cost recipients purchasing power for four years. The University of Calgary found de-indexation had cost Albertans \$118.6 million more in taxes in 2020 alone. Re-indexation was a meaningful improvement for ~70,000 recipients at the time.

5.2 What Smith's Government Did Against AISH — The Documented Record

DECISION	DATE	IMPACT
Freeze on new AISH applications — caseworker positions cut	2023–2024	AUPE president Sandra Azocar (February 2024): <i>"People with disabilities are tired of waiting to be assessed and to get support. Some have been waiting for more than two years because the government has instituted a freeze on handling new applications. The government has axed the jobs of dozens of case workers and is refusing to fill vacant positions."</i>
Clawback of federal Canada Disability Benefit — dollar-for-dollar	Announced July 2025 — effective September 2025	Alberta is the only province or territory in Canada to claw back the CDB. Net benefit to AISH recipients: \$0. Net saving to Alberta government: ~\$190 million/year. Every other province exempts the CDB.
AISH cut by \$49 million	Budget 2025 — 2025-26 fiscal year	Direct reduction to program funding for 79,000 recipients.
Community housing rent increase — 63% by ministerial order	October 2025	+\$221/month for recipients in community housing — their last affordable housing option.

DECISION	DATE	IMPACT
ADAP transition — Bill 12 passed	December 9, 2025	Creates mandatory transition of all AISH recipients to ADAP effective July 1, 2026. Base benefit \$200/month lower than AISH after transition benefit expires December 31, 2027. Employment exemption cut from \$1,072 to \$700 (ADAP) or \$350 (new AISH). Removes cost-of-living indexing from legislation. Removes independent appeal rights.
Cut disability advocacy organizations	January 2025	Voices of Albertans with Disabilities and Centre to Empower All Survivors of Exploitation and Trafficking defunded under “merit-based programming” mandate.
Homelessness funding cut	2025-26 budget	\$4 million reduction — with further cuts projected.

5.3 What Smith Said Publicly About AISH Recipients — On the Record

STATEMENT	DATE	CONTEXT AND RESPONSE
Said AISH was “ <i>not overly generous</i> ” — then said she wants to ensure programs like AISH “ <i>aren’t overly generous</i> ”	March 2026	CBC News reported: “ <i>The premier said her government wants to ensure programs like Assured Income for the Severely Handicapped, or AISH, aren’t ‘overly generous.’</i> ” AISH pays \$1,940/month — below the poverty line in every major Alberta city.

STATEMENT	DATE	CONTEXT AND RESPONSE
Claimed people are moving to Alberta specifically to access AISH — without providing evidence	March 6, 2026	CBC Calgary asked Smith's office how many people have moved to Alberta to access AISH. No answer was received. Inclusion Alberta CEO Trish Bowman: <i>"We previously asked the province for evidence people are moving to Alberta to access AISH, but have not received data backing up this argument. If we're going to be making social policy that affects tens of thousands of Albertans, it should be based on evidence."</i> NDP MLA Marie Renaud: <i>"People don't move here to live in the lap of luxury of AISH or to wait five years for a PDD contract."</i>
On her call-in radio show	March 2026	Multiple AISH recipients called in with accounts of hardship under the ADAP transition. Smith acknowledged the issues and <i>"hinted at potential adjustments."</i> No policy changes followed.

Sources: CBC News — *"Advocates push back on Danielle Smith's comment that people are moving to Alberta for social programs"*, March 6-7, 2026; AUPE statement, February 2024; Inclusion Alberta — ADAP fact sheets, October and December 2025; People's Voice — *"Alberta's cuts to disability support"*, May 2025.

5.4 The Answer to the Community's Question

The AISH community's frustration with Premier Smith is not based on feeling attacked by her existence. It is based on a documented sequence:

- She re-indexed AISH in 2023 — a genuine improvement.
- Then her government clawed back the federal CDB — uniquely in Canada — returning net benefit to recipients: \$0.
- Then cut AISH by \$49 million.
- Then raised housing costs by 63% for the same population.
- Then passed Bill 12 removing \$200/month, the employment exemption, cost-of-living indexing, and independent appeal rights.
- Then cut disability advocacy organizations that helped recipients navigate those changes.

- Then said AISH might be “*overly generous*” without evidence.
- Then claimed people are moving to Alberta for AISH — without being able to provide a single data point when asked.
- All while her government awarded hundreds of millions of dollars in health procurement contracts to companies with documented ties to government insiders, under eased ethics rules, with an active RCMP investigation now underway.

*The re-indexation was real. So is everything that followed it. **The question the AISH community is asking is not irrational. It is: why was the re-indexation given with one hand and then taken back — and more — with the other?** The documented record does not provide an answer grounded in fiscal necessity. It provides an answer grounded in political priority.*

SECTION 6 — SUMMARY OF DOCUMENTED RECORD

CATEGORY	DOCUMENTED FACT
Ethics Commissioner finding	Section 3 breach of Conflicts of Interest Act — May 17, 2023. Confirmed finding.
Floor crossing	December 17, 2014 — Publicly condemned floor crossings while secretly negotiating one. Unprecedented in Canadian history.
Indigenous heritage claims	Claimed Cherokee ancestry in Legislature (2012) and UCP leadership race (2022). APTN investigation found no genealogical evidence. Smith’s ancestors do not appear on the Dawes Roll.
Public health misinformation	Documented statements comparing vaccinated to Nazi followers; promoting ivermectin; calling unvaccinated “ <i>most discriminated against group</i> ”; questioning residential school unmarked graves.
AHS procurement scandal	Former AHS CEO fired two days before Auditor General meeting. Entire board dismissed. RCMP active investigation confirmed. \$614 million in contracts to politically connected firms alleged. Unproven in court.
Saudi Arabia	Accepted private flights and accommodation from Saudi government. Disclosed only under direct questioning. Defended as cleared under ethics rules — rules the government had previously changed.

CATEGORY	DOCUMENTED FACT
AISH — positive decision	Re-indexed AISH to CPI — effective January 2023. Reversed Kenney’s 2019 de-indexation.
AISH — subsequent decisions	CDB clawback (unique to Alberta, \$190M/year); \$49M AISH cut; 63% housing rent increase; ADAP transition (\$200/month cut, exemption slashed, appeal rights removed); disability advocacy defunded; homelessness funding cut.
Public statements about AISH	“Not overly generous” / “aren’t overly generous” (March 2026); claimed people moving to Alberta for AISH without data to support it (March 2026).

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

3

FINANCIAL REALITY REPORT

Financial Reality Report

Alberta's Disability Income Gap: AISH, ADAP, and the Cost of Living Crisis

A verified, source-cited financial analysis of the gap between what 79,000 AISH recipients receive and what Alberta actually costs in 2026.

The Alberta Disability System Breakdown — April 2026 Report Series | Document 1

A single AISH recipient receives \$1,940/month. Alberta is the only province in Canada to claw back the federal Canada Disability Benefit. ADAP's base benefit is \$200/month lower. No rent cap. Food prices 27% above five-year levels. This is not a budget gap. It is a structural crisis.

EXECUTIVE SUMMARY

This report presents a verified, source-cited financial analysis of the conditions facing approximately 79,000 Albertans currently receiving Assured Income for the Severely Handicapped (AISH). It documents the gap between the income these individuals receive and the actual cost of living in Alberta in 2026 — and quantifies the consequences of the Government of Alberta's decisions to claw back the federal Canada Disability Benefit and transition AISH recipients to the lower-benefit Alberta Disability Assistance Program (ADAP).

All figures in this report are sourced from Statistics Canada, Canada Mortgage and Housing Corporation (CMHC), Dalhousie University, Government of Alberta open data, Inclusion Alberta, and peer-reviewed cost-of-living research. This is not advocacy based on anecdote. These are numbers — and the numbers do not close.

SECTION 1: WHO IS ON AISH — THE NUMBERS

1.1 Current Caseload

METRIC	FIGURE	SOURCE
Total AISH recipients (Sept 2025)	79,290	AB Gov Open Data
Year-over-year caseload increase (2024–25)	+2.4%	AB Gov Open Data
Recipients: single individuals	68,223 (86.0%)	AB Gov Open Data

METRIC	FIGURE	SOURCE
Recipients: single parents	5,426 (6.8%)	AB Gov Open Data
Recipients with CPP Disability income	16,161 (20.4%)	AB Gov Open Data
Recipients with any employment income	12,770 (16.1%)	AB Gov Open Data
Primary condition: physical disability	32,901 (41.5%)	AB Gov Open Data
Primary condition: mental illness	23,940 (30.2%)	AB Gov Open Data
Primary condition: cognitive disorder	22,419 (28.3%)	AB Gov Open Data

Source: Alberta Assisted Living and Social Services Open Data — AISH Caseload, September 2025

1.2 The AISH Benefit in 2026

BENEFIT COMPONENT	AMOUNT
Core monthly living allowance (AISH 2026)	\$1,940/month
ADAP base monthly benefit (July 1, 2026)	\$1,740/month
Transition benefit (July 1, 2026 – December 31, 2027)	+\$200/month top-up — keeps recipients at \$1,940/month during transition
Benefit cut after transition benefit expires (January 1, 2028)	-\$200/month / -\$2,400/year — drops to ADAP base rate
Average total AISH benefits including health/personal	~\$2,307/month
Total AISH program budget (2025–26)	\$1.641 billion
Projected budget decrease over 3 years (Budget 2025)	-\$77 million

Sources: Government of Alberta ADAP page; Rocky Mountain News (Feb 2025); Alberta Doctors' Digest (Nov/Dec 2025); Inclusion Alberta Fact Sheet (Oct 2025)

SECTION 2: THE CANADA DISABILITY BENEFIT CLAWBACK

2.1 What the Federal Government Created

In July 2025, the Government of Canada launched the Canada Disability Benefit (CDB) — a federal income supplement of up to \$200/month (\$2,400/year) specifically designed to reduce poverty among working-age Canadians with disabilities. The federal government explicitly called on provinces not to reduce their own payments when individuals receive the CDB.

2.2 What Alberta Did

*Alberta is the only province or territory in Canada to claw back the Canada Disability Benefit dollar-for-dollar from its own disability recipients. **Every other province exempts the CDB. Alberta does not.***

In a letter dated July 2, 2025, the Alberta government notified AISH recipients that the CDB would be treated as non-exempt income, and that individuals who did not demonstrate they had applied for the CDB would see an equivalent \$200 deduction from their AISH payments. The federal poverty-reduction payment became a provincial budget offset.

2.3 Financial Impact of the CDB Clawback

CALCULATION	AMOUNT
AISH recipients affected (approx.)	~79,000
CDB clawback per person per month	\$200
CDB clawback per person per year	\$2,400
Estimated total annual clawback (provincial)	~\$189,600,000
Net benefit to recipient from federal CDB	\$0
Net saving to Alberta government per year	~\$190 million

*The federal government spent approximately \$190 million per year to fund a benefit for Alberta's disability recipients. **Alberta captured that money and returned nothing to recipients.** Every dollar Ottawa sent to reduce disability poverty in Alberta was redirected to the provincial budget.*

2.4 Comparison: Provincial Treatment of the CDB

PROVINCE/TERRITORY	CDB TREATMENT	NET BENEFIT TO RECIPIENT
Alberta	Clawed back dollar-for-dollar	\$0
British Columbia	Fully exempt	\$200/month
Ontario	Fully exempt	\$200/month
Saskatchewan	Fully exempt	\$200/month
Manitoba	Fully exempt	\$200/month
Quebec	Fully exempt	\$200/month
All other provinces/territories	Fully exempt	\$200/month

Sources: Alberta Doctors' Digest (Nov/Dec 2025); Rocky Mountain News (July 2025)

SECTION 3: THE ADAP TRANSITION — WHAT CHANGES AND WHAT IT COSTS

3.1 The Transition Structure

Effective July 1, 2026, all current AISH recipients will be automatically transitioned to the Alberta Disability Assistance Program (ADAP), unless they meet specific narrow criteria for automatic AISH retention: severe and profound developmental disabilities, eligibility for PDD services, or palliative/terminal conditions.

All other recipients — including those with severe physical disabilities, complex mental health conditions, chronic illness, and documented structural barriers to employment — will transition to ADAP unless they successfully apply to remain on AISH through a new Medical Review Panel process. The decisions of this panel are not subject to appeal.

83.6% of AISH recipients had no employment income in 2023–24. **The suggestion that tens of thousands of Albertans with severe disabilities will secure sustainable employment through ADAP is not supported by evidence.**

3.2 AISH vs. ADAP: Side-by-Side Comparison

PROGRAM FEATURE	AISH (2026)	ADAP (2026)
Monthly benefit (single)	\$1,940	\$1,740

PROGRAM FEATURE	AISH (2026)	ADAP (2026)
Annual benefit (single)	\$23,280	\$20,880
Benefit reduction vs. AISH	—	-\$200/month (after Dec 31, 2027)
Exempt employment income (single)	\$1,072/month (cut to \$350 from July 2026)	\$700/month
Exempt employment income (spouse/partner)	\$2,612/month	\$1,500/month
Cost-of-living indexing	Legislated (2%)	Removed from legislation
Appeal rights (eligibility)	Citizens Appeal Panel	Medical Review Panel — final
Employment participation required	No	Yes — personalized action plan

Sources: Government of Alberta ADAP Program Page; Inclusion Alberta ADAP Fact Sheet, December 2025; Inclusion Alberta Fact Sheet, October 2025

3.3 The Earnings Exemption: What the Government Is Not Saying

The government is presenting the \$700 ADAP earnings exemption as a significant benefit — framing it as the “highest employment income limit among comparable disability income assistance programs in Canada.” What that framing omits is the baseline it is being compared to.

PROGRAM	MONTHLY EARNINGS EXEMPTION	BASE MONTHLY BENEFIT	CHANGE VS. CURRENT AISH
Current AISH (before July 1, 2026)	\$1,072/month	\$1,940/month	Baseline — what recipients have now
New AISH (after July 1, 2026)	\$350/month	\$1,940/month	-\$722/month exemption cut
ADAP (after July 1, 2026)	\$700/month	\$1,740/month	-\$372/month exemption + -\$200 base benefit

THE GOVERNMENT IS COMPARING \$700 TO \$350 — AND CALLING \$700 GENEROUS. The correct comparison is \$700 to \$1,072. ADAP's employment exemption is a \$372/month cut from what AISH recipients currently have. The new AISH exemption is a \$722/month cut. There is no version of these changes that is better than what exists now.

This three-way comparison is the one the government does not present. By framing ADAP's \$700 against the new reduced AISH \$350 — rather than against the current \$1,072 — the government creates the appearance of generosity where none exists. Every AISH recipient who currently earns any employment income will be worse off under either program after July 1, 2026, than they are today.

3.4 Cumulative Financial Impact

LOSS	PER PERSON	FOR ~79,000 RECIPIENTS
CDB clawback (annual)	\$2,400	~\$190 million/year
ADAP benefit cut (after Dec 31, 2027)	\$2,400/year	~\$190 million/year
Combined annual loss (from Jan 2028)	\$4,800/year	~\$380 million/year

SECTION 4: WHAT THINGS ACTUALLY COST IN ALBERTA IN 2026

4.1 Housing: No Rent Cap, No Protection

Alberta is the only major province in Canada without legislated rent increase limits. Landlords may raise rent by any amount, provided 90 days' written notice is given and a minimum of 12 months has passed since the last increase.

PROVINCE	RENT INCREASE CAP (2025/2026)	AISH RECIPIENT PROTECTED?
British Columbia	3% (2025); 2.3% (2026)	Yes
Ontario	2.5% (2025)	Yes
Quebec	5.9% average (2025)	Yes (regulated)
Nova Scotia	5% cap (2025)	Yes
Alberta	No cap — unlimited increases	No

Sources: Province of BC Residential Tenancy Branch; Ontario Ministry of Municipal Affairs; SOSCIP (Jan 2025)

- Alberta experienced a **17.5% year-over-year increase in average listed rent prices in 2024** — the largest in Canada. (Urbanation/Rentals.ca, June 2024)
- Half of the 75 Alberta municipalities surveyed reported average rent increases of 10% or more in 2024. One municipality saw a 37% annual increase. (CMHC/Great West Media, Dec 2024)

- Three-bedroom rents in Alberta surged 21.3% year-over-year, reaching an average of \$2,138/month in 2024. (GIL Property Management, 2024)
- Provincial average rent: \$1,787/month for all unit types as of May 2024 — and rising.

The current AISH living allowance of \$1,940/month is below the average Alberta rent for a three-bedroom unit. A family of four on AISH cannot afford average Alberta rent and have any remaining income for food, utilities, or other expenses.

4.2 Food: Ongoing Inflation Above National Average

FOOD PRICE METRIC	FIGURE	SOURCE
Projected food price increase (2026)	4%–6%	CFPR 2026, Dalhousie
Food prices vs. five years ago	+27%	CFPR 2026
Average family of four food cost (2026)	\$17,571.79/year (\$1,464/month)	CFPR 2026
Year-over-year increase for family of four	Up to \$994.63/year	CFPR 2026
Canadians in food-insecure households	~25%	Food Banks Canada / CFPR 2026

Source: Dalhousie University — Canada’s Food Price Report 2026

For AISH recipients with children who have sensory processing disorders, autism, or medical dietary requirements, food bank access is frequently not a viable option. Children with these profiles often require specific textures, brands, and preparation methods. Food bank donations are not assessed for safety, freshness, or suitability for medically complex children. Out-of-pocket grocery spending for these households is not optional — it is medically required.

4.3 Essential Monthly Costs — Alberta 2026

EXPENSE CATEGORY	ESTIMATED MONTHLY COST	NOTES
Rent (3-bedroom, Alberta average)	\$2,138+	CMHC/Urbanation 2024; no cap
Electricity and natural gas (heating)	\$300–\$400	Higher in winter

EXPENSE CATEGORY	ESTIMATED MONTHLY COST	NOTES
Internet service	\$85–\$110	Required for services, school, medical access
Groceries (family of four)	\$1,464	CFPR 2026 annualized
Transportation (no vehicle; ride service)	\$200–\$400+	Variable based on medical/school needs
TOTAL MINIMUM (approx.)	\$4,187–\$4,512+/month	Before clothing, school supplies, emergencies

A family of four in Alberta requires an estimated \$5,800–\$6,500 per month to cover essential costs. **AISH provides \$1,940/month. The gap is not closeable through existing program structures.**

SECTION 5: WHAT THE MATH ACTUALLY SHOWS

5.1 The Income-to-Cost Comparison

INCOME SOURCE	MONTHLY AMOUNT	NOTES
AISH living allowance	\$1,940	2026 rate
Canada Child Benefit (3 children, approx.)	\$2,473	CRA — designated for children's costs
Housing subsidy (if applicable)	\$650	Not universal; partial offset only
Canada Disability Benefit	\$0 net	Clawed back by Alberta dollar-for-dollar
TOTAL MONTHLY INCOME	~\$5,063	Before any expenses

EXPENSE CATEGORY	MONTHLY AMOUNT	NOTES
Rent (3-bedroom)	\$2,300	Common for families; no cap protection
Utilities	\$350	Conservative estimate

EXPENSE CATEGORY	MONTHLY AMOUNT	NOTES
Groceries (4 people, special dietary needs)	\$900–\$1,200	Above CFPR average; sensory dietary requirements
Internet	\$100	Required for school, medical, services
Transportation (no vehicle)	\$300	Medical appointments, school emergencies
TOTAL MINIMUM MONTHLY EXPENSES	\$3,950–\$4,250+	Conservative estimate

Sources: CFPR 2026; CMHC; Government of Alberta AISH/ADAP documentation; CRA — Canada Child Benefit

The Canada Child Benefit — approximately \$2,473/month for three children with complex disabilities — is **NOT surplus income**. It is absorbed entirely by the children's documented medical, dietary, educational, and safety-related costs. It is not available to offset housing or utilities.

5.2 What Happens After the Cuts

TIMELINE	CHANGE	CUMULATIVE MONTHLY LOSS
July 2025 (past)	CDB clawback begins — \$200 removed from AISH	–\$200/month
July 1, 2026	AISH-to-ADAP transition; \$200 transition benefit offsets cut temporarily	Net: \$0 (temporary)
January 1, 2028	Transition benefit expires — ADAP cut of \$200 takes full effect	–\$200/month (new)
January 1, 2028 (total)	Both losses combined, no longer offset	–\$400/month / –\$4,800/year
Ongoing	ADAP cost-of-living indexing removed from legislation	Growing gap over time

SECTION 6: SYSTEMIC CONTEXT AND POLICY FAILURES

6.1 The Poverty Deepening Cycle

Every dollar paid to a disability income recipient is spent — immediately and locally. It flows into rent, groceries, utilities, transportation, and community services. When that money is clawed back or reduced, the province does not save a net dollar — it shifts the cost to more expensive systems.

- Recipients pushed into housing instability increase demand for emergency shelter and crisis services.
- Inadequate food access increases preventable health deterioration and emergency room use.
- Stress-related mental health crises generated by financial precarity increase demand for psychiatric and crisis services.
- Children in financially destabilized households face compounded developmental and educational impacts, increasing future costs across multiple government systems.

*Reducing AISH/ADAP benefits does not reduce government expenditure. **It redistributes costs to healthcare, emergency services, and child welfare systems** — at higher per-person cost, with no accountability mechanism.*

6.2 Structural Impossibility of Employment for Many Recipients

The ADAP framework assumes that employment is a realistic near-term outcome for the majority of AISH recipients. The data does not support this assumption.

- 83.6% of AISH recipients had no employment income in 2023–24 — not because they lack ambition, but because documented structural, medical, and caregiving barriers make competitive employment impossible for the majority.
- For single parents with children requiring constant supervision and with unpredictable school attendance, there is no reliable employment window. EA absence alone — which can occur without notice on any school day — eliminates the entire workday for parents with no alternative caregiving.
- For recipients with immune deficiencies, any workplace environment constitutes a medical risk. For recipients with severe social anxiety disorders, transit and commuting are functionally impossible. These are not preferences — they are documented clinical realities.
- The 12-year employment gap that affects many long-term AISH recipients is itself a structural barrier to re-entry, independent of all other factors.

SECTION 7: THE CPP DISABILITY CLAWBACK — THE INJUSTICE NOBODY TALKS ABOUT

The Canada Disability Benefit clawback has received significant public attention. The Canada Pension Plan Disability (CPP-D) clawback has not — but it has been quietly devastating AISH recipients for far longer.

CPP-D is a federal benefit for Canadians with disabilities who have worked and contributed to the Canada Pension Plan. In Alberta, every dollar of CPP-D income is deducted dollar-for-dollar from AISH benefits. A person who paid into CPP for 15 years, became disabled, and was approved for both AISH and CPP-D receives the same total income as a person who never worked a day in their life. The CPP-D disappears entirely into the AISH offset.

METRIC	FIGURE
AISH recipients with CPP Disability income (September 2025)	16,161
Percentage of total AISH caseload	20.4%
CPP-D offset against AISH	Dollar-for-dollar — every dollar of CPP-D reduces AISH by one dollar
Net benefit to recipient from CPP-D	\$0 — CPP-D is completely absorbed by AISH reduction
Financial difference vs. someone who never worked	\$0 — identical total income despite CPP contributions

Source: Alberta Assisted Living and Social Services Open Data — AISH Caseload September 2025

THE INJUSTICE: Over 16,000 AISH recipients — more than one in five — contributed to Canada's pension system through work, became disabled, qualified for CPP-D as a result, and receive no financial benefit from having done so. This is not an oversight. It is a deliberate policy choice that punishes prior employment.

SECTION 8: THE ADAP EMPLOYMENT MATH

8.1 What the Government Said

The government framed ADAP as empowering people with disabilities to work without losing their benefits. Minister Jason Nixon stated that people with disabilities “*should not be punished for getting a job.*” The program was marketed as a way to make employment financially worthwhile for recipients.

8.2 What the Math Actually Shows

QUESTION	ANSWER
At what monthly earnings does ADAP become financially equivalent to current AISH?	Over \$2,114/month from employment
What is \$2,114/month equivalent to in work hours?	Approximately 33 hours per week at Alberta's minimum wage
What happens to someone earning less than \$2,114/month on ADAP vs current AISH?	They have LESS total income than under the current AISH program
What does the government's own Case Study 1 in the ADAP Discussion Guide show?	A recipient with \$1,492/month employment income would have \$164 LESS on ADAP than under current AISH earnings exemptions
What percentage of AISH recipients have ANY employment income?	16.4% — 83.6% have no employment income at all

Sources: Gillian Petit, University of Calgary — ADAP analysis cited in CBC News August 21, 2025; Inclusion Alberta ADAP Fact Sheet December 2025; Alberta Government ADAP Discussion Guide Case Study 1

THE GOVERNMENT'S OWN CASE STUDY IS WRONG. The Discussion Guide presented Case Study 1 as an example of someone better off under ADAP. Independent analysis by a University of Calgary economist shows that recipient would actually have \$164 LESS per month on ADAP than under the current AISH earnings exemption structure.

SECTION 9: GENDER, SINGLE PARENTHOOD, AND DISABILITY

9.1 The Numbers

The AISH caseload is nearly evenly split by gender: 52.8% male, 47.2% female as of September 2025. Among AISH recipients, 5,426 are single parents — 6.8% of the caseload, almost entirely women.

9.2 How the ADAP Framework Fails Single Mothers

- The ADAP employment framework assumes employment is achievable through “*employment supports and skills building*.” For a single parent of children with severe disabilities who cannot use after-school care and cannot leave children unsupervised, employment supports do not resolve the structural impossibility.
- The income exemption reduction hits single parents hardest. Current AISH allows parents to exempt \$2,612/month of employment income. Under ADAP, that drops to \$525/month — an 80% reduction,

making employment even less financially worthwhile.

- The cohabitation rule punishes single mothers specifically. AISH policy counts any cohabiting partner's income against benefit eligibility. A single mother who cannot afford a home alone cannot share housing costs without risking her benefits. The policy structurally enforces isolation.
- The Canada Child Benefit is being brought into rent calculations for community housing starting 2027–2028. Money that exists to cover the extraordinary costs of raising children with severe disabilities will be used to increase the rent of their disabled mother.

47.2% OF AISH RECIPIENTS ARE WOMEN. 6.8% ARE SINGLE PARENTS. *The ADAP framework that reduces their employment exemption by 80%, enforces residential isolation through cohabitation rules, and removes appeal rights was designed without a gender-disaggregated analysis of its impact. Programs that ignore gender and caregiving in their design consistently harm women with disabilities more than any other group.*

SECTION 10: WHAT WE ARE ASKING

To the Government of Canada

- Formally review Alberta's treatment of the Canada Disability Benefit as a clawback offset, and assess whether this constitutes a misuse of federal transfer intent.
- Explore legislative or regulatory tools to ensure that the CDB reaches its intended recipients in all provinces and territories.
- Ensure that any future federal disability investments include provincial non-offset conditions as enforceable requirements, not recommendations.

To the Government of Alberta

- Immediately cease the dollar-for-dollar clawback of the federal Canada Disability Benefit. Allow recipients to keep both their AISH benefit and the CDB as intended.
- Pause the mandatory AISH-to-ADAP transition pending meaningful consultation with medical professionals, disability advocates, and affected individuals.
- Restore cost-of-living indexing to legislation for all disability income programs. Removing indexing is a benefit cut in slow motion.
- Implement rent increase caps equivalent to or stronger than those in comparable Canadian provinces.
- Recognize that for many AISH recipients, the barriers to employment are permanent and structural — not motivational. Design programs that reflect clinical reality.
- Restore and maintain the independent Citizens Appeal Panel process for AISH/ADAP eligibility decisions.

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Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

4

HEALTH BENEFITS EROSION REPORT

Health Benefits Erosion Report

AISH Alberta Blue Cross Coverage: What Changed, What Was Cut, and What It Costs Recipients

A documented analysis of how dental, prescription, optical, and mental health coverage has eroded for 79,000 AISH recipients — and the medication–dental interaction at the centre of it.

The Alberta Disability System Breakdown — April 2026 Report Series

Many psychiatric medications, anticonvulsants, immunosuppressants, blood pressure medications, and antidepressants prescribed to AISH recipients as treatment for their qualifying disabilities cause known dental side effects. The very medications that treat the conditions that qualify a person for AISH accelerate dental deterioration — and the dental coverage designed to address that deterioration has been cut.

OVERVIEW: THE HEALTH BENEFITS PICTURE

AISH recipients receive a Health Benefits Card that provides coverage for prescription medications, dental services, optical services, and certain other health supports through Alberta Blue Cross. These benefits are not supplementary — for people with permanent disabilities on fixed incomes, they are the only health coverage available beyond basic Alberta Health Care Insurance.

Over the past several years, a pattern of reductions, hard caps, administrative tightening, and delisting has progressively eroded what AISH health benefits actually cover. These changes have not been announced in the same visible way that financial benefit changes are. They have happened through policy updates, fee schedule amendments, and administrative decisions — but the real-world impact is the same: recipients are paying out of pocket for more and more of their medically necessary care.

SECTION 1: DENTAL COVERAGE — WHAT CHANGED

AISH dental coverage is administered by Alberta Blue Cross under a fee schedule (Schedule C) that sets what procedures are covered and at what rates. On June 3, 2024, the administration of dental claims for AISH and other low-income health benefit programs transferred from the Alberta Dental Services Corporation (ADSC) to Alberta Blue Cross. This transfer came with documented coverage changes.

1.1 Scaling and Root Planing — Hard Cap, No Exceptions

Scaling is the professional cleaning that removes tartar and plaque buildup from below the gumline. For patients with gum disease — which is significantly more common among people taking certain classes of medication — more than the standard amount of scaling is a clinical necessity, not a preference.

COVERAGE ASPECT	BEFORE JUNE 2024	AFTER JUNE 3, 2024
Annual scaling units covered	Up to a set limit, with exception pathway	Hard cap: 8 units per rolling 12 months
Exception requests for additional scaling	Could be submitted and approved based on medical need	NO EXCEPTIONS — hard rule, no pathway
Medical necessity override	Available through exception process	ELIMINATED — no override exists regardless of clinical documentation
Patients on medications causing gum disease	Additional units could be approved	DENIED — cap applies regardless of medication-induced disease

Source: AISH Schedule C — Supplementary Dental Coverage (Effective June 3, 2024), Alberta Blue Cross. Point 7: “No exception requests will be accepted for additional units of scaling, root planing or adjunctive general services.”

MEDICATION CONTEXT: Anticonvulsants, many antidepressants, antipsychotics, blood pressure medications, and antihistamines all cause reduced saliva production (xerostomia / dry mouth). Saliva is the mouth's primary defence against bacterial buildup. Without it, gum disease and tooth decay accelerate dramatically — and the clinical standard of care is more frequent professional cleaning. Under the current hard cap, a recipient whose disability medication is destroying their gum health cannot access medically appropriate cleaning beyond 8 units per year, no matter what their dentist documents.

1.2 General Anesthesia — Hard Cap, No Exceptions

General anesthesia for dental treatment is not a comfort measure for AISH recipients. It is a clinical necessity for patients who cannot safely cooperate with standard dental procedures due to their disability — including those with severe autism spectrum disorder, severe anxiety disorders, uncontrollable movement disorders, intellectual disabilities, and trauma responses that make dental chair treatment impossible.

COVERAGE ASPECT	BEFORE JUNE 2024	AFTER JUNE 3, 2024
General anesthesia units (per 6 months)	Set limit with exception pathway for documented need	HARD CAP: 12 units per rolling 6 months

COVERAGE ASPECT	BEFORE JUNE 2024	AFTER JUNE 3, 2024
Exception requests for additional anesthesia	Could be submitted for complex cases	NO EXCEPTIONS — zero pathway regardless of clinical need
Facility fees (combined with anesthesia)	Covered with anesthesia units	Included within the 12-unit cap — reduces effective treatment time
Patients with disabilities requiring GA for dental	Exception pathway existed	CAPPED — cap applies regardless of documented medical necessity

Source: AISH Schedule C (June 3, 2024), Adjunctive General Services: “Up to 12 units every six months. No exception requests for additional units will be accepted.”

1.3 Fluoride Treatment — Adults Excluded

Fluoride application is one of the primary preventive interventions against tooth decay. It is inexpensive and clinically well-established. AISH coverage excludes fluoride treatment for all adults aged 18 and over.

GROUP	FLUORIDE COVERAGE
Children aged 4 to 17	Covered — once per year
Adults 18 and over	ELIMINATED — no coverage regardless of risk level
Adults on medications causing dry mouth and decay	ELIMINATED — no coverage regardless of documented medication-induced risk
Adults with immune conditions affecting oral health	ELIMINATED — no coverage regardless of clinical documentation

Source: AISH Schedule C (June 3, 2024), Preventive section.

1.4 Dental Crowns — No Posterior Coverage

Crowns restore severely damaged teeth. When a tooth cannot be saved with a filling or root canal, a crown is the last resort before extraction. Under AISH coverage, crowns are not covered for posterior (back) teeth — the molars and premolars that bear the full load of chewing.

TOOTH LOCATION	CROWN COVERAGE
Anterior (front) teeth	Covered — but requires Alberta Blue Cross Review Committee approval
Posterior (back) teeth — molars and premolars	NO COVERAGE — explicitly excluded

TOOTH LOCATION	CROWN COVERAGE
Consequence when a back tooth fails	Extraction is the only covered option — dentures are the end point
Long-term outcome	Recipients lose multiple back teeth and are placed on dentures at younger ages than necessary

Source: AISH Schedule C (June 3, 2024): “No payment will be made for crowns for posterior teeth.”

1.5 Panoramic X-Rays — Once Every Five Years

A panoramic X-ray provides a full-mouth image used to identify problems not visible in standard bitewing X-rays, including bone loss, impacted teeth, cysts, and jaw problems. AISH coverage limits panoramic X-rays to once every five years.

X-RAY TYPE	FREQUENCY LIMIT	CLINICAL CONTEXT
Panoramic X-ray	Once every 5 years	Dental disease for medically complex patients may not wait 5 years between full assessments
Periapical X-rays (single tooth)	Maximum 6 films per year	Limited to targeted views; not a substitute for panoramic imaging
Bitewing X-rays	Maximum 2 films per year	Standard cavity detection; restricted

1.6 Complete Oral Examination — Adults: Once Every Two Years

A complete oral examination is the comprehensive assessment that identifies the full scope of a patient’s dental health. For adults on AISH, this examination is covered once every 24 months. Dentists cannot bill for a full exam more frequently than this under the AISH fee schedule, regardless of the patient’s complexity.

1.7 Dentures — One Set Per Arch Every Five Years

AISH covers complete and partial dentures, but limits replacements to one per arch every five years. This limitation is enforced even when medically documented accelerated bone loss (common in people with immune conditions and on long-term corticosteroid use) makes dentures ill-fitting well before the five-year mark.

1.8 Fee Schedules Frozen at 2017/2019 Rates for Some Procedures

This is one of the least-discussed but most significant structural problems in AISH dental coverage. The reimbursement rates paid to dentists under the AISH program’s Schedule C have not been updated since

2017 for many procedure categories. Dentists who accept AISH patients in 2026 are being paid 2017 rates for those services, while their own costs — staff, materials, overhead, equipment — have risen with inflation.

The practical result: many Alberta dentists decline to accept AISH patients because the reimbursement rate doesn't cover the cost of providing the service. When a recipient calls to book an appointment, they are told the dentist doesn't accept AISH. The coverage technically exists. The access does not. This is a coverage gap that does not appear on any fee schedule.

1.9 Alberta Opted Out of the Federal Canadian Dental Care Plan

The federal Canadian Dental Care Plan (CDCP) was launched to provide dental coverage for uninsured Canadians with household incomes under \$90,000. Alberta chose not to coordinate this federal plan with its existing provincial dental programs, including AISH. As a result, AISH recipients who might have accessed supplemental federal dental coverage could not benefit from this program in the same way residents of other provinces could.

Source: Letter to the Editor, Medicine Hat News, October 24, 2024: "In June, AISH Dental Benefits were moved to Alberta Blue Cross. This has reduced benefits for some AISH recipients. Some of the medications can be hard on teeth, cleanings are recommended more than the once a year that is covered."

Dental Coverage: Full Summary

SERVICE	CURRENT AISH COVERAGE (2026)	CHANGE / IMPACT
Complete oral exam (adults)	Once every 24 months	Limited — no full assessment more than every 2 years
Recall exam	Once every 6 months	Unchanged
Scaling (cleaning)	8 units/year — HARD CAP, no exceptions	Exception pathway ELIMINATED June 2024
Root planing	Combined with scaling — within 8-unit cap	Exception pathway ELIMINATED June 2024
Polishing	2 units per 12 months	Unchanged
Fluoride treatment	Children 4–17 only	Adults 18+ EXCLUDED
Panoramic X-ray	Once every 5 years	Restrictive for medically complex patients
Bitewing X-rays	Max 2 films/year	Unchanged

SERVICE	CURRENT AISH COVERAGE (2026)	CHANGE / IMPACT
Fillings (restorations)	Covered	Unchanged
Root canals	Covered at 2017/2019 fee rates	Rates frozen — dentist access declining
Extractions	Covered	Unchanged
Crowns — anterior (front) teeth	Covered with committee approval	Unchanged — but approval required
Crowns — posterior (back) teeth	NO COVERAGE	Explicitly excluded — extractions are the only option
Dentures	One per arch every 5 years	Unchanged — but restriction problematic for immune conditions
General anesthesia	12 units per 6 months — NO exceptions	Exception pathway ELIMINATED June 2024
Orthodontics for adults 18+	NO COVERAGE	Long-standing exclusion
Dentist reimbursement rates	2017/2019 rates for many procedures	NOT UPDATED — reducing access as dentists decline AISH patients

SECTION 2: PRESCRIPTION DRUG COVERAGE — WHAT CHANGED

AISH prescription coverage is limited to medications listed on the Government of Alberta Drug Benefit List (DBL), administered through Alberta Blue Cross. Drugs not on this list require a Special Authorization application from the prescribing physician. Changes to what is listed, delisted, or restricted directly affect what medications recipients can access without paying out of pocket.

2.1 The Biosimilar Initiative — Mandatory Switches Without Individual Exception

In December 2019, the Alberta government announced the expansion of the Biosimilar Initiative to cover all publicly funded drug plans — including AISH. Biosimilars are medications that are similar (but not identical) to existing biologic drugs whose patents have expired. The initiative mandated that patients on originator biologic drugs switch to biosimilar versions.

STAGE	DATE	WHAT HAPPENED
Initiative announced for public plans including AISH	December 2019	Alberta expanded biosimilar mandate to AISH, Seniors Benefit, Non-Group Coverage
Biosimilars added to Drug Benefit List; originator access restricted	Starting 2020	New prescriptions required biosimilars as first-line; originator biologics required exception
Mandatory switch deadline for existing patients	January 15, 2021	All AISH recipients on originator biologics (Remicade, Enbrel, Lantus, Copaxone, Rituxan, Neupogen, Neulasta) REQUIRED to switch to biosimilar versions
No exception pathway after deadline	Post-January 2021	Patients could not remain on originator biologics through AISH coverage regardless of established treatment stability

Sources: Alberta Health — *Biosimilar Initiative*; Health Coalition of Alberta — *Biologics and Biosimilars Resource Centre*; GaBI Online, November 2020.

The affected originator drugs and their conditions include:

- **Remicade (infliximab):** Crohn's disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriasis
- **Enbrel (etanercept):** Rheumatoid arthritis, psoriatic arthritis, plaque psoriasis, ankylosing spondylitis
- **Lantus (insulin glargine):** Type 1 and Type 2 diabetes
- **Copaxone (glatiramer acetate):** Multiple sclerosis
- **Rituxan (rituximab):** Rheumatoid arthritis
- **Neupogen and Neulasta (filgrastim/pegfilgrastim):** Chemotherapy-related neutropenia, bone marrow disorders

For many patients, biosimilars work equivalently to originators. For some patients with established, stable treatment on an originator biologic — particularly those with complex inflammatory conditions — a forced switch can trigger disease flares. The mandatory nature of the switch, with no individual exception pathway after the January 2021 deadline, meant that clinical stability was not a consideration. If your plan was funded by AISH, you switched. Period.

2.2 Special Authorization — Expanding the Barrier to Access

Many medications require Special Authorization (SA) before AISH will cover them. The physician must submit documentation demonstrating that the recipient meets specific clinical criteria. This process adds time,

administrative burden, and uncertainty to accessing medically prescribed treatments.

Over time, more medications have been moved to Special Authorization status rather than standard benefit coverage. This means:

- Prescriptions are written but not filled while the SA process is underway — sometimes taking weeks.
- If the SA is denied, the recipient either pays full price out of pocket or goes without the medication.
- Physicians must spend unpaid administrative time completing SA forms, reducing the willingness to prescribe newer or more effective treatments to AISH patients.
- Recipients with complex conditions often require multiple SAs simultaneously, creating ongoing administrative burden on both patient and prescriber.

2.3 Drug Benefit List: What Is and Isn't Covered

The Alberta Drug Benefit List is updated quarterly. When a drug is delisted or moved to a more restricted coverage tier, recipients currently on that medication must switch, seek SA, or pay privately. Key structural issues:

- Many newer psychiatric medications, pain management drugs, and immune-modulating therapies are not on the DBL at all — meaning recipients cannot access them through AISH coverage regardless of clinical need.
- Generic substitution is mandatory — pharmacists must dispense the lowest-cost generic unless a physician specifically requests brand (which still may not be covered).
- Some medications used to treat conditions common in AISH recipients — including certain antidepressants, anticonvulsants, and sleep medications — require SA with high documentation thresholds.
- Over-the-counter medications are covered only for specific items on a separate list — many common products (including certain analgesics, antihistamines, and digestive medications) are not covered despite being routinely recommended by physicians.

2.4 Nutritional Products — Narrow Coverage

AISH covers “some over-the-counter items and nutritional products” — language that has remained deliberately vague in official documentation. In practice, medical nutritional supplements, specialized formulas for feeding tube users, and dietary products required for medical conditions are inconsistently covered and often require exception applications. For recipients with conditions such as dysphagia, metabolic disorders, or post-surgical nutritional needs, out-of-pocket costs for required nutritional products are significant.

SECTION 3: OPTICAL AND VISION COVERAGE

AISH optical coverage has remained structurally unchanged in terms of frequency, but the real-world purchasing power of the benefit has declined as eyewear costs have risen with inflation. The coverage

structure is as follows:

BENEFIT	CURRENT COVERAGE	NOTES
Eye examination — adults	One exam every 2 years	Unchanged in frequency; cost of exam has risen; benefit value has not
Eye examination — dependent children under 18	Covered by Alberta Health Care Insurance Plan (not AISH)	AISH does not fund children's eye exams directly
Eyeglasses (frames + lenses) — adults	One pair every 2 years	The allowance paid has not kept pace with actual eyewear costs; many frames and lens types are only partially covered
Eyeglasses — dependent children under 18	One pair every 12 months	Annual replacement for growing children
Contact lenses	Covered only when medically required; ophthalmologist or optometrist documentation required	Narrow eligibility — cosmetic preference not covered
Specialized lenses (progressive, anti-reflective, etc.)	Not covered under standard benefit	Recipients pay the difference — can be substantial for bifocal needs
Repair to existing eyeglasses	Covered once within the benefit period in lieu of replacement	Limited — replacement or repair, not both
Second pair (distance + reading)	Only when bifocal cannot be worn — substantiated by prescription	Narrow eligibility; documentation required

Sources: Alberta.ca — “What you get with AISH” (optical section); AISH Online Policy Manual, Section 05 Optical Benefits; Helio Optometry — AISH Vision Benefits Guide.

THE INFLATION GAP: *The allowance paid for frames and lenses under AISH has not been indexed to optical retail price inflation. A frame-and-lens pair covered at 2015 rates may represent only a fraction of what an equivalent pair costs in 2026. Recipients are expected to select from a limited range of frames covered at the approved rate and may face out-of-pocket costs for any frames or lens options outside that range — with no ability to top up from a fixed income.*

Contact lens eligibility is narrow and requires documentation of specific medical conditions. Qualifying conditions typically include severe anisometropia, keratoconus, aphakia, or corneal irregularities. Standard prescription myopia or astigmatism does not qualify, even when contact lenses are functionally superior for the patient's disability management.

SECTION 4: PSYCHIATRIC AND MENTAL HEALTH CARE — THE COVERAGE WALL

Mental health conditions are among the most common qualifying diagnoses for AISH. Over 30% of recipients carry a primary condition of mental illness — and many others have complex psychiatric comorbidities alongside their primary physical disability. Yet the public mental health system in Alberta provides only a narrow band of what people with severe, chronic, trauma-based, or complex psychiatric conditions actually need to stabilize and function.

THE CORE STRUCTURAL PROBLEM: *Alberta Health Care Insurance Plan (AHCIP) covers mental health services only when delivered by a physician — psychiatrists and GPs. It does not cover private-practice psychologists, therapists, counsellors, or social workers in private practice. For the specialized, evidence-based therapies that treat the conditions most common in AISH recipients — PTSD, C-PTSD, BPD, complex trauma — the public system provides either no access, or access through a years-long wait for a service that may not offer the specific treatment modality required.*

4.1 What Is Covered — and What Is Not

SERVICE / PROVIDER	COVERED BY AHCIP?	AVAILABLE THROUGH AHS / AISH?
GP mental health visit (medication, referral)	Yes — physician billing	Yes — if recipient has a GP (not universal)
Psychiatrist — assessment and medication	Yes — physician billing only	Yes — but wait: 6 months to 18+ months; most do not offer ongoing therapy
Hospital-based inpatient psychiatric care	Yes	Yes — acute crisis only; not ongoing treatment
Crisis line (811)	Yes — no cost	Yes — crisis stabilization only; not therapy
AHS community mental health counselling (via 811)	Yes — publicly funded	Yes — but generalist; wait times variable; no specialized trauma modalities
Registered psychologist (private practice)	NOT COVERED	NOT available through AISH benefits at meaningful levels
Registered social worker (private practice therapy)	NOT COVERED	NOT covered for private therapy

SERVICE / PROVIDER	COVERED BY AHCIP?	AVAILABLE THROUGH AHS / AISH?
Certified counsellor / therapist (private practice)	NOT COVERED	NOT covered
EMDR therapy — trauma processing	NOT COVERED	NOT available through AHS in most regions
Somatic / body-based trauma therapy	NOT COVERED	NOT available through AHS
Individual DBT therapy	NOT COVERED	NOT covered privately; AHS offers some DBT groups — not individual DBT
Cognitive Processing Therapy for C-PTSD/PTSD (private)	NOT COVERED	Limited AHS availability; provider and region dependent
Specialized trauma therapy for C-PTSD, complex trauma	NOT COVERED	NOT consistently available through AHS province-wide
BPD-specific treatment programs (private)	NOT COVERED	NOT covered privately; AHS DBT groups exist with wait times
Neuropsychological assessment (private)	NOT COVERED	NOT covered; often required for disability documentation

Sources: AHCIP schedule; Therapy Alberta — insurance guide; First Session — provincial coverage comparison; HiBoop — Alberta mental health billing guide, February 2026.

4.2 The Psychiatrist Shortage

METRIC	ALBERTA FIGURE	SOURCE / CONTEXT
Psychiatrists per 100,000 — Alberta	10.6	CMHA Edmonton, 2024 State of Mental Health Report
Psychiatrists per 100,000 — national average	13.0	CMHA 2024 — Alberta is below national average
Psychiatrist wait time — public system	6 months to 18+ months	CBC Radio, April 2023; Fraser Institute, March 2026
Mental health as % of Alberta health budget	~5.5%	AHS data, via Best Choice Counselling 2025

METRIC	ALBERTA FIGURE	SOURCE / CONTEXT
Recommended mental health budget allocation	12%	Mental Health Commission of Canada
Alberta suicide rate (per 100,000)	14.3	CMHA Edmonton 2024 — above national average
What most public psychiatrists provide	Diagnosis + medication management only	Ongoing therapy from psychiatrists rare in public system
Rural Alberta psychiatrist access	Severely limited	CMHA 2024 — access is postal code dependent

Sources: CMHA Edmonton — 2024 State of Mental Health Report; Best Choice Counselling — Alberta Mental Health Statistics 2025; Fraser Institute, March 2026; CBC Radio, April 2023.

4.3 The Trauma Therapy Gap — Specific Modalities Not Covered

The most clinically critical gap for AISH recipients is access to specialized trauma therapy. C-PTSD, BPD, and trauma-based depression and anxiety are among the most common psychiatric profiles in the AISH population. The evidence-based treatments for these conditions are specific — and not available through the public system:

- **EMDR (Eye Movement Desensitization and Reprocessing):** WHO-recommended first-line treatment for PTSD and trauma. Requires a trained, certified therapist. Not available through AHS in most regions. Private cost: \$150–\$250+ per session. Not covered by AISH.
- **CPT (Cognitive Processing Therapy):** Structured 12-session protocol for trauma and PTSD. Limited AHS availability; region-dependent; wait times apply; not consistently accessible province-wide.
- **Somatic/body-based trauma therapies (Sensorimotor Psychotherapy, Somatic Experiencing):** Evidence-based approaches for trauma stored in the nervous system. Not available through AHS. Private cost: \$150–\$250+ per session. Not covered.
- **Individual DBT therapy:** Standard of care for Borderline Personality Disorder — requires both individual therapy sessions and skills groups to be clinically effective. AHS offers DBT skills groups only, not individual DBT. Private individual DBT: \$150–\$250+ per session. Not covered.
- **Specialized BPD programs (mentalization-based therapy, transference-focused therapy):** Not available through public system in Alberta. Not covered.

SLIDING SCALE IS NOT A SOLUTION: *Sliding scale therapy is often cited as the answer for low-income Albertans. In practice: most clinics offering sliding scale have limited reduced-rate spots with their own waitlists; “sliding scale” minimums are still \$50–\$80+ per session — money that does not exist in an AISH budget already insufficient for rent and food; and sliding scale general counsellors are not clinically equivalent to specialized trauma therapists. A person cannot access EMDR on a sliding scale if no sliding-scale EMDR therapist exists in their region.*

4.4 The Cost of Not Treating Trauma — and Why It Matters Beyond Recipients

A person with C-PTSD, severe depression, BPD, and social anxiety does not experience these as separate conditions. They compound. Untreated trauma drives untreated depression. Untreated depression intensifies untreated anxiety. Untreated anxiety increases the symptom burden of every physical condition. The cost of not providing appropriate trauma-informed treatment is borne by recipients first — but it does not stop there:

- Untreated mental illness is a primary driver of emergency room visits — at a cost per visit that is often higher than a year of weekly private therapy.
- A single psychiatric hospitalization costs thousands of dollars per day — often more than an entire year of weekly private therapy that might have prevented the crisis.
- Untreated C-PTSD, BPD, and severe depression directly compound physical health deterioration — including dental disease documented in Section 1, immune suppression, cardiovascular risk, and chronic pain — generating additional healthcare costs across systems.
- Untreated parental mental illness affects child outcomes — increasing the likelihood that children require mental health, social services, and eventually disability support.
- Alberta’s mental health budget is approximately 5.5% of total health spending. The Mental Health Commission of Canada recommends 12%. That gap is measurable in crisis calls, hospital beds, and downstream system costs.

SECTION 5: THE COMBINED IMPACT — WHAT RECIPIENTS ARE NOW PAYING

The erosion of health benefits does not show up in the AISH payment amount. It shows up at the pharmacy counter, the dental office, and the optometrist — in the gap between what coverage provides and what the actual cost is. For a population already living at or below the poverty line, these gaps are not inconveniences. They are impossible choices.

SITUATION	WHAT AISH COVERS	WHAT RECIPIENTS PAY OUT OF POCKET
Recipient on antidepressant causing severe dry mouth, needs extra scaling	8 units scaling — no more, no exceptions	Full private dental cost for any cleaning above 8 units

SITUATION	WHAT AISH COVERS	WHAT RECIPIENTS PAY OUT OF POCKET
Recipient with severe ASD needs general anesthesia for all dental work — complex case exceeds 12 units	12 units per 6 months — no exceptions	Full private anesthesia and facility cost for any treatment above cap
Recipient requires a crown on a deteriorating molar	Nothing — posterior crowns excluded	Full private crown cost (\$1,000–\$2,000+) or tooth extraction
Recipient on long-term corticosteroids with accelerated bone loss needs denture relining before 2 years	Reline covered once every 2 years only — any earlier requires committee approval	Full private reline cost or ill-fitting dentures until 2 years pass
Medication switched to biosimilar under 2021 mandate causes disease flare	Biosimilar only — no return to originator through AISH coverage	Full private cost of originator biologic if physician recommends reverting
Recipient needs progressive lenses due to age-related vision change	Standard lens allowance only	Difference between standard lens cost and progressive lens cost — \$200–\$600+
Required medication not on Drug Benefit List	Nothing until Special Authorization approved	Full private cost during SA process, or goes without medication
Recipient's dentist stopped accepting AISH due to 2017 fee schedule	Coverage technically exists	Either find another dentist (difficult) or pay private dental rates

CRITICAL: *These out-of-pocket costs are being borne by recipients who receive \$1,940/month under AISH — an amount already insufficient to cover average Alberta rent. There is no financial buffer. When a dental procedure costs \$800 and isn't covered, that \$800 does not exist. The tooth doesn't get fixed. The infection spreads. The problem becomes a hospital visit. The system saves \$800 at the dental office and spends many times that in emergency care — while the recipient suffers a preventable deterioration in health.*

SECTION 6: WHAT WE ARE ASKING — HEALTH BENEFITS

To the Government of Alberta

- Restore the exception pathway for scaling and root planing. The hard cap of 8 units with zero exceptions is clinically inappropriate for patients whose disability medications are causing gum disease. Medical

necessity must be a factor.

- Restore the exception pathway for general anesthesia. Hard caps on anesthesia for patients who cannot physically tolerate standard dental procedures effectively eliminate dental access for some of the most vulnerable recipients.
- Extend fluoride coverage to adults 18 and over, particularly those on medications that cause dry mouth and elevated cavity risk. The cost of fluoride treatment is a fraction of the cost of treating the tooth decay it prevents.
- Cover crowns on posterior teeth. The current exclusion guarantees earlier tooth loss and denture dependency, at greater long-term cost and human impact. A crown saves a tooth. Losing a tooth is permanent.
- Update dental fee schedules to current Alberta Dental Association rates. Reimbursement rates frozen at 2017/2019 levels have reduced dentist participation in AISH programs. Coverage that no dentist will honour is not coverage.
- Review and update the Drug Benefit List to include newer, evidence-based medications commonly prescribed to people with the conditions that qualify for AISH. The current list excludes many medications that are now standard of care.
- Reduce Special Authorization administrative burden. The SA process delays access to prescribed medications and creates disproportionate administrative load for both recipients and physicians.
- Index optical allowances for frames and lenses to inflation. A benefit whose real-world purchasing power shrinks every year is a benefit cut in slow motion.

To the Federal Government

- Review Alberta's decision not to coordinate the Canadian Dental Care Plan for AISH recipients and other low-income health benefit holders. Federal dental coverage was designed to fill gaps like these — but Alberta's opt-out has left AISH recipients without access to the supplemental federal benefit that comparable residents in other provinces can access.
- Include provincial disability health benefit adequacy in federal accountability and poverty reduction reporting. Income is not the only measure of material deprivation — the erosion of health benefits creates real-dollar hardship that is not captured in benefit rate statistics.

SOURCES AND REFERENCES

All changes documented in this report are sourced from official government publications and Alberta Blue Cross administrative documents.

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

5

ALBERTA HOUSING CRISIS REPORT

This section also contains:

5b Payment Instability — The Assured Income Contradiction

Alberta Housing Crisis Report

No Rent Cap. No Affordable Housing. No Way Out.

A documented analysis of the housing situation facing 79,000 AISH recipients in the only major Canadian province with no legislated rent cap.

The Alberta Disability System Breakdown — April 2026 Report Series

Three simultaneous blows to AISH recipients in 2025–2026: the federal Canada Disability Benefit clawed back by Alberta — \$200/month gone. Community housing rent increased by \$221/month — a 63% increase via ministerial order. ADAP transition cuts \$200/month from January 2028. Combined: up to \$621/month removed from people whose income was already insufficient to cover housing. In a province with no rent cap.

EXECUTIVE SUMMARY

Alberta's housing market is the least protected rental environment in Canada. There is no legislated limit on how much a landlord can increase rent. There is no meaningful provincial affordable housing supply pipeline. Wait lists for subsidized community housing in Edmonton and Calgary now exceed 10,000 and 6,500 applicants respectively — and they are growing faster than units become available.

For Albertans on AISH — receiving \$1,940 per month in 2026 — the housing situation is not difficult. It is mathematically impossible. Average Alberta rent exceeds the entire AISH living allowance. And the small number of AISH recipients who do access subsidized community housing just had their rent increased by 63% through a cabinet order signed without public consultation.

SECTION 1: NO RENT CAP — ALBERTA STANDS ALONE

Alberta is the only major province in Canada with no legislated limit on how much a landlord can increase rent. Landlords may increase rent by any amount, provided they give 90 days' written notice and wait at least 12 months since the last increase. There is no ceiling, no review process, and no mechanism by which a tenant can challenge the amount of an increase.

PROVINCE	RENT CAP (2025)	RENT CAP (2026)	AISH RECIPIENT PROTECTED?
British Columbia	3.0%	2.3%	Yes

PROVINCE	RENT CAP (2025)	RENT CAP (2026)	AISH RECIPIENT PROTECTED?
Ontario	2.5%	2.5%	Yes
Quebec	~5.9% (regulated)	Regulated	Yes
Nova Scotia	5.0%	Regulated	Yes
Manitoba	Regulated	Regulated	Yes
Alberta	NO CAP — unlimited	NO CAP — unlimited	NO

Sources: Province of BC Residential Tenancy Branch; SOSCIP, January 2025; Ontario Ministry of Municipal Affairs and Housing.

- Alberta experienced a 17.5% year-over-year increase in average listed rent prices in 2024 — among the highest in Canada. (Urbanation/Rentals.ca, June 2024)
- Half of the 75 Alberta municipalities surveyed reported average rent increases of 10% or more in 2024. One municipality recorded a 37% single-year jump. (CMHC/Great West Media, December 2024)
- Average rent for a three-bedroom unit in Alberta reached \$2,138/month in 2024 — up 21.3% year-over-year. (GIL Property Management, 2024)
- Edmonton's average rent across all unit types rose approximately 26% between October 2021 and August 2025. (Statistics Canada CPI data, CBC News, October 2025)

WHAT THIS MEANS FOR AISH: *The 2026 AISH living allowance is \$1,940/month. Average Alberta 1-bedroom rent is \$1,500–\$1,900+/month — leaving a single recipient as little as \$40 after rent before food or utilities. 86% of AISH recipients are single individuals. For single parents requiring three bedrooms, average Alberta rent of \$2,138/month already exceeds the entire AISH payment. In a province with no rent cap, this gap widens every year without any legislative protection.*

SECTION 2: THE COMMUNITY HOUSING RENT INCREASE — A 63% HIKE BY MINISTERIAL ORDER

Community housing was the only housing option where AISH recipients had any protection. Under the previous system, \$735 of the AISH monthly benefit was exempted from the income calculation used to set rent. This kept rents at approximately 17% of AISH income — survivable, if barely.

On May 15, 2025, Minister Jason Nixon signed an Order in Council removing that exemption. Beginning October 1, 2025, rent in community housing for AISH recipients is calculated at 30% of total income — with no AISH exemption.

METRIC	BEFORE OCT 1, 2025	AFTER OCT 1, 2025
AISH income used to calculate rent	\$1,166/month (after \$735 exemption)	\$1,901/month (full amount)
Rent charged (30% of eligible income)	\$349/month	\$570/month
Rent as % of total AISH benefit	~17%	~30%
Year-over-year rent increase	—	63% increase
Notice provided to disability advocates	None	Zero consultation

Sources: CBC News, July 9, 2025; Inclusion Alberta media release, July 16, 2025; Civida — SHAR FAQ, July 2025.

COMING NEXT — CHILD BENEFITS AS INCOME: Starting January 1, 2027, the Canada Child Benefit and Alberta Child and Family Benefit will be included as income when calculating Rent Assistance Benefit amounts. Starting January 1, 2028, these benefits will also be counted as income for community housing rent. For single parents of children with severe disabilities, whose Canada Child Benefit is absorbed entirely by their children's medical and care costs, this change treats designated child support as personal income available for housing. It is not.

2.1 Cumulative Income Loss — Stacked

INCOME IMPACT STACKED	MONTHLY AMOUNT
CDB clawback (from July 2025)	-\$200/month
Community housing rent increase (from Oct 2025)	-\$221/month
ADAP benefit cut (from January 2028)	-\$200/month
TOTAL cumulative loss — community housing AISH recipient (from Jan 2028)	-\$621/month
AISH living allowance 2026	\$1,940/month
Remaining after all three losses (from Jan 2028)	\$1,319/month — before any other expense

\$1,319/month before food, transportation, medications, and clothing — for a person assessed by the provincial government as permanently unable to earn a living. This is not a projection. It is the documented result of three separate policy decisions made by the Government of Alberta in 2025.

SECTION 3: THE AFFORDABLE HOUSING WAITLIST — YEARS, NOT MONTHS

Community housing is theoretically the solution for AISH recipients who cannot afford private market rent. It is not a functioning solution. Waitlists in Alberta's two major cities are measured in thousands of applicants. Average wait times are years. And the waitlist is not first-come, first-served — priority is assessed by need, meaning a person can wait for years and still be displaced by a higher-priority applicant.

3.1 Edmonton — Civida Waitlist

METRIC	FIGURE	SOURCE
Total applicants on Civida waitlist	More than 10,000 (October 2025)	Civida statement, CBC News, October 2025
Waitlist in March 2023	7,260 applicants	Civida, cited by CBC News
Waitlist growth	+2,740+ applicants in approximately 2.5 years	Calculated from above
New applicants per month	Approximately 700	Civida statement, October 2025
Civida units housing AISH recipients	16% of current tenants have AISH as primary income	Civida, July 2025

Source: CBC News — “For some low-income families in Edmonton, the wait for affordable housing lasts years.” October 20, 2025.

3.2 Calgary — Calgary Housing Company Waitlist

METRIC	FIGURE	SOURCE
Total applicants eligible and on waitlist	More than 6,500 (2024)	Calgary Housing Company applicant portal
Calgary Housing units managed	More than 9,200 units — housing over 27,000 people	Calgary Housing Company, May 2024

METRIC	FIGURE	SOURCE
Average age of Calgary Housing properties	~40 years old	CEO Sarah Woodgate, CBC News, May 2024
Wait list system	Not first-come, first-served — priority changes daily based on assessed need	Calgary Housing Company
Can Calgary Housing predict when a unit will be offered?	No — explicitly stated on application documentation	Calgary Housing application guide

Sources: Calgary Housing Company application documentation; CBC News — May 15, 2024.

WHAT THE WAITLIST MEANS IN PRACTICE: An AISH recipient who applies to Civida's waitlist today joins more than 10,000 households ahead of them, with 700 new applicants arriving every month. There is no defined wait time. Priority can change at any time — a higher-need applicant can be inserted ahead regardless of wait. There is no functional safety net for someone facing a private-market eviction or a 30% rent increase next month.

SECTION 4: THE INCOME-TO-RENT MATH

Scenario A: Single AISH Recipient, Private Rental (1 BR)

	MONTHLY AMOUNT	SOURCE
AISH living allowance (2026)	\$1,940	Government of Alberta
Average 1-bedroom rent — Edmonton/Calgary area	\$1,500–\$1,900+	CMHC 2024; rising with no cap
Remaining after rent (best case)	\$40–\$440	Calculated
Groceries (single adult, 2026)	\$800–\$1,000	Canada Food Price Report 2026
Utilities (electricity, gas, internet)	\$385–\$510	Alberta utility estimates
RESULT	DEFICIT of \$750–\$1,500+/month	Housing + food + utilities alone exceed income

Scenario B: Single Parent with Children, Private Rental (3 BR)

	MONTHLY AMOUNT	SOURCE
AISH living allowance (2026)	\$1,940	Government of Alberta
Canada Child Benefit (3 children, approx.)	\$2,473	CRA — designated for children's costs
Total household income	~\$4,413	Before any expenses
Average 3-bedroom rent — Alberta 2024	\$2,138+	CMHC/Urbanation 2024
Remaining after rent	\$2,275 or less	For all other costs
Groceries (family of 4, special dietary needs)	\$1,200–\$1,500+	CFPR 2026; higher for sensory dietary restrictions
Utilities	\$385–\$510	Alberta utility estimates
Transportation (no vehicle)	\$200–\$400+	Ride services
CCB designated for children's medical/care costs	Absorbed entirely	Not surplus — covers children's care
RESULT	Operating at deficit or bare minimum	No buffer, no savings, no capacity to absorb rent increases

Note: Canada Child Benefit is income designated for children's costs — food, clothing, medical supplies, therapies. For families with children with complex medical needs, this benefit is not disposable income. It is consumed by the documented costs of caring for these children.

Scenario C: AISH Recipient in Community Housing (Post-October 2025)

	BEFORE OCT 1, 2025	AFTER OCT 1, 2025	CHANGE
AISH living allowance	\$1,901	\$1,940 (2026 rate)	+\$39
Community housing rent	\$349	\$570	+\$221
Net after rent	\$1,552	\$1,370	–\$182
After CDB clawback (\$200)	\$1,352	\$1,170	Further reduced
After ADAP cut (from Jan 2028)	\$1,152	\$970	Further reduced

SECTION 5: THE DISABILITY HOUSING TRAP

AISH program rules create a structural disincentive to cohabitation that directly compounds housing unaffordability. Under current AISH policy, the income of any person sharing a household with an AISH recipient — including a roommate, partner, or any cohabiting adult — may be assessed as part of the household income calculation and used to reduce benefits.

- An AISH recipient cannot take on a roommate to share housing costs without risking benefit reduction based on the roommate's income — even if the arrangement is purely practical.
- An AISH recipient cannot enter into a romantic relationship that progresses to cohabitation without that person's income being assessed and potentially used to reduce benefits.
- An AISH recipient is structurally incentivized to remain living alone — which maximizes housing cost as a share of income and eliminates one of the most common strategies low-income people use to survive a housing crisis.

*The program designed to support recipients' wellbeing has built into its rules a mechanism that prevents the most common cost-sharing solution to housing unaffordability. **In a province with no rent cap and average rents above the AISH living allowance, recipients are told to manage housing costs alone — and then penalized structurally if they try not to.***

5.1 Community Housing Is Not a Universal Solution

- Ground-floor accessible units suitable for families with children who have elopement risk, mobility requirements, or ASD-related safety needs are severely limited in social housing stock.
- Apartment-style community housing presents significant safety challenges for families with non-verbal children with no stranger-danger awareness, active flight risk, or physical aggression.
- Calgary Housing explicitly notes that applicants who restrict acceptable communities “*may prolong the search*” — but families with children in established schools, with medical specialists, and with service provider relationships cannot arbitrarily relocate without serious harm to continuity of care.

*There is no housing solution currently available to an AISH recipient in Alberta that is both accessible and affordable. Private market rent exceeds income. Community housing wait times are years with no guarantee. The rent cap that would limit private market increases does not exist. **The only option the government offers is to wait — in poverty — for a list that may never reach the person at the bottom.***

SECTION 6: WHAT WE ARE ASKING

To the Government of Alberta

- Legislate a rent increase cap for residential tenancies equivalent to or stronger than comparable Canadian provinces. An unlimited rent increase environment combined with a fixed disability income is a structural guarantee of poverty deepening for every AISH recipient in private housing.
- Reverse or significantly modify the October 2025 community housing rent increase for AISH recipients. The removal of the \$735 AISH exemption added \$221/month to the housing cost of the most financially vulnerable tenants, without consultation.
- Halt the planned expansion of rent calculations to include the Canada Child Benefit and Alberta Child and Family Benefit in 2027 and 2028. These benefits are designated for children's costs — they are not household income available for housing.
- Substantially increase the supply of community housing units accessible to families with complex-needs children — including ground-floor units with secure fencing and proximity to established medical and school services.
- Review the AISH cohabitation rules that prevent recipients from cost-sharing with roommates or partners without benefit reduction.
- Develop a specific housing subsidy stream for AISH recipients that bridges the gap between the AISH living allowance and actual Alberta market rents, indexed to rent increases.

To the Government of Canada

- Condition future federal housing transfer payments on provincial implementation of tenant protection measures including rent increase limits.
- Include Alberta's rental market conditions and AISH recipient housing outcomes in federal poverty reduction reporting.
- Expand the National Housing Strategy to include targeted support for people with disabilities in provinces where the combination of no rent cap and inadequate disability income creates a structural housing crisis.

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

Payment Instability & Program Design Failure

The Assured Income Contradiction

How AISH’s own payment instability creates the housing crisis it is supposed to prevent — and why this is a program design failure, not a recipient failure.

The Alberta Disability System Breakdown — April 2026 | Addendum to Report Series

“Everyone tells you to keep three to six months of savings as a buffer. But you cannot build a buffer on income that can be withheld without notice, without appeal, and without a grace period. That is not a personal failure. That is a program design failure — and the government has never had to answer for it publicly.”

The conventional financial advice is simple: maintain an emergency reserve of three to six months of income before any major financial disruption. This advice assumes a baseline — that income arrives reliably, predictably, and with sufficient stability to permit saving. For Albertans on AISH, that baseline does not exist. Payments can be withheld without notice. There is no grace period. There is no emergency buffer program. And there is no appeal mechanism that operates fast enough to prevent eviction when rent is due.

This is not recipients failing to manage money. This is a program designed in a way that structurally prevents the financial behaviour it implicitly expects. The government cannot simultaneously withhold payments without notice AND hold recipients responsible for the consequences of that withholding. One of those positions has to give. This document argues that it must be the program — not the recipient.

SECTION 1: THE WORD ‘ASSURED’ IS A LEGAL COMMITMENT

The Assured Income for the Severely Handicapped program derives its name from a government promise. ‘Assured’ is not a marketing term. It is a program representation — an implicit undertaking by the Government of Alberta that recipients could rely on this income as stable, predictable, and continuous.

“Assured: made certain; guaranteed.” — Oxford English Dictionary

The documented reality of AISH payment delivery contradicts this representation in every material respect:

WHAT ‘ASSURED’ MEANS	WHAT AISH ACTUALLY DELIVERS
<p>Payments arrive reliably each month</p>	<p>Payments can be withheld at any time without advance notice to the recipient</p>

WHAT 'ASSURED' MEANS	WHAT AISH ACTUALLY DELIVERS
Recipients can plan around their income	No statutory requirement for written notice before withholding
Disruptions have a documented process	No formal grace period — rent is due regardless of whether AISH pays
Recipients can appeal payment failures	Appeal mechanisms do not operate on a timeline that prevents eviction
Income stability permits basic financial planning	Structural impossibility of savings accumulation on below-poverty-line income with unpredictable payment schedule
Dignified, dependable support	Landlords write AISH-specific eviction clauses because the income is known to be unreliable — the program's instability is priced into lease terms

FINDING: *The Government of Alberta named this program “Assured.” The program does not deliver what that word means. This is not a semantic argument. It is an evidentiary one — and the evidence is in the program’s own design.*

SECTION 2: THE CAUSATION CHAIN THE GOVERNMENT HAS NEVER ANSWERED FOR

The standard framing of AISH recipient housing instability treats it as a downstream consequence of low income. That framing is incomplete. The causation chain is sharper, more direct, and more damaging — and it runs directly from program design to eviction.

2.1 The Chain

STEP	WHAT HAPPENS
Step 1 — AISH PAYMENT WITHHOLDING IS UNPREDICTABLE	Payments can be withheld at any time. Recipients receive no statutory advance notice. There is no documented public standard for when or why withholding occurs.

STEP	WHAT HAPPENS
<p>Step 2 — LANDLORDS KNOW THIS</p>	<p>Alberta’s private rental market — which has no provincial rent cap — operates with full awareness of AISH payment instability. This is not a secret. It is documented in landlord practice and lease terms across the province.</p>
<p>Step 3 — LEASES ARE WRITTEN ACCORDINGLY</p>	<p>Because AISH income is not assured, landlords write lease clauses that treat non-payment — for any reason — as grounds for immediate eviction proceedings. The program’s instability is priced directly into the legal agreement the recipient must sign to obtain housing.</p>
<p>Step 4 — PAYMENT IS WITHHELD WITHOUT NOTICE</p>	<p>AISH withholds payment. The recipient does not know in advance. Rent is due. The lease clause activates. Eviction proceedings begin.</p>
<p>Step 5 — THERE IS NO BUFFER</p>	<p>Conventional financial advice prescribes three to six months of emergency savings. AISH recipients are documented to live \$6,004 below Canada’s poverty line annually at maximum benefit. There is no surplus from which to save. The buffer cannot be built on the income provided.</p>
<p>Step 6 — EVICTION PROCEEDS</p>	<p>The government’s payment failure becomes the recipient’s housing crisis. The program designed to provide stability has produced instability. The word “Assured” has produced the opposite of its meaning.</p>

FINDING: *AISH payment instability is not a contributing factor to housing instability. It is the mechanism that produces housing instability — directly, predictably, and through a causation chain the government has never been required to address publicly. Every step in this chain is a program design choice. Every step can be changed.*

2.2 The Savings Impossibility

The advice to maintain a three-to-six month emergency financial buffer is sound. It assumes the following conditions exist:

- Income arrives reliably and predictably each month.
- Income exceeds essential expenses by a sufficient margin to permit saving.
- The gap between income and expenses is stable enough to plan around.

- The person has access to credit or other financial instruments as backup.

For AISH recipients, none of these conditions exist:

CONDITION REQUIRED	AISH REALITY
Reliable monthly income	Payments withheld without notice — reliability is not guaranteed
Income exceeds expenses	Recipients live \$6,004 below poverty line annually at maximum benefit
Stable gap for saving	After rent (\$1,500–\$1,900+) and food (\$800–\$1,000), deficit is \$750–\$1,500+/month
Access to credit	Below-poverty income and benefit dependency disqualifies most recipients from credit
Ability to build buffer	Structurally impossible — the math does not permit saving on this income

A program cannot simultaneously keep people below the poverty line AND expect them to maintain the financial reserves that poverty-line income makes impossible to build. That expectation does not reflect personal financial failure. It reflects a program that has never been held accountable for the gap between what it promises and what it delivers.

SECTION 3: THE LEGAL AND RIGHTS FRAMEWORK

Payment withholding without notice, without stated reason, and without a meaningful appeal process raises the following legal and rights concerns:

Section 7 — Canadian Charter of Rights and Freedoms

Security of the person is engaged when government action creates a direct and foreseeable threat to physical security. Unannounced payment withholding that predictably results in eviction — for a population with no financial buffer — creates exactly that threat. The government is not a passive bystander to the housing crisis it precipitates.

Section 15 — Canadian Charter of Rights and Freedoms

The absence of a notice requirement, grace period, or emergency bridge mechanism falls exclusively on persons with disabilities — the only population subject to AISH/ADAP payment rules. Under *Fraser v. Canada* [2020] 3 SCR 113, adverse effects that fall disproportionately on a protected group engage equality rights regardless of whether the policy facially distinguishes between groups.

Alberta Human Rights Act — Section 4

Discrimination in the provision of goods, services, and accommodation on the basis of physical or mental disability is prohibited. A housing market in which AISH recipients face AISH-specific eviction clauses — written in direct response to government-created payment instability — is a housing market that discriminates against persons with disabilities by government design.

Procedural Fairness

Basic administrative law requires that decisions affecting a person's financial stability be accompanied by notice, reasons, and an opportunity to respond. Payment withholding without notice, without stated reason, and without a timely appeal mechanism does not meet this standard.

SECTION 4: WHAT THE GOVERNMENT MUST DO

4.1 30-Day Advance Notice for Payment Changes

Before withholding or reducing any AISH/ADAP payment, the government must provide minimum 30 days written notice with a stated reason and written documentation of the recipient's right to appeal. This is the minimum standard of procedural fairness in any administrative decision affecting basic income.

4.2 Emergency Bridge Payment Within 48 Hours

Where a recipient disputes a withheld payment and rent is imminently due, an emergency bridge payment must be available within 48 hours of a documented request. The government's administrative dispute timeline cannot operate on the recipient's rent schedule.

4.3 Formal Grace Period

A minimum 30-day grace period must be established between any payment withholding and any government-reported non-payment to landlords or housing providers. Recipients must not face eviction as a result of government payment failure during an active dispute.

4.4 Published Withholding Standards

The Government of Alberta must publish clear, public, written standards governing the conditions under which AISH/ADAP payments may be withheld — including the specific triggers, notice requirements, and appeal rights for each. Withholding decisions made without reference to published standards are arbitrary and procedurally unjustifiable.

4.5 Emergency Stabilization Fund

A recipient-accessible emergency stabilization fund must be established to provide bridge support when payment errors, administrative delays, or disputes threaten housing stability. The fund must be accessible

without extensive documentation requirements given that the population it serves has complex disabilities and limited administrative capacity.

4.6 Prohibition on AISH-Specific Lease Clauses

The Government of Alberta must address through residential tenancy legislation the practice of writing AISH-specific eviction clauses into leases. Where these clauses are triggered by government payment failure rather than recipient non-payment, they constitute discrimination on the basis of disability and government-facilitated housing instability.

SECTION 5: SUBMISSION TARGETS

This document is submitted to the following. A written response is requested from each.

RECIPIENT	CONTACT	BASIS
Hon. Jason Nixon — Minister, Assisted Living & Social Services	rimbey.rockymountainhouse.sundre@assembly.ab.ca	Program authority — payment withholding policy
Premier Danielle Smith	premier@gov.ab.ca	Executive authority — program design
MLA Marie Renaud, St. Albert	St.Albert@assembly.ab.ca	Engaged respondent — provincial
Alberta Ombudsman	info@ombudsman.ab.ca	Administrative fairness — pending formal decision
Alberta Human Rights Commission	(formal complaint channel)	s.4 AHRA — disability discrimination
Canadian Human Rights Commission	info.com@chrc-ccdp.gc.ca	ss. 7, 15 Charter — federal jurisdiction

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- *Fraser v. Canada (Attorney General)*, [2020] 3 SCR 113 — adverse effects discrimination.
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- Alberta Disability System Breakdown — Interprovincial Mobility & Charter Rights Report, April 2026.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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6

THE ACCESS BARRIER REPORT

The Access Barrier Report

The Cost of Getting the Benefit Alberta Then Takes Back — Documented with Primary Sources

A documented analysis of the step-by-step access barrier chain an AISH recipient must navigate to obtain the Canada Disability Benefit — from a documented case file held by the campaign, spanning 2019 to 2026.

The Alberta Disability System Breakdown — April 2026 Report Series | All figures sourced from Government of Canada, CRA, CPISA, and verified primary documents on record with the campaign

To access a benefit Alberta then claws back: a recipient must obtain an approved Disability Tax Credit. To obtain the DTC, a physician must complete a government form — at an unregulated, uncapped fee. After navigating all of this, the CDB pays \$200/month. Alberta deducts \$200/month. The net benefit to an AISH recipient: zero. The out-of-pocket cost to access that zero: documented at \$200 per adult application — unreimbursed.

The Canada Disability Benefit (CDB) was created by the federal government in 2024 as a poverty-reduction measure for working-age Canadians with disabilities. It pays up to \$200 per month. Alberta is the only province or territory in Canada to claw back this benefit dollar-for-dollar from AISH recipients.

This report documents not only the step-by-step access barrier chain a recipient must navigate to obtain the CDB before Alberta takes it back — it documents that chain with primary source evidence: timestamped government correspondence, official receipts, CRA account records, and Service Canada letters spanning 2019 to 2026. Every claim in this report is backed by a document held in a case file on record with the campaign.

SECTION 1: THE DEPOSIT STATEMENT TRAP

What the Government Said — and What It Left Out

AISH recipients were notified of the CDB requirement through their monthly direct deposit statements — standard-format letters mailed to recipients. The January 2026 and February 2026 deposit statements (confirmed via primary source on record with the campaign) contain the following language, buried in the body of the statement alongside income tax reminders and address-change notices:

“AISH CLIENTS MUST REPORT THE OUTCOME OF THEIR CANADA DISABILITY BENEFIT (CDB) APPLICATION BY FEBRUARY 28, 2026. IF NO DECISION HAS BEEN MADE BY THAT TIME, \$200 IN CDB INCOME WILL BE REDUCED FROM AISH BENEFITS STARTING IN APRIL 2026.”

— Government of Alberta AISH Direct Deposit Statement, January and February 2026 (Primary source: documented case file on record with the campaign)

That is the entirety of the communication. The deposit statement contains no further guidance. A recipient reading this notice for the first time would encounter the following:

What the statement says:

- Report the outcome of your CDB application by February 28, 2026.
- If no decision has been made, \$200 will be deducted from April 2026 benefits.

What the statement does not say:

- That a Disability Tax Credit (DTC) is a mandatory prerequisite to applying for the CDB.
- That a physician must complete Part B of the T2201 form before a DTC can be processed.
- That physicians in Alberta may charge a fee to complete this form with no regulated maximum.
- That this fee may range from \$75 to \$700 or higher depending on the physician.
- That 650,000 Albertans have no family doctor and may be unable to find a physician willing to complete the form.
- That CRA processing of DTC applications takes 8 to 12 weeks under normal conditions and was severely delayed due to the volume of simultaneous applications created by Alberta's mandate.
- That if an applicant's SIN or identity information does not match CRA records, the CDB application will be administratively denied regardless of eligibility.
- That retroactive lump-sum CDB payments will also be deducted from AISH benefits.

*The deposit statement creates a compliance obligation with explicit financial consequences. It provides no pathway, no prerequisite information, and no guidance for the population it governs — 79,290 people, 28.3% of whom have cognitive disorders as their primary diagnosis. **This is not a communication gap. It is a communication design that maximizes non-compliance through inaccessibility.***

SECTION 2: THE COMPLETE CDB/DTC CHAIN — PRIMARY SOURCE DOCUMENTED

What the Access Barrier Looks Like from Inside a Single File

The following is the documented CDB/DTC access chain for one AISH recipient, drawn from a case file held by the campaign. Every entry in this timeline is supported by timestamped correspondence, official receipts, CRA account records, or Service Canada letters retained in the recipient’s file.

DATE	EVENT	ACTION TAKEN / OUTCOME
Prior to 2025	Previous physician quoted \$700 to complete DTC forms	Fee unaffordable on AISH income. DTC was also functionally useless — it is a non-refundable tax credit with no benefit for people with no taxable income. Forms not completed. DTC allowed to lapse.
Prior to 2025	Previous physician retired	Complete medical file became inaccessible without payment of an excessive copying fee — itself an unregulated, uncapped cost. New physician inherited a patient with no transferred file.
June 1, 2025	New physician completes DTC forms — \$200 fee paid	Fee paid by debit at the treating clinic. Receipt retained. Reimbursement request submitted to AISH same day. Reimbursement not received as of April 2026. DTC submitted to CRA.
June 4–10, 2025	CRA receives and begins review of DTC application	CRA progress tracker confirms receipt June 4, 2025. Status updated to “In progress” June 10, 2025. Processing delay notification issued August 28, 2025: <i>“significant increase in volumes.”</i>

DATE	EVENT	ACTION TAKEN / OUTCOME
<p>August 29, 2025</p>	<p>Recipient submits formal written account to AISH</p>	<p>Timestamped email documents full barrier chain in recipient's own words. Submitted to AISH proactively. Recipient's closing statement: <i>"Poor planning on your part does not constitute an emergency on mine."</i></p>
<p>September 5, 2025</p>	<p>DTC approved — two periods</p>	<p>CRA My Account confirms: 2017–Indefinite (approved) and 2011–2016 (approved). One dependant child listed from 2017. Screenshot retained. CDB applied same day. Confirmation code retained on file.</p>
<p>September 5, 2025</p>	<p>AISH notified — DTC and CDB update</p>	<p>Email submitted with 4 attachments including both CRA progress trackers. Note included: <i>"The government needs to work on their clarity to avoid miscommunication."</i> Notified AISH within hours of approval.</p>
<p>September 12, 2025</p>	<p>CDB denied — administrative SIN mismatch</p>	<p>Service Canada letter (CDB-0008-003): unable to verify identity due to SIN/name/DOB mismatch. Not a denial of eligibility — an administrative processing failure. Deadline to respond: October 16, 2025.</p>
<p>September 26, 2025</p>	<p>SIN updated. Reapplied. Notified AISH.</p>	<p>SIN information corrected through Service Canada. Reapplication submitted same day. Email to AISH with attached documentation. Note: <i>"As always our government offices are stand alone with no cross communication."</i></p>

DATE	EVENT	ACTION TAKEN / OUTCOME
November 4, 2025	Second denial letter received — delayed by Canada Post strike	Letter dated September 12, 2025 arrived November 4, 2025 — 53 days after issue date, due to postal strike. No prior phone, email, or mail contact received requesting additional information. Reapplied same day. Noted: the CDB application asks only for name, DOB, SIN, address, citizenship, and general tax information. Unclear what was “missing or inaccurate.”
November 7, 2025	CDB approved	Service Canada letter (CDB-0003-005): eligible for benefit. \$1,000 lump sum (July–November 2025) deposited December 18, 2025. \$200/month December 2025 through June 2026.
December 4, 2025	CDB approval forwarded to AISH — same day received	Email with both pages of approval letter attached. Sent same day letter arrived.
February–March 2026	AISH deposits show \$2,206 — no communication about clawback	Both February 2026 (deposit date Jan 27) and March 2026 (deposit date Feb 24) statements show \$2,206. No letter, notice, phone call, or email from AISH explaining when the deduction will begin, how it will be calculated, or what the new net amount will be.
April 2026	Status of clawback: unknown to recipient	No communication received. Call centre wait times prohibitive. No individual caseworker to contact. Recipient has complied with every step. The government has not communicated what happens next.

The entire chain — from the first physician fee to the approved benefit — cost the recipient \$200 out-of-pocket, required multiple applications across two government systems, involved an administrative denial caused by a government database mismatch, was delayed by a postal strike outside anyone's control, and ultimately resulted in Alberta clawing back every dollar of the approved benefit. **The deposit statement that started this chain mentioned none of it.**

SECTION 3: IN THE RECIPIENT'S OWN WORDS

Primary Source — August 29, 2025 Email to AISH

The following is drawn from a timestamped email submitted by the recipient to SCSS Edmonton AISH Mail on August 29, 2025 — before the DTC was approved, before the CDB was applied for, and before any deductions occurred. It documents the access barrier chain in real time, in the recipient's own words, submitted through official channels.

“As I need the DTC application approved first in order to apply for the CDB this is where it's at.”

“I allowed my DTC to expire because; 1) I wasn't prepared to pay \$700 for my old family doctor to fill out the forms. And 2) The DTC did NOTHING for me without there being an employment income. So I let it be.”

“Now I have a new doctor who isn't aware of all of my health issues due to my previous doctor going into retirement and my full medical file being unavailable without an excessive charge to have it copied. Which I am not in the financial position to pay for.”

“However, my new doctor was able to fill out the new forms at the charge of \$200 and the application was submitted June 1st. Due to the backing up at the government level, the CRA office deadlines for approvals are taking longer. Which AISH should be aware of by now.”

“Due to people trying to rush the process and applying for the CDB before having the DTC in place it's essentially crashing the system.”

“If the DTC had been mandatory in the beginning much like the application of CPP was during the AISH application process this issue could have been avoided. AISH has a history of making radical changes while expecting its recipients to adapt and overcome barriers and unrealistic expectations.”

“Poor planning on your part does not constitute an emergency on mine.”

— The recipient, August 29, 2025 (Primary source: timestamped email to SCSS Edmonton AISH Mail, on record with the campaign)

This email was sent before any government deadline had passed, before any deduction had occurred, and before any formal advocacy was undertaken. It is a real-time account of a recipient attempting to comply with a mandatory process she had not been given adequate information to complete — and documenting exactly why.

SECTION 4: INACCESSIBLE COMMUNICATION DESIGN

The Elimination of the Human Translation Layer

Government communications to AISH recipients assume a level of administrative literacy, technological access, and physician availability that the recipient population does not uniformly possess. The problem is not only that the deposit statement omits critical information — it is that the mechanism previously available to bridge that gap no longer exists.

The Caseworker-to-Call-Centre Transition — Documented in a Single Inbox

From 2019 through 2024, AISH correspondence in this case file went directly to named workers with direct email addresses at the Edmonton AISH office. The recipient could reach her worker by name, escalate to a named supervisor, and receive individual responses within days. This is documented in a continuous email record on file with the campaign.

The transition point is January 14, 2025. The SCSS Edmonton AISH Mail address — the same address the recipient had been using for five years — returned the following auto-reply:

“Thank you for your email, this is an auto reply to acknowledge your message has successfully gone through and that it will be processed in the order it was received.”

“General Inquiries will not be responded to from this email.”

— SCSS Edmonton AISH Mail auto-reply, January 14, 2025 (Primary source: documented case file on record with the campaign)

This is the caseworker model ending — documented by the auto-reply itself. The individual worker who could read the file, exercise judgment, and communicate directly was replaced by a queue. The accountability that came with a named contact dissolved.

The Private Email Revelation — March 2023

A March 2023 exchange between the recipient and an AISH Generalist provides the most precise documentation of how the accountability structure had already begun to erode before the formal call-centre transition. When the recipient submitted documents to the worker’s direct email address, the Generalist responded:

“Good morning [recipient] — this e-mail is only for private documents within the government. This is not accessible to other AISH workers. If you send in a question to this e-mail and I am not in the office for days it will not be seen.”

“All documents are in order.”

— AISH Generalist, March 16, 2023 (Primary source: documented case file on record with the campaign)

The direct line the recipient had obtained through the public staff directory was not a true accountability mechanism. If the worker was absent, the email went unseen. No coverage, no escalation, no continuity. The call-centre transition formalized what this exchange reveals was already structurally true: the individual connection existed on paper but could not be relied upon.

Accessibility and the Recipient Population

The AISH caseload includes 28.3% of recipients with cognitive disorders as their primary diagnosis. It includes recipients with acquired brain injuries, autism spectrum disorder, severe depression, and psychotic disorders. The deposit statement — the primary vehicle for communicating compliance requirements with financial consequences — is:

- Written in standard bureaucratic English with no plain language alternative.
- Formatted identically to every other notice, with no visual urgency marking.
- Delivered by mail with no confirmation of receipt or comprehension.
- Unaccompanied by any caseworker call, follow-up, or explanation.
- Addressed to a population many of whom have no one to help them parse it.

The UNCRPD Article 9 (Accessibility) and Article 21 (Freedom of Expression and Access to Information) require that information be provided in accessible formats and through accessible means. The Alberta Human Rights Act requires reasonable accommodation. A compliance deadline buried in a deposit statement does not meet these standards for a population defined by severe and permanent disability.

SECTION 5: THE COMPLIANCE RECORD

Counter-Evidence to the Narrative That Recipients Fail to Comply

The following documents every compliance action taken by the recipient in this case file between 2019 and 2026. Every entry is supported by a timestamped document. Entries marked **(Recipient)** indicate actions initiated proactively without prompting. Entries marked **(Government Request)** indicate government-initiated requests to which the recipient responded.

DATE	ACTION	INITIATED BY
Jan 30, 2019	Proactive notification of file transfer from prior office. Voicemail and email sent to incoming worker before transfer completed.	Recipient
Feb 4, 2019	Landlord confirmation letter submitted — lease, damage deposit, payment schedule. Submitted same week as move-in.	Recipient
Apr 17, 2019	2018 Notice of Assessment submitted. Filed and sent same month available from CRA.	Recipient
Jun 1, 2021	June AISH benefit missing. No letter, notice, or call received. Recipient discovered on cheque line. Emailed worker directly, CC'd supervisor, notified MLA — all same day. Reattached prior notice of assessment proactively. Cause: AISH had outdated phone number on file despite update over one year prior.	Recipient
Aug 10, 2021	AADL equipment request for a dependent — found more affordable option independently. Submitted update proactively.	Recipient
Aug 28, 2021	Chiropractic evaluation results submitted with documentation. Clinical finding: twisted hips and shoulder strain significantly impairing physical capacity. Submitted unprompted.	Recipient
Mar 9, 2022	Glasses missing for over a month. Migraines worsening. Requested coverage for second pair. Gas and power bill increased significantly. Cost of groceries and children's clothing increased. Notice of assessment attached proactively.	Recipient

DATE	ACTION	INITIATED BY
Mar 14, 2022	Eye appointment follow-up — notified AISH that new glasses cannot be scheduled until later in year due to provider scheduling.	Recipient
Jan 30, 2023	Queried whether affordability supplement applies to dependent children under same file number. Government response: does not include dependents.	Recipient
Mar 16, 2023	Bank statements submitted — two accounts. Complete written explanation: no bonds, no savings, no income beyond AISH and child tax. Confirmed all transactions.	Government Request
Dec 19, 2023	Dental and health update submitted. Documented one year of oral infections, liquid diet, tooth loss, multiple emergency dental visits. Long-term immune condition diagnosed 2018. Cannot have general anesthesia. Surgery scheduled. Requested support for procedure.	Recipient
Jun 5, 2024	Vision emergency reported — halos and prisms observed during night driving. Possible major prescription change, glaucoma/cataract screening required. Coverage not refreshing for several months. Requested emergency coverage authorization.	Recipient
Mar 6, 2025	Cost-of-living summary submitted. Documented grocery, fuel tax, electricity, and rent increases. Requested discussion of live-in support arrangement to offset costs. Original email sent January 2025. Resent March 6 with note that no response had been received.	Recipient

DATE	ACTION	INITIATED BY
Jun 24, 2025	DTC medical fee receipt (\$200) submitted. Reimbursement requested. Never reimbursed.	Recipient
Jul 2–24, 2025	Account status request from AISH. Full itemized financial breakdown submitted same day: AISH, GST, child tax, rental subsidy, all accounts explained. No response for over a week. MLA constituency assistant emailed ministry directly to expedite.	Government Request
Aug 29, 2025	Formal written account of full DTC/CDB access barrier chain submitted to AISH — timestamped email. Documented all barriers including physician fee, expired DTC, inaccessible medical records, CRA processing delays.	Recipient
Sep 3, 2025	Medical transportation reimbursement — August 2025. Twenty attachments. Eight separate trips itemized: psychology, dental, mental health, hospital ×2, provincial lab, OT, women's health, pediatric.	Recipient
Sep 5, 2025	DTC approval and CDB application submitted same day. CRA My Account screenshot retained. All attachments included.	Recipient
Sep 26, 2025	SIN update completed. CDB reapplication submitted same day. AISH notified with documentation.	Recipient
Nov 4, 2025	Second CDB denial letter received (delayed by Canada Post strike). Reapplied same day. AISH notified.	Recipient
Dec 4, 2025	CDB approval letter forwarded to AISH — same day received.	Recipient

DATE	ACTION	INITIATED BY
Jan 31, 2026	2026–2027 lease renewal submitted proactively.	Recipient
Mar 29, 2026	Executive Summary and Personal Impact Statement submitted — signed and dated — to Premier, Minister, MLA, AISH/ADAP, and Alberta Ombudsman.	Recipient

This file has been continuously compliant for ten years. Every document request was answered promptly. Every change in circumstances was reported. Every annual notice of assessment was submitted the month it became available. Every lease renewal was filed proactively. Every government error — the wrong phone number, the held cheque, the missing file transfer — was identified, corrected, and documented by the recipient, not the government.

SECTION 6: THE ORIGINAL ACCESS CHAIN — STEP BY STEP

The Documented Sequence Every AISH Recipient Must Complete

The following is the documented sequence a person on AISH must complete to receive the Canada Disability Benefit. Each step is a barrier. For a population defined by permanent, severe disability — many of whom have no family doctor, no transportation, and limited administrative capacity — each barrier is a point of failure.

Step 1 — Apply for the Disability Tax Credit

Before a person can apply for the CDB, they must hold an approved Disability Tax Credit (DTC) certificate from the Canada Revenue Agency. The DTC is a non-refundable federal tax credit. There is no alternative gateway to the CDB.

- The DTC application form (T2201) has two parts: Part A is completed by the applicant; Part B must be completed by a qualified medical practitioner.
- The CRA processes DTC applications in approximately 8 to 12 weeks under normal conditions. At high-volume periods — such as Alberta’s mandatory mass application in 2025 — this extends significantly.
- Forcing 79,290 AISH recipients to apply for the DTC simultaneously, under threat of a \$200 deduction, created the processing backlog that then generated the compliance failures Alberta used to justify those deductions. The system created its own crisis.

*AISH recipients are legally required to apply for all federal programs they may be eligible for — including the CDB. **Failure to complete this process by February 28, 2026 resulted in an automatic \$200 deduction from April 2026 AISH benefits.** Recipients were being penalized for not completing a process that depends on physician availability, physician willingness, application processing time, and CRA approval — none of which are within a recipient's control.*

Step 2 — Obtain Physician Completion of the Form

Part B of the T2201 form must be completed by a physician or other regulated health professional. This creates two intersecting barriers.

Barrier A: You must have a physician.

As documented in the Healthcare Worker Shortage Report, 650,000 Albertans have no family doctor. Family practices accepting new patients collapsed from 887 in 2020 to 164 in 2024. Walk-in physicians will frequently decline to complete complex disability forms for patients they have seen once.

Barrier B: Physicians may charge a fee to complete the form.

The College of Physicians & Surgeons of Alberta (CPSA) confirms that physicians may bill patients directly for services not covered by Alberta Health Care — explicitly including the completion of government and insurance forms. There is no regulated maximum fee in Alberta.

DOCUMENTED FEE INSTANCE	AMOUNT
St. Albert clinic, June 2025 — primary source receipt on record with the campaign, paid by debit	\$200.00
GP completing T2201 for adult AISH recipient — St. Albert clinic, 2024 (documented invoice, no prior price agreement)	\$520 billed — reduced to \$135 after dispute
Previous physician quoted to complete T2201 — Edmonton area, prior to 2025	\$700 quoted — not completed

Step 3 — Submit the DTC Application and Wait

Once Part B is completed and payment made, the T2201 is submitted to CRA. Processing takes 8 to 12 weeks under normal conditions. Alberta's mandatory mass application effectively crashed the CRA processing system, extending timelines significantly. Recipients who submitted early — before the system was overloaded — received approvals. Recipients who submitted later faced delays they did not cause and could not control, and were then penalized for those delays by Alberta's February 28, 2026 deadline.

Step 4 — Apply for the CDB

Once a DTC is approved, the recipient may apply for the Canada Disability Benefit through Service Canada. The CDB application asks for name, date of birth, SIN, address, citizenship status, and general tax information. If any of this information does not match CRA records — including a SIN that was previously issued under different information — the application will be denied on administrative grounds regardless of eligibility. Reapplication resets the 28-calendar-day processing window.

Step 5 — Alberta Claws Back the Benefit

Once approved, the CDB pays up to \$200/month. Alberta treats this as income and deducts it dollar-for-dollar from AISH benefits. The net financial benefit to an AISH recipient who successfully navigates all four preceding steps: zero. The cost of accessing that zero: documented at \$200 or more per adult application.

SECTION 7: WHAT IS BEING ASKED

To the Government of Alberta

- Immediately cease the dollar-for-dollar clawback of the Canada Disability Benefit. Alberta is the only province or territory in Canada to do this. Every dollar of the CDB received by an AISH recipient should remain with that recipient.
- Retroactively reimburse AISH recipients for the \$200 deducted from April 2026 benefits where the deduction was caused by CRA processing delays outside the recipient's control.
- Reimburse all documented DTC physician fees incurred by AISH recipients in compliance with the government's own mandate. The reimbursement commitment was made. It must be honoured.
- Redesign all compliance communications to meet plain language accessibility standards. Every AISH compliance notice must state the complete prerequisite chain, the associated costs, and the pathway — not only the deadline and the consequence.
- Restore individual caseworker access for AISH recipients. The call-centre model eliminates accountability and disproportionately harms recipients with cognitive, psychiatric, and communication-related disabilities.

To the Government of Canada

- Legislate that the Canada Disability Benefit cannot be used as a provincial income offset. Alberta's clawback directly nullifies the federal poverty reduction intent of the benefit. A non-binding call to provinces is not sufficient.
- Accelerate the proposed \$150 supplemental CDB payment to offset DTC certification costs. As of April 2026 this payment has not been made.
- Review the DTC gateway requirement for CDB eligibility in provinces that claw back the benefit in full. Where a province eliminates the net benefit, the DTC application process imposes costs and burdens with no corresponding benefit to the recipient.

- Require provincial non-clawback compliance as a condition of federal disability benefit participation — not as a recommendation.

SOURCES AND REFERENCES

Primary Sources — Documented Case File on Record with the Campaign

- Timestamped email correspondence between the recipient and SCSS Edmonton AISH Mail / CSS Edmonton AISH, 2019–2026. Includes: file transfer notification (Jan 30, 2019), landlord confirmation (Feb 4, 2019), notice of assessment submissions (2019–2025), medical result submissions (2021–2023), chiropractic evaluation (Aug 2021), dental update (Dec 2023), vision emergency (Jun 2024), cost-of-living submission (Jan/Mar 2025), DTC reimbursement request (Jun 24, 2025), account status disclosure (Jul 2025), August 29, 2025 access barrier account, medical transportation reimbursement with twenty attachments (Sep 3, 2025), DTC/CDB update (Sep 5, 2025), CDB reapplications (Sep 26, Nov 4, 2025), CDB approval forwarded (Dec 4, 2025), lease renewal (Jan 31, 2026).
- Direct deposit statements — Government of Alberta AISH, January 2026 (deposit date Jan 27, 2026) and March 2026 (deposit date Feb 24, 2026). CDB compliance notice included.
- Receipt for DTC completion — St. Albert medical clinic, June 24, 2025. \$200.00 paid by debit.
- CRA My Account screenshot — September 5, 2025. DTC approved 2017–Indefinite and 2011–2016. One dependant child listed.
- DTC progress trackers — Application 80657091 (received Jun 4, delayed to Sep 26) and 81257854 (received Jun 24, completed Sep 5, 2025).
- CDB confirmation screenshot — Application successfully submitted September 5, 2025.
- Service Canada CDB denial letter — September 12, 2025. CDB-0008-003. SIN/identity mismatch. Administrative, not eligibility.
- Service Canada CDB approval letter — November 11, 2025. CDB-0003-005. Approved November 7, 2025. \$1,000 lump sum December 18, 2025. \$200/month December 2025–June 2026.
- MLA Marie Renaud constituency office correspondence — July 2025. Confirms direct intervention with ministry to expedite response to account status request.
- AISH Generalist email — March 16, 2023. Confirms personal email not accessible to other AISH workers; documents communication limitation of direct-worker model.
- SCSS Edmonton AISH Mail auto-reply — January 14, 2025. Confirms transition to call-centre model. States: *“General Inquiries will not be responded to from this email.”*

Government and Institutional Sources

- Government of Alberta — AISH Direct Deposit Statement format. AISH CDB/DTC notification, January and February 2026.
- College of Physicians & Surgeons of Alberta (CPSA) — Physician billing for form completion. cpsa.ca/faqs. No regulated maximum identified.

- Canada Revenue Agency — Disability Tax Credit, T2201 form and eligibility criteria. [canada.ca](https://www.canada.ca)
- Government of Canada — Canada Disability Benefit program. Service Canada. Application process, eligibility, and payment schedule. [canada.ca/en/services/benefits/disability/canada-disability-benefit.html](https://www.canada.ca/en/services/benefits/disability/canada-disability-benefit.html)
- Government of Alberta — AISH Caseload Open Data, September 2025. 79,290 recipients; 28.3% cognitive disorder primary diagnosis; 83.6% zero employment income.
- Healthcare Worker Shortage Report — companion document. 650,000 Albertans without a GP; 887 to 164 accepting practices (2020–2024).
- Financial Reality Report — companion document. Alberta is the only province or territory in Canada to claw back the Canada Disability Benefit dollar-for-dollar from disability recipients.
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) — Articles 9 (Accessibility), 21 (Freedom of Expression and Access to Information), 19 (Independent Living). Canada ratified 2010.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Find the public group on Facebook: [facebook.com/share/g/1CrU5PfHha/](https://www.facebook.com/share/g/1CrU5PfHha/)

7

BROKEN ACCESS, STRIPPED RIGHTS — CASEWORKER, APPEAL & HUMAN RIGHTS

This section also contains:

- 7b** The Appeal Process That Caught 1 in 3 Errors
- 7c** Interprovincial Mobility & Charter Rights — The Structural Cage

Broken Access, Stripped Rights

The AISH Caseworker Crisis, the ADAP Appeal Rights Removal, and Why This Is a Human Rights Issue

A fact-based submission documenting the systematic erosion of procedural rights for 79,000 Albertans with severe permanent disabilities — and the human rights frameworks Canada has formally ratified that the ADAP transition engages.

The Alberta Disability System Breakdown — April 2026 | A Fact-Based Submission from Alberta's AISH Recipients

The Government of Alberta has eliminated individual caseworkers, created a call centre no one can get through, passed legislation removing appeal rights, and is now asking 79,000 people with severe permanent disabilities to prove they deserve their benefits to a government-appointed panel with no ability to challenge the outcome — three months before a federal election.

This document fact-checks every claim in that paragraph, maps each documented fact to applicable human rights frameworks, and presents the case that what is happening in Alberta is not merely a policy disagreement — it is a systematic erosion of the procedural rights of a protected class of people, in violation of domestic and international human rights obligations Canada has formally ratified. It can be sent alongside the main Financial Reality Report and its accompanying addenda.

EXECUTIVE SUMMARY

Since 2024, the Government of Alberta has progressively dismantled the frontline infrastructure that AISH recipients depend on to navigate their benefits. Individual case workers have been eliminated and replaced by a centralized call centre. Dozens of caseworker positions have been axed and vacancies left unfilled. Caseloads for remaining staff have reached up to 200 — more than twice the recommended maximum. Backlogs are months deep. And now, with the ADAP transition on July 1, 2026, this already overwhelmed system is expected to absorb 79,000 assessments simultaneously, with regulations still being written.

At the same time, Bill 12, passed on December 9, 2025, permanently removed the independent appeal rights that AISH recipients held for decades. The transition from AISH to ADAP cannot be appealed. Decisions by the new government-appointed Medical Review Panel are final, with no recourse to the independent Citizens Appeal Panel that existed under the previous system.

THE HUMAN RIGHTS PROBLEM IN ONE SENTENCE: *The Government of Alberta has eliminated individual caseworkers, created a call centre no one can get through, passed legislation removing appeal rights, and is now asking 79,000 people with severe permanent disabilities to prove they deserve their benefits to a government-appointed panel with no ability to challenge the outcome — three months before a federal election.*

SECTION 1: THE CASEWORKER CRISIS — WHAT HAPPENED AND WHEN

1.1 The Elimination of Individual Case Workers

For most of AISH's 47-year history, recipients were assigned an individual caseworker — a specific person with access to their complete file, their medical history, their benefit history, and their personal circumstances. When a problem arose, recipients called their worker directly. The worker knew their situation. The buck stopped there.

Beginning in 2024 and accelerating through 2025, the Government of Alberta restructured this model province-wide. Individual case worker assignments were eliminated and replaced by a centralized call centre system. Anyone calling for help is connected to whoever is available — not someone who knows their file, not someone who has spoken to them before, and not someone with time to understand a complex situation.

In September 2025, Calgary AISH recipients received letters informing them that as of September 18, they would no longer have an individual AISH worker. Direct worker phone lines were scheduled to be shut off by November 17, 2025. The call centre had already been implemented across most of the rest of the province prior to this.

“As of Sept. 18, AISH recipients in the Calgary area have had their calls directed to the first available AISH staff member, who has access to case information and is equipped to answer questions promptly.” — Government of Alberta spokesperson Amber Edgerton, September 2025

“When you had a worker, the buck stopped here. That person would take care of your issue no matter how complicated or simple. With the call centre, sometimes you can get a hold of someone more easily, but if your issue is complicated it has a tendency to get shuffled aside or it gets lost in the paperwork.” — Don Slater, disability advocate and AISH recipient, Yahoo News Canada, September 2025

1.2 Caseworkers Axed, Vacancies Frozen, Caseloads Exploding

The call centre restructure did not happen in a staffing vacuum. It happened alongside a deliberate reduction in the workforce that supports it:

“The government has axed the jobs of dozens of case workers and is refusing to fill vacant positions. People with disabilities are tired of waiting to be assessed and to get support. Some have been waiting for more than two years because the government has instituted a freeze on handling new applications.”
 — Sandra Azocar, President, Alberta Union of Provincial Employees (AUPE), February 2024

By January 2025, the situation had worsened further:

“AUPE members are reporting caseloads of up to 200, well above the recommended maximum of 90–105.” — AUPE, January 2025

STAFFING METRIC	FIGURE	SOURCE
AISH recipients (September 2025)	79,290	Alberta Gov Open Data
Recommended maximum caseload per worker	90–105	AUPE, January 2025
Reported actual caseload per worker (high end)	Up to 200	AUPE, January 2025
Caseworker positions axed (approximate)	‘Dozens’	AUPE President Azocar, Feb 2024
Temporary workers hired (summer 2024)	30–40	AUPE, January 2025
Status of those temporary workers	Axed — new hiring freeze in place	AUPE, January 2025
Backlog on paperwork processing	Often 2–3 months behind	People’s Voice, May 2025
ADAP assessments to be added to workload — July 2026	~79,000	All current AISH clients

WHAT THE NUMBERS MEAN: *If the recommended maximum caseload is 90–105 per worker and there are 79,290 recipients, the system requires at minimum 755–881 workers operating at capacity to function appropriately. Workers are currently carrying up to 200 files each — more than double the maximum — while vacancies go unfilled and new hires are frozen. The system was already broken before ADAP was announced. ADAP will require these same overwhelmed workers to assess all 79,000 current recipients for program placement, process reapplications to AISH, manage employment plans, and respond to a population already unable to get anyone on the phone.*

1.3 The Call Centre: “Nobody Could Get Through”

The call centre restructure was designed, according to the government, to provide faster access and more consistent service. The documented reality is the opposite. Recipients report being unable to reach anyone, being told to call back without the ability to leave a message, and when finally connected, speaking to someone unfamiliar with their file who cannot resolve complex issues.

“Nobody could get through. They were told to phone back tomorrow and told to phone back tomorrow each day. So AISH has been slammed.” — Don Slater, disability advocate and AISH recipient, commenting on attempts to reach AISH during the CDB clawback confusion, Yahoo News Canada, September 2025

“So now there’s no longer one caseworker for each person; instead, when you go (to the office), if you get to see someone it’s someone different every time. She also points out it’s often difficult to get through on the phone and actually speak to a human being.” — Bev Muendel-Atherstone, Chair, Friends of Medicare Lethbridge, Lethbridge Herald, October 2025

The consequences of inaccessible staff are not theoretical. During the CDB clawback confusion of late 2025, recipients who needed to notify AISH that they had begun applying for the Canada Disability Benefit — and who were promised their \$200 would not be deducted if they were in contact — could not reach anyone to make that notification. Their cheques were reduced anyway. When recipients received the wrong deduction through no fault of their own, the only instruction was to contact their AISH office — the same office no one could reach.

1.4 Workers Don’t Have the Answers Either

The anxiety and uncertainty experienced by AISH recipients about the ADAP transition is not simply a communication failure on the government’s part. It is structural. The workers staffing the call centre are themselves operating without complete information about how the ADAP transition will work, because the regulations that govern it were not finalized when the transition was announced.

“This is a major announcement from the government, but there’s not a single word on how the plan will be funded, resourced and staffed. Staff with Assured Income for the Severely Handicapped are already overwhelmed, and will now have an even greater and more complex workload.” — Sandra Azocar, AUPE Vice-President, February 2025

“Based on the chaos created last year, workers have no confidence in the government’s ability to make this work. AISH cases are complex and Alberta Disability Assistance Program cases will be the same.” — AUPE Vice-President Sandra Azocar, 2025

The ADAP Discussion Guide, released August 2025, explicitly stated that key details — including the income clawback rates that determine whether a person is financially better or worse off under ADAP — would be “set out in a Ministerial Order later this spring.” As of April 2026, many recipients are still awaiting final details on how their specific situation will be assessed and classified.

When an AISH recipient calls the line and asks what will happen to their file, their income, their medications, or their housing subsidy after July 1, 2026, the person who answers — if anyone does — cannot tell them. Not because they are withholding information, but because the information does not fully exist yet. Recipients are expected to prepare for a life-altering program transition based on incomplete regulations, delivered through an inaccessible call centre, by staff who are themselves operating without answers.

1.5 The Invisible Population: People Waiting to Get On AISH at All

Every section of this document has focused on the 79,290 people currently receiving AISH. There is another population that has received almost no public attention: the people who have applied for AISH, have been approved or are awaiting determination, and have been waiting — some for more than two years — for their case to be processed. These are people with permanent, severe disabilities. They have no income support while they wait. They are not on AISH yet. They are not counted in the caseload. They do not appear in the statistics. And the government has made their situation actively worse.

“People with disabilities are tired of waiting to be assessed and to get support. Some have been waiting for more than two years because the government has instituted a freeze on handling new applications. The government has axed the jobs of dozens of case workers and is refusing to fill vacant positions.” — Sandra Azocar, President, Alberta Union of Provincial Employees (AUPE), February 2024

The government imposed a freeze on processing new AISH applications at the same time it axed caseworker positions. The result is a backlog of people who are living without income support while their applications sit unprocessed. These are not administrative delays with minor consequences. For a person with a permanent disability who cannot earn income, two years without AISH is two years of housing crisis, food insecurity, and medical deterioration — during the period when they most needed support.

APPLICATION BACKLOG METRIC	FIGURE	SOURCE
Maximum documented wait for AISH application processing	2+ years	AUPE President Sandra Azocar, February 2024
Government action on caseworker positions (same period)	Dozens axed; hiring freeze in place	AUPE, February 2024
Government action on new applications	Freeze on handling new applications	AUPE, February 2024

APPLICATION BACKLOG METRIC	FIGURE	SOURCE
Families waiting across disability programs (AISH, FSCD, PDD)	~12,000	AUPE, January 2025
Income available to AISH applicants during the 2+ year wait	Potentially none — Income Support is the only alternative, with strict criteria	Alberta.ca AISH application information

THE PEOPLE NOT YET COUNTED: *Every data point in this document — the 79,290 recipients, the 83.6% with no employment income, the caseload ratios — represents people already on AISH. There is no public data on how many people are waiting to get on AISH, how long they have been waiting, or how many have given up. The government froze applications and axed the workers who would process them. These people exist. They are not counted. They have no advocate in these statistics.*

SECTION 2: THE PAPERWORK BURDEN — FEES, BARRIERS, AND THE DOCTOR YOU CAN'T FIND

Every major disability program interaction in Alberta requires physician-completed paperwork. AISH applications, ADAP reassessments, DTC applications, specialist referral letters, school documentation, benefit appeals — all require a physician’s signature on forms that take clinical time to complete. That time is not covered by AHCIP. It is an uninsured service. And the physician charges the patient.

For a population living on a fixed income already assessed as insufficient to cover basic costs, mandatory paperwork fees represent a compounding access barrier that the system has designed in but never resolved.

2.1 The Forms and What They Cost

DOCUMENT	WHO MUST COMPLETE IT	COST TO RECIPIENT	COVERED?
AISH Application — Part B Medical Report (9 pages)	Physician only — nurse practitioners cannot sign all sections	Physician discretion — uninsured service; fees vary by clinic	NOT covered. Recipient responsible. Government explicitly states: “Your doctor may charge you for this service.”

DOCUMENT	WHO MUST COMPLETE IT	COST TO RECIPIENT	COVERED?
ADAP Reassessment — Disability Assistance Medical Report	Physician or approved medical professional	New fee for each reassessment — uninsured service	Government covers ONE assessment for current AISH clients transitioning to ADAP. Any subsequent reassessments: recipient's cost.
Disability Tax Credit — Form T2201 Part B	Physician, NP, or approved specialist	Up to \$300 per form	Federal government committed funding in Budget 2024 — reimbursement model still not finalized as of 2025. In the interim: paid upfront, repayable advance from AISH only.
Specialist letters for appeals, school, or documentation	Specialist physician	Varies — uninsured service; typically \$50–\$200+ per letter	NOT covered
Psychoeducational assessment (children with complex needs)	Registered psychologist	\$2,000–\$4,000+ privately	NOT covered privately; school-based assessments have years-long wait times
Medical records transfer for new provider	Clinic	\$25–\$100+ administrative fee	NOT covered — regulated fee schedule applies

Sources: *Alberta.ca* — “How to apply for AISH” (explicit statement of physician fee responsibility); *Alberta Medical Association — Uninsured Services guide* (albertadoctors.org); *Inclusion Alberta — CDB Fact Sheet, July 2025* (DTC fees up to \$300); *Government of Canada 2024 Disability Advisory Committee report*

THE TAX PROBLEM: AISH income is non-taxable. This means most AISH recipients have no taxable income against which to claim the Medical Expense Tax Credit — the mechanism that would otherwise allow Canadians to recover some of the cost of disability-related medical expenses on their tax return. The people who face the highest administrative costs have the least ability to recover them through the tax system.

2.2 Only 24% of DTC Applications That Are Started Get Completed

The Government of Canada's 2024 Disability Advisory Committee report documented a striking finding: only 24% of online DTC applications that are begun are actually completed. The report identified the time-consuming and complex application process as the primary barrier, and concluded that “more support and accessibility in the process is needed for applicants to successfully complete the process.”

This means that roughly three in four people who attempt to access the Disability Tax Credit — the gateway requirement for the Canada Disability Benefit — abandon the process. For AISH recipients in Alberta, this incomplete application means: no DTC, no CDB, and a \$200/month deduction from AISH regardless. The administrative complexity of a mandatory federal form is being used to justify reducing benefits from people who cannot navigate that complexity.

2.3 You Need a Doctor to Do This — and Alberta Has 650,000 People Without One

The AISH Part B Medical Report, the DTC T2201 form, and the ADAP Disability Assistance Medical Report all require physician involvement. In January 2024, the *Edmonton Journal* reported directly on this barrier:

“Why would I have to get a doctor to sign a form for my own patient? So, that's ridiculous. Number 2: there aren't enough family physicians for people to go to.” — Nurse practitioner Wonitoway-Raw, Edmonton Journal, January 11, 2024 — on the AISH application requirement for physician-only signatures

The Alberta Medical Association has formally stated that upwards of 650,000 Albertans are searching for a family doctor. The number of family practices accepting new patients has collapsed from 887 in 2020 to 164 in 2024. An AISH recipient without a family doctor who needs a physician to complete a mandatory form has no straightforward path to getting that form completed — particularly if they also cannot access public transit, cannot leave home on difficult days, and have been on a wait list for a new GP for months or years.

2.4 The ADAP Reassessment Adds a New Layer of Cost and Complexity

Under the ADAP transition, every AISH recipient who wants to return to AISH must submit a new Disability Assistance Medical Report. The government has committed to covering the cost of one medical assessment for current AISH clients who transition to ADAP and later choose to be reassessed for AISH. But this commitment has important limitations:

- It covers one assessment only — if that assessment is rejected by the Medical Review Panel and the recipient wants to try again, any subsequent assessment is at the recipient's cost.
- It assumes the recipient has a physician who will complete the form — in a province where 650,000 people have no family doctor, this assumption is not valid for a significant portion of recipients.
- It assumes the recipient can coordinate the form completion, submit it correctly, and navigate the process — a process that is itself a documented barrier even when the cost is covered.
- The government has added a list of pre-qualified medical professionals recipients can access if their own doctor won't complete the form — but this list, its availability, and access procedures had not been clearly

communicated to recipients as of the time of writing.

THE CIRCULAR PROBLEM: *To keep AISH, you need a doctor to sign a form. To access the benefit that pays for your medications and living costs, you need that form. But the system has eliminated 723 family practices accepting new patients since 2020. The people most dependent on physician paperwork are the people least likely to have ready access to a physician willing and able to do it.*

2.5 What We Are Asking — Paperwork and Access

- Expand the list of professionals authorized to sign AISH and ADAP medical forms to include nurse practitioners, registered psychologists, and specialists with established treating relationships — without requiring a separate physician countersignature. Nurse practitioners are regulated, qualified professionals who know their patients. The current restriction to physicians only creates an artificial bottleneck that has no clinical justification.
- Cover all physician fees associated with mandatory AISH, ADAP, and DTC form completion — not as a repayable advance, but as a covered administrative cost of operating these programs. The government requires the forms. The government should pay for them.
- Ensure the federal CDB reimbursement for DTC medical forms (committed in Budget 2024) is implemented immediately, and that recipients are not required to pay upfront costs that create barriers to accessing a benefit they are legally entitled to.
- Develop a plain-language, step-by-step supported navigation service for AISH recipients completing mandatory paperwork — not a website, but a human being who can assist with the process. The 24% completion rate for DTC applications is a documented system failure. It requires a system solution.
- Index all physician form fees to AHCIP billing rates for complex administrative services, and establish a provincial standard maximum for disability-related forms. Unregulated fees ranging from \$50 to \$300+ for the same form create unpredictable and inequitable barriers.

SECTION 3: THE REMOVAL OF APPEAL RIGHTS — FACT CHECK

CLAIM: *People reapplying to AISH under ADAP will lose their right to appeal.*

VERDICT: *CONFIRMED AND DOCUMENTED. Bill 12, passed December 9, 2025, removes appeal rights at two levels: (1) the transition from AISH to ADAP cannot be appealed at all; and (2) the Medical Review Panel's AISH eligibility decisions are final and cannot be appealed to the independent Citizens Appeal Panel. This is confirmed by CBC News, Inclusion Alberta, legal advocates, and the text of the legislation itself.*

3.1 The Current AISH Appeal System — Before Bill 12

Under the AISH program that existed before Bill 12, recipients had recourse to the Citizens Appeal Panel — an independent body outside AISH administration that could review eligibility decisions. The Alberta

Ombudsman also confirmed this: “Most decisions about your benefits can be appealed through the Appeals Secretariat.” This independent review mechanism was the safeguard that prevented errors, biases, and rushed administrative decisions from becoming permanent.

3.2 What Bill 12 Changed

DECISION TYPE	APPEAL RIGHTS BEFORE BILL 12	APPEAL RIGHTS UNDER BILL 12 / ADAP
Transition from AISH to ADAP	N/A — did not exist	NO APPEAL — explicitly cannot be challenged
AISH Medical Review Panel eligibility decision	Citizens Appeal Panel (independent)	FINAL — no appeal to any independent body
Reassessment for AISH after ADAP transition	Citizens Appeal Panel available	Medical Review Panel — final, no further appeal
Other program decisions (financial, personal benefits)	Citizens Appeal Panel available	Bill 12 gives government authority to LIMIT which other decisions can be appealed

Sources: CBC News, August 21, 2025; Inclusion Alberta Media Release, November 26, 2025; Zachary Weeks — Bill 12 analysis, November 2025; Inclusion Alberta ADAP Fact Sheet, December 2025; Alberta Ombudsman — Appeals Secretariat information page

These findings are confirmed by multiple independent sources:

“A government-appointed AISH medical review panel — whose decisions are ‘final and not subject to appeal’ — will evaluate those applications.” — CBC News, August 21, 2025 — reporting on the ADAP Discussion Guide

“Bill 12 allows the government to reassign individuals from AISH to the new ADAP program, a decision that cannot be appealed. Moves thousands from AISH to ADAP without appeal rights.” — Inclusion Alberta Media Release, November 26, 2025

“Section 12.8 states that when someone is transitioned from AISH to ADAP, they cannot appeal the decision. In a system where appeals are often the only protection against rushed or inaccurate decisions, removing this right strips away a crucial safeguard.” — Zachary Weeks, accessibility advocate, Bill 12 legal analysis, November 2025

“The Medical Review Panel’s decisions would be final, and individuals would no longer have the right to appeal eligibility to the Citizens Appeal Panel that is impartial and independent from AISH adjudication process.” — Inclusion Alberta ADAP Fact Sheet, October 2025

3.3 What This Means in Practice

Under the new system, a person with a permanent, severe disability — who was assessed and approved by medical professionals, has been continuously receiving AISH for years or decades, and whose condition has not improved — is:

- Automatically transitioned to ADAP on July 1, 2026, with no appeal of that transition.
- Required to reapply to AISH through a new Medical Review Panel if they want to remain on the higher benefit.
- Subject to a decision by a government-appointed panel — not an independent one — that is final.
- Left with no recourse if that panel makes an error, misreads their file, or fails to account for their documented medical complexity.
- Receiving lower income during and after this process, with no mechanism to challenge the income reduction.

“Individuals being removed from AISH and put on ADAP is the equivalent of being found guilty of fraud or malingering without having a trial or sentencing.” — Bev Muendel-Atherstone, Chair, Friends of Medicare Lethbridge, Lethbridge Herald, October 2025

THE PRESUMPTION IS REVERSED: *Under the current AISH system, a person approved for AISH is assumed to remain eligible unless evidence indicates otherwise. Under ADAP, the reverse applies: all 79,000 current AISH recipients are presumed to require reassessment, default to the lower-benefit program, and must actively prove their continued eligibility to a government-appointed panel with no appeal. This is a reversal of the burden of proof — applied to people with permanent disabilities, who were already assessed and approved.*

SECTION 4: THE HUMAN RIGHTS FRAMEWORK — WHY THIS MATTERS IN LAW

What is happening to AISH recipients in Alberta is not merely a policy disagreement about disability program design. It engages domestic and international human rights obligations that Canada — and Alberta, as a signatory province to Canadian constitutional law — has formally accepted. The following section maps the documented facts to specific legal frameworks.

4.1 Canadian Charter of Rights and Freedoms — Section 15: Equality Rights

Section 15(1) of the Canadian Charter of Rights and Freedoms guarantees that every individual is equal before and under the law, without discrimination based on mental or physical disability. This is a foundational constitutional protection.

The ADAP framework raises a direct Section 15 concern. A policy that:

- Applies only to people with disabilities.
- Reduces their income by default.
- Requires them to prove a higher standard of disability than was required when they were originally approved.
- Removes their independent appeal rights while doing so.
- Does this without evidence that their conditions have improved or that the existing assessment was wrong.

— is a policy whose burden falls exclusively on a group defined by a protected characteristic (disability), that fails to accommodate the diversity of disability experience, and that worsens their material circumstances through the exercise of government authority. This is the textbook definition of adverse effects discrimination under Section 15.

4.2 Canadian Charter of Rights and Freedoms — Section 7: Life, Liberty and Security

Section 7 guarantees the right to life, liberty, and security of the person, with any deprivation of those rights occurring only in accordance with the principles of fundamental justice.

When a government reduces the income of a person whose rent already exceeds what they receive — in a province with no rent cap — the security of their person is directly engaged. Homelessness, malnutrition, and medical deterioration from inability to access medications and care are reasonably foreseeable consequences of the documented income reductions. These consequences implicate Section 7 security interests in a manner that courts have recognized in analogous contexts.

Furthermore, removing independent appeal rights eliminates a procedural protection that directly implicates the principles of fundamental justice: decisions affecting income security, made without independent review, by a government-appointed body with a conflict of interest, violate the principle of procedural fairness that Section 7 jurisprudence requires.

4.3 UN Convention on the Rights of Persons with Disabilities (UNCRPD)

Canada ratified the United Nations Convention on the Rights of Persons with Disabilities on March 11, 2010. This creates international obligations that inform the interpretation of domestic law and generate formal reporting requirements. Alberta's actions engage multiple UNCRPD articles:

UNCRPD ARTICLE	OBLIGATION	HOW ALBERTA'S ACTIONS CONFLICT
Article 28 — Adequate Standard of Living	States must recognize the right to an adequate standard of living, including food, clothing, and housing, and to continuous improvement of living conditions	Benefits are being reduced below adequacy thresholds. Rent exceeds income. No rent cap. Income reductions are compounding. Conditions are deteriorating, not improving.
Article 13 — Access to Justice	States must ensure effective access to justice for persons with disabilities, including procedural accommodations	Bill 12 removes independent appeal rights. A government-appointed panel with no independent review is not access to justice — it is the elimination of it.
Article 19 — Right to Independent Living	States must recognize the equal right of persons with disabilities to live independently and be included in the community	Housing instability, forced cohabitation rules, inaccessible caseworkers, and inadequate income that prevents stable housing undermine independent living directly.
Article 12 — Equal Recognition Before the Law	Persons with disabilities have the right to recognition everywhere as persons before the law, on an equal basis with others	A system in which a government panel makes final, un-appealable decisions about a person's legal status and income eligibility fails to treat persons with disabilities on an equal basis before the law.
Article 4 — General Obligations	States must take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise	Discriminatory policies reducing income and removing rights specifically on the basis of disability are not “appropriate measures” — they are the conduct Article 4 requires states to prevent.

Source: UN Convention on the Rights of Persons with Disabilities. Canada ratified March 11, 2010. Article text from UN Enable (un.org/development/desa/disabilities)

4.4 The Alberta Human Rights Act

The Alberta Human Rights Act (AHRA) prohibits discrimination in goods, services, accommodation, and facilities — including government programs — on the basis of physical and mental disability. The AHRA is enforced by the Alberta Human Rights Commission.

A program that treats people with disabilities as presumptively employable, reduces their income based on that presumption without independent verification, removes their ability to challenge that determination, and creates systems inaccessible to people whose disability directly limits phone and in-person contact — raises substantive AHRA concerns. The inaccessibility of the call centre model for people with social anxiety, agoraphobia, and communication barriers is not a peripheral concern — it is a documented access barrier that the AHRA's duty to accommodate directly addresses.

4.5 Natural Justice: The Right to Be Heard

Canadian administrative law has long recognized that decisions affecting fundamental interests — including income security decisions — must comply with the principles of natural justice, which include:

- The right to be heard before a decision is made (*audi alteram partem*).
- The right to have decisions made by an impartial decision-maker (*nemo iudex in sua causa*).
- The right to reasons for a decision that affects your fundamental interests.
- The right to meaningfully challenge a decision that is wrong.

The ADAP framework fails on all four grounds: recipients are being transitioned without hearing, by a government-appointed panel whose independence from the same ministry that benefits financially from reducing AISH caseloads is not established, with no stated obligation to provide reasons, and with no appeal pathway when the decision is wrong.

THE STRUCTURAL ARGUMENT: *The Government of Alberta created the AISH program. It benefits financially from reducing the number of people on it. It has appointed the panel that decides who stays on it. It has removed the independent body that could overrule that panel. This is not a neutral administrative process. It is a system where the party with the financial interest in a particular outcome controls the decision and removed the mechanism that could correct it. That is a conflict of interest built into legislation.*

4.6 The Isolation Trap — Designed In, Not Accidental

There is one more structural feature of the AISH program that belongs in a human rights analysis, because it does not merely fail to support the people it serves — it actively engineers the conditions most harmful to them.

Under AISH policy, any person sharing a household with an AISH recipient — regardless of the nature of that relationship — risks having their income counted against the recipient's benefit eligibility. The policy applies to romantic partners, roommates in practical living arrangements, and household members of any kind. This means:

- An AISH recipient cannot have a roommate to share housing costs without risking benefit reduction or loss — in a province where rent averages \$2,138/month for a three-bedroom and AISH provides \$1,940/month total.

- An AISH recipient cannot enter a practical household arrangement with another adult — a friend, a support person, a co-parent substitute — without that person's income being assessed as household income.
- An AISH recipient cannot pursue a romantic relationship that progresses to cohabitation without that relationship becoming a financial liability that may reduce or eliminate their benefits.
- An AISH recipient who is a single parent cannot share housing with another adult to reduce costs and increase safety for their children without triggering assessment of that adult's income.

The financial consequence is clear: AISH recipients are structurally incentivized to remain alone. Not because isolation is their preference, but because human connection carries financial risk under the rules of the program designed to support their wellbeing.

"I am structurally incentivized to remain isolated and alone — not because I choose isolation, but because connection carries financial consequences under the rules of the program I depend on. For a person with severe depression and social anxiety disorder, isolation is not a neutral state. It is actively harmful. The program designed to support my wellbeing has built into its rules a mechanism that enforces the conditions most damaging to it." — Source: documented case file on record with The Alberta Disability System Breakdown campaign, March 29, 2026

This is not a peripheral policy detail. It is a design feature of AISH that directly violates the spirit of the UN Convention on the Rights of Persons with Disabilities Article 19 — the right to live independently and be included in the community. Article 19 explicitly requires that persons with disabilities have the opportunity to choose their living arrangements and not be obliged to live in a particular arrangement. A rule that financially punishes any shared living arrangement except solitude does not give people with disabilities the opportunity to choose — it removes it.

THE HARM IS DOCUMENTED: *Depression and anxiety are qualifying conditions for AISH. Social isolation is clinically established as a driver of both. A program that treats isolation as the only financially safe option for its recipients is a program that actively worsens the conditions that qualified them for it. This is not an unintended consequence. It is a predictable outcome of a policy designed without any analysis of its psychological impact on a population whose qualifying conditions include severe depression, C-PTSD, BPD, and social anxiety disorder.*

The same analysis applies to ADAP. The cohabitation rules are expected to carry forward under the new program structure. Recipients who are already isolated — who already have no family support network, no co-parent, no second household, no community safety net — will continue to be financially penalized for attempting to build any of those things.

4.7 What We Are Asking on Human Rights

- Conduct a formal human rights impact assessment of the AISH and ADAP programs under the Alberta Human Rights Act, the Canadian Charter of Rights and Freedoms, and Canada's UNCRPD obligations —

before, not after, the July 1, 2026 transition.

- Reform the cohabitation income assessment rule to distinguish between genuine financial dependency relationships and practical household sharing arrangements. A roommate is not a spouse. The current rule treats them identically.
- Commission an independent legal review of Bill 12's removal of appeal rights for the AISH-to-ADAP transition, specifically examining compliance with Section 7 and Section 15 of the Charter and with UNCRPD Articles 12 and 13.
- Engage the Canadian Human Rights Commission to review whether Alberta's disability income program restructuring complies with federal human rights obligations.

SECTION 5: THE DOCUMENTED HUMAN IMPACT — ANXIETY, UNCERTAINTY, AND UNREST

The combination of inaccessible caseworkers, incomplete regulations, and removed appeal rights is not producing administrative inconvenience for 79,000 people. It is producing documented psychological harm to a population that already carries severe, permanent disabilities — many of which are directly worsened by stress, uncertainty, and perceived loss of control.

“The proposed changes have caused, and will continue to cause, unnecessary complexity, anxiety and financial burden to those who might be least equipped to shoulder it.” — Dr. Brian Wirzba, Alberta Medical Association President, Alberta Doctors' Digest, November/December 2025

“Tens of thousands are now unsure how they will pay for rent, food, and equipment or medication they require due to their disabilities.” — Inclusion Alberta, December 2025

“Individuals and families are increasingly reaching out to Inclusion Alberta expressing disappointment, fear and confusion about ADAP and what it means for them.” — Inclusion Alberta ADAP Fact Sheet, December 2025

This is not a matter of people misunderstanding the program. It is a rational response to a situation where:

- The regulations that will govern their program placement have not been finalized.
- The specific criteria that determine whether they qualify for AISH or ADAP have not been publicly established in accessible plain language.
- They cannot reach a caseworker who can answer their specific questions.
- If they end up on ADAP and disagree with the decision, they have no appeal.
- If the Medical Review Panel makes an error, there is no correction mechanism.

- Their income, housing, and ability to access medications all depend on the outcome of a process whose rules are still being written.

For recipients with C-PTSD, severe anxiety, BPD, or other trauma-related conditions that are qualifying diagnoses for AISH in the first place, this sustained uncertainty is not merely uncomfortable. It is clinically harmful. The conditions that entitled them to AISH are the same conditions most exacerbated by the prolonged, unresolvable uncertainty the government has created and is refusing to resolve.

The government is causing documented psychological harm to people with disabilities through an inaccessible system, incomplete information, and removed safeguards — while simultaneously reducing their income and eliminating the independent oversight mechanisms that could hold it accountable. This is not an administrative gap. It is a human rights failure.

5.5 The Right to Leave — Relocation as a Human Rights Issue

Every Canadian citizen has the constitutional right to move to and take up residence in any province. Section 6 of the Canadian Charter of Rights and Freedoms guarantees this mobility right without qualification. It applies equally to Albertans with disabilities. It applies to every person reading this document.

But constitutional rights are meaningless when the practical conditions that would allow them to be exercised do not exist. A person living on \$1,940 per month — in a province where their rent alone exceeds that amount — cannot afford to move. They cannot afford a security deposit in another city. They cannot afford a moving truck. They cannot afford the gap between leaving one province’s benefit system and being enrolled in another’s. They cannot afford to arrive somewhere new with no doctor, no caseworker, no established pharmacy, no school placement confirmed for their children, and no certainty that their disability income will continue.

THE RIGHT TO LEAVE EXISTS IN LAW. THE MEANS TO EXERCISE IT DO NOT. *For Albertans with disabilities on fixed incomes who are being failed by their provincial government at every level — income cuts, healthcare collapse, removed appeal rights, inaccessible caseworkers — the constitutional right to leave is a hollow guarantee. They are effectively imprisoned in a province that is making their situation worse by the financial conditions that same province has created.*

What Other Provinces Offer That Alberta Does Not

The premise of the relocation argument is not merely that Alberta is failing its disabled residents. It is that other Canadian provinces are not. The difference is documented and material:

POLICY AREA	ALBERTA	OTHER PROVINCES
Canada Disability Benefit clawback	Yes — dollar-for-dollar from AISH recipients	All other provinces: No clawback — recipients keep both

POLICY AREA	ALBERTA	OTHER PROVINCES
Rent cap	None — unlimited increases with 90 days notice	BC: 3% cap; Ontario: 2.5% cap; Quebec: legislated caps; Manitoba: legislated caps
Independent appeal rights for disability income	Eliminated by Bill 12 (Dec 2025)	Most provinces maintain independent appeal panels
Community housing rent calculation	AISH exemption removed Oct 2025 — 63% increase	Varies — but Alberta's Oct 2025 ministerial order was specific to Alberta only
Disability income adequacy (single adult)	AISH \$1,940 — among highest, but eroding through clawbacks	Ontario ODSP \$1,228; BC PWD \$1,358 — but without clawbacks, net may be comparable or higher
Healthcare access	651,000+ without GP; 61% of MDs considering leaving	Still a national crisis, but Alberta's collapse is among the steepest documented

Sources: Maytree — *Welfare Incomes Across Canada 2024*; BC Residential Tenancy Branch; Ontario Residential Tenancies Act; Inclusion Alberta ADAP analysis; Alberta Medical Association

The Case for Government-Assisted Relocation

The argument is simple: if the Government of Alberta is unwilling or unable to provide adequate disability supports to its residents with severe disabilities — and the documented evidence in this report series suggests it is both — then it has an obligation to make it possible for those residents to access adequate supports elsewhere in Canada.

This is not a novel concept. Alberta's own government provides relocation assistance to oil and gas workers affected by industry downturns, to seniors moving to care facilities, and to other populations facing specific circumstances. The principle — that government has a role in facilitating transitions when its own policies have created the conditions making a transition necessary — is already established.

For AISH and ADAP recipients, the specific barriers to exercising their Section 6 mobility rights include every item on this list:

- **Moving costs** — packing, transport, deposits, and first/last month's rent in a new city are financially impossible on \$1,940/month in a province where rent exceeds that amount.
- **Benefit gap** — the period between leaving Alberta's program and being enrolled in another province's equivalent program could leave a person with no income at all, for weeks or months.
- **Medical continuity** — leaving an established medical team, however inadequate, for an unknown one in a city where 650,000 people have no GP is not a safe transition for someone with complex medical conditions.

- **Children's school placement** — children with complex IEPs, specialized EA support, and active medical monitoring protocols cannot simply be moved to a new school without transition planning, documentation transfer, and school placement confirmation.
- **Social services continuity** — FSCD and PDD contracts do not transfer automatically; families could lose disability service contracts that took years to establish.
- **Medical records** — obtaining and transferring complete medical records, specialist letters, and diagnostic documentation is itself a bureaucratic and financial burden.
- **Documentation for new province's program** — applying for disability income in a new province requires physician-completed forms from doctors you have not yet seen, in a healthcare system you have not yet accessed.
- **Uncertainty** — without confirmation before departure that the new province's program will cover you, under what criteria, and starting when, the decision to leave is a gamble that could leave a person worse off than they were.

What Assisted Relocation Must Include to Be Meaningful

A government-offered right to relocate is only a meaningful right if the following conditions are met before the person's feet hit the ground in another province. This is the standard we are demanding:

1. **Pre-departure benefit confirmation:** The Government of Alberta must confirm, in writing, before the recipient departs, that equivalent disability income support will be available in the destination province — including the specific program, the amount, and the start date. No person should arrive in a new province and discover they are ineligible or in a waiting period.
2. **Moving cost assistance:** A one-time grant covering the actual cost of moving — packing materials, transport, first month's rent, and damage deposit in the new location. This is not a luxury. It is the literal cost of exercising a constitutional right that currently exists only on paper.
3. **Benefit continuity during transition:** No gap in income. AISH or ADAP payments must continue uninterrupted until the new province's program begins payment. The person must not carry the financial cost of the transition period.
4. **Medical records transfer support:** A designated coordinator to request, compile, and transmit complete medical records — including specialist letters, diagnostic results, assessment reports, and pharmacy records — to the receiving province and the recipient's new medical team.
5. **GP connection in destination:** Coordination with the destination province's primary care registration system to place the recipient on a GP waitlist or with a primary care provider before or upon arrival. Not a guarantee — but an active, documented effort. Not: "here is a website, good luck."
6. **Children's school placement coordination:** For recipients with children, confirmed school placement — with IEP documentation, EA support plans, and specialist letters transmitted — before the move. No child with a complex behavioural or medical profile should arrive at a new school on day one with no one knowing who they are.
7. **Social services bridging:** Notification to the destination province's equivalent disability service programs (FSCD equivalents, adult developmental services) and initiation of the enrollment process before arrival, so the family is not starting from zero in a new queue.
8. **No penalty to AISH/ADAP history:** A recipient who relocates and later returns to Alberta must not be penalized in their benefit history or reassessment status for having exercised their constitutional right to live in another province.

THIS IS A HUMAN RIGHTS ARGUMENT, NOT A PREFERENCE: *The right to leave a province is constitutionally guaranteed. The conditions that would allow a person with a severe disability on a fixed income to actually exercise that right do not currently exist. The government that created those conditions — through income cuts, healthcare collapse, and the removal of appeal rights — bears responsibility for making the right it has guaranteed accessible in practice, not just in law.*

Why This Argument Must Be Made Now

July 1, 2026 is ninety days away. After that date, 79,000 AISH recipients will be transitioned to ADAP — a program with reduced benefits, removed appeal rights, and a Medical Review Panel whose decisions cannot be challenged. The income reduction does not take effect until January 2028, but the administrative transition is immediate. The assessment process is immediate. The confusion is immediate.

For a person who has already determined that Alberta's government will not protect them — who has submitted formal opposition, contacted their MLA, documented their case, and received a form acknowledgment — the question of what comes next is not abstract. It is the next real decision in a real life. And the answer cannot be: "you have a constitutional right to leave, but no practical means to exercise it, so good luck."

We are not asking the Government of Alberta to build a program for people who want to leave. We are asking it to honour the constitutional right it is already bound by — and to create the practical conditions that make that right real for a population whose disability, income, and caregiving circumstances have made the right theoretical in all but name.

SECTION 6: WHAT WE ARE ASKING

To the Government of Alberta — Immediate Actions

- **Restore dedicated individual case worker assignments for AISH recipients.** The call centre model is clinically inappropriate for a population whose disabilities frequently include communication barriers, anxiety disorders, and complex situations that cannot be resolved by whoever happens to answer the phone. The "efficiency" of the call centre is paid for in harm to the people it was designed to serve.
- **Immediately hire sufficient staff to bring caseloads to the recommended maximum of 90–105 per worker, and permanently end the hiring freeze on AISH and ADAP service positions.** Adding 79,000 ADAP assessments to an already overwhelmed workforce without new resourcing is not a plan — it is a guarantee of system failure with human consequences.
- **Restore independent appeal rights.** The Citizens Appeal Panel was independent, impartial, and external to the ministry that controls program funding. The Medical Review Panel is government-appointed and its decisions are final. These are not equivalent, and the replacement is not a neutral substitution. Restore the independent review mechanism.

- **Pause the ADAP transition until regulations are finalized**, communicated in plain language to all recipients, and tested against the operational capacity of existing staff. Asking 79,000 people to prepare for a program transition whose rules are still being written is procedurally indefensible.
- **Publish a complete plain-language guide to the ADAP transition** — including specific criteria for AISH vs. ADAP classification, the evidence a recipient should provide, the assessment process timeline, and the rights available at each stage — before July 1, 2026.

To the Federal Government

- Review Alberta's ADAP legislation and the removal of independent appeal rights under UNCRPD Article 13 (access to justice) and Canada's existing reporting obligations under the Convention.
- Include Alberta's AISH/ADAP appeal rights changes in Canada's next UNCRPD implementation report to the United Nations Committee on the Rights of Persons with Disabilities.
- Request that the Canadian Human Rights Commission conduct a review of Alberta's disability income program restructuring for compliance with the Canadian Human Rights Act and UNCRPD obligations.

To the Alberta Human Rights Commission

- Accept individual and collective complaints from AISH recipients regarding the inaccessibility of the call centre model for people with documented communication-related disabilities, including social anxiety disorder, agoraphobia, autism, and C-PTSD.
- Conduct a systemic review of the ADAP transition framework for compliance with the Alberta Human Rights Act, specifically regarding whether the framework discriminates against people with disabilities in the provision of a government service.

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SEND THIS DOCUMENT TO:

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Your MP: ourcommons.ca/members/en/search

Premier of Alberta: premier@gov.ab.ca

Minister of Assisted Living and Social Services: alss.minister@gov.ab.ca

Alberta Human Rights Commission: humanrights.alberta.ca

Canadian Human Rights Commission: chrc-ccdp.gc.ca

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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The Appeal Process That Caught 1 in 3 Errors

AISH Citizens Appeal Panel — Five-Year Decision Record

Alberta Disability System Breakdown · April 2026 · Source: Alberta Government Open Data

KEY STATISTICS — 2021 TO 2025:

- **37%** of all appeal decisions were overturned or varied
- **30%** pure reversal rate — government decision found simply wrong
- **1,218** decisions overturned across 3,218 panel hearings
- **\$0** appeal rights remaining under ADAP — Bill 12 eliminated them

WHAT THIS DATA SHOWS

Every year from 2021 to 2026, the Alberta government published quarterly statistics on the Citizens Appeal Panel (CAP) — the independent body that reviewed decisions made about AISH eligibility, living allowances, and benefits. The data is sourced directly from the Alberta Government Open Data portal (Appeals Overview dataset, 2025-26 Q3).

The panel could issue one of four outcomes on each decision it reviewed:

- **Confirm** — the government's original decision was correct.
- **Confirm Abandoned** — the appellant stopped participating in the process.
- **Reverse** — the government's decision was found to be wrong and overturned entirely.
- **Vary** — the government's decision was partially wrong and changed.

Reversed and Varied outcomes together represent decisions the government got wrong. The data shows this happened consistently at approximately **1 in 3 decisions reviewed** — year after year.

ANNUAL RESULTS — 2021 TO 2026

Fiscal Year	Panel Decisions	Confirmed	Reversed	Varied	Overtured Total	Overturn Rate
2021-22	934	486	317	49	366	39.2%
2022-23	870	464	276	60	336	38.6%
2023-24	749	410	232	61	293	39.1%
2024-25	665	425	178	45	223	33.5%
TOTAL (2021-2025)	3,218	1,785	1,003	215	1,218	37.9%

The overturn rate has been remarkably stable: 39.2%, 38.6%, 39.1%, and 33.5% across four consecutive fiscal years. The recent decline in 2024-25 may reflect changes in the types of cases being appealed as word spread about the impending ADAP transition, not an improvement in initial decision quality.

QUARTERLY BREAKDOWN — ALL 19 QUARTERS

The consistency of the overturn rate across all 19 quarters of available data rules out seasonal variation or isolated administrative error as an explanation. This is a systemic pattern.

Fiscal Year	Quarter	Panel Decisions	Confirmed	Reversed	Varied	Overturn Rate
2021-22	Q1	224	125	73	15	39.3%
2021-22	Q2	200	104	76	9	42.5%
2021-22	Q3	210	101	74	13	41.4%
2021-22	Q4	300	156	94	12	35.3%
2022-23	Q1	285	150	100	18	41.4%
2022-23	Q2	219	109	78	10	40.2%
2022-23	Q3	199	105	64	17	40.7%
2022-23	Q4	167	100	34	15	29.3%
2023-24	Q1	232	123	82	16	42.2%
2023-24	Q2	184	101	62	15	41.8%
2023-24	Q3	180	94	57	18	41.7%
2023-24	Q4	153	92	31	12	28.1%
2024-25	Q1	192	111	62	12	38.5%
2024-25	Q2	164	107	49	6	33.5%
2024-25	Q3	170	105	45	14	34.7%
2024-25	Q4	139	102	22	13	25.2%
2025-26	Q1	154	84	41	18	38.3%
2025-26	Q2	148	96	35	10	30.4%
2025-26	Q3	202	121	50	12	30.7%

The overturn rate exceeded 40% in 8 of the 19 quarters for which data is available.

WHAT BILL 12 DID

On December 9, 2025, the Alberta Legislature passed Bill 12 — the Financial Statutes Amendment Act. Among its changes, Bill 12 eliminated the Citizens Appeal Panel for AISH/ADAP eligibility decisions. Specifically:

- The **Medical Review Panel** — a new body that will determine whether transitioning AISH recipients qualify for AISH or are placed on ADAP — issues decisions that are final and not subject to appeal to any independent body.
- The **Citizens Appeal Panel**, which reviewed AISH decisions and overturned approximately 1 in 3 at hearing, no longer has jurisdiction over medical eligibility determinations under the new framework.
- Bill 12 also removed the legislated requirement that AISH benefits increase annually with the cost of living, leaving future increases to ministerial discretion.

WHAT THE NUMBERS MEAN GOING FORWARD

The 79,290 Albertans currently on AISH will be transitioned to ADAP on July 1, 2026. Under the new system, if historical error rates hold — and there is no structural reason to expect they will not — approximately 1 in 3 Albertans who receive an incorrect eligibility determination will have no independent mechanism to challenge it.

That is not a hypothetical. The data shows the government has been making incorrect eligibility decisions at this rate for four consecutive years, and the Citizens Appeal Panel has been the mechanism that caught and corrected those errors. As of July 1, 2026, that mechanism will not exist for medical eligibility decisions.

The government has stated that Albertans may reapply for AISH if their condition progresses. This does not address wrong decisions made at the point of transition — it only provides a pathway if a person's condition worsens after the fact. A wrong decision made on July 1, 2026 will not be correctable by reapplication unless the person's medical condition independently deteriorates.

SOURCE AND METHODOLOGY

All data in this document is drawn directly from the Alberta Government Open Data portal, Appeals Overview dataset, 2025-26 Q3, published by Assisted Living and Social Services (ALSS). The dataset is publicly available at open.alberta.ca. No data has been altered, estimated, or extrapolated — all figures are directly reported quarterly counts from the government's own administrative tracking system (SAM appeals tracking system).

Overturn rate calculation: (Reverse + Vary) / Total Panel Decisions, expressed as a percentage. 'Confirm Abandoned' outcomes are excluded from the overturn rate as they represent non-completion of the process, not a finding on the merits.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta · April 2026

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Data through: 2025-26 Q3 (October 1 - December 31, 2025)

Interprovincial Mobility & Charter Rights

The Structural Cage

How Alberta's disability income structure renders the constitutional right to mobility functionally void for 79,290 Albertans living below the poverty line — and why Alberta is obligated to carry its recipients across that border.

The Alberta Disability System Breakdown — April 2026 | Addendum to Report Series

“The right to leave is written into the Constitution. The ability to leave was never written into the program. For 79,290 Albertans living below the poverty line, on income that can be withheld without notice, with no savings buffer and no moving support, the Charter right to mobility is not a right. It is a locked door with a constitutional label on it.”

The right to move freely within Canada is guaranteed by the Canadian Charter of Rights and Freedoms. For most Canadians, that right is real. For Albertans with disabilities living on AISH or ADAP, it is a legal fiction — created not by an explicit prohibition, but by a financial structure that makes departure impossible, and a transfer protocol that does not exist. A right that cannot be exercised is not a right. It is a promise the government has quietly broken.

SECTION 1: THE CONSTITUTIONAL FRAMEWORK

1.1 Section 6 — Mobility Rights

Section 6(2) of the Canadian Charter of Rights and Freedoms guarantees every citizen:

a. the right to move to and take up residence in any province; and (b) the right to pursue the gaining of a livelihood in any province.

Section 6(3) permits provinces to impose laws of general application — but only if those laws do not discriminate among persons primarily on the basis of province of present or previous residence. A provincial program that imposes financial conditions making mobility impossible for a specific population — without imposing equivalent barriers on others — engages this prohibition.

1.2 Section 7 — Security of the Person

Section 7 guarantees the right to life, liberty, and security of the person, not to be deprived thereof except in accordance with the principles of fundamental justice. Abrupt termination of disability income upon

interprovincial relocation — with no bridge support, no grace period, and no appeal mechanism — creates a direct and government-caused threat to physical security. The Supreme Court in *Gosselin v. Quebec (Attorney General)* [2002] 4 SCR 429 confirmed that s.7 may be engaged by government action that imposes severe deprivation on vulnerable populations.

1.3 Section 15 — Equality Rights

Section 15(1) guarantees equal benefit of the law without discrimination based on mental or physical disability. The mobility barriers created by AISH/ADAP program design fall exclusively on persons with disabilities. A non-disabled Albertan can accumulate savings, access credit, and relocate. A person on AISH cannot — not because of their disability, but because of the program structure built around that disability. Under *Fraser v. Canada* [2020] 3 SCR 113, facially neutral policies that produce disproportionate adverse effects on protected groups engage s.15.

1.4 The Constructive Denial Principle

A Charter right that exists in law but cannot be exercised in practice due to government-created financial conditions is constructively denied. AISH recipients are documented to live \$6,004 below Canada’s official poverty line annually (Maytree, 2024). Conventional financial guidance recommends three to six months of savings before a major interprovincial move. For a population with no discretionary income and payments subject to unannounced withholding, accumulating that buffer is a structural impossibility — not a personal failure. The cage is not a locked door. It is a financial structure the government built and maintains.

CONSTITUTIONAL FINDING: *The AISH/ADAP program structure does not explicitly prohibit mobility. It renders mobility economically impossible for a population living below the poverty line, through deliberate program design choices. This constitutes constructive denial of rights guaranteed under ss. 6, 7, and 15 of the Charter.*

SECTION 2: THE PAYMENT INSTABILITY CAGE

2.1 The Promise vs. The Reality

The word “Assured” in Assured Income for the Severely Handicapped is not decorative. It is a program commitment — a government representation that this income would be stable, predictable, and reliable. The documented reality is the opposite.

THE PROMISE	THE DOCUMENTED REALITY
Assured income	Payments withheld without notice, without stated cause, without appeal

THE PROMISE	THE DOCUMENTED REALITY
Month-to-month stability	Recipients have no legal right to advance notice of withholding
Support for recipients	No grace period when payment fails — eviction proceedings can begin immediately
Program as safety net	No emergency reserve fund — recipients are structurally prevented from accumulating savings
Dignity and security	Landlords write AISH-specific eviction clauses due to documented payment unreliability

2.2 The Housing Causation Chain

The standard framing treats AISH recipient housing instability as a downstream consequence of low income. The causation chain is sharper than that:

- → AISH payment withholding is unpredictable, unannounced, and without appeal.
- → Landlords in Alberta’s private rental market — which has no rent cap — are aware of this.
- → Landlords write AISH-specific lease clauses: non-payment due to any cause triggers eviction.
- → When AISH withholds payment without notice, rent is due. The eviction clause activates.
- → The recipient has no savings buffer — the program structurally prevents accumulation.
- → Eviction proceeds. The government’s payment failure becomes the recipient’s housing crisis.

This is not recipients failing to manage money. This is program design creating the exact conditions it is supposed to prevent. The government has never been required to answer publicly for this causation chain. It should be.

FINDING: *AISH payment instability directly causes housing instability. The program’s own unreliability is the mechanism by which recipients lose housing. This is not a gap in the system. This is the system producing its documented outcome.*

SECTION 3: THE INTERPROVINCIAL TRANSITION CLIFF

3.1 What Currently Happens When a Recipient Leaves Alberta

STEP	WHAT HAPPENS
Step 1	Recipient decides to relocate to another province.

STEP	WHAT HAPPENS
Step 2	AISH payments cease. No bridge support. No transition period. No notice required.
Step 3	Recipient must apply to the new province's disability program from zero.
Step 4	Processing time in receiving province: weeks to months. No income during this period.
Step 5	If denied by new province: no appeal mechanism through AISH. Recipient is on their own.
Step 6	Moving costs, damage deposit, first month's rent: entirely the recipient's responsibility.
RESULT	For anyone living below the poverty line, Steps 1 through 6 are financially impossible.

3.2 The Financial Reality of Relocation

A standard interprovincial relocation for a person with disabilities requires:

COST ITEM	ESTIMATED AMOUNT	AVAILABLE TO AISH RECIPIENT
Moving company / truck rental	\$1,500 – \$5,000+	\$0 — no program support
First month's rent (new province)	\$1,200 – \$2,000+	\$0 — AISH terminated
Damage deposit (new province)	\$600 – \$2,000+	\$0 — no bridge funding
Bridge income (application wait period)	\$1,940/month × wait time	\$0 — payments cease immediately
Total minimum requirement	\$5,240 – \$11,000+	\$0

*AISH recipients are already documented to live \$6,004 below Canada's poverty line annually. The minimum cost of relocation exceeds an entire year of discretionary income — for a population that has no discretionary income. **The Charter right to mobility exists. The financial conditions to exercise it do not.***

3.3 The Portability of Established Eligibility

Alberta is obligated to carry its recipients across the provincial border. Not as a courtesy. As a responsibility. Here is why:

AISH eligibility is not self-reported. It is determined through a formal government process: a physician completes a medical assessment; a trained government adjudicator reviews it; a finding of severe disability that substantially prevents earning a livelihood is made and placed on file. Every one of the 79,290 current AISH recipients has that finding on file in Alberta's system. Some have been continuously approved for ten, twenty, or thirty years. The disability that qualified them does not disappear at a provincial border.

Alberta holds all of that documentation. Alberta made all of those eligibility determinations. When a recipient relocates, Alberta does not transfer those records. It does not advocate for that person with the receiving province. It simply stops paying — and leaves the recipient to rebuild their evidentiary file from scratch, in a new province, with a new doctor, during a housing transition, with no income.

In a country where 650,000 Albertans have no family doctor — and where family doctor shortages are documented nationally — requiring a new physician assessment in a receiving province before support continues is not a process. It is a barrier engineered to produce denials. Recipients who cannot find a doctor to complete a new assessment will fall off support entirely. This outcome is predictable. It is not accidental.

The Grandfathering Argument

For recipients with long-term, continuous AISH eligibility — particularly those with documented permanent conditions — a grandfathering principle should apply:

- Alberta's eligibility determination should be treated as portable and binding on receiving provinces for a minimum transition period of 12 months.
- During that period, the receiving province must honour Alberta's finding without requiring a new independent assessment, provided Alberta transfers the complete eligibility file.
- For recipients with permanent conditions documented over multiple years, the receiving province should be required to accept Alberta's determination unless it conducts its own assessment within 90 days — with support continuing throughout.
- Alberta must be the entity that transfers eligibility documentation proactively, not the recipient. The recipient should not be required to re-prove a disability that has been continuously documented for years or decades.
- Where a receiving province disputes the transferred determination, Alberta must provide funded advocacy support for that recipient — not abandon them at the border.

This is not a novel administrative concept. Employment Insurance, Canada Pension Plan, and Old Age Security all operate on portable federal determinations. The infrastructure for portable eligibility exists in Canadian social policy. The will to apply it to disability income recipients has not.

FINDING: *Alberta holds the documentation. Alberta made the determination. Alberta has the obligation to transfer both — and to stand behind its own findings when a recipient crosses a provincial border. Abandoning a recipient at the boundary of the province that approved them is not a neutral administrative outcome. It is a government choosing to walk away from its own decision.*

SECTION 4: THE ALBERTA DISABILITY REFUGEE PHENOMENON

This campaign has documented — across nine provincial comparison reports — that recipients are actively considering leaving Alberta due to the ADAP transition, the CDB clawback, the removal of appeal rights, and the absence of rent caps. These are not people choosing adventure. These are people choosing survival.

The term “Alberta Disability Refugee” is not hyperbole. It describes a population that would leave if they could — and cannot, because the program that is failing them is also the program that controls their ability to go.

*A government that creates conditions forcing people to consider leaving, and simultaneously maintains program structures that prevent leaving, has built a trap. **A trap with a Charter address.***

SECTION 5: POLICY DEMANDS

The following policy changes are required to bring Alberta’s disability income program into compliance with its Charter obligations and basic standards of human dignity. These are not aspirational. They are the minimum required to make the right to mobility real for this population.

5.1 Payment Stability & Notice Requirements

AISH/ADAP must provide a minimum of 30 days written notice before any payment withholding, with stated reason and written appeal pathway. Emergency bridge payments must be available within 48 hours when withholding is disputed. No recipient should face eviction due to unannounced government payment failure.

5.2 Interprovincial Bridge Support

AISH/ADAP payments must continue for a minimum of 90 days following a recipient’s confirmed interprovincial relocation, providing income continuity while the receiving province processes the application. Bridge support is the financial precondition for the Charter right to mobility to be real.

5.3 Relocation Assistance

Alberta must establish a funded relocation assistance program for AISH/ADAP recipients choosing to leave the province, covering: reasonable moving costs, first month’s rent in the destination province, and damage deposit equivalent. This is not generosity. It is the cost of a right the government has been denying.

5.4 Mandatory Eligibility File Transfer

Upon notification of interprovincial relocation, Alberta must proactively transfer the recipient’s complete eligibility file — including all medical assessments, adjudication findings, and program history — to the receiving province’s disability program. This transfer must occur within 14 days of notification. The recipient must not be required to re-assemble their own file.

5.5 Grandfathered Eligibility Recognition

Receiving provinces must honour Alberta's eligibility determination for a minimum of 12 months without requiring a new independent assessment, provided Alberta has transferred the complete eligibility file. For permanent conditions documented over multiple continuous years, Alberta's determination should be treated as binding pending the receiving province's own review — which must be completed within 90 days with support continuing throughout.

5.6 Advocacy Obligation on Denial

If a recipient transitions interprovincially and is denied disability support by the receiving province, Alberta must provide funded legal advocacy on behalf of that recipient for a minimum of six months. Alberta approved this person. Alberta's determination should not become worthless at the provincial border.

5.7 Interprovincial Transfer Protocol

Alberta must negotiate a formal interprovincial disability transfer protocol with all provinces and territories, eliminating the income gap period during which recipients receive support from no jurisdiction. Existing social policy frameworks — EI, CPP, OAS — demonstrate that portable federal determinations are administratively achievable.

SECTION 6: SUBMISSION TARGETS

This document is submitted to the following. A written response is requested from each.

RECIPIENT	CONTACT	JURISDICTION / BASIS
Hon. Jason Nixon — Minister, Assisted Living & Social Services	rimbey.rockymountainhouse.sundre@assembly.ab.ca	Provincial — program authority
Premier Danielle Smith	premier@gov.ab.ca	Provincial — executive authority
MP Michael Cooper — St. Albert–Edmonton	michael.cooper@parl.gc.ca	Federal — constituent MP
Hon. Patty Hajdu — Minister of Jobs and Families	patty.hajdu@parl.gc.ca	Federal — disability file
Hon. Sean Fraser — Minister of Justice & AG of Canada	sean.fraser@parl.gc.ca	Federal — Charter compliance

RECIPIENT	CONTACT	JURISDICTION / BASIS
Canadian Human Rights Commission	info.com@chrc-ccdp.gc.ca	Federal — ss.6, 7, 15 jurisdiction
MLA Marie Renaud, St. Albert	St.Albert@assembly.ab.ca	Provincial — engaged respondent

SOURCES AND LEGAL CITATIONS

- Canadian Charter of Rights and Freedoms, ss. 6, 7, 15 — Constitution Act, 1982, Schedule B to the Canada Act 1982 (UK), 1982, c 11.
- *Gosselin v. Quebec (Attorney General)*, [2002] 4 SCR 429 — s.7 and deprivation of vulnerable populations.
- *Fraser v. Canada (Attorney General)*, [2020] 3 SCR 113 — s.15 and adverse effects discrimination.
- Maytree — Welfare Incomes Across Canada, 2024. AISH recipients \$6,004 below poverty line annually.
- Government of Alberta — AISH Caseload Open Data, September 2025. 79,290 recipients.
- Government of Alberta — ADAP Program Page, 2026. Transition structure and benefit amounts.
- Canada Disability Benefit Act, SC 2023, c 22. Federal poverty-reduction mandate.
- Inclusion Alberta — ADAP Fact Sheet, October/December 2025.
- Alberta Disability System Breakdown — Financial Reality Report, April 2026.
- Alberta Disability System Breakdown — Alberta Disability Refugee Series, April 2026 (9 provincial reports).
- Alberta Doctors' Digest, Nov/Dec 2025 — physician shortage and 650,000 Albertans without family doctor.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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8

NOWHERE TO TURN — HEALTHCARE WORKER SHORTAGE

Nowhere to Turn

Alberta's Healthcare Worker Shortage and Its Impact on Complex Patients, Disability Documentation, and AISH Recipients

650,000 Albertans without a family doctor. 81% drop in practices accepting new patients. 61% of family physicians considering leaving. And 79,000 AISH recipients required to obtain physician-completed paperwork to keep their benefits.

The Alberta Disability System Breakdown — April 2026 Report Series

The ADAP transition requires all 79,000 AISH recipients to obtain a physician-completed medical report if they want to remain on AISH. Alberta has 650,000 people with no family doctor. 61% of existing family physicians are considering leaving. The very transition that demands physician paperwork is happening simultaneously with the collapse of the primary care system that produces it.

EXECUTIVE SUMMARY

Alberta has a healthcare worker shortage that is severe, documented, and worsening. More than 650,000 Albertans — more than the entire population of Calgary — have no family doctor. The number of practices accepting new patients has fallen from 887 in 2020 to 164 in 2024. Over 60% of family physicians are considering leaving the provincial healthcare system. And the patients being hit hardest are not the healthiest ones.

For Albertans with disabilities on AISH — people whose qualifying conditions are complex, chronic, and require coordinated multi-specialist care — the healthcare worker shortage is not an inconvenience. It is a structural threat to their ability to manage their health, document their disability, access benefits, and survive. Every mandatory form that requires a physician signature, every specialist referral that requires a GP, every prescription renewal that requires a visit — all of these become crises when there is no GP.

SECTION 1: THE SCALE OF ALBERTA'S PRIMARY CARE COLLAPSE

1.1 The Numbers

METRIC	FIGURE	SOURCE
Albertans without a family doctor	650,000+	Alberta Medical Association (AMA)

METRIC	FIGURE	SOURCE
Family practices accepting new patients — 2020	887	Alberta Find a Doctor / U of Calgary, 2025
Family practices accepting new patients — 2024	164	Alberta Find a Doctor / U of Calgary, 2025
Decline in accepting practices	81% reduction in 4 years	Calculated from above
Family physicians considering leaving provincial system	61%	ThinkHQ survey, AMA, January 2024
Family physicians considering leaving healthcare entirely	Over 25%	ThinkHQ survey, AMA, January 2024
Canadians nationally without a family doctor	~8.5 million (15%)	Canadian Medical Association Journal, 2024
Additional family physicians needed to fill Alberta's gap	Estimated 678–715 FPs	Canadian Family Physician journal, 2025
Additional nurse practitioners needed (alternative)	Estimated 722 NPs	Canadian Family Physician journal, 2025

Sources: Alberta Medical Association — albertadoctors.org; University of Calgary news release, September 23, 2025; ThinkHQ/AMA survey, January 2024; Canadian Family Physician journal, 2025.

“People are older and sicker. The number of people with five or more health conditions — like a history of cancer, high blood pressure and heart issues — nearly doubled.” — Dr. Braden Manns, University of Calgary, lead investigator, September 2025

“Alberta's family medicine system is collapsing. Across the province, upwards of 650,000 Albertans are searching for a family doctor. Without a family doctor, chronic conditions are almost impossible to manage and new issues, including cancers, may go unnoticed until they are past the point of effective treatment.” — Alberta Medical Association, official statement

1.2 Why It's Getting Worse, Not Better

The paradox at the centre of Alberta's family doctor crisis is that the number of registered family physicians is increasing — and yet access is collapsing. In the first quarter of 2024, there were 4,374 family physicians registered in Alberta, 215 more than the same period the previous year. But they are not taking patients.

- Physicians doing comprehensive, longitudinal care earn less per hour than those doing walk-in or urgent care under the previous fee-for-service model. Complex patients take longer. The billing model does not reflect the workload.
- Alberta's new Primary Care Physician Compensation Model (PCPCM), introduced in 2025, attempts to address this — but critics warn it introduces a two-tier system where complex patients on fixed incomes fall further behind.
- Burnout among family physicians is documented and severe. Alberta's College of Family Physicians president stated: *"Everything we've heard and seen is that family physicians and the primary care system are breaking down."*
- Rural Alberta has been hit disproportionately. In some regions, the nearest GP accepting new patients is a 90-minute drive away. For AISH recipients without vehicles, rural GP access is effectively zero.
- Family medicine residency vacancies are climbing nationally: in 2023, there were 268 unfilled family medicine residencies across Canada. The pipeline of new family physicians is contracting at exactly the moment demand is expanding.

1.3 The Two-Tier Risk

Alberta is the only province implementing a hybrid public-private physician compensation model. Under this model, physicians can choose to bill the government or bill patients privately. Critics warn that the result will be a two-tiered system where those who can pay privately access care faster, and those who cannot — including 79,000 AISH recipients — fall to the back of every queue.

*For AISH recipients on fixed incomes, a two-tiered healthcare system is not a theoretical concern. It is a direct and immediate threat to continuity of care. **They cannot pay privately. They cannot jump queues. They are, by definition, the patients most likely to be left at the bottom of every tiered system the market creates.***

SECTION 2: WHAT THIS MEANS FOR COMPLEX PATIENTS

In the context of Alberta's AISH population, "complex patients" describes people with multiple co-occurring permanent conditions — immune disorders, psychiatric conditions, chromosomal syndromes, neurological disorders, degenerative disease — who require coordinated care across multiple specialists, whose conditions interact with each other and with their medications, and whose health cannot be managed through episodic walk-in visits.

2.1 Why Complex Patients Are Being Left Behind

- Complex patients take more time per appointment. Under fee-for-service billing, a complex patient with 8 conditions, 12 medications, and 4 specialists generates more than 4 times the work of a simple patient — and the same or less billing.

- Complex patients require more coordination: referrals, letters, forms, specialist communications, prescription renewals, school and benefit documentation. This administrative load falls on the GP — often uncompensated under standard billing codes.
- Complex patients are less likely to be accepted when a practice has room for new patients. A physician managing a waiting list will rationally accept patients whose needs are lighter.
- The collapse of longitudinal care is most harmful for complex patients. A walk-in physician who sees someone once cannot safely manage a patient on 12 medications with interacting conditions.
- Without a GP, there is no referral pathway. Without a referral, there is no specialist. For conditions that require specialist management, no GP means no care.

“With quick and regular access to care, health problems can be caught and treated earlier. Whereas the longer you wait, the worse it gets. And so people present with delayed pathology.” — Dr. Everett Zdrill, family physician, Edson, CBC News

2.2 The AISH Population Is Disproportionately Complex

The AISH caseload, by its nature, represents Alberta’s most medically complex residents. The qualifying criteria require a severe, permanent disability that substantially prevents earning a livelihood.

AISH PRIMARY CONDITION	% OF CASELOAD	WHY GP ACCESS MATTERS
Physical disability	41.5%	Requires ongoing medication management, specialist coordination, and regular monitoring
Mental illness disorder	30.2%	Requires psychiatric medication oversight, crisis management coordination, specialist referrals
Cognitive disorder	28.3%	Requires developmental coordination, behavioral management, and documentation for disability services
All categories	100%	All AISH recipients require physician-completed medical documentation for program access and renewal

Source: Alberta Assisted Living and Social Services Open Data — AISH Caseload September 2025

SECTION 3: THE SPECIFIC BARRIERS FOR AISH RECIPIENTS

3.1 No GP Means No Referral — And No Referral Means No Specialist

In Alberta's healthcare system, most specialist care requires a GP referral. Without a GP:

- A person with a psychiatric condition cannot be referred to a psychiatrist — they must present to an emergency department or a walk-in clinic and hope for referral.
- A person with an immune deficiency cannot be referred to an immunologist for treatment changes — leaving them managing a life-threatening condition without specialist oversight.
- A child with a cardiac condition and a rare chromosomal syndrome cannot be referred to a developmental pediatrician without a GP initiating that process.
- Prescription renewals for controlled medications or specialty drugs may be refused by walk-in physicians unfamiliar with the patient's complex history.

THE EMERGENCY ROOM AS DEFAULT: *When people with complex needs have no GP, emergency rooms become their primary care. This is expensive for the system, harmful for the patient, and creates the exact kind of fragmented, episodic care that is most dangerous for people with multiple interacting conditions. The healthcare system saves money by not funding comprehensive family medicine and spends far more in emergency and acute care on the same patients.*

3.2 No GP Means Forms Cannot Be Completed

AISH, ADAP, and DTC applications all require physician-completed forms. The healthcare worker shortage directly intersects with the administrative burden these programs place on recipients:

- With only 164 practices accepting new patients province-wide, an AISH recipient without a GP cannot access a physician to complete their AISH application, their ADAP reassessment form, or their DTC application.
- Walk-in physicians will frequently decline to complete complex disability forms for patients they have seen once — they do not know the patient, cannot accurately represent a complex disability history, and completing the form exposes them to liability.
- Nurse practitioners — who often do know complex patients — still cannot sign all sections of AISH forms under current rules, despite being registered, regulated professionals with equivalent knowledge of their patients.
- The ADAP transition's requirement that 79,000 recipients obtain a physician-completed Disability Assistance Medical Report is happening simultaneously with the worst primary care access crisis in Alberta's recorded history.

3.3 Rural Recipients: The Double Barrier

For AISH recipients in rural and small-town Alberta, the healthcare worker shortage is not a theoretical future concern — it is the current daily reality.

- In the Bow Valley region, the nearest GP accepting new patients was a 90-minute drive away as of early reporting. For an AISH recipient without a vehicle and with mobility limitations, a 90-minute drive may as well be a flight.
- Since 2020, six family physicians left the Bow Valley primary care network alone. The loss of even one or two family physicians can strip an entire community of primary care access.
- One documented patient moved from their rural community to Lethbridge specifically because of the doctor shortage — then had to drive back to their original community for specialist care. For AISH recipients who cannot drive, moving to a city is not a solution: it simply relocates the crisis.
- Telehealth options are insufficient for patients requiring physical examination, blood draws, wound care, immunoglobulin infusions, or equipment management — all common requirements in the AISH population.

“Not knowing is difficult. Consistent care is key for maintaining my health. It just leaves me kind of not knowing how will my health be cared for.” — Daphne Pauls, 53, fibromyalgia patient whose family doctor left the province, CBC News

3.4 The Children: Complex Care Plans in a Collapsing System

For AISH recipients who are parents of children with complex disabilities — rare genetic syndromes, autism, cardiac conditions, intellectual disabilities — the healthcare worker shortage affects not only their own health management but their children's ongoing medical care.

- Developmental pediatrician oversight requires a GP referral to access — a specialty with long wait times even when the referral pathway exists.
- Coordinated care plans involving multiple specialists, schools, and community agencies fall apart without a consistent GP holding the centre.
- Emergency protocols for conditions like cardiac monitoring requirements cannot be established without a physician who knows the child's full history.
- Annual renewals of FSCD and other disability service contracts require updated medical documentation that must come from a physician.

*A single parent on AISH with multiple children who have complex disabilities and medical needs requires coordinated GP-initiated referrals to developmental pediatrics, cardiology, psychiatry, and school-based health services — simultaneously. This coordination requires a GP who knows the whole family. **In a system where 650,000 people have no GP, this coordination often does not happen.** The consequences are missed diagnoses, delayed interventions, and health crises that could have been prevented.*

3.5 The Medical File Problem: Physician Retirement and Missing Records

The healthcare worker shortage produces a secondary crisis that has received no formal policy attention: when a family physician retires or leaves a practice, their patients do not automatically receive their medical files, and file transfer to a new physician is not guaranteed. For AISH recipients with complex, longstanding medical histories, this creates a documented and specific threat to ADAP reassessment accuracy.

- Medical files are the property of the physician or clinic, not the patient. When a physician retires, the obligation to transfer files is not consistently enforced.
- AISH recipients whose GPs retire often attempt to obtain their complete medical files in advance of the retirement — contacting both the CPSA and the College of Family Physicians to understand the process and associated fees.
- The CPSA confirms that physician billing questions should be directed to the Alberta Medical Association — not the CPSA. No clear regulatory pathway for file access fees is identified.
- When a physician retires and no formal file transfer occurs, the patient's new physician — when one is eventually found in a system with 164 accepting practices — does not have the complete medical file.
- That recipient now faces an ADAP medical reassessment. The physician completing that reassessment does not have access to the clinical history required to complete it accurately.
- For a recipient whose qualifying condition is complex and longstanding, a physician completing the ADAP Disability Assistance Medical Report without the full file may be unable to accurately document the severity, duration, and functional impact of the disability — the three factors on which program eligibility is determined.

RISK FACTOR	IMPACT ON ADAP REASSESSMENT
Physician retirement without complete file transfer	New GP cannot accurately document disability history, severity, or functional impact
New GP with no prior patient relationship	Walk-in physicians may decline to complete complex disability assessments for new patients
Incomplete clinical record	ADAP medical panel receives incomplete information — eligibility determination may not reflect actual condition
No regulatory enforcement of file transfer	Patient has limited recourse if file is not transferred before physician retires
Appeal rights removed by Bill 12	If ADAP panel makes incorrect determination due to incomplete file, there is no independent appeal

Sources: CPSA — cpsa.ca; Alberta Medical Association — *billing and uninsured services guidance*.

*The combination of factors is compounding: a physician retires, a file is not transferred, a new GP is difficult to find, the new GP lacks clinical history, the ADAP reassessment form cannot be completed accurately, and the decision cannot be appealed. **Each of these is a documented systemic failure. Together they form a pipeline that leads from GP retirement to incorrect program termination — with no independent mechanism to catch or correct the error.***

SECTION 4: THE NURSE PRACTITIONER BARRIER

Nurse practitioners (NPs) are regulated, highly trained healthcare professionals who in many cases have longer and more established relationships with complex patients than the physicians required to sign their forms.

“Why would I have to get a doctor to sign a form for my own patient? So, that’s ridiculous. Number 2: there aren’t enough family physicians for people to go to. I have a number of adult FASD patients now that we’re getting assessed, and they should qualify for AISH, but I can’t sign the medical.” — Nurse practitioner Wonitoway-Raw, Edmonton Journal, January 11, 2024

This is not an isolated frustration. The government has announced expanded scope of practice for nurse practitioners to address the family doctor shortage, while simultaneously maintaining rules that require physician signatures on disability benefit forms — forms that NPs are professionally and clinically qualified to complete.

FORM TYPE	NP CAN CURRENTLY SIGN?	WHY THIS MATTERS
AISH Part B Medical Report	Partially — physician signature still required for key components	NPs may know the patient better than any GP. The restriction creates a barrier with no clinical justification.
DTC Form T2201	Yes — NPs are now included	A positive change, but awareness is low among both NPs and patients.
ADAP Disability Assistance Medical Report	Rules still being established	Critical — if NPs cannot sign this form, GP-less Albertans face an impossible barrier.
Specialist referrals	Varies — NPs can refer in many contexts but not all	Specialist access depends on the referral pathway being fully open to NPs.

Sources: *Edmonton Journal, January 11, 2024; Alberta.ca — AISH application guidelines; ADAP Discussion Guide, August 2025.*

SECTION 5: WHAT IS BEING ASKED

To the Government of Alberta

- Immediately expand the list of professionals authorized to complete all AISH, ADAP, and DTC-related medical forms to include nurse practitioners, registered psychologists, and specialists with established treating relationships — with no physician countersignature required.
- Invest urgently in primary care capacity — specifically in longitudinal, comprehensive family medicine for complex patients. The current compensation model must be corrected before the PCPCM hybrid model accelerates the two-tier risk.
- Fund and mandate complex care coordination teams specifically for high-complexity patient panels including AISH recipients.
- Establish a provincial guarantee of primary care access for AISH recipients. A person who qualifies for AISH on the basis of a permanent, complex disability should not be left without a GP.
- Establish a mandatory medical file transfer protocol when a physician retires or closes a practice, with patient notification and a guaranteed timeline. For AISH recipients facing ADAP reassessment, an incomplete medical file is not an administrative inconvenience — it is a threat to program eligibility.
- Pause the requirement for physician-completed ADAP medical reports until primary care access has been meaningfully improved. Requiring 79,000 people to obtain a form signed by a physician, in a province where 650,000 people have no physician, is not a workable policy.

To the Government of Canada

- Permanently fund the completion of DTC medical forms as a covered service — not as a one-time supplemental payment. The \$150 one-time supplemental payment does not cover current physician fees and does not address the ongoing barrier.
- Formally recognize nurse practitioners as eligible signatories for all federal disability benefit forms — including the DTC T2201 — and communicate this clearly to NPs and patients across Canada.
- Include access to primary care for people with disabilities as a condition of federal health transfer payments to provinces.

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

9

THREE YEARS AND COUNTING — FSCD AND PDD CRISIS

This section also contains:

- 9b** Intergenerational Impact (Family)
- 9c** The Intergenerational Contradiction

Three Years and Counting

Alberta's FSCD and PDD Crisis: What Happens When the Same Government Fails Children, Adults, and Their Parents Simultaneously

A Fact-Based Submission from Alberta's Disability Community — April 2026

THIS DOCUMENT IS FREE TO SHARE. Send it to your MLA, MP, Premier, and Minister. Every figure is sourced. Every quote is attributed.

EXECUTIVE SUMMARY

Many AISH recipients are also parents. Their children have the same rare genetic syndromes, the same severe autism profiles, the same complex medical needs that contributed to the parent's AISH qualification in the first place. For these families, the collapse of AISH is not happening in isolation. It is happening at the same time as the collapse of two other programs those families depend on: Family Support for Children with Disabilities (FSCD) and Persons with Developmental Disabilities (PDD).

The Alberta government administers all three programs through the same ministry — Assisted Living and Social Services. That ministry has cut caseworkers, frozen hiring, and imposed backlogs across all three simultaneously. The result is that some of the most vulnerable families in Alberta are being failed by the same government three times at once.

THE COMPOUNDING CRISIS: *Families waiting 3 years for FSCD. Adults with developmental disabilities invisible on an unreported PDD waitlist. AISH parents facing income cuts and reassessment. All three programs run by the same ministry. All three in documented crisis. All three affecting the same households.*

This report documents the specific failures of FSCD and PDD, the intergenerational impact on families whose children will one day age into the same broken system, and why these three program crises cannot be treated as separate issues.

SECTION 1: FSCD — THE THREE-YEAR WAIT

1.1 What FSCD Is Supposed to Be

The Family Support for Children with Disabilities program provides funding for supports and services for Alberta children under 18 with severe disabilities. It is the primary support system for children with ASD,

genetic syndromes, intellectual disabilities, and complex developmental profiles. It funds respite hours, EA-equivalent home support, therapy services, and equipment. For families managing multiple children with severe disabilities, it is not a luxury — it is the mechanism that makes daily life survivable.

1.2 What FSCD Actually Is in 2025–2026

In October and November 2024, Inclusion Alberta surveyed 540 families from 79 of Alberta's 87 electoral districts about their FSCD experience. The findings document a program in functional collapse.

FINDING	DATA	SOURCE
Average wait for FULL range of FSCD services	3 years after applying	Inclusion Alberta FSCD Survey Report, January 2025 (540 respondents)
Families reporting negative effects from going without supports	58%	Same survey — effects include job loss, missed developmental windows, physical and mental health deterioration
Families with only FSS (minimal services) waiting for CFS (child-focused services)	Average 13.5 months and counting	Same survey — 85% of these families have still NOT been assigned a caseworker
FSCD caseworker caseload — documented case	One caseworker: 400+ families	Hold My Hand Alberta, September 2024
Recommended maximum caseworker caseload	100 families	Hold My Hand Alberta standard reference
Temporary FSCD caseworker contracts not renewed	7 contracts ended September 2024	Government confirmed — Ministry of SCSS statement
Government's own auto-reply on caseworker assignment timelines	"There are currently delays in caseworker assignment, and we cannot provide any timelines at this time"	FSCD auto-reply email, posted by Hold My Hand Alberta co-founder Sarah Doll, 2024
FSCD budget increase (Budget 2025)	3.61%	Alberta Budget 2025
Population + inflation growth rate (2024)	7.3%	Inclusion Alberta — Budget 2025 analysis
Gap between increase and need	-3.69% in real terms	Calculated: 3.61% increase vs 7.3% required

Sources: Inclusion Alberta — “Experiences with Family Support for Children with Disabilities” (January 2025); Hold My Hand Alberta (September 2024); Alberta Budget 2025; Inclusion Alberta Budget 2025 media release

1.3 The Three-Stage Maze — How FSCD Actually Works

In 2023, the government changed the FSCD access process to a three-stage system. Understanding this system explains why families wait years before accessing the support their children need.

STAGE	WHAT HAPPENS	WAIT TIME (SURVEY DATA)
Stage 1: Apply and wait for eligibility decision	Family submits application with medical documentation. A Disability Application Processing unit reviews it and issues an eligibility decision.	Variable — but Stage 1 alone can take months
Stage 2: Family Support Services (FSS) agreement	Eligible families receive a minimal FSS agreement covering some respite and basic supports. This is NOT the full program — it is a holding pattern.	Average 10 months after eligibility decision before FSS is offered
Stage 3: Wait for caseworker and Child Focused Services (CFS)	Families requiring full individualized support — EA hours, therapy coordination, specialized services — must wait for a caseworker to be assigned and an Assessment of Needs completed.	Average 13.5 months after FSS — still waiting, 85% without a caseworker
Total time to full services	3+ years from application to full range of support	Inclusion Alberta FSCD Survey, January 2025

Source: Inclusion Alberta FSCD Survey Report, January 2025; Alberta.ca FSCD eligibility and how-to-apply pages

“It’s not worth it.” — Anonymous FSCD survey respondent, describing their decision to stop trying to access services after more than two years of waiting for minimal support. Inclusion Alberta FSCD Survey, January 2025.

79% of families who are stuck in Stage 2 (FSS only) have identified Child Focused Services as what they actually need. They are being given partial service, told to wait, and given no timeline. Many give up.

1.4 The Auditor General Said This in 2022

The problems in FSCD are not new discoveries from the 2024 survey. The Auditor General of Alberta examined FSCD in 2022 and found:

“Eligible families should receive program supports and services based on their needs, not on who their caseworker is. But because guides, training, and oversight are inadequate, families may not receive the supports and services they qualify for.” — Alberta Auditor General Report on FSCD, 2022

“The training program is not being effectively delivered. Oversight processes of caseworker performance are ineffective.” — Alberta Auditor General Report on FSCD, 2022

The government received these findings in 2022. The caseworker caseloads have since been reported at 400 families per worker. Seven temporary caseworker contracts were not renewed in September 2024. Budget increases fall below inflation. The problems identified by the Auditor General in 2022 have not been fixed — they have worsened.

1.5 What Families Are Actually Being Told

When families contact FSCD to ask when their caseworker will be assigned, they receive the following automatic reply:

“There are currently delays in caseworker assignment, and we cannot provide any timelines at this time.” — FSCD auto-reply email, posted publicly by Hold My Hand Alberta co-founder Sarah Doll, 2024

This is the program’s official response to families waiting years for services their children need. Not an apology. Not a timeline. Not an escalation path. An automated reply that says: *we cannot tell you anything.*

For a parent of a non-verbal child with documented safety needs, no consistent EA coverage on unpredictable school days, and behavioural support requirements that exceed current allocations — the knowledge that FSCD “cannot provide any timelines at this time” is not administrative inconvenience. It is the government telling that parent that they are alone indefinitely.

SECTION 2: PDD — THE UNREPORTED WAITLIST

2.1 What PDD Is

The Persons with Developmental Disabilities program supports adults aged 18 and over with developmental disabilities that were present before age 18. It funds residential support, employment support, community access, and individualized care planning. For adults with ASD Level 3, intellectual disabilities, and complex profiles, PDD is the primary support system after they age out of FSCD at age 18. It is the end point of a system that has been failing them since childhood.

2.2 The Numbers the Government Has Stopped Reporting

PDD currently supports more than 13,000 adults in Alberta. The program's waitlist — the number of adults who are eligible for PDD but not receiving services — has not been publicly reported by the government in three years. Inclusion Alberta has formally requested this information. It has not been provided.

THE GOVERNMENT HAS NOT REPORTED HOW MANY PEOPLE ARE WAITING FOR PDD SERVICES IN THREE YEARS. *The last published waitlist data is from 2021. Inclusion Alberta surveyed 540 PDD-connected individuals in late 2024 specifically because the government will not say how many people are waiting.*

PDD FINDING	DATA	SOURCE
Adults currently receiving PDD services	13,000+	Inclusion Alberta, January 2025
Last time government publicly reported PDD waitlist numbers	2021 — 3+ years ago	Inclusion Alberta PDD Survey Report, January 2025
Respondents still needing to meet caseworker to develop outcome plan	70%	Inclusion Alberta PDD Survey, October–November 2024
Respondents who say supports they eventually receive aren't helping	41%	Same survey
PDD budget increase (Budget 2025)	5.94%	Alberta Budget 2025
Population + inflation growth rate 2024	7.3%	Inclusion Alberta Budget analysis
Real-terms gap	-1.36% — not keeping pace	Calculated
Advocacy organizations serving PDD families that lost funding (March 2026)	3 — funding ended 12 months early; first closure now confirmed (see Section 2.4)	CBC News, January 2025; Inclusion Alberta; primary source documentation, April 2026

Sources: Inclusion Alberta — “PDD Current State: Critical and Urgent” (January 2025, 540 respondents); Alberta Budget 2025; Inclusion Alberta Budget 2025 media release; CBC News January 23, 2025

“Respondents describe valuable years of life being squandered for adults who remain isolated at home, their skills unused, potential untapped, dreams fading, and health declining.” — Inclusion Alberta PDD Survey Report, January 2025

2.3 The Transition Gap — What Happens Between FSCD and PDD

Children eligible for FSCD lose that eligibility at age 18. They then become eligible for PDD. This transition is not seamless. It involves a new application, a new assessment (requiring a registered psychologist's report), a new eligibility determination, and then — if eligible — joining the same waitlist whose numbers the government will not publish.

The application for PDD can begin at age 16, with services beginning at 18. But the gap between losing FSCD and receiving PDD services is not zero. It is however long the PDD waitlist takes — which the government has not disclosed in three years.

AGE	PROGRAM AVAILABLE	REALITY
0–17	FSCD (Family Support for Children with Disabilities)	Average 3-year wait for full services. 85% still without caseworker after partial services begin.
16–17	Can apply for PDD (services begin at 18)	Requires new psychoeducational assessment (\$2,000–\$4,000 privately if not school-provided), new application, new process
18	FSCD eligibility ends. PDD eligibility begins — but service is not immediate.	Gap period: zero services until PDD waitlist clears. Government will not say how long this takes.
18+	PDD (Persons with Developmental Disabilities)	70% still need to meet caseworker. 41% say supports they receive aren't helping. Budget below inflation.
18+	AISH (for income support)	Under ADAP: income reduced \$200/month. Appeal rights removed. Forms requiring physician signature needed.

FOR PARENTS WHOSE CHILDREN ARE CURRENTLY IN FSCD: *The FSCD-to-PDD transition is not optional. It happens automatically at age 18 for every eligible child. The system that will be responsible for adult care for thousands of these children is inadequately funded, has not reported its waitlist in three years, and has lost the advocacy organizations that help families navigate it. AISH parents — already on income support, already facing income cuts under ADAP — will be expected to manage that transition while their own program is destabilizing. For many of them, no second person exists to share the load.*

2.4 Confirmed Closure: A Documented Pattern

The closure of disability advocacy organizations during the AISH-to-ADAP transition period is no longer a forecast. As of April 1, 2026, the first of these closures has been documented in primary source.

Family Resource Centre of Central Alberta — Closed April 1, 2026

The Family Resource Centre of Central Alberta, operated by EPSS, posted the following public statement on April 1, 2026:

“As of 01 Apr 2026, EPSS will not be operating the Family Resource Centre of Central Alberta. All FRC supports are now provided by easterseals.ab.ca... It has been our distinct pleasure to serve Central Alberta's families for the past 5 years. We will leave this page up for a few days and then we will be deleting this Facebook page.” — Family Resource Centre of Central Alberta Facebook page, April 1, 2026

Documented facts:

- The organization served Central Alberta families with disabilities for five years.
- Closure took effect April 1, 2026 — the same period in which provincial advocacy funding ended.
- Families were redirected to Easter Seals Alberta — a separate organization with its own waitlists, intake processes, and capacity constraints.
- The Facebook page was deleted shortly after — removing the public record of five years of service.
- No provincial announcement accompanied the closure. Families learned through a social media post.

Community response — documented

The closure was identified immediately by affected families as a government funding decision, not an organizational one:

“Looks like the UCP government has cut funding again for another agency that gave support and hope to families with children/adults with disabilities. They were a service that helped us and so many others. I feel sorry for that person who made that decision. Obviously they lack compassion and empathy.” — Betty Smith, AISH Related Community (The ARC), April 6, 2026

This response is significant as community documentation, not anecdote. Affected families identified the closure as a government decision before any media reporting. The loss was felt directly by those who had relied on the service.

The pattern, on the timeline

- **December 9, 2025:** Bill 12 passed — independent appeal rights removed.
- **March 2026:** Provincial funding cut to advocacy organizations supporting PDD families — contracts ended twelve months early.
- **April 1, 2026:** First confirmed closure (Family Resource Centre of Central Alberta) takes effect.
- **July 1, 2026:** AISH-to-ADAP mandatory transition date — 79,000 recipients require navigation support.

The families who most need help navigating the transition have lost — and will continue to lose — the organizations that would have helped them do it. Removing advocacy organizations during the highest-urgency period of a major program transition is not a budget coincidence. It is a documented pattern, now confirmed by primary source.

SECTION 3: WHY THESE THREE PROGRAM CRISES ARE ONE CRISIS

AISH, FSCD, and PDD are administered by the same ministry: Assisted Living and Social Services (ALSS), formerly Seniors, Community and Social Services. The same minister — Jason Nixon — is responsible for all three. The same caseworker workforce serves all three. The same hiring freezes and budget pressures affect all three. These are not three separate crises. They are one crisis with three faces.

3.1 The Same Ministry. The Same Cuts. The Same Families.

- Caseworker positions axed across AISH, FSCD, and SCSS simultaneously (AUPE, February 2024 and September 2024)
- Temporary contracts not renewed across all disability service streams in the same fiscal period
- Hiring freeze applied across the ministry — affecting AISH workers, FSCD caseworkers, and PDD workers simultaneously
- Budget increases in FSCD (3.61%) and PDD (5.94%) both below the 7.3% population-plus-inflation benchmark — meaning real cuts despite nominal increases
- Three advocacy organizations supporting families navigating PDD had their funding ended 12 months early in March 2026 — at the same time the AISH/ADAP transition is creating the highest demand for advocacy support in years. The first of these closures has now been confirmed by primary source: the Family Resource Centre of Central Alberta, operated by EPSS, ceased operations on April 1, 2026 after five years of service (see Section 2.4).

3.2 The Households the System Falls Through

Consider the households the system has created across Alberta: AISH parents whose own qualifying conditions overlap with their children's diagnoses, raising children with complex disabilities while their own program is being destabilized. These households are simultaneously:

- Waiting for full FSCD services while managing children with severe disabilities — including non-verbal communication profiles, cardiac monitoring requirements, flight-risk behaviours, behavioural crises requiring specialist intervention, and complex medication regimens — on minimal allocated respite hours.
- Preparing for the AISH-to-ADAP transition with no individual caseworker, an inaccessible call centre, appeal rights removed, and program regulations still being written.
- Facing a future where their children will age out of FSCD between ages 11 and 18 — into PDD, where the waitlist is unreported, 70% of eligible adults still haven't met their caseworker, and the advocacy organizations that could help navigate the transition are being shut down (see Section 2.4).
- Managing this in a healthcare system where general practitioner shortages, multi-year specialist waits, and physician-completed forms required for every program interaction add cost and delay to every step.
- Carrying the full weight of this — medical appointments, school advocacy, formal complaints, medication management, behavioural crises, infusion schedules, cardiac monitoring coordination — often with no co-parent, limited family support, and no consistent backup.

These are not hypothetical households. They are the documented reality of thousands of AISH recipients in Alberta who are also parents of children with complex disabilities. The government's response has been to cut their income, remove their appeal rights, starve the FSCD program their children depend on, hide the PDD waitlist, and cut funding to the organizations that help them advocate. All at the same time. Through the same ministry.

3.3 The Intergenerational Cost

The children in these households are aging into a system the government has allowed to deteriorate. Children currently receiving FSCD services — those with severe autism profiles, confirmed genetic syndromes, complex medical needs, intellectual disabilities at the lowest measured percentiles, non-verbal communication requirements, and behavioural support needs that already exceed what current FSCD allocations cover — will transition to PDD at age 18. They will need residential support, employment support, and continuous developmental care for the rest of their lives.

Their parents will still be there. Those parents will be older. Their disabling conditions — including immune disorders, degenerative musculoskeletal conditions, and the cumulative physical toll of decades of caregiving — will have progressed. Their ability to carry the physical and emotional load will be reduced. And the system that is supposed to take on more of that load as the children become adults — PDD — is the system whose waitlist the government will not publish, the system whose budget falls below population-plus-inflation growth, and the system whose advocacy organizations are being shut down at the moment the load is increasing.

Cutting FSCD, hiding the PDD waitlist, and reducing AISH income are not three separate budget decisions. For these families, they are three cuts to the same lifeline — made simultaneously, by the same government, through the same ministry, to the same people.

The government is not managing three programs. It is managing many families' survival. And it is failing.

SECTION 4: WHAT WE ARE ASKING

Regarding FSCD

- Fund FSCD at a level that matches actual population growth plus inflation — a minimum of 7.3% — and commit to eliminating the current waitlist within a defined, publicly stated timeframe.
- Immediately rehire the caseworker positions axed in 2024 and end the hiring freeze for FSCD workers. One caseworker managing 400 families is not a staffing model — it is a guarantee of failure.
- Eliminate the three-stage access system that is the primary mechanism creating the 3-year wait. Eligible families should receive assessment and CFS access within a defined, maximum timeframe — not an undisclosed queue with an automated reply.
- Publish monthly caseworker caseload data by region, as a public accountability measure. If the government claims caseloads are appropriate, the data should be able to demonstrate that.
- Stop cutting funding to advocacy organizations that support families in navigating FSCD and PDD. These organizations reduce the burden on caseworkers, reduce errors, and reduce crisis escalations. Cutting them costs more than it saves.

Regarding PDD

- Immediately publish the current PDD waitlist — the number of eligible adults not receiving services, broken down by how long they have been waiting. The government has not published this data in three years. Families, advocates, and elected officials cannot address a problem the government has decided not to count.
- Fund PDD at or above population-plus-inflation growth rate. A 5.94% increase in a 7.3% growth environment is a real cut.
- Establish a clear, maximum wait time standard for PDD outcome plan development. 70% of survey respondents still need to meet their caseworker. This is not a functional program.
- Restore funding to disability advocacy organizations cut in March 2026. The first confirmed closure (Family Resource Centre of Central Alberta, April 1, 2026) demonstrates that the predicted impact has begun. The timing — during the highest-urgency period for AISH/ADAP transition navigation — is not coincidental to the families affected.

Regarding the Transition Gap

- Develop and publicly commit to a formal FSCD-to-PDD transition protocol that eliminates the service gap at age 18. Children do not stop needing support when they turn 18. Parents do not stop needing relief.
- Ensure that the AISH/ADAP transition framework accounts for the reality of AISH recipients who are also primary caregivers of children and future-adults with severe disabilities. ADAP's employment framework is not applicable to a person whose full-time caregiving obligation will not end when their children turn 18 — it will intensify.
- Recognize that the intergenerational cost of inadequately supporting children with complex disabilities today will be borne by PDD, AISH, and the healthcare system for the rest of their lives. Investment now reduces cost later. Disinvestment now compounds cost indefinitely.

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Intergenerational Impact

How Alberta's Disability System Compounds Across Generations

A structural analysis of how each program transition — pediatric to adult care, FSCD to PDD, AISH to ADAP, working life to succession — creates the conditions for the next generation's encounter with the same system.

The Alberta Disability System Breakdown — April 2026 | All claims sourced to the Information Asymmetry Report and primary government documentation

Disability does not begin where the system recognizes it, and it does not end where a single program ends. The compounding mechanism documented below operates across every transition point — and accumulates with each generation that is not given the information needed to interrupt it.

Disability in Alberta is treated administratively as if it begins at the moment of diagnosis and ends at the moment of program exit. Both edges are wrong. The lived reality of disabled families in this province is that the system's failures at each life stage create the conditions for the next generation's encounter with the same system — and that the cost of those compounding failures is borne, generation after generation, by the families inside them.

THE THREE-GENERATION PATTERN

The compounding pattern documented in disabled Alberta families is not unique to any one household. It is structural. The version below is composite — drawn from the documented patterns this campaign has gathered across many families, and grounded in the program data and primary sources cited in the *Information Asymmetry Report*.

Generation One — Acquired Disability, Information Withheld

A grandparent enters the workforce in the 1960s, 1970s, or 1980s. They are exposed at home or at work to substances whose long-term effects are documented in the medical literature of the time but are not communicated to the exposed population. The science on asbestos was clear by the 1960s. The science on lead was clear by the 1970s. The science on PFAS was clear by the 1980s and 1990s.

By their fifties, they begin to develop chronic conditions — autoimmune, cardiac, kidney, joint. Each is treated separately because the connecting framework is not part of the clinical picture they are presented with. They retire on a CPP and small private pension below the poverty line, with no public acknowledgment that the institutional information system failed them.

Generation Two — Inherited Risk, Recognized Late

Their child grows up with no warning that their parent's conditions were environmentally produced and may carry epigenetic transmission. The child enters adulthood with vulnerabilities they cannot name and a family history they cannot interpret. Diagnoses arrive in their thirties or forties — autoimmune, neurodevelopmental, mental health, chronic pain — often after years of being told their symptoms are within normal variation.

They apply for AISH. The application takes months. The medical adjudicator applies criteria that have not been published. The Citizens Appeal Panel overturned approximately one in three AISH eligibility decisions on appeal in the period for which records are available. By the time supports stabilize, this person is also a parent — and what they have learned navigating their own disability is now needed to navigate their child's.

Generation Three — Diagnosed Late, Aged Out of Intervention

Their child shows developmental difference at two or three. The family doctor says “some children develop later” — accurate within the constraints of generalist practice, incomplete in the way the report names. By the time a developmental specialist is consulted (multi-month to multi-year wait), the early intervention window has closed.

FSCD is applied for. The Inclusion Alberta survey of 540 families across 79 of 87 Alberta electoral districts (January 2025) documents an average wait of three years for full FSCD services. The child reaches age 18 facing the FSCD-to-PDD cliff — a separate program, separate criteria, no continuity of service. If the child's disability is not intellectual-developmental, no provincial adult support program is available to them at all.

THE COMPOUNDING

At every stage, the family's capacity to advocate is reduced by the same system they are advocating within.

The grandparent's estate cannot be planned around disability succession because no one told them to plan for one. The parent cannot fully advocate for the child because the parent's own AISH file is being reviewed under the AISH-to-ADAP transition, effective July 1, 2026, by a Medical Review Panel using criteria that have not been published, with the independent appeal pathway eliminated by Bill 12. The child's transition into adulthood encounters the same recognition gap that delayed their parent's diagnosis a generation earlier.

The province possesses information at each stage — about exposure risks, about diagnostic pathways, about program criteria, about succession planning — that, if communicated to families during the years it would matter, would change the outcome. The information is not communicated. The compounding occurs. The next generation arrives at the same system and is met with the same silence.

NONE OF THIS IS A NATURAL HARDSHIP. EACH STAGE IS A POLICY OUTCOME WITH A POLICY ALTERNATIVE. *The province has the operational capacity to publish the information that would interrupt the compounding pattern, and has chosen not to. That choice is what this report names.*

For the full evidence base — Charter, CRPD, and Alberta Bill of Rights argument with footnotes and Sources index — see the Information Asymmetry Report (49 pages, April 2026) and its 12-page Plain Language Companion, available at albertadisabilitysystembreakdown.netlify.app.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

THE INTERGENERATIONAL CONTRADICTION

How ADAP Guarantees the Dependency It Claims to Prevent

April 2026

Section 1: The Policy Premise

ADAP — the Alberta Disability Assistance Program — is the provincial government's replacement for AISH, effective July 1, 2026. Its stated premise is that disability income support should be designed to encourage and facilitate movement toward employment and greater independence. The framework assumes that with appropriate employment supports, skills building, and financial incentives, a meaningful portion of disabled Albertans can reduce their reliance on government assistance over time.

This premise is not inherently unreasonable as applied to some recipients. But it rests on a foundation the government has simultaneously dismantled: the systems that produce independent, functional disabled adults do not begin at age 18. They begin at birth.

THE CORE ARGUMENT

ADAP is premised on the idea that the current generation of disabled adults can move toward independence.

The same government is simultaneously failing every upstream system — education, children's disability services, pediatric healthcare — that would give the next generation of disabled children any realistic pathway to independence.

The government cannot claim to be building toward independence while guaranteeing dependency in the next generation through documented, systemic failure.

Section 2: Three Children — One Household — One Contradiction

The following profiles are drawn from the documented circumstances of three children in a single household in Alberta. All three share a confirmed rare chromosomal syndrome. All three carry an ASD Level 3 diagnosis — the most severe classification under the DSM-5. Their profiles are presented without identifying information. They are not hypothetical. They are documented.

CHILD PROFILE 1 — The Child the System Has Already Determined Cannot Work

DOCUMENTED PROFILE

- Rare chromosomal syndrome with confirmed genetic documentation.
- ASD Level 3 — requiring substantial support across all settings.
- Non-verbal or minimally verbal communication.
- Active behavioural profile: aggression, flight risk, crisis presentations.
- Cannot be safely supported by substitute educational staff — documented in writing by the school.
- Requires one-on-one funded support worker for school attendance.
- Has never attended school without specialized one-on-one support.

POLICY CONTRADICTION

- ADAP is premised on a pathway to employment. This child has no such pathway — not through lack of effort, not through lack of supports, but because the severity of documented disability makes independent, sustained employment functionally impossible.
- The government has, through the school's own documentation, already acknowledged this child cannot be safely managed without specialized individual support. It has simultaneously designed an adult income program that assumes employment is the goal.
- When this child turns 18, ADAP — or whatever replaces it — will be the program they are assessed against. The same framework being applied to their parent today will be applied to them. The same income reduction. The same removal of appeal rights. The same employment-first premise.
- The government is not building toward independence for this child. It is deferring the bill.

CHILD PROFILE 2 — The Child the System Has Written Off as a Problem for Later

DOCUMENTED PROFILE

- Rare chromosomal syndrome with confirmed genetic documentation.
- ASD Level 3 — requiring substantial support across all settings.
- School has acknowledged in writing that no substitute educational assistant can safely provide support.
- When his EA is unavailable, he cannot attend school. This occurs without advance notice.
- A school meeting documented that guest EA support was the operative plan — four days before the same school argued in writing that no guest EA could safely support him.
- Active ATPC complaint: 7 grounds, 32-entry evidence index. Filed against the school principal.

- Accountability gaps at the school level are documented, timestamped, and unresolved.

POLICY CONTRADICTION

- The school system has not built a sustainable support framework for this child. It has managed him reactively and inconsistently, produced contradictory written positions about his needs, and left accountability gaps that required a formal complaint process to address.
- This is not a child being supported toward future independence. This is a child being managed in the short term while the question of his long-term trajectory is deferred.
- The government has no mechanism to hold the school accountable for the downstream cost of that deferral. If this child reaches adulthood without adequate educational foundation or transition planning, he becomes a more dependent adult — not a more independent one.
- ADAP assumes that employment supports can bridge the gap between disability and independence. They cannot bridge a gap that the educational system spent a decade widening.

CHILD PROFILE 3 — The Child Whose Documented Needs Are Being Actively Reframed

DOCUMENTED PROFILE

- Rare chromosomal syndrome with confirmed genetic documentation.
- ASD Level 3 — requiring substantial support across all settings.
- Active cardiac monitoring protocol with a 911 directive in place at school.
- If she presents with cardiac symptoms at school, her parent must be reachable and able to respond immediately.
- Documented medical needs that require direct, reliable parental availability during school hours.
- Supports she currently has are being reframed — her documented needs characterized differently than the medical record supports.
- Support removals are being positioned as outcomes of 'progress' — without clinical grounding.

POLICY CONTRADICTION

- When a child's documented medical and developmental needs are administratively reframed as improvements, the consequence is not that the child needs less support. It is that the child receives less support — while the underlying need remains.
- This is cost reduction positioned as clinical determination. The government's own documentation of this pattern — across FSCD, PDD, and the school system — is available.
- A child whose supports are removed on the basis of reframed need is a child being set up for crisis. The cost of that crisis — medical, developmental, educational, or systemic — will be carried by the next government, the next program, and the next caseworker.
- This child is not being supported toward independence. Her documented needs are being minimized to reduce current program cost, while the downstream risk is transferred forward.

Section 3: The Structural Contradiction

These three children share more than a household and a diagnosis. They share a systemic position: they are all currently being failed by the government programs responsible for giving disabled children a foundation for adult life — while the government simultaneously designs an adult income program premised on those children eventually achieving employment and independence.

THE CONTRADICTION IN PLAIN LANGUAGE

The government is telling the current generation of disabled adults: you should be working toward independence.

The government is simultaneously telling the next generation of disabled children — through its actions, not its words:

- We cannot staff your classroom consistently.
- We cannot provide timely children's disability services.
- We cannot tell you when PDD will be available when you turn 18.
- We will reframe your needs downward to reduce program cost.
- We will cut the advocacy organizations that could help your family navigate the system.

These two positions cannot coexist. The government is manufacturing the dependency it claims to be reducing.

3.1 The Pipeline the Government Has Built

Children with severe disabilities who do not receive adequate educational support do not develop greater independence. Children whose documented needs are reframed downward to reduce program cost do not receive fewer services because they need fewer — they receive fewer services while the underlying need compounds. Children who age out of FSCD into a PDD system with an unreported waitlist and 70% still not meeting their caseworker do not become independent adults. They become dependent adults in a system with fewer resources and no appeal rights.

The pipeline from inadequate childhood support to adult program dependency is not speculative. It is documented in the developmental literature and in Alberta's own downstream cost projections. The government is not preventing future reliance on disability income programs. It is guaranteeing it — and then designing that future program to provide less income and fewer protections than the current one.

STAGE

WHAT THE GOVERNMENT IS DOING

Early childhood (FSCD)	3-year average wait for full services. 85% of families still without caseworker after partial services begin.
School age (Education system)	No consistent accountability framework for children too complex for standard supports. Contradictory documentation. Complaint processes as the only recourse.
Adolescence (Transition planning)	FSCD ends at 18. PDD application can begin at 16 — but service is not immediate. Waitlist duration unreported for 3 years.
Adulthood (PDD/AISH-ADAP)	70% of eligible adults have not met their PDD caseworker. AISH replaced by ADAP with reduced income, removed appeal rights, and employment-first framework applied regardless of capacity.
Throughout	Advocacy organizations that help families navigate these gaps had their funding cut in March 2026 — at the moment of highest demand.

Section 4: The Fiscal Argument

The government has framed the AISH-to-ADAP transition as a fiscal responsibility measure. The downstream costs of the systemic failures documented above are not being counted in that calculation.

COST ITEM	DOCUMENTED RANGE
Child welfare intervention (if family stability collapses)	\$80,000 to \$250,000+ per child per year in government care
Delayed educational milestones	Increased Special Education costs throughout K-12; documented as a downstream outcome of poverty and instability
Psychiatric crisis intervention (ED visit)	\$1,000 to \$3,000+ per visit; Alberta ED psychiatric visits up 47% prior to ADAP transition
Adult program dependency (PDD/ADAP)	Compounds existing program costs with reduced capacity for supported independence
Net saving from AISH-to-ADAP transition (before downstream costs)	\$27 million — after \$22 million in administration overhead
Alberta Heritage Fund growth (Q3 2025-26 alone)	\$383 million

THE FISCAL REALITY

The government is saving \$27 million net from the AISH-to-ADAP transition — before any downstream costs are counted.

The documented downstream costs of failing to support the next generation of disabled children adequately include child welfare intervention, educational remediation, psychiatric crisis response, and compounded adult program dependency — all of which cost more than the program it is replacing.

This is not a savings. It is a cost transfer — from the disability income budget to every other budget the government manages.

Section 5: The Policy Cannot Have It Both Ways

If the government's position is that disability income support should be redesigned around employment and independence as goals, then the government must also ensure that the systems responsible for building the capacity for independence are adequately resourced, consistently staffed, and held to account.

It has not done this. The same ministry that administers AISH, FSCD, and PDD has applied hiring freezes across all three simultaneously. The same minister responsible for ADAP is responsible for a children's disability services system with a three-year average wait and an unreported adult transition waitlist. The same budget that cuts \$49 million from AISH has produced nominal increases to FSCD and PDD that are below the population-plus-inflation benchmark — meaning real cuts, despite the numbers.

A government that is genuinely building toward independence for disabled Albertans does not simultaneously dismantle every system that makes independence possible for the next generation of disabled Albertans.

A government that does both — that mandates employment-readiness in the adult income program while failing education, children's disability services, transition planning, and the advocacy sector simultaneously — is not reducing dependency. It is producing it. It is simply deferring the cost to the next fiscal cycle, the next government, and the next generation.

CONCLUSION

The AISH-to-ADAP transition cannot be assessed in isolation.

It must be assessed against the full policy environment in which it operates: an environment in which the children of AISH recipients are currently being failed by the school system, waiting years for children's disability services, facing an undisclosed transition waitlist into adult disability programs, and watching the advocacy organizations that could help their families navigate these gaps have their funding cut.

The government cannot have it both ways.

It cannot mandate independence as a policy goal for disabled adults while guaranteeing dependency as a policy outcome for disabled children.

This is not a political argument. It is a structural one.

The contradiction is built into the policy. And the next generation will inherit the consequences.

*This document is part of the Alberta Disability Income Reform Series, April 2026.
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FOLLOW THE MONEY

Where Alberta's Money Comes From — And Where It Goes

Alberta Disability System Breakdown — April 2026
All figures sourced from Government of Alberta Budget 2026 official documents.

SECTION 1: WHERE ALBERTA'S MONEY COMES FROM

Alberta's total revenue in 2026-27 is forecast at \$74.6 billion. The government's own Budget 2026 documents break this down as follows. These are not estimates from advocacy organizations. These are the Government of Alberta's own numbers.

Total Revenue Breakdown — 2026-27 (Government of Alberta Budget 2026)

Revenue Source	2024-25 Actual	2026-27 Estimate	% of Total
Tax revenue	\$30.4 billion	\$30.5 billion	41%
• Personal income tax	\$15.1 billion	\$15.9 billion	21%
• Corporate income tax	\$7.1 billion	\$7.1 billion	10%
• Other taxes (education property, etc.)	\$8.2 billion	\$7.5 billion	10%
Non-renewable resource revenue	\$22.0 billion	\$13.2 billion	18%
• Bitumen (oil sands) royalties	\$17.2 billion	\$9.7 billion	13%
• Crude oil royalties	\$3.0 billion	\$2.1 billion	3%
• Natural gas royalties	\$1.2 billion	\$942 million	1%
Federal transfers	\$12.6 billion	\$13.7 billion	18%
Investment income (Heritage Fund, etc.)	\$6.9 billion	\$7.0 billion	9%
Other income	\$10.7 billion	\$10.2 billion	14%
TOTAL REVENUE	\$82.5 billion	\$74.6 billion	100%

Source: Government of Alberta — Budget 2026 Revenue. alberta.ca/revenue. Treasury Board and Finance, February 2026.

Key facts from this table:

- Personal income tax — what most people think of as ‘taxpayer money’ — is \$15.9 billion, or 21% of total revenue. It is one piece of a much larger picture.
- Oil and gas royalties represent 18% of total revenue this year — down from 27% in 2024-25 because oil prices have fallen. In a strong oil year, resource revenue was \$22 billion. This year it is \$13.2 billion.
- Federal transfers contribute \$13.7 billion — nearly as much as oil and gas royalties. Alberta receives significant federal funding while simultaneously refusing to pass the Canada Disability Benefit to its recipients.
- Every \$1 drop in oil prices costs the province \$680 million in revenue. The entire AISH cut was \$49 million — less than the revenue impact of a 10-cent drop in oil prices.

ALBERTA DOES NOT CHARGE A PROVINCIAL SALES TAX. A 5% PST WOULD GENERATE APPROXIMATELY \$6 BILLION PER YEAR. THE AISH PROGRAM COSTS \$1.641 BILLION. THE PROVINCE CHOSE TO CUT DISABILITY INCOME RATHER THAN TAX REVENUE.

SECTION 2: WHERE ALBERTA’S MONEY GOES

Total expenditure in 2026-27 is \$83.9 billion — a record high. The government is spending \$9.3 billion more than it is taking in. Here is where every dollar goes.

Total Expenditure Breakdown — 2026-27 (Government of Alberta Budget 2026)

Expenditure Area	2024-25 Actual	2026-27 Estimate	Change
Health	\$27.3 billion	\$32.1 billion	+\$4.8B (+18%)
Education (K-12)	\$10.8 billion	\$12.9 billion	+\$2.1B (+19%)
Post-secondary education	\$6.6 billion	\$7.1 billion	+\$0.5B (+8%)
Social services ministries	\$7.0 billion	\$7.7 billion	+\$0.7B (+10%)
Other ministries / Legislature	\$10.3 billion	\$10.6 billion	+\$0.3B (+3%)
Capital grants	\$2.9 billion	\$3.7 billion	+\$0.8B (+28%)

Debt servicing costs	\$3.2 billion	\$3.4 billion	+\$0.2B (+6%)
Contingency reserve	—	\$2.0 billion	New
TOTAL EXPENDITURE	\$74.1 billion	\$83.9 billion	+\$9.8B (+13%)

Source: Government of Alberta — Budget 2026 Expense. alberta.ca/expense. Treasury Board and Finance, February 2026.

Key observations:

- Health spending grew \$4.8 billion — nearly 18% — in one year. The province found \$4.8 billion for healthcare while cutting \$49 million from disability income.
- Debt servicing costs are \$3.4 billion — the government will spend \$670 per Albertan just on interest payments this year.
- The contingency reserve is \$2 billion — set aside in case things get worse. The entire AISH program costs \$1.641 billion. The contingency reserve is larger than AISH.
- Social services ministries — which includes AISH, ADAP, and all disability income support — received a \$700 million increase. But that increase is being used to build the ADAP administrative infrastructure, not to improve benefit levels.

SECTION 3: THE DISABILITY MATH — AISH IN CONTEXT

The government claims the ADAP transition is a fiscal necessity. Here is what the numbers actually show.

The Comparison	Amount	Context
AISH total annual program cost	\$1.641 billion	Covers all 79,290 recipients
AISH budget cut	\$49 million	0.06% of total provincial revenue
Heritage Fund — Q3 2025-26 growth (one quarter)	\$383 million	Earned more in 3 months than the annual cut
Heritage Fund total value	\$31.9 billion	Constitutional protection: none
Income tax cut (8% bracket) — annual cost forever	\$1.2 billion/year	Forgone revenue, permanent
Canada Disability Benefit clawed	~\$190 million	Only province in Canada to do this

back annually		
ADAP administrative cost increase (Budget 2026)	\$41.6 million	\$46.8M → \$88.4M — 89% increase
Net saving after administrative costs	~\$7 million	Before any downstream costs
Cost if 1,540 recipients become homeless (<2%)	\$48.8 million	Exceeds the entire cut
A 5% PST (not implemented)	~\$6 billion/year	Would fund AISH 3.7x over
Contingency reserve (Budget 2026)	\$2.0 billion	Larger than the entire AISH program

THE AISH CUT IS \$49 MILLION. THE HERITAGE FUND EARNED \$383 MILLION IN ONE QUARTER. THE INCOME TAX CUT COSTS \$1.2 BILLION PER YEAR FOREVER. THE CONTINGENCY RESERVE IS \$2 BILLION. THIS IS NOT A FISCAL NECESSITY. IT IS A POLITICAL CHOICE.

SECTION 4: THE “\$3.7 BILLION FOR DISABILITY” CLAIM — EXAMINED

Government of Alberta Budget 2026 states: ‘Budget 2026 will invest \$3.7 billion to support Albertans with disabilities — the highest level of investment in the history of the province.’ This claim requires examination.

Source: Government of Alberta — Budget 2026. alberta.ca/budget

What the \$3.7 billion includes:

- AISH income support — \$1.592 billion (reduced from \$1.641 billion by the \$49 million cut)
- ADAP program administrative infrastructure — \$88.4 million (up from \$46.8 million, an 89% increase)
- FSCD (Family Support for Children with Disabilities) — included in the total
- PDD (Persons with Developmental Disabilities) — included in the total
- Disability Employment Services — new spending to support ADAP transition
- Other disability-adjacent social services spending

What the \$3.7 billion does NOT represent:

- A new injection of disability funding. It is a repackaging of existing and ongoing program costs under a single headline number.
- An increase in individual benefit levels. AISH recipients will receive \$200/month less under ADAP starting January 2028.
- Restoration of the \$49 million cut to AISH. That cut is reflected in the reduced AISH line within the \$3.7 billion total.
- Any reinvestment of the Canada Disability Benefit clawback. Alberta continues to redirect approximately \$190 million/year of federal poverty-reduction funding to general revenue.

THE \$3.7 BILLION HEADLINE INCLUDES THE ADMINISTRATIVE COST OF DISMANTLING AISH AND BUILDING ADAP. THE GOVERNMENT IS COUNTING THE COST OF THE TRANSITION AGAINST ITSELF AS A “INVESTMENT IN DISABILITY.”

SECTION 5: THE HERITAGE FUND — WHAT IT WAS BUILT FOR

Alberta’s Heritage Savings Trust Fund was created in 1976 by Premier Peter Lougheed. Its three founding legislative objectives were: to save for the future, to strengthen and diversify the economy, and to improve the quality of life of Albertans. The third objective was not decorative. It was central to Lougheed’s intent.

Heritage Fund Comparison	Alberta	Alaska
Fund created	1976	1976
Current value	\$31.9 billion (CAD)	~\$119 billion (CAD equivalent)
Constitutional protection	None	Yes — requires public vote to change
Annual payment to residents	\$0	~\$2,400 CAD per person (2024)
Q3 2025-26 growth (one quarter)	\$383 million	—
Annual investment return (5-year avg)	9.6%	—
2024-25 total returns	~\$2.6 billion	—
AISH cut (same year)	\$49 million	—

Cost to reverse ALL AISH cuts	~\$260 million/year	~10% of annual Fund returns
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In 2024, every Alaskan resident — regardless of income, employment status, or disability — received approximately \$2,400 from their state’s resource fund. In the same year, Alberta clawed back \$200/month from 79,000 of its most vulnerable residents.

Sources: Alberta Heritage Savings Trust Fund Q3 2025-26 Report (fair value \$31.9B, Q3 growth \$383M); Government of Alberta Budget 2025 (AISH \$1.641B, cut \$49M); Alaska Permanent Fund 2024 dividend distribution.

SECTION 6: THE BOTTOM LINE

The Government Claims	What the Numbers Show
The ADAP transition is a fiscal necessity	The net saving after administrative costs is ~\$7 million. The contingency reserve is \$2 billion. The income tax cut costs \$1.2 billion/year forever.
\$3.7 billion invested in disability	This headline includes the administrative cost of dismantling AISH. Individual benefit levels are being cut, not increased.
Taxpayers cannot afford AISH	Personal income tax is 21% of revenue. Oil royalties, federal transfers, and Heritage Fund returns make up the majority of Alberta's money. Alberta has no PST.
The transition helps disabled Albertans work	83.6% of AISH recipients have zero employment income. 73.6% of severely disabled Albertans are unemployed. The assessors making the work-capacity determination are not required to have medical training.
ADAP is ready for July 1, 2026	Program Eligibility Assessors were still being hired as of April 7 — 85 days before the transition. Regulations have not been published. The Medical Review Panel has not been publicly constituted.
The prior findings were outdated	The government has not published new medical evidence justifying the reversal of 79,290 formal disability findings. No individual reassessment occurred. What changed was the budget — not the diagnoses.

DISABILITY IS NOT A BUDGET LINE. IT IS A MEDICAL REALITY. THE GOVERNMENT HAS THE MONEY. IT HAS THE HERITAGE FUND. IT HAS FEDERAL TRANSFERS. IT CHOSE TO CUT \$49 MILLION FROM 79,000 PEOPLE WITH PERMANENT DISABILITIES WHILE SPENDING \$2 BILLION ON A CONTINGENCY RESERVE.

THE ALBERTA DISABILITY SYSTEM BREAKDOWN — April 2026 Report Series

Follow the Money Report | April 2026 | Free to share

Sources: Government of Alberta Budget 2026 — alberta.ca/revenue — alberta.ca/expense — Treasury Board and Finance, February 2026

10

THIS IS A CHOICE, NOT A NECESSITY — TAXPAYER & HERITAGE FUND

This section also contains:

- 10a** Follow the Money — Where Alberta's Money Comes From
- 10b** The Plot Thickens — Heritage Fund & Political Will

This Is A Choice, Not A Necessity

The Taxpayer Cost of Cutting Disability Income and the Heritage Fund They're Not Using to Prevent It

Four consecutive budget surpluses. \$5.6 billion deposited into the Heritage Fund. AISH cut \$49 million. CDB clawed back \$190 million per year. The money is there. It went somewhere else.

The Alberta Disability System Breakdown — April 2026 Report Series

The Government of Alberta posted four consecutive budget surpluses between 2021 and 2025 — including an \$8.3 billion surplus in 2024-25. In the same period, it deposited \$2.8 billion into the Heritage Fund, cut AISH by \$49 million, cut homelessness funding, and took back approximately \$190 million per year in federal disability benefits from its most vulnerable residents. Alberta is not a province that cannot afford to support its disabled residents. It is a province that has chosen not to — while growing a savings account.

SECTION 1: THE NUMBERS SIDE BY SIDE

The Government of Alberta frames the AISH-to-ADAP transition and the accompanying benefit reductions as fiscal necessity. The following comparison presents the government's own published figures — from Treasury Board and Finance quarterly reports and Budget 2025 — and allows them to speak for themselves.

ITEM	AMOUNT / FIGURE
Alberta Heritage Fund fair value (December 31, 2025)	\$31.9 billion
Heritage Fund growth — Q3 2025-26 alone (one quarter)	\$383 million
Heritage Fund fiscal year-to-date return (to Dec 31, 2025)	7.7%
Heritage Fund 5-year annualized return (to March 31, 2025)	9.6%
Government deposit to Heritage Fund from 2024-25 surplus	\$2.8 billion

ITEM	AMOUNT / FIGURE
Government's plan for Heritage Fund by 2050	\$250 billion
AISH annual program budget (2025-26)	\$1.641 billion
AISH budget cut (2025-26 vs prior year)	\$49 million decrease
Projected further AISH cuts (2026-27 and 2027-28)	\$22 million + \$6 million additional
CDB clawback — annual total extracted from recipients	~\$190 million/year
Homelessness funding cut (2025-26)	\$4 million decrease
Income tax cut (8% bracket) — forgone annual revenue	\$1.2 billion/year

Sources: Alberta.ca — Heritage Fund Q3 2025-26 Report; Budget 2025; Rocky Mountain News, February 2025; FACTSMTR Budget 2026 analysis.

THE COMPARISON THAT MATTERS: Heritage Fund growth in ONE QUARTER (Q3 2025-26): \$383 million. Total AISH budget cut over three years: \$77 million. **The Heritage Fund grew five times more than the total AISH cut in a single three-month period.** This is a political choice. It is not a fiscal necessity.

SECTION 2: FOUR CONSECUTIVE SURPLUSES — THE PATTERN OF CHOICE

Alberta posted four consecutive budget surpluses under the UCP government between 2021-22 and 2024-25. These are not contested figures — they are the government's own reported year-end results. Over the same four years, benefits to disabled Albertans were cut, de-indexed, and clawed back.

FISCAL YEAR	BUDGET SURPLUS	HERITAGE FUND DEPOSIT	AISH / DISABILITY IMPACT
2022–23	\$11.5 billion	\$753 million	AISH de-indexation still in effect (frozen since 2019); partial re-indexation begins Jan 2023

FISCAL YEAR	BUDGET SURPLUS	HERITAGE FUND DEPOSIT	AISH / DISABILITY IMPACT
2023–24	\$4.3 billion	\$2 billion	CDB clawback planned; no change to AISH rate other than 2% indexed increase
2024–25	\$8.3 billion	\$2.8 billion	AISH cut \$49M in Budget 2025. CDB clawback implemented July 2025. Community housing rent raised 63% by ministerial order October 2025.
Four-Year Total	~\$26+ billion	\$5.6 billion deposited	AISH cut, de-indexed, clawed back, and restructured to a lower base rate

Sources: CBC News — Alberta year-end fiscal reports 2022-23 through 2024-25; Alberta.ca — Heritage Fund reports; Government of Alberta Budget 2025.

FOUR SURPLUSES. FOUR YEARS. FIVE POINT SIX BILLION DOLLARS DEPOSITED INTO A SAVINGS FUND. *In the same period: AISH benefits were cut, de-indexed for years, clawed back at the federal level, and restructured to a lower base rate effective 2028. The government did not cut disability benefits because the money was not there. The money was there. It went somewhere else.*

2.1 The Community Response: A Documented Measure of Distress

The scale of community distress produced by these decisions is measurable beyond government data. Alberta’s AISH recipient community groups — informal, self-organizing, Facebook-based communities where recipients share information, coordinate advocacy, and support each other — have documented extraordinary growth over the past year.

COMMUNITY METRIC	FIGURE
Growth of a documented Alberta AISH community group in one year	Tripled in size — from approximately 2,000 to 6,000+ members
Documented reason for growth (per group administrator)	“The treatment they’re getting from AISH, and the clawbacks and cutbacks”

COMMUNITY METRIC	FIGURE
What group growth indicates	People who previously had nowhere to turn are now actively seeking community and information — a proxy measure of distress, not satisfaction
Context	Community groups do not triple in size when recipients feel supported and informed. They triple when recipients feel abandoned and afraid.

Source: Documented statement from community group administrator, Alberta AISH advocacy group, April 2026.

A disability advocacy group that tripled in size in one year is not evidence of a thriving community. **It is evidence of a crisis.** 6,000 people are not joining an online support group because their needs are being met. They are joining because they have nowhere else to go.

SECTION 3: WHAT PETER LOUGHEED BUILT — AND WHAT IT WAS FOR

The Alberta Heritage Savings Trust Fund was created in 1976 under Premier Peter Lougheed. It was established with three explicit objectives, written directly into the founding legislation:

OBJECTIVE	TEXT FROM FOUNDING LEGISLATION
1. Save for the future	“To save for the future”
2. Strengthen the economy	“To strengthen or diversify the economy”
3. Quality of life	“To improve the quality of life of Albertans”

Source: Alberta Heritage Savings Trust Fund Act — founding objectives, 1976.

The third objective — to improve the quality of life of Albertans — was not a footnote. It was central to Lougheed’s stated intent. The Fund’s Capital Projects Division was specifically mandated to invest up to 20 percent of fund assets in projects with long-term economic or social benefits to Albertans.

LOUGHEED’S FUND vs. SMITH’S FUND: Lougheed: Objective 3 — “to improve the quality of life of Albertans.” Smith: Deposited \$2.8 billion into the Fund in the same period as cutting AISH, clawing back the CDB, and raising community housing rent by 63%. **The Fund still exists. The objective still exists in the legislation. The question is whether the government governing it still does.**

SECTION 4: WHAT ALASKA DOES DIFFERENTLY — AND WHAT IT COSTS ALBERTA NOT TO

Alaska’s Permanent Fund was created in the same year as Alberta’s Heritage Fund — 1976. Both were founded on the same premise: that non-renewable resource revenue should be saved for future generations. The outcomes could not be more different.

COMPARISON	ALBERTA HERITAGE FUND	ALASKA PERMANENT FUND	NORWAY PENSION FUND
Founded	1976	1976	1990
Current value	\$31.9 billion (CAD)	~US\$87B (C\$119B)	~US\$1.7 trillion
Constitutional protection	No	Yes	Yes
Annual resident dividend (2024)	\$0	US\$1,702/person	N/A — future generations
Current disability policy	Cutting AISH, clawing back CDB	Pays every resident ~C\$2,400/year	N/A

Sources: Alaska Permanent Fund Corporation — 2024 annual report; Norway Government Pension Fund Global; Alberta Heritage Savings Trust Fund Act; Alberta.ca — Heritage Fund Q3 2025-26 Report.

THE ALASKA COMPARISON: In 2024, each Alaskan resident received approximately C\$2,400 as an annual dividend from their Permanent Fund. In the same period, the Government of Alberta took \$200/month away from 79,000 disabled Albertans via the CDB clawback, cut AISH funding by \$49 million, and raised community housing rent by 63%. **Alaska gives its citizens money from its resource fund. Alberta takes money from its most vulnerable citizens — while growing its resource fund.**

SECTION 5: THE TAXPAYER COST OF CUTTING DISABILITY INCOME

The government frames cuts to AISH and the ADAP transition as cost savings. The downstream fiscal reality is the opposite: cutting disability income generates predictable, documented, and expensive downstream costs that are borne by the same government, the same healthcare system, and the same taxpayers.

5.1 The Cost of Homelessness vs. The Cost of Housing

STATUS	ANNUAL COST PER PERSON
Person experiencing homelessness — shelter and services	\$55,000/year
Person in permanent supportive housing	\$21,000/year
Net taxpayer saving per person housed	\$34,000/year
AISH annual benefit (single person)	\$23,280/year
ADAP annual benefit (after transition benefit expires, Jan 2028)	\$20,880/year

Source: *End Homelessness Edmonton — Calgary Housing First program evaluation; CBC News, August 30, 2023.*

SCENARIO	ANNUAL TAXPAYER COST
AISH recipient remains housed	\$23,280 (benefit paid)
AISH recipient loses housing — emergency shelter and services	\$55,000 (shelter system)
Additional taxpayer cost if housed recipient becomes homeless	\$31,720 MORE per person
If 1,000 recipients lose housing (1.3% of caseload)	\$31.7 million in additional costs
If 5,000 recipients lose housing (6.3% of caseload)	\$158.5 million in additional costs
AISH budget cut being made	\$49 million — less than what housing 1,540 people would cost

THE FISCAL PARADOX: *The government is cutting \$49 million from AISH while creating conditions — reduced income, no rent cap, no appeal rights, inaccessible caseworkers — that will predictably push some recipients into homelessness, at a downstream cost that exceeds the savings. **This is not fiscal efficiency. It is cost transfer:** from the disability income budget to the emergency shelter, healthcare, and social services budgets.*

5.2 The Cost of Untreated Mental Health Crises

COMPARISON	COST
ED psychiatric crisis visit (Alberta estimate)	\$1,000–\$3,000+ per visit
Psychiatric hospitalization (when required)	Thousands of dollars per day
Annual private therapy (52 sessions, uncovered)	\$5,000–\$8,000/year
Net cost of NOT covering therapy — if 1 hospitalization results	\$5,000–\$10,000+ additional cost per person
Alberta mental health budget (% of total health spending)	5.5%
Mental Health Commission of Canada recommended minimum	12%
Alberta ED psychiatric visits	Up 47% — documented before ADAP transition

Sources: Alberta Doctors’ Digest, Nov/Dec 2025; Health Benefits Erosion Report.

5.3 The Cost of Destabilized Children — Intergenerational Taxpayer Burden

When a disabled single parent’s income is reduced, housing stability threatened, and support services made inaccessible, the documented downstream effects on children include:

- Increased demand for child welfare intervention — among the most expensive government services at \$80,000 to \$250,000+ per child per year in government care.
- Delayed educational milestones and increased Special Education costs.
- Increased likelihood that the child will require AISH, PDD, or equivalent adult disability programs — compounding future costs.
- Increased psychiatric and developmental intervention costs.

These are not speculative. They are the documented outcomes of poverty and family instability in children with complex disabilities. The government is not saving money by cutting AISH. It is deferring costs to the children’s system, the education system, the healthcare system, and the next government.

5.4 The Administration Cost of the Transition Itself

COST ITEM	AMOUNT
ADAP restructuring admin overhead (Budget 2025)	\$22 million

COST ITEM	AMOUNT
AISH budget cut being made	\$49 million
Net saving after admin overhead	\$27 million — before any downstream costs
Heritage Fund growth in Q3 2025-26 alone	\$383 million
Net saving as % of one quarter’s Heritage Fund growth	7%

Sources: FACTSMTR Budget 2026 analysis; Alberta.ca — Heritage Fund Q3 2025-26 Report.

THE ADMINISTRATION MATH: The government is spending \$22 million to administer cutting \$49 million from AISH. The net saving before any downstream costs: \$27 million. The Heritage Fund grew \$383 million in the same quarter. **The net saving from this entire restructuring equals 7% of one quarter of Heritage Fund growth.** This is not a fiscal solution. It is a political statement made at the expense of disabled Albertans.

SECTION 6: THE POLITICAL CHOICE TIMELINE

The following documents the sequence of fiscal decisions made by the Smith government between 2022 and 2026. These decisions are not presented as individually wrong — they are presented together, so the pattern is visible.

YEAR	DECISION	AMOUNT / IMPACT
2022–23	Province enjoys \$11.5 billion budget surplus	Record surplus — resource revenue at \$25.2 billion
2022–23	Heritage Fund contribution from surplus	\$753 million deposited
2023	Heritage Fund Act amended to retain income in Fund	All investment returns stay in fund — accelerated growth
2023	8% personal income tax bracket introduced early	\$1.2 billion/year in forgone revenue — permanently lower baseline
2023–24	Province records \$4.3 billion surplus	Second consecutive surplus — \$2 billion to Heritage Fund

YEAR	DECISION	AMOUNT / IMPACT
July 2025	CDB clawback implemented	\$200/month taken from 79,000 recipients — ~\$190M/year to general revenue
July 2025	\$2.8 billion deposited into Heritage Fund from 2024-25 surplus	Fund hits record \$30 billion — fourth consecutive surplus of \$8.3 billion
October 2025	Community housing rent increased 63% by ministerial order	\$221/month increase for AISH recipients in subsidized housing
2025–26	AISH budget cut by \$49 million	Further cuts of \$22M and \$6M projected over following years
2025–26	Homelessness funding cut by \$4 million	\$220M to \$216M by 2027–28
2025–26	Heritage Fund grows to \$31.9 billion	\$383M growth in Q3 alone; 7.7% fiscal year-to-date return
December 2025	Bill 12 passed — appeal rights removed	79,000 AISH recipients lose independent appeal rights
Budget 2026	No Heritage Fund deposit planned	Province projecting \$9.4 billion deficit
July 1, 2026	AISH-to-ADAP transition — mandatory	79,000 recipients automatically transferred to lower base benefit
December 31, 2027	ADAP transition benefit expires	\$200/month additional cut — stacked losses

Sources: CBC News year-end fiscal reports; Alberta.ca Budget documents; Government of Alberta official announcements.

THE PATTERN: When there was surplus revenue, the government chose to cut income taxes (reducing future revenue by \$1.2B/year) and grow the Heritage Fund. When that tax cut reduced revenues and the province projected deficits, the government chose to cut disability income, homelessness funding, and advocacy organization contracts. **The people who benefited from the income tax cut are not the same people losing their AISH benefits. The people whose lives are being made impossible are not the people who created the deficit.**

SECTION 7: WHAT IT WOULD ACTUALLY COST TO REVERSE THESE DECISIONS

POLICY REVERSAL	ANNUAL COST	CONTEXT
Stop the CDB clawback — let recipients keep the federal benefit	\$190 million/year	Currently being redirected to general revenue
Reverse the AISH budget cut	\$49 million/year	Currently being extracted from the program
Reverse the community housing rent increase	~\$21 million/year	Protecting recipients already in subsidized housing
TOTAL — full reversal of major financial cuts	~\$260 million/year	All figures approximate based on available data
Heritage Fund investment return (2024-25, 9.6% on \$27.2B)	~\$2.6 billion	Official government figure
Cost of full reversal as % of annual Heritage Fund return	~10%	Reversing every major cut = one-tenth of annual investment returns
Heritage Fund Q3 2025-26 growth (one quarter)	\$383 million	Official government figure
Cost of full reversal vs. one quarter of Fund growth	Less than what the Fund earned in Q3	The math does not support “we cannot afford this”

Sources: Government of Alberta official figures; calculated from Heritage Fund reports.

THE BOTTOM LINE: Reversing every major financial cut imposed on AISH recipients would cost approximately \$260 million per year. The Heritage Fund generated approximately \$2.6 billion in investment returns in fiscal year 2024-25. **Protecting Alberta’s most vulnerable residents would cost roughly 10% of what the Heritage Fund earned in one year.** This is not a question of affordability. It is a question of priority.

SECTION 8: WHAT WE ARE ASKING

To the Government of Alberta

- Immediately cease the dollar-for-dollar clawback of the Canada Disability Benefit. The Heritage Fund earned more in Q3 2025-26 than the total annual CDB clawback. This is not a difficult fiscal decision. It is a political one.
- Commission an independent downstream cost analysis of the ADAP transition before July 1, 2026 — specifically examining emergency shelter costs, healthcare utilization, and child welfare costs that will result from reduced disability income in a province with no rent cap.
- Establish a legislated minimum allocation from Heritage Fund investment returns for disability income adequacy — consistent with Peter Lougheed's founding objective of improving the quality of life of Albertans.
- Publish a government-commissioned actuarial analysis comparing the long-term fiscal cost of adequate disability income support vs. the downstream costs of inadequate support.
- Restore constitutional or legislative protection to the Heritage Fund with mandatory deposits, consistent with Lougheed's original intent and the Alaska and Norway models.

To the Government of Canada

- Legislate that the Canada Disability Benefit cannot be used as a provincial income offset. Alberta's clawback is a direct nullification of federal poverty-reduction spending.
- Conduct and publish an analysis of whether Alberta's Heritage Fund growth trajectory and the simultaneous reduction in disability income constitutes a misuse of federal transfer payments.

To the Alberta Auditor General

- Conduct a value-for-money audit of the ADAP transition, specifically examining whether the projected savings account for documented downstream costs in the shelter, healthcare, and child welfare systems.
- Review whether the CDB clawback — which diverts federal funds intended for disabled Albertans into general provincial revenue — is consistent with the terms of the federal-provincial disability funding relationship.

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

The Plot Thickens

Who Owns Canada — And Who Decides Which Canadians Are Worth Protecting?

Published by The Alberta Disability System Breakdown — April 2026

The money exists. The Heritage Fund stands at \$31.9 billion. The federal benefit exists. The only thing missing is the political will to let it reach the people it was meant to serve.

CANADA'S OWNERSHIP CLASS

Canada's wealth is not distributed across its population. It is concentrated — tightly, deliberately, and generationally — in the hands of a small number of billionaire families whose ownership networks span nearly every industry in the country.

The McCain Family. The Katz Family. The Fidani Family. The Richardson Family. The Saputo Family. The Rogers Family. The Pattison Family. The Irving Family. The Weston Family. The Thomson Family.

None of them have ever had to prove their worth to a caseworker. None of them have ever been told that their needs are “unsustainable.” None of them have ever had to choose between medication and groceries, or between keeping the lights on and paying rent.

In 2025, Canada's 40 wealthiest individuals saw their combined wealth grow by more than 20 percent — adding \$95 billion in a single year. The Thomson family alone holds a net worth of \$90.2 billion. The Westons: \$20.6 billion. The Rogers family: \$11.9 billion. The top 1 percent of Canadians hold nearly \$1.25 trillion in wealth — almost as much as the bottom 80 percent combined. [1, 2, 3]

THE HERITAGE FUND: \$31.9 BILLION IN RESERVE

Alberta sits on a Heritage Fund worth \$31.9 billion as of December 31, 2025 — a savings account built on the resource wealth extracted from this province's land. That land belongs to Albertans. That wealth belongs to Albertans. [4]

The fund has nearly doubled in six years, from \$16.3 billion in 2019–20. The government's stated goal is to grow it to \$250 billion by 2050.

“The most solemn duty of any government — to ensure that future generations are able to enjoy the same benefits and quality of life that we do today.” — Premier Danielle Smith, on the Heritage Fund’s growth target [5]

And yet, when it came time to decide whether disabled Albertans deserve stable, predictable income support — the government chose to dismantle AISH and replace it with ADAP. A program delivering \$200 less per month. A program with no guaranteed cost-of-living increases written into legislation. A program going live July 1, 2026, with key regulations still being finalized as of this writing. [6]

WHAT ADAP ACTUALLY IS — AND WHAT IT ISN’T

ADAP — the Alberta Disability Assistance Program — goes live July 1, 2026. All 79,300 current AISH recipients will be automatically transitioned to it. [7]

The financial picture is stark: ADAP pays \$1,740 per month versus AISH’s \$1,940 — a \$200 monthly reduction. The earned income exemption drops from \$1,072 per month to \$350. Bill 12, passed December 9, 2025, removed from legislation the requirement for annual cost-of-living increases. A government medical panel will determine who qualifies to return to AISH — and its decisions are “final and not subject to appeal.” [8, 9]

Recipients have been told, in effect: trust us.

University of Calgary economist Gillian Petit has analyzed the data: in 2023–24, only 16.4 percent of AISH clients had any employment income. That means 83.6 percent had zero — and will be financially worse off under ADAP. The Alberta Medical Association has called the transition “punitive and excessive.” The Alberta Doctors’ Digest has documented physician alarm at the administrative burden being placed on an already-strained primary care system. [10, 11]

For people living with permanent, complex, and well-documented disabilities — many of whom have been continuously eligible for AISH for a decade or more — “trust us” is not a transition plan. It is an abandonment of responsibility.

THE CANADA DISABILITY BENEFIT CLAWBACK

The federal government created the Canada Disability Benefit (CDB) specifically to provide additional financial support to disabled Canadians living in poverty. Budget 2024 committed \$6.1 billion over six years. Payments began in July 2025 — up to \$200 per month for eligible recipients aged 18 to 64. [12]

ALBERTA IS THE ONLY PROVINCE IN CANADA THAT CLAWS IT BACK. *Every other province allows disabled residents to keep this federal benefit. Alberta deducts it dollar-for-dollar from AISH. The federal government sends the money. Alberta takes it back. The recipient sees nothing. [13, 14]*

The federal government publicly expressed disappointment, urging Alberta to reconsider “or to reinvest the funds into programs that will directly benefit persons with disabilities.” Alberta has not reversed course. [15]

“At a time when the province is cutting income tax because it made an election promise to do so, they’re basically imposing a 10-per-cent tax on disability.” — Trish Bowman, CEO, Inclusion Alberta [16]

Even before the CDB clawback, AISH left recipients \$6,004 below Canada’s official poverty line annually. The move to ADAP will push Calgarians below the deep-poverty threshold entirely. [17]

THIS IS NOT AN OVERSIGHT. *This is a policy choice.*

RIGHTS HOLDERS ARE NOT JUST STAKEHOLDERS

A stakeholder is defined as an individual or group that derives benefits from the use of resources, holds legal or de facto rights to manage or make decisions, or is concerned about a particular issue. Disabled Albertans are not stakeholders in their own survival. They are rights holders.

Their rights are protected under the Canadian Charter of Rights and Freedoms, the Alberta Human Rights Act, and the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) — a treaty Canada has ratified. Article 28 of the CRPD explicitly recognizes “the right of persons with disabilities to an adequate standard of living for themselves and their families.” [18]

A government that dismantles income support without a defined replacement, without adequate consultation, and without a formal appeal process is not engaging stakeholders. **It is violating rights.**

Inclusion Alberta noted that the January 2025 consultation meetings — held two weeks before ADAP was announced — “came too late to be genuine consultations.” The engagement guide was released in August 2025, with a September 12 response deadline. Legislation was passed in December. [19]

ASK THE RIGHT QUESTIONS

Who owns Canada? The billionaire families whose names appear in ownership networks stretching across every sector of the economy — media, telecoms, food, oil, forestry, finance.

Who decides which Canadians are worth protecting? Right now, in Alberta, that answer is being written in real time — by a government that has the resources to act differently, and is choosing not to.

The Alberta Disability System Breakdown is a public group documenting these decisions in real time. Every cut. Every clawback. Every door slammed. Find us on Facebook: facebook.com/share/g/1CrU5PfHha/

SOURCE INDEX

All sources are publicly available and independently verifiable. Where government sources and advocacy sources conflict, both are cited so readers may assess the record directly.

Section 1 — Canada’s Ownership Class & Wealth Inequality

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Section 2 — Alberta Heritage Fund

[4] *Heritage Savings Trust Fund — Official Government Data*. Alberta Treasury Board and Finance (December 31, 2025). alberta.ca Key finding: As of December 31, 2025, Heritage Fund net financial assets were \$31.9 billion. Government target is \$250 billion by 2050.

[5] *Alberta’s Heritage Fund Hits \$30B After \$2.8B Injection from Surplus*. CBC News (July 19, 2025). cbc.ca Key finding: Fund nearly doubled in six years. Premier Smith quoted: “The most solemn duty of any government is to ensure that future generations are able to enjoy the same benefits and quality of life that we do today.”

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Section 3 — AISH to ADAP Transition

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[8] *ADAP Would Cut AISH by \$200/Month: The Facts and How to Take Action*. Inclusion Alberta (December 2025). inclusionalberta.org Key finding: ADAP pays \$1,740/month vs. AISH \$1,940. Earned income exemption drops from \$1,072 to \$350/month. Bill 12 removed mandatory cost-of-living increase provisions from legislation. Calgarians on ADAP will fall below the deep-poverty threshold.

[9] *AISH Recipient, Advocates Worry About Alberta's New Disability Benefit Program*. CBC News (August 2025). cbc.ca Key finding: Medical review panel decisions are “final and not subject to appeal.” University of Calgary economist Gillian Petit: “All I see is the government saving money and people with disabilities falling further into poverty.”

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Section 4 — Canada Disability Benefit Clawback

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income tax because it made an election promise to do so, they're basically imposing a 10-per-cent tax on disability.”

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Section 5 — Rights Framework & Consultation Failures

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THE HUMAN COST REPORT

The Human Cost Report

Policy-Induced Hopelessness and the Public Health Consequences of the AISH-to-ADAP Transition

A documented analysis of what happens when 79,000 people lose their financial floor, their right of appeal, and their access to a caseworker — simultaneously.

The Alberta Disability System Breakdown — April 2026 Report Series

When a person has no appeal right, no individual caseworker, no family doctor to complete their forms, and a benefit that does not cover rent — the rational conclusion is that the system has no space for them. That conclusion is not irrational. It is accurate.

WHAT TAMMY SAID

“This is why so many people say forget it and unalive themselves.” — Tammy, a documented Albertan AISH recipient living with a broken back, severe anxiety, and PTSD, choosing between rent, food, and utilities every month. Posted to a public Facebook group, April 2026.

That sentence was not an isolated comment. It was a representative one. This document examines why.

SECTION 1: THE POPULATION — WHO IS BEING AFFECTED

The 79,290 Albertans currently receiving AISH support are not a homogeneous group. They are people with permanent, severe disabilities — physical, cognitive, and psychiatric — who have been assessed and confirmed as unable to sustain competitive employment. The following breakdown is drawn from Alberta Government open data as of September 2025.

1.1 Who Is on AISH

METRIC	FIGURE
Total AISH recipients (Sept 2025)	79,290
Primary condition: physical disability	32,901 (41.5%)

METRIC	FIGURE
Primary condition: mental illness	23,940 (30.2%)
Primary condition: cognitive disorder	22,419 (28.3%)
Single individuals	68,223 (86.0%)
Single parents	5,426 (6.8%)
Recipients with any employment income	12,770 (16.1%)
Recipients with zero employment income	66,263 (83.6%)

Source: Alberta Assisted Living and Social Services Open Data — AISH Caseload, September 2025.

83.6% of AISH recipients have zero employment income. This is not a motivational statistic. It is a clinical one. These are people whose disabilities have been assessed as permanent and severe. ADAP’s employment focus does not change the underlying diagnosis.

SECTION 2: THE STRUCTURAL REMOVAL OF AGENCY

Hopelessness, in a clinical and public health context, is not simply sadness. It is the cognitive state produced when a person concludes that no action they take can improve their situation. The AISH-to-ADAP transition has systematically removed every lever a recipient might pull. This section documents that removal.

2.1 The Financial Floor Has Been Lowered

BENEFIT / CHANGE	AMOUNT
AISH monthly benefit (2026)	\$1,940/month
ADAP base monthly benefit (July 1, 2026)	\$1,740/month
Transition benefit (July 1, 2026 – December 31, 2027)	+\$200/month top-up — keeps recipients at current AISH rate of \$1,940/month during transition period
Benefit after transition benefit ends (January 1, 2028)	-\$200/month / -\$2,400/year — drops to base ADAP rate of \$1,740/month unless changed by legislation
Canada Disability Benefit clawed back	-\$200/month (Alberta only — every other province exempts this)

BENEFIT / CHANGE	AMOUNT
Average 1-bedroom rent in Alberta (2026)	\$1,500–\$1,900+/month
Remaining after rent (best case)	\$40–\$440/month before food or utilities
3-bedroom rent for single parents (Alberta avg)	\$2,138/month — exceeds entire AISH payment

Sources: Government of Alberta ADAP Program Page; Urbanation/Rentals.ca National Rent Report; Financial Reality Report.

86% of AISH recipients are single individuals. **After rent, the majority are left with between \$40 and \$440 per month for food, utilities, transportation, medication, and all other living expenses.** A transition benefit keeps recipients at the current AISH rate until December 31, 2027 — after which the base ADAP rate of \$1,740/month applies. The delay does not resolve the structural impossibility. It postpones it 18 months.

2.2 The Right of Appeal Has Been Legislated Away

Bill 12, passed by the Government of Alberta on December 9, 2025, removed the independent Citizens Appeal Panel process for AISH and ADAP eligibility decisions. Under the previous system, recipients who disagreed with a program decision could appeal to an independent panel. That mechanism no longer exists.

- Decisions by government-appointed Medical Review Panels are now final.
- There is no independent appeal route for 79,290 Albertans with permanent disabilities.
- Alberta is the only province in Canada to both claw back the federal Canada Disability Benefit AND remove independent appeal rights from the same population simultaneously.

2.3 The Individual Caseworker Has Been Replaced With a Call Centre

Individual AISH caseworkers — who knew recipient files, medical histories, and individual circumstances — have been replaced with a centralized call centre model. Caseloads in the new model run as high as 200 files per worker. The practical consequence is that recipients have lost their primary human point of contact within the system at exactly the moment the system is changing.

When a person has no appeal right, no individual caseworker, no family doctor to complete their forms, and a benefit that does not cover rent — the rational conclusion is that the system has no space for them. **That conclusion is not irrational. It is accurate.**

SECTION 3: THE MENTAL HEALTH CRISIS IN NUMBERS

Alberta’s mental health system was already under structural strain before the AISH-to-ADAP transition was announced. The following data documents the baseline conditions into which 79,290 people are now being pushed with reduced income, no appeal rights, and no individual caseworker.

3.1 The Existing Mental Health Baseline

METRIC	FIGURE
Alberta suicide rate (per 100,000)	14.3 — above the national average
ED visits for psychiatric crises (Alberta increase)	47% increase documented
Alberta mental health budget (% of total health spending)	~5.5%
Mental Health Commission of Canada recommended minimum	12%
Psychiatrists per 100,000 (Alberta)	10.6 — below national average of 13.0
Public psychiatry wait time	6 months to 18+ months
What most public psychiatrists provide	Diagnosis + medication management only; therapy is not standard

Sources: CMHA Edmonton — 2024 State of Mental Health Report; Alberta Doctors’ Digest, Nov/Dec 2025; AHS data via Best Choice Counselling 2025; Mental Health Commission of Canada.

3.2 Treatments That Would Help Are Not Covered

For the 30.2% of AISH recipients whose primary diagnosis is mental illness, and the many more for whom mental illness is a secondary diagnosis, the gap between what the system offers and what evidence-based treatment requires is total.

TREATMENT	COVERED BY AISH/ADAP?	AVAILABLE THROUGH AHS?
EMDR (trauma, PTSD)	NOT COVERED	Not available in most regions
Individual DBT (BPD, trauma)	NOT COVERED	AHS offers groups only; not individual
CPT (C-PTSD, PTSD)	NOT COVERED	Limited; region-dependent

TREATMENT	COVERED BY AISH/ADAP?	AVAILABLE THROUGH AHS?
Somatic / body-based trauma therapy	NOT COVERED	Not available through AHS
Private psychologist or therapist	NOT COVERED	Not covered
Specialized BPD programs	NOT COVERED	Not available publicly

Sources: AHCIP schedule; Health Benefits Erosion Report; Therapy Alberta, therapyalberta.com; First Session, firstsession.com.

30.2% of AISH recipients carry a primary psychiatric diagnosis. A significant additional portion carry mental illness as a secondary condition alongside physical or cognitive disability. **Recipients with severe, untreated mental illness cannot be expected to reliably navigate a program transition of this scale without clinical support.** The system being changed is not providing that support. The income being reduced is not sufficient to purchase it privately. The appeal right that would have allowed a challenge to an adverse decision no longer exists.

SECTION 4: THE FISCAL COST OF IGNORING THE HUMAN COST

This is not only a moral argument. It is a fiscal one. The downstream cost of policy-induced mental health deterioration, housing loss, and emergency crisis intervention is measurably higher than the cost of the supports being reduced.

4.1 Emergency Department Cost vs. Prevention Cost

COMPARISON	COST
ED psychiatric crisis visit (Alberta estimate)	\$1,000–\$3,000+ per visit
Psychiatric hospitalization (when required)	Thousands of dollars per day
Annual private therapy (52 sessions, uncovered)	\$5,000–\$8,000/year
Net additional cost if 1 hospitalization results from no therapy	\$5,000–\$10,000+ per person
Alberta ED psychiatric crisis visits	Up 47% — already documented before this transition

Sources: Health Benefits Erosion Report; Alberta Doctors' Digest, Nov/Dec 2025; Taxpayer Cost Report.

4.2 Housing Loss Cost vs. Housing Stability Cost

SCENARIO	ANNUAL TAXPAYER COST
AISH recipient remains housed (benefit paid)	\$23,280
AISH recipient loses housing — emergency shelter and services	\$55,000
Additional taxpayer cost per person who becomes homeless	\$31,720 MORE
If 1,000 recipients lose housing (1.3% of caseload)	\$31.7 million in additional costs
AISH budget cut being made	\$49 million — less than housing 1,540 people would cost

Sources: *End Homelessness Edmonton — Costs and System Savings; Taxpayer Cost Report.*

THE FISCAL PARADOX: *The government is cutting \$49 million from AISH while creating conditions — reduced income, no rent cap, no appeal rights, inaccessible caseworkers — that will predictably push some recipients into homelessness, at a downstream cost that exceeds the savings. This is cost transfer, not fiscal efficiency: from the disability income budget to emergency shelter, healthcare, and social services budgets.*

SECTION 5: THE UNCRPD FRAMEWORK — A LEGAL OBLIGATION

Canada ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010. The following articles are directly relevant to the conditions this report documents.

ARTICLE	OBLIGATION
Article 19	Right to live independently in the community with adequate support. Removal of income support that makes housing unaffordable is inconsistent with this obligation.
Article 25	Right to the highest attainable standard of health without discrimination. Removal of evidence-based mental health coverage for a population defined by disability is inconsistent with this obligation.

ARTICLE	OBLIGATION
Article 28	Right to an adequate standard of living and social protection. A benefit that does not cover rent in the province in which it is paid does not meet this standard.
Article 13	Access to justice on an equal basis with others. Removing the independent appeal mechanism for 79,290 people with disabilities while retaining it for other populations is inconsistent with this obligation.

Source: United Nations Convention on the Rights of Persons with Disabilities — Canada ratified 2010.

SECTION 6: WHAT THE DATA PREDICTS

The combination of factors documented in this report — reduced income, housing unaffordability, removed appeal rights, inaccessible caseworkers, no GP access, no covered mental health treatment, and an accelerated transition timeline — produces a predictable set of public health outcomes. These are not speculative. They are the documented downstream effects of these conditions in comparable populations.

PREDICTED OUTCOME	EVIDENCE BASE
Increased ED psychiatric crisis presentations	47% increase already documented before transition; income reduction and loss of agency are established precipitants
Increased housing instability and homelessness	Benefit below market rent with no rent cap and no appeal rights creates structural displacement risk
Increased risk of self-harm in affected population	Alberta suicide rate already above national average; hopelessness, financial crisis, and isolation are established risk factors
Deteriorating physical health outcomes	Untreated mental illness compounds physical conditions; reduced income limits medication and food access
Intergenerational impact on children of AISH recipients	Parental mental health and financial instability directly affect child outcomes
Increased cost to emergency, shelter, and social services systems	Documented in Taxpayer Cost Report

SECTION 7: WHAT IS BEING ASKED

To the Government of Alberta

- Pause the mandatory AISH-to-ADAP transition until regulations are published in plain language and distributed to all 79,290 recipients.
- Restore independent appeal rights for AISH and ADAP eligibility decisions. Decisions that are final and unappealable are not consistent with due process or with Canada’s obligations under the UNCRPD.
- Immediately cease the dollar-for-dollar clawback of the federal Canada Disability Benefit. Alberta is the only province or territory in Canada to do this.
- Expand AISH and ADAP health benefits to include evidence-based mental health treatments: EMDR, individual DBT, CPT, and somatic therapies.
- Restore individual caseworker relationships for recipients with complex medical and circumstantial profiles.
- Commission an independent public health impact assessment of the transition before July 1, 2026.

To the Government of Canada

- Require that future federal disability investments include enforceable provincial non-offset conditions, not recommendations.
- Direct the Minister of Disability Inclusion to formally raise Alberta’s Canada Disability Benefit clawback with the Government of Alberta.
- Direct the Standing Committee on Health to examine the intersection of the healthcare worker shortage and the ADAP medical form requirement.

SOURCES AND REFERENCES

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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THE PRIOR FINDING PROBLEM

This section also contains:

12b ASSURED — On the One Word the Government Is Quietly Retiring

The Prior Finding Problem

How the Government Is Reversing 79,290 Approved Disability Findings Without New Evidence, Without Explanation, and Without Appeal

Submitted to the Premier of Alberta, the Minister of Assisted Living and Social Services, the Alberta Human Rights Commission, the Canadian Human Rights Commission, all Alberta MLAs, and media.

The Alberta Disability System Breakdown — April 2026 Report Series

Every person currently receiving AISH was assessed and approved by the Government of Alberta's own process, using its own medical criteria, by its own contracted medical professionals. The ADAP transition reverses that finding — for all 79,290 people simultaneously — without new medical evidence, without individual reassessment, without published criteria explaining why the original finding is no longer valid, and without any independent mechanism to challenge the reversal.

In any other administrative or legal context in Canada, this would not be permissible. This document examines why.

SECTION 1: WHAT THE GOVERNMENT FOUND — AND WHEN

AISH is not a program people enroll in by declaring a disability. It is a program people enter through a formal adjudication process. The Government of Alberta assesses each applicant against defined medical, functional, and financial criteria. A finding of eligibility is a formal governmental determination — not an administrative estimate, not a provisional allocation, and not a file that expires automatically.

1.1 What AISH Eligibility Actually Requires

To be approved for AISH, an applicant must satisfy all of the following criteria, as established by the Government of Alberta's own eligibility requirements:

- **Permanent disability:** The applicant's medical condition must be permanent. There must be no available medical treatment, therapy, or training that would meaningfully restore their ability to work. Conditions that are expected to improve, or that can be remediated through intervention, do not qualify.
- **Substantially prevents earning a living:** The disability must substantially prevent the person from earning a living through employment. This is not a test of whether employment is difficult — it is a test of whether it is structurally possible. Part-time or supported employment at minimal levels may still qualify.
- **Medical documentation:** The application requires a physician-completed medical report — the AISH Part B Medical Report — providing clinical documentation of the condition, its permanence, and its

functional impact. The physician attests that the clinical findings support the eligibility criteria.

- **Adjudication:** A trained adjudicator reviews the medical report and determines eligibility. This is a formal administrative decision — not an automatic approval based on self-reporting.

THE FINDING IS FORMAL. *When the Government of Alberta approved each of the 79,290 current AISH recipients, it made a formal administrative determination that: (1) this person has a permanent disability; (2) that disability substantially prevents them from earning a living; (3) the clinical evidence supports this finding. That finding is on record. It has not been rescinded. No new evidence has emerged that contradicts it.*

1.2 How Long These Findings Have Been in Place

AISH is not a short-term program. The average AISH recipient has been on the program for years — often for a decade or more. Each year of continued receipt represents the government’s ongoing recognition that the original finding remains valid. The program does not auto-expire. Continued eligibility is periodically reviewed. Every review that results in continued payment is a renewal of the original finding.

CONTEXT	FIGURE	SOURCE
Total AISH recipients (September 2025)	79,290	Alberta Government AISH Caseload Open Data
Year-over-year caseload increase (2024-25)	2.4% — caseload is growing, not declining	Alberta Government AISH Open Data
Primary qualifying condition: physical disability	41.5% — 32,901 recipients	Alberta Government AISH Open Data
Primary qualifying condition: mental illness	30.2% — 23,940 recipients	Alberta Government AISH Open Data
Primary qualifying condition: cognitive disorder	28.3% — 22,419 recipients	Alberta Government AISH Open Data
Recipients with CPP Disability income	16,161 (20.4%) — already assessed by federal government as unable to work	Alberta Government AISH Open Data
Recipients with any employment income	12,770 (16.1%) — the government’s own data on who is already working	Alberta Government AISH Open Data
Recipients with zero employment income	66,520+ (83.6%) — not because they weren’t trying, but because the structural barriers are documented	Calculated from above

The CPP Disability figure is particularly significant: 16,161 AISH recipients — one in five — have already been assessed by the federal government through a separate, independent process as permanently disabled and unable to work. These recipients carry two formal governmental findings of permanent disability preventing employment — one provincial, one federal — and are being moved to an employment program.

SECTION 2: WHAT THE GOVERNMENT IS NOW CLAIMING — AND THE PROBLEM WITH THAT CLAIM

The ADAP transition rests on an unstated but unavoidable claim: that a significant portion of the 79,290 people who were assessed and approved for AISH can, in fact, work — or will be able to with employment supports.

This claim has never been stated explicitly. The government has not said “*we reviewed the AISH caseload and found that X percent of recipients were incorrectly assessed.*” It has not published any analysis suggesting the original assessments were flawed. It has not identified any change in medical evidence that would warrant revisiting prior findings.

Instead, the government has changed the program structure — creating ADAP and making employment participation a condition of receiving benefits — in a way that effectively reverses the prior finding without explicitly saying so.

THE IMPLICIT CLAIM VS. THE EXPLICIT RECORD:

IMPLICIT CLAIM (*required for ADAP to make sense*): A significant portion of AISH recipients can work if given the right supports.

EXPLICIT RECORD (*what the government formally found*): Each of those recipients has a permanent disability that substantially prevents them from earning a living — as determined by the government’s own adjudication process, using the government’s own medical criteria, documented by the government’s own contracted medical professionals.

These two positions cannot both be true. The government has not explained which one it believes is correct — or why.

2.1 The Reversal of Onus

In administrative law, when a decision-maker has made a formal finding, the burden of proof to reverse that finding lies with the party seeking to reverse it — not with the person the finding protects.

This principle exists for a reason. Formal administrative findings affect fundamental interests. They create reasonable reliance — people structure their lives, their housing, their medical care, and their financial planning around the stability of those findings. Reversing them without reason, without evidence, and without process is not merely procedurally irregular. It causes concrete harm to real people who had every right to rely on the finding that was made.

STANDARD ADMINISTRATIVE PRACTICE	WHAT ADAP DOES INSTEAD
A prior formal finding stands until there is evidence to overturn it	All prior findings treated as provisional — reversed by program restructure with no individual review
The burden of proving a finding is wrong lies with the party seeking reversal	The burden is placed on the recipient — they must reapply to AISH and prove what the government already accepted as proven
New evidence is required to justify revisiting a formal determination	No new medical evidence. No published analysis of prior assessment accuracy. No stated basis for the reversal.
Affected persons are notified individually and given a meaningful opportunity to respond	79,290 people are automatically transitioned on July 1, 2026 — specific criteria for AISH vs. ADAP classification were not published in accessible plain language before the transition
Errors in adjudication can be challenged through an independent appeal process	Bill 12 removed the independent Citizens Appeal Panel. The Medical Review Panel is government-appointed and its decisions are final.

THE ONUS HAS BEEN REVERSED. *The government made a formal finding that 79,290 people have permanent disabilities preventing employment. The government is now requiring those same people to re-prove what was already proven — with no explanation of why the original finding is no longer valid, no new evidence to support the reversal, and no independent mechanism to challenge the result if the re-assessment is wrong.*

SECTION 3: THE FOUR QUESTIONS THE GOVERNMENT HAS NOT ANSWERED

The following questions follow directly and inescapably from the ADAP transition structure. They have not been answered in any government communication, ministerial statement, Bill 12 documentation, ADAP Discussion Guide, or public engagement material. They require answers before July 1, 2026.

Question 1: What Changed?

Every AISH recipient was assessed and approved using the government's own criteria. For the ADAP transition to be justified, something must have changed that makes those prior findings no longer valid.

- Did the medical conditions of 79,290 people simultaneously improve? No. The conditions are documented as permanent.

- Did new medical evidence emerge showing the original assessments were wrong? None has been published.
- Did the labour market change in ways that make employment newly accessible to people with these conditions? The Employment Reality Report demonstrates it did not — unemployment for people with severe disabilities remains 73.6%.
- Did the eligibility criteria change in ways that would exclude current recipients? No — the criteria remain the same. Recipients who cannot work still qualify for AISH.

WHAT CHANGED: *The government's financial interest changed. Budget 2025 cut AISH funding by \$49 million. The ADAP transition is projected to reduce the AISH caseload over time as recipients fail to successfully reapply. The Heritage Fund received \$2.8 billion from surplus. **The prior findings of permanent disability did not change. The political and fiscal calculation did.** This is not a medical determination. It is a financial one dressed in medical language.*

Question 2: If the Original Findings Were Correct, What Is the Legal Basis for the Reversal?

If the Government of Alberta stands by its original assessments — that these 79,290 people have permanent disabilities preventing employment — then there is no legitimate basis for placing them in an employment program and requiring them to re-prove their disability to access the benefit level their finding entitles them to.

The only legally coherent positions available to the government are:

- **Position A:** The original assessments were correct. These people have permanent disabilities preventing employment. In that case, ADAP — an employment program — is the wrong program for them, and the transition violates the administrative principle that formal findings cannot be reversed without cause.
- **Position B:** The original assessments were wrong — some proportion of recipients were incorrectly approved for AISH when they could, in fact, work. In that case, the government has an obligation to say so explicitly, identify which assessments it believes were incorrect, explain the basis for that belief, and provide a fair and independent process to review those specific cases.

The government has taken neither position explicitly. It has instead restructured the program in a way that produces the outcome of Position B — treating recipients as potentially able to work — while avoiding the accountability that Position B would require.

THE GOVERNMENT CANNOT HAVE IT BOTH WAYS. *It cannot maintain that its assessments are valid and reliable — and simultaneously design a program that treats those assessments as if they are not. It cannot claim to respect the documented reality of permanent disability — and simultaneously require people with permanent disabilities to participate in employment programming as a condition of their income.*

Question 3: How Can a Final Decision Be Made Without Independent Review?

Before Bill 12, AISH eligibility decisions could be appealed to the Citizens Appeal Panel — an independent body outside the ministry that controls program funding. This independence was not incidental. It was essential. A decision-maker that benefits financially from reducing the caseload cannot be the final arbiter of who belongs on the caseload.

CITIZENS APPEAL PANEL (BEFORE BILL 12)	MEDICAL REVIEW PANEL (AFTER BILL 12)
Independent of the ministry	Government-appointed
External to the funding decision-maker	Internal to the same ministry that controls the program budget
Could overturn eligibility decisions	Decisions are final — no further appeal
Provided an independent check on administrative error	No independent check exists
Existed for decades as a procedural protection	Eliminated December 9, 2025 by legislation

The structural conflict of interest is direct and documented: the Government of Alberta benefits financially from reducing the number of people on AISH. Budget 2025 projects AISH funding decreases of \$49 million in 2025-26, \$22 million more in 2026-27, and \$6 million more in 2027-28. The government controls the Medical Review Panel. The Medical Review Panel’s decisions are final. There is no independent review.

THE CONFLICT OF INTEREST IS BUILT INTO THE LEGISLATION. *The party that benefits financially from reducing the AISH caseload now controls the panel that decides who stays on AISH — with no independent review and no appeal. This is not a neutral administrative process. It is a system where the decision-maker and the financial beneficiary of a particular outcome are the same entity.*

Question 4: What Happens to the People Who Cannot Reapply?

The ADAP transition requires recipients who want to remain on AISH to submit a new Disability Assistance Medical Report. This requirement assumes the recipient can navigate the reapplication process. For a significant portion of the 79,290 people involved, that assumption is not valid.

- **No family doctor:** 650,000 Albertans have no GP. The medical report requires physician completion. A recipient without a GP cannot complete the form — regardless of how severe or well-documented their disability is.
- **Cognitive and communication barriers:** 28.3% of AISH recipients have cognitive disorders as their primary qualifying condition. For these recipients, navigating a formal reapplication process — coordinating a physician form, submitting documentation, meeting deadlines — may be impossible without supported assistance that is not guaranteed.

- **Mental health crises:** 30.2% of AISH recipients have mental illness as their primary qualifying condition. For people with severe depression, C-PTSD, BPD, or psychotic conditions, the administrative load of reapplication during an already destabilizing transition is a documented risk of non-completion — not a reflection of eligibility.
- **The already-documented 24% DTC completion rate:** The Government of Canada's 2024 Disability Advisory Committee found that only 24% of online DTC applications that are started get completed. The DTC is a prerequisite for the CDB. If only one in four people with disabilities can complete a comparable federal disability form, the assumption that 79,290 people will successfully complete the ADAP-to-AISH reapplication process is not supported by any evidence.

THE PRACTICAL OUTCOME OF NON-COMPLETION: *A recipient who cannot complete the reapplication process — because they have no GP, because their cognitive condition prevents it, because their mental health condition makes it impossible during a period of extreme stress — is automatically confirmed on ADAP. They receive \$200/month less. Indefinitely. **Not because the government found they can work. Not because new evidence emerged. But because the administrative barrier of reapplication proved insurmountable** for a person who was already assessed as having a permanent, severe disability.*

SECTION 4: THE LEGAL FRAMEWORK — WHY THIS MATTERS IN LAW

4.1 Administrative Law: The Duty of Procedural Fairness

Canadian administrative law — applied in every province including Alberta — imposes a duty of procedural fairness on government decision-makers when those decisions affect fundamental interests. The more significant the impact on an individual's life, the higher the procedural requirements.

Income security — the ability to afford shelter, food, medication, and basic needs — is among the most fundamental interests Canadian courts have recognized. Decisions that remove or reduce income security trigger the highest level of procedural protection. The duty of procedural fairness in this context includes:

- **Notice:** Affected individuals must be told, in plain language and with adequate time, what decision is being made about them and why.
- **Disclosure:** The criteria being applied to determine their situation must be published and accessible. The specific medical criteria distinguishing AISH from ADAP eligibility were not published in accessible plain language before the transition.
- **Opportunity to respond:** Individuals must have a meaningful opportunity to present their case before the decision is made. Being automatically transitioned and then told to reapply is not an opportunity to respond — it is a reversal requiring appeal.
- **Impartial decision-maker:** The decision-maker must be independent of the parties with a financial interest in the outcome. The Medical Review Panel is government-appointed and reports to the same ministry that benefits from caseload reduction.

- **Reasons:** When a decision significantly affects someone's fundamental interests, reasons must be provided. The government has not explained — for any individual recipient or as a class — why their prior finding of permanent disability is being treated as insufficient.

4.2 Charter Section 15: Equality Rights

Section 15(1) of the Canadian Charter of Rights and Freedoms guarantees equality before and under the law. A government policy that:

- Reverses formal findings of disability without new evidence
- Imposes a reapplication burden exclusively on people with disabilities
- Removes the independent appeal rights of that group specifically
- Requires compliance with an employment framework from a group already assessed as unable to work
- Does this without any individual assessment of changed circumstances

— is a policy whose burden falls entirely on a group defined by a protected characteristic under Section 15. The Supreme Court of Canada has held that policies which fail to account for the actual circumstances of disadvantaged groups — applying formally equal treatment to substantively unequal situations — can constitute discrimination even when not explicitly discriminatory on their face.

4.3 Charter Section 7: Life, Liberty and Security of the Person

Section 7 protects the right to security of the person and requires that any deprivation of that right comply with the principles of fundamental justice. The security interest engaged here is direct: a \$200/month reduction in income for a person whose rent already exceeds their living allowance, in a province with no rent cap, represents a concrete threat to physical security — shelter, food, medication.

The principles of fundamental justice include procedural fairness, as described above. They also include the principle against arbitrariness: a law or policy that does not rationally further its stated objective, or that causes harm disproportionate to any benefit achieved, may be arbitrary within the meaning of Section 7. A policy that reverses 79,290 prior findings of permanent disability without individual reassessment, without new evidence, and without appeal — while simultaneously claiming to be empowering people with disabilities — engages the arbitrariness analysis directly.

4.4 The UNCRPD: Article 12 — Equal Recognition Before the Law

Canada ratified the UN Convention on the Rights of Persons with Disabilities in 2010. Article 12 requires that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life — and that states take appropriate measures to provide access to the support they may require in exercising their legal capacity.

A person who cannot complete a reapplication form because their qualifying disability makes that process inaccessible — and who therefore loses income protection they were formally determined to need — has

been denied the support required to exercise their legal right to maintain the protection to which they are entitled. This is an Article 12 concern.

4.5 The Natural Justice Argument: *Nemo Judex in Sua Causa*

The Latin principle *nemo judex in sua causa* — “no one should be a judge in their own cause” — is one of the foundational principles of natural justice in the common law tradition. It holds that a decision-maker with a financial or personal interest in the outcome of a decision cannot be a fair adjudicator of that decision.

The Government of Alberta:

- Created the AISH program and defined its eligibility criteria
- Approved 79,290 people for that program through its own process
- Now benefits financially from reducing the number of people on that program — Budget 2025 projects AISH spending reductions of \$77 million over three years
- Controls the Medical Review Panel that will determine who returns to AISH
- Removed the independent body that could correct errors in that determination

This is a textbook conflict of interest. The party with the financial interest in a particular outcome controls the decision — and eliminated the mechanism that existed to check it.

SECTION 5: THE DOCUMENTED HUMAN CONSEQUENCE OF IGNORING PRIOR FINDINGS

The legal and administrative arguments above are not abstract. They have concrete, documented human consequences for 79,290 specific people whose lives are being restructured based on a reversal the government has never explained.

- **People who have structured their lives around an approved finding:** A person who has been on AISH for ten years has made housing decisions, medical decisions, caregiving decisions, and financial planning decisions based on the stability of that approved finding. Reversing it without cause does not merely reduce income. It destabilizes the entire architecture of a life built on the reasonable assumption that a government finding means something.
- **People who already proved it once:** Every current AISH recipient went through the application process — assembled medical documentation, completed physician reports, paid the fees, waited for the adjudication, sometimes appealed. Requiring them to do it again, with no new evidence and no explanation, treats that prior process as if it never happened.
- **People who cannot prove it again:** For recipients who have lost their physician to the GP shortage, whose conditions have worsened and made the administrative process harder, or who simply do not have the capacity to navigate a complex reapplication under the cognitive and emotional load of the transition itself — the practical result of the prior finding being ignored is that they end up on ADAP permanently. Not because they can work. Because the barrier to reapplication was too high.

- **People who will be told their condition needs to get worse:** Minister Nixon’s letter of April 3, 2026 stated: *“If their medical condition progresses to the point that they are unable to work, they can apply for the AISH program.”* For people who were already assessed as unable to work — whose conditions are already at the severity level that qualified them for AISH — this language requires them to deteriorate further before the government will recognize what it already found to be true.

THE MINISTER’S OWN LETTER — APRIL 3, 2026: *“If their medical condition progresses to the point that they are unable to work, they can apply for the AISH program.”* This language was written about people whose conditions were already formally found to prevent them from working. **The government is telling people who were assessed as permanently unable to work that they need to get worse before it will acknowledge what it already found.**

SECTION 6: THE QUESTIONS THAT REQUIRE ANSWERS BEFORE JULY 1, 2026

The following questions are not rhetorical. They have specific, documentable answers that the Government of Alberta has the data and the obligation to provide. They have not been answered in any public communication. They must be answered before 79,290 people are transitioned on July 1, 2026.

QUESTION	WHY IT REQUIRES AN ANSWER BEFORE JULY 1
On what basis has the government determined that its prior findings of permanent disability are no longer sufficient to establish AISH eligibility without reapplication?	Without this answer, the reversal of prior findings has no stated justification — administrative, medical, or legal.
Has the government conducted any review of the accuracy of prior AISH assessments? If so, what did it find?	If prior assessments were accurate, there is no basis for requiring reapplication. If they were not, the government must say so — with evidence.
What are the specific medical criteria that distinguish AISH eligibility from ADAP eligibility under the new framework?	The Minister confirmed in his April 3, 2026 letter that the employment income exemption calculations would be set in a Ministerial Order <i>“later this spring.”</i> Recipients cannot make informed decisions without knowing the criteria that will govern their placement.
How will recipients who cannot complete the reapplication process due to the barriers created by their qualifying disability be protected from permanent ADAP placement?	The 24% DTC completion rate documents that administrative complexity causes non-completion — not ineligibility. The government must account for this.

QUESTION	WHY IT REQUIRES AN ANSWER BEFORE JULY 1
<p>How does the government reconcile requiring employment program participation from people it has already formally found to be permanently unable to work?</p>	<p>This is not a matter of interpretation. The prior findings are on record. The program design contradicts them. An explanation is required.</p>
<p>How is the Medical Review Panel independent from the financial interest of the ministry that funds it, appoints it, and benefits from the outcomes of its decisions?</p>	<p>Independence of adjudication is a fundamental requirement of procedural fairness. The government must demonstrate it exists.</p>

SECTION 7: WHAT WE ARE ASKING

To the Government of Alberta

- Publish the specific basis — medical, administrative, or legal — on which the government is treating prior AISH eligibility findings as insufficient to maintain AISH status without reapplication. If the government believes its original assessments were correct, explain why reapplication is required. If it believes they were incorrect, say so explicitly and identify the evidence.
- Publish the complete medical criteria distinguishing AISH from ADAP eligibility — in plain language — before July 1, 2026. Recipients cannot prepare for a transition whose rules they do not know.
- Establish a supported reapplication pathway for recipients who face documented barriers to completing the process independently — including those without GPs, those with cognitive conditions, and those whose mental health conditions make complex administrative processes inaccessible.
- Restore independent appeal rights. The Citizens Appeal Panel existed to catch errors. The government eliminated it at the same time it made the most consequential change to the program in its 47-year history. These two decisions cannot be separated from each other.
- Commission and publish an independent legal review of whether the ADAP transition — as a reversal of formal prior findings without individual reassessment — is consistent with the duty of procedural fairness, Section 15 of the Charter, and Canada’s obligations under the UNCRPD.

To the Alberta Human Rights Commission

- Examine whether the ADAP transition — which reverses formal findings of permanent disability for 79,290 people without new evidence, without explanation, and without independent appeal — constitutes discrimination in the provision of a government service on the basis of disability under the Alberta Human Rights Act.
- Accept individual and systemic complaints from AISH recipients regarding the reversal of prior findings, and expedite review given the July 1, 2026 transition date.

To the Canadian Human Rights Commission

- Review whether Alberta's treatment of prior AISH eligibility findings — and the removal of independent appeal rights through Bill 12 — is consistent with federal human rights obligations and Canada's commitments under the UNCRPD.
- Formally request that the Government of Alberta provide its legal justification for reversing 79,290 formal disability findings without individual reassessment, as part of any systemic review of the ADAP transition.

To Federal MPs and the Federal Government

- Request that the Standing Committee on Human Resources, Skills and Social Development examine whether Alberta's ADAP transition is consistent with the intent of the Canada Disability Benefit Act and federal disability inclusion commitments.
- Include the reversal of prior AISH disability findings in Canada's next UNCRPD implementation report to the United Nations Committee on the Rights of Persons with Disabilities, as a documented instance of a state party failing to maintain legal capacity protections for persons with disabilities.

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The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

Assured.

On the One Word the Government Is Quietly Retiring

Why the rebrand from AISH to ADAP is not an administrative update — it is a confession written in the language of program administration.

The Alberta Disability System Breakdown — Alberta Disability Income Reform Series — April 2026

ASSURED.

That is the first word of this program’s name.

Assured Income for the Severely Handicapped.

Assured.

Look at that word for a moment. Hold it.

Webster’s defines *assured* as:

made certain : guaranteed. protected against discontinuance or change. characterized by certainty or security.

Oxford adds:

confident and free from doubt. reliable. not open to question.

The word *assured* is not decorative. It is load-bearing. It is the word that tells a disabled Albertan: *this will be there. You can count on it. Build your life around it.*

This is what *assured* looks like in practice.

THE PROMISE	THE REALITY
Your income is guaranteed. You will know when it is coming. You can plan around it.	Your cheque is withheld without explanation. No call. No letter. No warning. You find out when it doesn’t arrive.
Your benefit is stable. It will not be cancelled without reason or process.	Your benefit is cancelled without notice. No prior communication. No stated reason. You are expected to figure out why.
If there are questions about your eligibility, you will be informed and given the opportunity to respond.	You are randomly audited. No trigger is explained. You are required to produce documentation for a process whose basis has not been disclosed to you.

THE PROMISE	THE REALITY
<p>You have appeal rights. If a decision is made that affects your income, you can challenge it.</p>	<p>Under ADAP, appeal rights for the AISH-to-ADAP transition are removed. A government panel makes the determination. It is final.</p>

This is not an administrative inconvenience.

AISH is not discretionary income. For the people who receive it, it is the margin between housing and homelessness. Between medication and crisis. Between stability and collapse.

A cheque that doesn't arrive is not a paperwork problem. It is a rent payment that bounces. It is medication that doesn't get filled. It is a parent who cannot tell their children why there is no food.

A benefit cancelled without notice is not an administrative oversight. It is a medical crisis waiting to happen. It is a person with a disability, who cannot work, who woke up this morning with no income and no explanation.

When income that a disabled person cannot replace disappears without notice, the consequences are not administrative. They are medical. They are physical. They are, in some cases, fatal.

Zero prior communication before a benefit change is not a gap in customer service. It is negligence. It is a system that has decided the administrative cost of notifying people is worth more than the physical cost of what happens to them when they are not notified.

And now they are changing the name.

ADAP. Alberta Disability Assistance Program.

Notice what is missing.

The word *assured* is gone.

The government is not keeping the promise. So it is retiring the word that made it.

ADAP makes no claim of assurance. No claim of guarantee. No claim of stability or reliability or certainty. It makes no promise at all. It simply describes a program category and expects you to infer the rest.

*This is not accidental. **A government that was keeping the promise would not need to remove the word.***

What should it be called?

If the name of a program is going to reflect its documented function rather than its aspirational promise, there is a more accurate option.

ADVERSATIVE INCOME FOR THE SEVERELY HANDICAPPED

adversative | *adj.* | expressing opposition or antithesis; working against

Adversative. Working against. In opposition to.

A program that withholds income without explanation is working against the people it serves.

A program that cancels benefits without notice is working against the people it serves.

A program that audits without cause and removes appeal rights is working against the people it serves.

A program that removes the word *assured* from its name because it can no longer defend the promise is working against the people it serves.

The name change from AISH to ADAP is not a rebrand. It is a confession. The government is telling you, in the language of program administration, that it is no longer willing to assure you of anything.

What *assured* was supposed to mean

Assured meant something.

It meant that a disabled Albertan could wake up on the first of the month and know their income would be there. That they would not have to chase it. That they would not have to prove, again, that they are still disabled. That they would not be cancelled without cause or warned without time.

It meant that the floor would hold.

AISH never fully kept that promise. The random audits, the withheld cheques, the silent cancellations — those happened under the word *assured* too. But the word at least acknowledged the obligation. It named what the program was supposed to be.

ADAP doesn't name an obligation. It names a category.

*There is nothing assured about any of this. There never fully was. **And now they have stopped pretending.***

And there is one more thing *assured* was supposed to mean.

It was supposed to mean that the people receiving this income could speak about it. Could report problems with it. Could advocate for themselves within it. Could contact their MLA, write to the minister, tell their story publicly — without fear that doing so would trigger a review, a reduction, or a cancellation.

That is not what recipients experience.

What recipients experience is this: a program they depend on for survival, administered by workers they cannot easily reach, with decisions they cannot easily appeal, and consequences they cannot easily recover from. A program where the power differential between recipient and administrator is total. Where the person asking the question has everything to lose, and the person answering it has nothing.

In that environment, fear is not irrational. It is accurate. It is the correct read of a situation where speaking up has a documented cost and staying silent has none — at least not immediately, not visibly, not in a way that can be traced back to the silence itself.

The silence is not a choice. It is a symptom.

A program that genuinely *assured* its recipients would not produce recipients who are afraid to speak about it. The fear itself is evidence. It is the clearest possible signal that what is being received is not assurance — it is dependency. And dependency and assurance are not the same thing.

Assurance means: you can speak. You can question. You can push back. And the floor will still hold.

Dependency means: you cannot speak. Because the floor is the only thing between you and the drop. And the floor belongs to someone else.

Assured means the floor holds even when you push back. What 79,290 Albertans have is not assurance. It is a dependency they are afraid to question. That fear is the confession the word ADAP forgot to make.

The Alberta Disability System Breakdown — Advocate

Alberta Disability Income Reform Series | St. Albert, Alberta | April 2026

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13

THE EMPLOYMENT REALITY REPORT

This section also contains:

13b The Employment Assumption — Who Are the Workshops Really For?

13c The Workshops Question — Who Is ADAP Actually Designed For?

13d The Government's Case Against Itself

The Employment Reality Report

Why ADAP's Employment Premise Fails — By the Government's Own Numbers

A documented analysis of the structural, medical, and labour-market conditions that make ADAP's employment-supportive framing functionally untenable for the population it serves.

The Alberta Disability System Breakdown — April 2026 Report Series | Submitted to the Premier, Minister of Assisted Living and Social Services, Minister of Jobs, all Alberta MLAs, federal Minister of Disability Inclusion, and media

The Government of Alberta is investing \$185 million to help 79,000 people with severe disabilities find employment — in a province where employers imported work permit holders at four times the rate of AISH recipients, where the unemployment rate for people with severe disabilities is 73.6%, where 650,000 Albertans have no family doctor, where the children's disability waitlist is three years long, and where the government has simultaneously eliminated the caseworkers who were supposed to coordinate the supports that make employment possible.

The employment premise of ADAP is not supported by the government's own data. This document proves it.

SECTION 1: WHO IS BEING TOLD TO WORK — AND WHO THEY ARE

The ADAP framework rests on a single premise: that a significant portion of AISH recipients are able to work but are being held back by a program that does not reward employment. The government has framed the transition as empowerment — giving people with disabilities the tools to pursue meaningful employment.

Before examining whether those tools exist, it is necessary to understand who the 79,290 people being transitioned actually are — and what the employment data shows about people in comparable situations.

1.1 The Three Groups Within the AISH Population

AISH recipients are not a monolithic group. The employment barriers they face vary significantly — but share one common feature: they are structural, documented, and not resolved by career planning sessions or digital employment supports.

GROUP	DESCRIPTION	EMPLOYMENT REALITY
People who worked and became disabled	Recipients who contributed to the labour market — often for years — before acquiring or developing a disability. Includes CPP-D recipients (16,161 — 20.4% of caseload) who paid into Canada’s pension system and became too disabled to continue.	The CPP-D clawback already punishes this group for having worked. A 12-year average employment gap is itself a documented re-entry barrier, independent of all other factors. Retraining programs do not close a gap created by disability.
People with congenital or lifelong disabilities	Recipients whose disabilities were present from birth or early childhood — genetic syndromes, developmental disabilities, severe autism profiles, congenital conditions. Many have never held competitive employment because the structural conditions for it have never existed for them.	Employment for this group requires coordinated multi-specialist care, workplace accommodation, supported employment programs, reliable transportation, and consistent caregiving support for their dependents. None of these are guaranteed under ADAP.
People with intermittent or fluctuating conditions	Recipients who have worked — or could work — but whose conditions do not allow consistent, reliable, full-time employment. Includes people with episodic mental health conditions, immune disorders, and pain conditions that fluctuate unpredictably.	This is the group most genuinely served by an employment-supportive model. But the ADAP framework does not distinguish between a person who could manage 10 hours per week and one who could manage 40. The same employment participation requirements apply to both.

THE DATA POINT THE GOVERNMENT IS NOT CITING: 83.6% of AISH recipients had zero employment income in 2023-24. The government frames this as a problem ADAP will solve. The data suggests it is a reality ADAP does not account for. **People with severe disabilities do not have zero employment income because AISH discourages work.** They have zero employment income because the structural, medical, and caregiving barriers documented throughout this report series make sustained competitive employment impossible for the majority — regardless of what program they are on.

SECTION 2: WHAT THE EMPLOYMENT DATA ACTUALLY SHOWS

The government’s ADAP framework assumes that employment supports will bridge the gap between disability and employment. Statistics Canada’s 2024 Labour Market Characteristics report — the most current national

data available — shows what that gap actually looks like, and why it cannot be closed with career planning sessions.

2.1 Employment Rates — Persons with Disabilities vs. Without

METRIC	PERSONS WITH DISABILITIES	PERSONS WITHOUT DISABILITIES	GAP
Employment rate — more severe disabilities (2024)	26.4%	~75%+	Nearly 50 percentage points
Employment rate — less severe disabilities (2024)	54.7%	~75%+	~20 percentage points
Unemployment rate (2024)	8.1%	5.6%	2.5 percentage points
Labour force participation — men with disabilities	51.6%	74.6%	23.0 percentage points
Labour force participation — women with disabilities	49.5%	65.4%	15.9 percentage points
Average hourly wage gap (employees with vs. without)	\$2.22/hour less	—	Widening — was \$1.91 in 2023
AISH recipients with any employment income	16.4%	—	83.6% have none

Sources: Statistics Canada — Labour Market Characteristics of Persons with and without Disabilities, 2024 (released May 2025); Alberta Government AISH Caseload Open Data, September 2025.

The employment rate for persons with more severe disabilities — the population most comparable to AISH recipients — is 26.4%. That means approximately three in four people with severe disabilities are not employed, in a country with one of the most extensive employment support networks in the world.

*The employment rate for people with severe disabilities is 26.4%. **ADAP is being designed on the premise that the majority of AISH recipients can find and sustain employment. Those two statements cannot both be true.***

2.2 Alberta's Own Employment Context — The Market ADAP Recipients Would Enter

METRIC	ALBERTA FIGURE	SOURCE
Alberta general unemployment rate (2024)	7.0% — increased 1.1 percentage points	Statistics Canada / Job Bank Alberta Economic Scan 2024
Alberta PWD unemployment rate (ages 25-64) (2024)	8.9% vs. 7.9% for non-disabled	Job Bank Alberta Economic Scan 2024
Alberta employment rate gap — PWD vs. non-PWD	16.8 percentage points	Statistics Canada 2024 Labour Market Report
Youth unemployment rate Alberta (2024)	14.5% — increased 2.3 percentage points	Job Bank Alberta Economic Scan 2024
Number of unemployed Albertans (2024)	189,400 — increased 24% year-over-year	Statistics Canada / Alberta Economic Scan
Alberta unemployment rate (February 2026)	6.3%	Alberta Job Market Snapshot, February 2026
Full-time employment change (February 2026)	DOWN 17,300 full-time positions in one month	Alberta Job Market Snapshot, February 2026

The ADAP employment premise is being launched into a labour market where general unemployment is 6–7%, youth unemployment is 14.5%, and people with disabilities face an additional 16.8 percentage point employment gap compared to non-disabled Albertans. The jobs that ADAP assumes recipients will obtain are competing with hundreds of thousands of non-disabled unemployed Albertans.

SECTION 3: THE TEMPORARY FOREIGN WORKER CONTRADICTION

On April 1, 2026 — two days before this document was written — the Government of Alberta introduced the Immigration Oversight Act, requiring businesses to register with the province before hiring temporary foreign workers. Minister of Jobs Joseph Schow stated the legislation is about ensuring “*Albertans have first crack at Alberta jobs.*”

This legislation was introduced by the same government that is simultaneously telling 79,000 people with disabilities that they should be preparing for employment. The contradiction embedded in these two positions requires examination.

METRIC	FIGURE	SOURCE
Work permit holders in Alberta (2021)	~45,000	CBC News, April 1, 2026; Minister Schow statement
Work permit holders in Alberta (2025)	~180,000	CBC News, April 1, 2026 — “skyrocketed”
Increase in work permit holders 2021–2025	300% increase — 135,000 additional workers	Calculated from above
Non-permanent residents in Alberta (Jan 1, 2026)	271,024 — ~60% holding work permits	Alberta Quarterly Population Report, December 2024
TFW approvals — business/finance/admin (2018)	166 positive LMIA's	CBC News, June 24, 2024
TFW approvals — business/finance/admin (2023)	2,242 positive LMIA's	CBC News, June 24, 2024
Increase in business/admin TFW approvals 2018–2023	1,251% increase	CBC News — “unique trend”
Government’s stated reason for TFW increase	“Cannot find the employees in Alberta” — Minister Schow	CBC News, April 1, 2026

THE CONTRADICTION IN TWO SENTENCES: *The Government of Alberta allowed work permit holders to grow from 45,000 to 180,000 between 2021 and 2025 — because, the government now says, employers “cannot find the employees in Alberta.” The same government is telling 79,000 people with severe disabilities that the barrier to their employment is not structural — it is their benefit program.*

The TFW data reveals an important truth about Alberta’s labour market: even employers who were actively looking for workers chose to import labour rather than hire locally. Business, finance, and administration TFW approvals increased 1,251% between 2018 and 2023. These are the clerical, administrative, and support roles that would theoretically be most accessible to people with disabilities who can work in office environments.

If those jobs were available and accessible to local workers — including disabled workers with supportive employment programs — employers would not have needed to recruit internationally at 12 times the prior rate. The labour market was not failing to match disabled workers to jobs because of the AISH benefit structure. It was failing for systemic reasons that ADAP does not address.

WHAT THE IMMIGRATION OVERSIGHT ACT ACTUALLY TELLS US: *Alberta's government introduced legislation on April 1, 2026, stating explicitly that Alberta workers were being bypassed for jobs that should go to Albertans first. July 1, 2026, the same government launches ADAP — telling disabled Albertans they should be seeking employment in that same market. **These two policy positions share a calendar but not a coherent theory of the labour market.***

SECTION 4: THE \$185 MILLION QUESTION

Minister Nixon described the \$185 million investment in ADAP employment supports as “unprecedented” and a demonstration of the government’s “commitment to invest significantly in helping individuals who want to pursue employment within the disability community.”

This figure deserves examination — both what it buys per person, and what it assumes.

THE \$185 MILLION MATH	FIGURE
Total ADAP employment support investment (Budget 2025)	\$185 million
AISH/ADAP recipients (September 2025)	79,290
Per-person allocation if divided equally	\$2,334 per person
What \$2,334 buys in supported employment (annualized)	Approximately 4–5 weeks of one-on-one employment coaching at market rates
What wraparound supports actually cost per person annually	\$10,000–\$50,000+ depending on complexity of need
Heritage Fund investment return in fiscal 2024-25 (9.6% on \$27.2B)	~\$2.6 billion — 14 times the ADAP employment investment
ADAP employment rules finalization date (as of April 3, 2026)	Not yet set — Ministerial Order coming “later this spring”
Days until July 1, 2026 launch	88 days

THE \$185 MILLION COVERS APPROXIMATELY \$2,334 PER PERSON. *The government’s promised wraparound supports — child care, transportation, mental health, career planning, assistive technology, supported job placements — cost far more than \$2,334 per person annually for a population with complex, permanent disabilities. **The financial math of the ADAP employment promise does not hold.***

4.1 What “Wraparound Supports” Actually Require — and What Is Currently Available

Nixon’s letter and public statements promise wraparound supports including child care, transportation, and mental health supports. Each of these promises must be measured against documented reality.

PROMISED ADAP SUPPORT	WHAT NIXON PROMISED	DOCUMENTED REALITY
Child care	ADAP will provide access to child care supports to enable employment	FSCD waitlist: 3-year average wait for full services. One caseworker managing 400+ families. Government’s own auto-reply: “we cannot provide any timelines.”
Transportation	Rural and remote recipients will have access to digital and in-person supports	Alberta has no legislated rural transit standard. AISH recipients without vehicles — many of whom have social anxiety, agoraphobia, or mobility limitations — are already unable to access services 90 minutes away. Digital supports do not substitute for physical transportation to a worksite.
Mental health supports	Employment services will include holistic wraparound supports including mental health	AISH/ADAP do not cover evidence-based mental health treatments: EMDR, DBT, CPT, somatic therapies. Wait time for psychiatry in Alberta: 6–18 months. Alberta’s mental health budget: 5.5% of total health spending vs. 12% recommended.
Case management	ADAP clients will work with case managers to create personalized action plans	Individual caseworkers were eliminated in 2024-25. Caseloads documented at up to 200 per worker vs. recommended 90–105. The call centre no one can reach is the current model. Adding 79,000 ADAP employment plans to this system has no identified staffing plan.

PROMISED ADAP SUPPORT	WHAT NIXON PROMISED	DOCUMENTED REALITY
<p>Career planning and job placement</p>	<p>Digital services, career planning, assistive technology, supported job placements</p>	<p>The employment income calculations that govern what recipients can actually earn through these placements will be set in a Ministerial Order “later this spring” — 88 days before launch.</p>

SECTION 5: THE SYSTEMS THAT WOULD MAKE EMPLOYMENT POSSIBLE — AND WHAT HAS HAPPENED TO THEM

Every document in this series has documented the systematic dismantling of the infrastructure that would be required to make employment a realistic outcome for people with severe disabilities. This section cross-references those findings through the specific lens of employment.

5.1 You Cannot Work Without a Doctor

Employment for people with disabilities requires coordinated medical management: prescription oversight, specialist referrals, workplace accommodation letters, crisis response protocols, and regular monitoring of complex conditions. All of this requires a family physician.

- 650,000 Albertans have no family doctor.
- Family practices accepting new patients collapsed from 887 in 2020 to 164 in 2024 — an 81% drop.
- 61% of family physicians are considering leaving the provincial system.
- Without a GP, there is no referral pathway to specialists. No specialist means no coordinated management of the complex conditions that define AISH eligibility.
- Without a GP, workplace accommodation letters cannot be written. Without accommodation letters, many employers will not hire.
- Without a GP, the ADAP medical reassessment form cannot be completed — the same form required to return to AISH if employment fails.

*The ADAP transition requires physician-completed forms from a population that largely has no physician. The ADAP employment plan requires medical coordination that largely has no physician to provide it. **These are not separate problems. They are the same problem — and ADAP does not solve either.***

5.2 You Cannot Work Without Stable Mental Health Support

Mental health conditions are the primary qualifying diagnosis for 30.2% of AISH recipients — the second largest group after physical disability. For many others, mental health conditions are secondary diagnoses that

compound physical and cognitive barriers to employment.

- AISH/ADAP health benefits cover physician visits through AHCIP but do not cover the evidence-based treatments that actually stabilize employment-affecting mental health conditions: EMDR, DBT, CPT, somatic therapies, individual DBT, specialized trauma programs.
- Wait times for psychiatry in Alberta: 6–18 months — and psychiatrists can only be accessed through a GP referral that most recipients cannot get.
- Alberta's mental health budget is 5.5% of total health spending. The Mental Health Commission of Canada recommends 12%.
- Alberta has already documented a 47% increase in emergency department visits for psychiatric crises — the most expensive possible point of mental health intervention, and a direct consequence of inaccessible preventive and therapeutic care.

A person with untreated C-PTSD, BPD, or severe depression cannot reliably sustain employment. These are not motivational failures. They are clinical realities. ADAP's employment programming does not include coverage for the treatments that would make employment clinically possible for this population.

5.3 You Cannot Work Without Childcare — and There Is None

Single parents make up 6.8% of the AISH caseload — 5,426 people. The overwhelming majority are women. For this group, the question of employment is inseparable from the question of who cares for their children while they work. For parents of children with severe disabilities, the answer is stark.

- The average wait for full FSCD services in Alberta is three years.
- 58% of families report negative effects from going without FSCD supports — including job loss.
- One FSCD caseworker has been documented managing 400+ families. The recommended maximum is 100.
- No after-school care program in Alberta accepts children with severe ASD, active aggression, flight risk profiles, and cardiac monitoring requirements.
- Nixon's promise of *"child care supports"* through ADAP is being made by the same ministry that has a three-year FSCD waitlist and an auto-reply that says *"we cannot provide any timelines."*

THE CHILDCARE PROMISE VS. THE CHILDCARE REALITY: *Nixon promised ADAP will provide access to child care supports. The ministry responsible for ADAP also runs FSCD — where the average wait for full services is three years. **These promises are being made by the same office that cannot staff the program it already has.***

5.4 You Cannot Work Without a Caseworker Coordinating Your Supports

Employment support for people with complex disabilities does not happen through a phone app. It requires a human coordinator who knows the recipient's file, their medical history, their housing situation, their children's needs, and their specific barriers. That person was the individual caseworker — now eliminated.

- Individual caseworkers were eliminated province-wide in 2024-25 and replaced with a call centre.
- Caseloads reached up to 200 per worker — more than double the recommended maximum of 90–105.
- The call centre model is documented as inaccessible to people with social anxiety, agoraphobia, and communication-related disabilities — qualifying conditions for AISH.
- The ADAP employment plan requires every recipient to develop a personalized action plan with a case manager. There are not enough case managers to do this now — before the employment load is added.
- Adding 79,000 individual employment action plans to a system already operating at twice recommended caseload capacity has no documented staffing solution.

5.5 You Cannot Work if the Housing Situation Is Unstable

Employment requires a stable address. It requires the ability to sleep consistently, manage daily routines, and respond to workplace demands without the cognitive load of housing crisis. The ADAP transition is happening simultaneously with the following documented housing realities:

- Average 1-bedroom rent in Alberta: \$1,500–\$1,900+/month. AISH pays \$1,940/month. After rent, as little as \$40 remains for all other expenses — before ADAP’s \$200/month cut takes effect in January 2028.
- Community housing rent was increased 63% by ministerial order in October 2025 — adding \$221/month to recipients’ costs in their last affordable option.
- Edmonton’s Civida waitlist: 10,000+ applicants. Calgary Housing: 6,500+. Neither is measured in months.
- Housing instability is one of the strongest documented predictors of employment failure — not because of motivation, but because unstable housing makes consistent employment attendance structurally impossible.

SECTION 6: THE EMPLOYMENT INCOME MATH — WHAT ADAP ACTUALLY OFFERS

The government’s headline employment figure — that ADAP recipients can earn up to \$45,000 while continuing to receive benefits — is technically accurate and functionally misleading. The following analysis uses the government’s own figures to demonstrate why.

ADAP EMPLOYMENT INCOME ANALYSIS	FIGURE	SOURCE
ADAP monthly benefit (single)	\$1,740/month	Government of Alberta — ADAP program page, March 2026
Employment income exemption (single)	\$700/month	Government of Alberta — ADAP program page, March 2026

ADAP EMPLOYMENT INCOME ANALYSIS	FIGURE	SOURCE
Current AISH employment exemption (being cut July 1, 2026)	\$1,072/month	Inclusion Alberta; Government of Alberta
New AISH employment exemption (July 1, 2026)	\$350/month	Inclusion Alberta ADAP Fact Sheet, October 2025
At what monthly income does ADAP equal current AISH?	Over \$2,114/month (33 hrs/week at minimum wage — sustained)	Gillian Petit, University of Calgary — CBC News, August 2025
Government's own Case Study 1 result	Recipient earns \$164/month LESS on ADAP than current AISH	ADAP Discussion Guide — independent analysis by Gillian Petit
Maximum earnings while receiving any ADAP benefit	\$45,000/year (\$3,750/month)	Government of Alberta — ADAP program page
At \$3,750/month earned, what is the ADAP benefit?	Substantially reduced — below base rate	Calculated from gradual reduction structure
Detailed ADAP clawback calculation rates	NOT YET SET — Ministerial Order "later this spring"	Minister Nixon letter, April 3, 2026
Alberta minimum wage (October 2025)	\$15.00/hour	Government of Alberta
Hours per week at minimum wage to earn \$2,114/month	~33 hours/week — sustained, without accommodation or health gaps	Calculated

THE \$700 EXEMPTION IS NOT A GAIN. IT IS A CUT. *Current AISH employment exemption: \$1,072/month. New ADAP employment exemption: \$700/month. Recipients who currently work are being moved to a program with a LOWER employment exemption than what they have now. This will be finalized in a Ministerial Order coming "later this spring" — 88 days before the July 1 launch.*

SECTION 7: THE GOVERNMENT'S OWN CONTRADICTIONS — ON THE RECORD

The following presents documented contradictions between government statements and government data — all drawn from official sources. These contradictions are not matters of interpretation. They are factual.

GOVERNMENT CLAIM	GOVERNMENT'S OWN DATA	SOURCE OF CONTRADICTION
<p>ADAP will help recipients find employment</p>	<p>Employment rate for persons with severe disabilities: 26.4%. 83.6% of AISH recipients have zero employment income — not because of the program structure, but because of documented structural barriers.</p>	<p>Statistics Canada 2024; Alberta Government AISH Open Data</p>
<p>\$185M is an unprecedented investment in employment for disabled Albertans</p>	<p>\$185M ÷ 79,000 recipients = \$2,334 per person. The Heritage Fund grew \$383M in a single quarter. This “unprecedented” investment represents less than one month of Heritage Fund investment returns.</p>	<p>Alberta.ca Heritage Fund Q3 2025-26; Budget 2025</p>
<p>Alberta will provide wraparound supports including child care</p>	<p>FSCD — same ministry — has a 3-year average wait for full services. The auto-reply to families: “we cannot provide any timelines at this time.”</p>	<p>Inclusion Alberta FSCD Survey, January 2025; FSCD auto-reply publicly documented</p>
<p>Albertans on ADAP can earn more than \$45,000 while receiving benefits — “the highest limit in Canada”</p>	<p>At \$45,000/year (\$3,750/month), ADAP benefits are substantially reduced. The government’s own Case Study 1 shows a recipient with \$1,492/month income would have \$164 LESS on ADAP than current AISH.</p>	<p>Gillian Petit, University of Calgary — ADAP Discussion Guide analysis</p>
<p>ADAP was thoughtfully designed based on input from Albertans with disabilities</p>	<p>The specific criteria for AISH vs. ADAP classification were not publicly established before the Bill 12 passage. Employment income calculations will be set by Ministerial Order “later this spring” — 88 days before launch.</p>	<p>Bill 12, December 9, 2025; Minister Nixon letter, April 3, 2026</p>
<p>Albertans have first crack at Alberta jobs (Immigration Oversight Act)</p>	<p>Work permit holders in Alberta grew from 45,000 to 180,000 (2021–2025) while the government was designing an employment program for disabled Albertans who “want to work.”</p>	<p>CBC News April 1, 2026; Minister Schow statement</p>

GOVERNMENT CLAIM	GOVERNMENT'S OWN DATA	SOURCE OF CONTRADICTION
<p>ADAP will cover one medical assessment for recipients who want to return to AISH</p>	<p>The ADAP medical reassessment requires a physician-completed form. 650,000 Albertans have no family doctor. 164 practices accept new patients province-wide — down from 887 in 2020.</p>	<p>Healthcare Worker Shortage Report; Minister Nixon letter, April 3, 2026</p>

SECTION 8: WHAT AN EMPLOYMENT-SUPPORTIVE PROGRAM WOULD ACTUALLY REQUIRE

This report does not argue that employment support for people with disabilities is wrong. It argues that the specific model Alberta is implementing — applied to the population it is being applied to, with the supports that are actually available, in the labour market that currently exists — will not produce the outcomes it claims.

A genuine employment-supportive disability program would require the following, none of which ADAP currently provides:

- Guaranteed primary care access:** A person who qualifies for AISH on the basis of a complex permanent disability cannot navigate employment supports without coordinated medical management. Universal GP access for AISH/ADAP recipients is a prerequisite, not an afterthought.
- Funded evidence-based mental health treatment:** Employment participation for people with C-PTSD, BPD, and severe depression requires clinical stabilization first. Career planning does not stabilize trauma. Covering EMDR, DBT, and CPT would cost a fraction of the emergency system costs generated by not doing so.
- Real childcare — not a promise:** No employment plan for a single parent of children with severe disabilities can succeed without confirmed, appropriate childcare. The FSCD waitlist must be cleared before ADAP's employment expectations can be applied to single parents.
- Restored caseworker model:** Personalized action plans require people who know the recipient's file. The call centre model is not capable of delivering individualized employment coordination. Caseworkers must be restored to recommended caseload ratios before employment planning can be meaningful.
- Voluntary, not mandatory participation:** Employment programming that is a condition of receiving benefits — applied to people with permanent, severe disabilities who have been assessed as unable to work — is not empowerment. It is compliance under financial coercion. Genuine employment support is offered, not required.
- Honest income math:** The employment income exemption must be set so that working actually improves a recipient's financial position. The government's own Case Study 1 shows ADAP does not achieve this for many recipients. Fix the math before launching the program.
- Labour market realism:** Design employment programming around jobs that actually exist, are accessible to people with disabilities, and can accommodate the intermittent attendance, accommodation

needs, and medical interruptions that characterize this population. A 33-hour week at minimum wage is not the benchmark. Flexible, supported, part-time employment with real accommodation is.

SECTION 9: WHAT WE ARE ASKING

To the Government of Alberta

- Pause the mandatory employment participation requirements of ADAP until the wraparound supports promised — child care, transportation, mental health — are actually available at the scale and quality required for the population being served.
- Publish the Ministerial Order governing ADAP employment income calculations immediately — not *“later this spring.”* Recipients cannot make informed decisions about the July 1 transition without knowing the financial rules that will govern their income.
- Commission an independent analysis of the \$185 million employment investment against realistic per-person support costs for a population with complex, permanent disabilities. Publish the methodology.
- Address the direct contradiction between the Immigration Oversight Act — which acknowledges that Albertans are being bypassed for jobs — and the ADAP framework, which tells disabled Albertans those jobs are available to them.
- Establish a provincial guarantee of primary care access for AISH/ADAP recipients before implementing employment participation requirements. Employment cannot be expected from people who cannot access the medical coordination required to sustain it.
- Make employment programming voluntary — genuinely supportive and incentivized, not compliance-based. People who are able to work and want to work will use good employment supports without being required to. People who are not able to work should not be required to participate in programming that does not reflect their clinical reality.

To the Federal Government

- Require that Alberta's ADAP employment framework be independently assessed for compliance with the UN Convention on the Rights of Persons with Disabilities, specifically Article 27 — the right to work — which requires that the right to work be realized *“on an equal basis with others”* and without discrimination.
- Examine whether mandatory employment programming applied to people with permanent severe disabilities, as a condition of receiving disability income, constitutes a violation of Charter section 15 equality rights — a policy whose burden falls exclusively on people defined by a protected characteristic.
- Formally recognize nurse practitioners as eligible to sign all ADAP-related medical documentation, and fund those assessments as a covered administrative cost of the federal-provincial disability program relationship.

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- Gillian Petit, University of Calgary — ADAP analysis cited in CBC News, August 21, 2025. Case Study 1 demonstrates \$164/month loss for representative recipient.
- Alberta Government — AISH Caseload Open Data, September 2025. open.alberta.ca. 79,290 recipients; 83.6% with zero employment income; 16,161 with CPP-D.
- Alberta.ca — Heritage Savings Trust Fund Q3 2025-26 Report. \$383M growth in single quarter; \$31.9B total fund value.
- Government of Alberta — Budget 2025. \$185M ADAP employment investment; AISH funding \$1.641B; projected reductions of \$77M over three years.
- Bill 12, Government of Alberta — passed December 9, 2025. Removal of independent appeal rights; criteria not published in plain language before passage.
- Minister Jason Nixon — letter to Genevieve Bissonette, April 3, 2026. Employment income calculations “later this spring”; one medical assessment commitment.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

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Find the public group on Facebook: [facebook.com/share/g/1CrU5PfHha/](https://www.facebook.com/share/g/1CrU5PfHha/)

THE EMPLOYMENT ASSUMPTION

Who Are the Workshops Really For?

THE CENTRAL QUESTION

*If AISH eligibility requires a permanent inability to earn a livelihood --
and 83.9% of recipients have zero employment income --
who, exactly, are the ADAP workshops designed for?*

This document examines the foundational premise of the Alberta Disability Assistance Program -- and finds it does not survive scrutiny.

83.9%

zero employment income

79,290

being sent to workshops

\$0

employment income for most

WHAT THIS DOCUMENT COVERS

- What ADAP actually requires disabled Albertans to do
- Who is on AISH and what their work history actually shows
- The internal contradiction in the government's own eligibility criteria
- Who is already working -- and what happened to them
- What the research says about disability and employment
- The real cost: human, financial, and constitutional
- What you can do with this information

The Alberta Disability System Breakdown

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PART ONE -- WHAT ADAP ACTUALLY REQUIRES DISABLED ALBERTANS TO DO

When the Government of Alberta describes ADAP, it uses words like empowerment, opportunity, and personalized support. Let us be specific about what the program actually requires.

The ADAP Employment Requirements -- In Plain Language

Personalized Action Plans:

Every ADAP recipient must participate in developing a personalized action plan. This plan is not optional. It is a condition of receiving benefits. The plan is focused on employment goals, skills development, and pathways to work.

Career Planning and Assessment:

Recipients will be required to undergo career planning sessions and employment assessments to identify their employment potential and barriers. This process is administered by government-contracted service providers.

Simulated Worksites:

The ADAP framework includes simulated worksite placements -- structured environments designed to mimic workplace conditions. Recipients are expected to participate in these placements as part of their action plan.

Supported Employment Placements:

Recipients may be placed in supported employment positions -- real or simulated jobs with varying levels of support. Participation is tied to benefit eligibility.

Ongoing Compliance and Reporting:

Recipients must demonstrate ongoing compliance with their action plan. Failure to participate may affect benefit eligibility. The review and enforcement mechanism is administered internally -- there is no independent appeal of these decisions following the elimination of the Citizens Appeal Panel under Bill 12, December 2025.

PAUSE HERE.

Read that list again. These are the requirements being imposed on people whose eligibility for AISH was premised on a formal government finding that they are permanently and substantially limited in their ability to earn a livelihood. The government assessed them as unable to work. Now it is requiring them to attend workshops about how to work. These two things cannot both be true.

PART TWO -- WHO IS ACTUALLY ON AISH

The employment assumption behind ADAP is built on a particular image of who is on AISH. That image does not match the data. Here is who is actually on AISH.

83.9%

of AISH recipients report zero employment income

Government of Alberta Open Data, September 2025

This is not a statistic about laziness or lack of effort. This is a statistic about permanent disability. AISH eligibility requires a formal finding -- by a physician, assessed by the government -- that the applicant is permanently and substantially limited in their ability to earn a livelihood. These are people who have already been through the assessment process. The government already looked at them and said: this person cannot work. And 83.9% of them are not working.

Who They Are -- In Their Own Words

There are people on AISH who have master's degrees. People who had solid careers before becoming unexpectedly disabled. And now she wants to push them into workshops to help them find employment? Does she genuinely believe that someone with a master's degree -- which is more than she has -- would choose to live in poverty if they were able to work?

-- AISH recipient, April 2026

This comment, shared publicly in an AISH community group, received 62 likes and 43 comments within 24 hours. It resonated because it named something that data alone cannot capture: the profound insult of being told you need a workshop by a government that already determined you cannot work.

The Credential Reality

AISH recipients are not a monolith. They include people who:

- Had professional careers -- engineers, teachers, nurses, tradespeople, accountants -- before an injury, illness, or degenerative condition ended their ability to work
- Hold advanced degrees -- bachelors, masters, and doctorates -- and became disabled after completing their education
- Worked for 10, 20, or 30 years before their disability progressed to the point of preventing employment
- Were born with disabilities that prevented them from ever entering the workforce -- not for lack of trying, but because the barriers were insurmountable
- Have tried return-to-work programs before -- some of them multiple times -- and were medically unable to sustain employment
- Are currently managing complex medication regimens, specialist appointments, and unpredictable symptom cycles that make any employment commitment impossible to maintain

The assumption that these people need the government to show them how to find work is not a policy. It is a stereotype. And it is not supported by a single piece of evidence the Government of Alberta has produced.

PART THREE -- THE INTERNAL CONTRADICTION

The Government of Alberta has created a policy framework that contains a fundamental internal contradiction. It cannot be resolved by better communication or a clearer rollout. It is a logical impossibility at the heart of the program.

What AISH Eligibility Actually Requires

THE AISH ELIGIBILITY STANDARD:

To qualify for AISH, an applicant must have a permanent disability that substantially limits their ability to earn a livelihood. The disability must be documented by a physician and assessed by the Government of Alberta. The finding is not that the person is temporarily limited, or limited under current conditions, or limited without support. The finding is that the limitation is PERMANENT.

What ADAP Assumes

THE ADAP EMPLOYMENT PREMISE:

ADAP is built on the premise that recipients have some capacity for employment -- that with the right supports, action plans, career assessments, and workplace simulations, they can move toward financial self-sufficiency through work. This is not stated as a hope. It is built into the structure of the program as a requirement.

The Contradiction -- Side by Side

AISH SAYS:

This person has a permanent disability that substantially limits their ability to earn a livelihood. The limitation is not expected to improve. This person cannot work.

ADAP SAYS:

This person has some capacity for employment. With appropriate supports and a personalized action plan, they can work toward financial self-sufficiency.

Both of these statements apply to the same 79,290 people. They cannot both be true. Either the AISH assessment was wrong -- in which case the government issued years of benefits to people it incorrectly assessed -- or the ADAP employment premise is wrong. There is no third option.

The Government of Alberta has not explained this contradiction. It has not commissioned a new population-level assessment. It has not published the criteria it will use to determine who has employment capacity. It has simply assumed -- without evidence -- that the people it previously assessed as permanently unable to work are now available for employment programming.

The Government's Own Data Refutes Its Own Premise

If ADAP's employment premise were correct -- if these 79,290 people genuinely had latent employment capacity waiting to be unlocked -- we would expect to see some evidence of it in the existing data. We do not.

- 83.9% of AISH recipients report zero employment income (GoA Open Data, September 2025). Under the current earned income exemption of \$1,072 per month, recipients are allowed to work without penalty. Most are not working -- not because they are prohibited, but because they cannot.
- AISH has always permitted employment. The program is not and has never been a prohibition on working. Recipients who can work part-time or occasionally already do. The 83.9% who report zero income have not chosen not to work. They are unable to.
- The assessment process for AISH is not casual. It requires physician documentation and government review. A finding of permanent inability to earn a livelihood is not made lightly and is not expected to reverse.

- No new population-level assessment has been conducted. The government is not transitioning people to ADAP based on new evidence that their employment capacity has changed. It is transitioning them based on a policy decision, not a medical one.

PART FOUR -- WHO IS ALREADY WORKING, AND WHAT HAPPENED TO THEM

16.1 percent of AISH recipients do report some employment income. These are the people the government points to as evidence that employment is possible. They deserve to be looked at more carefully -- because what is happening to them under ADAP is not a reward for working. It is a punishment.

16.1%

of AISH recipients report some employment income

Government of Alberta Open Data, September 2025

What the Earned Income Exemption Change Does to Working Recipients

Under AISH, recipients can earn up to \$1,072 per month before their benefits are reduced. This threshold was designed to allow people with disabilities to supplement their income through whatever work they are able to do -- whether that is a few hours a week, occasional contract work, or part-time employment -- without being penalized.

Effective July 1, 2026, the earned income exemption drops to \$350 per month under ADAP. Every dollar earned above \$350 is clawed back from benefits dollar for dollar.

WHAT THIS MEANS IN PRACTICE:

A recipient who currently works part-time earning \$800 per month -- within the AISH exemption and without penalty -- will face a clawback of \$450 per month under ADAP. Their incentive to work has not been increased. It has been eliminated. The people who are currently working, within the constraints of their disability, are being financially penalized for doing so.

The Work Disincentive Built Into ADAP

An employment program that financially punishes recipients for working is not an employment program. It is an income reduction with an employment label attached. The 16.1% who are already working -- already demonstrating exactly the employment capacity ADAP claims to be developing -- are worse off under ADAP than they were under AISH. If the goal were genuinely to support employment, the earned income exemption would have been maintained or increased, not cut by 67 percent.

The Administrative Cost Reality

The Government of Alberta's own Budget 2026 documents reveal the following:

- AISH administrative cost: \$46.8 million
- ADAP administrative cost: \$88.4 million
- Net increase in administrative cost: \$41.6 million per year

The government is spending \$41.6 million more per year to administer a program that pays recipients \$200 less per month, cuts the employment exemption by \$722 per month, removes independent appeal rights, and sends people with permanent disabilities to employment workshops. The workshops are not free. The service providers running them are being paid. That money is coming from somewhere. It is not coming from improved outcomes for disabled Albertans.

PART FIVE -- WHAT THE RESEARCH ACTUALLY SAYS ABOUT DISABILITY AND EMPLOYMENT

The Government of Alberta's employment assumption is not new. Governments have tried versions of it before. The research on what actually happens when disability programs impose employment requirements is consistent and clear.

Employment requirements do not increase employment rates for people with severe disabilities.

Multiple peer-reviewed studies across Canada, the United Kingdom, and Australia have found that work-first activation programs do not produce sustained employment outcomes for people with serious, permanent, or fluctuating disabilities. The barriers are not attitudinal or motivational. They are structural: employer discrimination, inaccessible workplaces, unpredictable symptoms, and healthcare systems that cannot sustain working disabled people.

They do increase poverty, stress, and health deterioration.

Research consistently shows that imposing employment participation requirements on people with disabilities who cannot sustain work leads to increased financial stress, worsening of mental and physical health symptoms, and higher rates of benefit loss without corresponding employment gains. The net effect is more poverty, not less.

Work-first programs perform worst for the most disabled.

The people least likely to benefit from employment programming are those with the most severe, complex, or unpredictable disabilities -- precisely the population that AISH was designed to serve. Applying an employment-focused framework to this population does not unlock latent capacity. It adds administrative burden and financial penalty to people already managing extraordinary circumstances.

Supported employment works -- but not like this.

There is evidence that voluntary, well-resourced supported employment programs can help some people with disabilities access part-time or flexible work. But those programs work because they are voluntary, individually tailored, and designed around the person's actual capacity. They do not cut income while imposing participation requirements. ADAP is not a supported employment program. It is a compliance program.

The disability community has been here before.

The UK's Work Capability Assessment, Australia's Disability Employment Services reforms, and Ontario's Ontario Works disability stream have all been studied. The findings are remarkably consistent: mandatory employment programming for severely disabled people increases administrative costs, produces minimal employment outcomes, and causes measurable harm to health and wellbeing. Alberta is not innovating. It is repeating documented failures.

PART SIX -- THE REAL COST: HUMAN, FINANCIAL, AND CONSTITUTIONAL

The Human Cost

Behind the statistics are people. Specific, individual people whose lives are shaped by the policy decisions being made in Edmonton. Consider who is actually being sent to these workshops:

- The former nurse with MS who had to stop working when her symptoms became unpredictable and dangerous -- now required to develop an action plan for returning to a workplace she medically cannot safely enter
- The engineer with a traumatic brain injury who spent three years relearning to speak and manage basic daily tasks -- now assessed as having employment potential by a program contractor who has never met him
- The person with severe bipolar disorder who has been hospitalized four times in the past two years -- now required to attend career planning sessions as a condition of receiving the \$1,740 per month that is the only thing standing between her and homelessness
- The parent with fibromyalgia who manages her condition around her children's school schedule and medical appointments -- now facing a \$722 cut to her earned income exemption that will take away any financial incentive to work the few hours she currently can
- The 28-year-old with a congenital disability who has never been able to work and has tried every supported employment program available -- now being sent back through a process that has already failed him, by a government that has already assessed him as permanently unable to earn a livelihood

The Financial Cost -- To Alberta

The financial argument for ADAP has never been coherently made. The program costs \$41.6 million more to administer than AISH. The employment outcomes -- the supposed rationale for the higher cost -- are not projected in any document the government has released. There is no modelling showing how many AISH recipients will become employed under ADAP, what those employment rates will be, or what the net fiscal impact will be after accounting for the cost of employment programming, service providers, assessments, appeals (such as they exist), and the inevitable health deterioration that will produce increased healthcare costs downstream.

The Constitutional Cost -- To All of Us

When a government imposes a policy that contradicts its own assessment framework, removes the right of appeal, and requires participation in employment programming as a condition of survival income for people it has formally assessed as unable to work -- it is not just making a bad policy decision. It is testing the limits of constitutional tolerance.

Section 7 of the Charter protects security of the person. Section 15 prohibits discrimination based on disability. Section 6 protects the right to pursue a livelihood in any province. All three are engaged by the employment assumption at the heart of ADAP. When a government creates a policy that is logically inconsistent with its own eligibility criteria, the courts are the last line of defense. This document is part of building the record that courts will need.

PART SEVEN -- WHAT YOU CAN DO WITH THIS DOCUMENT

This document is evidence. Use it.

Send it to your MLA and MP.

Every elected representative who receives this document has been formally put on notice that the employment assumption behind ADAP is unsupported by evidence, internally contradictory, and potentially unconstitutional. Keep a record of who you sent it to and when. Request a written response. Their silence is also a record.

Send it to Minister Jason Nixon.

rimbey.rockymountainhouse.sundre@assembly.ab.ca -- The Minister responsible for ADAP should be required to answer the central question of this document: if AISH eligibility requires permanent inability to earn a livelihood, what is the evidence base for the claim that these same people have employment capacity?

Send it to Premier Smith.

premier@gov.ab.ca -- The Premier has publicly defended the ADAP transition as an empowerment initiative. She should be asked to reconcile that framing with the internal contradiction documented here.

Send it to federal representatives.

HUMA@parl.gc.ca and your federal MP. The federal government sent \$200 per month to disabled Albertans through the Canada Disability Benefit. Alberta is clawing it back and redirecting it to fund an employment program premised on a contradiction. Federal legislators should know this.

Share it in every disability community you are part of.

The more people who understand the internal contradiction at the heart of ADAP, the harder it becomes for the government to sustain the framing of this as empowerment. This document is free. Share it without restriction.

Add your story.

The most powerful version of this argument is not statistical. It is personal. If you have tried to work. If you have been through return-to-work programming. If you have a professional background that preceded your disability. If you have already been assessed as permanently unable to work -- your story is the evidence that the employment assumption has always been wrong. Share it. Submit it. Put it on the record.

THE BOTTOM LINE:

The employment assumption behind ADAP is not a policy grounded in evidence. It is a stereotype applied at scale to 79,290 people the government already assessed as permanently unable to work -- at greater cost, with fewer rights, and with no published evidence that it will produce the outcomes it claims to pursue. The question this document asks is simple: who are the workshops really for? The answer the data provides is equally simple: not for the people being sent to them.

The Alberta Disability System Breakdown

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THE WORKSHOPS QUESTION

Who Is ADAP Actually Designed For?

THE CENTRAL QUESTION

*If the government says ADAP is for people who can work --
but AISH requires permanent inability to earn a livelihood --
who, exactly, is ADAP actually designed for?*

This document examines the foundational premise of the Alberta Disability Assistance Program -- and finds it does not survive scrutiny.

83.9%

zero employment income

79,290

being sent to workshops

\$0

employment income for most

WHAT THIS DOCUMENT COVERS

- What ADAP actually requires disabled Albertans to do
- Who is on AISH and what their work history actually shows
- The internal contradiction in the government's own eligibility criteria
- Who is already working -- and what happened to them
- What the research says about disability and employment
- The real cost: human, financial, and constitutional
- What you can do with this information

The Alberta Disability System Breakdown

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PART ONE -- WHAT ADAP ACTUALLY REQUIRES DISABLED ALBERTANS TO DO

When the Government of Alberta describes ADAP, it uses words like empowerment, opportunity, and personalized support. Let us be specific about what the program actually requires.

The ADAP Employment Requirements -- In Plain Language

Personalized Action Plans:

Every ADAP recipient must participate in developing a personalized action plan. This plan is not optional. It is a condition of receiving benefits. The plan is focused on employment goals, skills development, and pathways to work.

Career Planning and Assessment:

Recipients will be required to undergo career planning sessions and employment assessments to identify their employment potential and barriers. This process is administered by government-contracted service providers.

Simulated Worksites:

The ADAP framework includes simulated worksite placements -- structured environments designed to mimic workplace conditions. Recipients are expected to participate in these placements as part of their action plan.

Supported Employment Placements:

Recipients may be placed in supported employment positions -- real or simulated jobs with varying levels of support. Participation is tied to benefit eligibility.

Ongoing Compliance and Reporting:

Recipients must demonstrate ongoing compliance with their action plan. Failure to participate may affect benefit eligibility. The review and enforcement mechanism is administered internally -- there is no independent appeal of these decisions following the elimination of the Citizens Appeal Panel under Bill 12, December 2025.

PAUSE HERE.

Read that list again. These are the requirements being imposed on people whose eligibility for AISH was premised on a formal government finding that they are permanently and substantially limited in their ability to earn a livelihood. The government assessed them as unable to work. Now it is requiring them to attend workshops about how to work. These two things cannot both be true.

PART TWO -- WHO IS ACTUALLY ON AISH

The employment assumption behind ADAP is built on a particular image of who is on AISH. That image does not match the data. Here is who is actually on AISH.

83.9%

of AISH recipients report zero employment income

Government of Alberta Open Data, September 2025

This is not a statistic about laziness or lack of effort. This is a statistic about permanent disability. AISH eligibility requires a formal finding -- by a physician, assessed by the government -- that the applicant is permanently and substantially limited in their ability to earn a livelihood. These are people who have already been through the assessment process. The government already looked at them and said: this person cannot work. And 83.9% of them are not working.

Who They Are -- In Their Own Words

There are people on AISH who have master's degrees. People who had solid careers before becoming unexpectedly disabled. And now she wants to push them into workshops to help them find employment? Does she genuinely believe that someone with a master's degree -- which is more than she has -- would choose to live in poverty if they were able to work?

-- AISH recipient, April 2026

This comment, shared publicly in an AISH community group, received 62 likes and 43 comments within 24 hours. It resonated because it named something that data alone cannot capture: the profound insult of being told you need a workshop by a government that already determined you cannot work.

The Credential Reality

AISH recipients are not a monolith. They include people who:

- Had professional careers -- engineers, teachers, nurses, tradespeople, accountants -- before an injury, illness, or degenerative condition ended their ability to work
- Hold advanced degrees -- bachelors, masters, and doctorates -- and became disabled after completing their education
- Worked for 10, 20, or 30 years before their disability progressed to the point of preventing employment
- Were born with disabilities that prevented them from ever entering the workforce -- not for lack of trying, but because the barriers were insurmountable
- Have tried return-to-work programs before -- some of them multiple times -- and were medically unable to sustain employment
- Are currently managing complex medication regimens, specialist appointments, and unpredictable symptom cycles that make any employment commitment impossible to maintain

The assumption that these people need the government to show them how to find work is not a policy. It is a stereotype. And it is not supported by a single piece of evidence the Government of Alberta has produced.

PART THREE -- THE INTERNAL CONTRADICTION

The Government of Alberta has created a policy framework that contains a fundamental internal contradiction. It cannot be resolved by better communication or a clearer rollout. It is a logical impossibility at the heart of the program.

What AISH Eligibility Actually Requires

THE AISH ELIGIBILITY STANDARD:

To qualify for AISH, an applicant must have a permanent disability that substantially limits their ability to earn a livelihood. The disability must be documented by a physician and assessed by the Government of Alberta. The finding is not that the person is temporarily limited, or limited under current conditions, or limited without support. The finding is that the limitation is PERMANENT.

What ADAP Assumes

THE ADAP EMPLOYMENT PREMISE:

ADAP is built on the premise that recipients have some capacity for employment -- that with the right supports, action plans, career assessments, and workplace simulations, they can move toward financial self-sufficiency through work. This is not stated as a hope. It is built into the structure of the program as a requirement.

The Contradiction -- Side by Side

AISH SAYS:

This person has a permanent disability that substantially limits their ability to earn a livelihood. The limitation is not expected to improve. This person cannot work.

ADAP SAYS:

This person has some capacity for employment. With appropriate supports and a personalized action plan, they can work toward financial self-sufficiency.

Both of these statements apply to the same 79,290 people. They cannot both be true. Either the AISH assessment was wrong -- in which case the government issued years of benefits to people it incorrectly assessed -- or the ADAP employment premise is wrong. There is no third option.

The Government of Alberta has not explained this contradiction. It has not commissioned a new population-level assessment. It has not published the criteria it will use to determine who has employment capacity. It has simply assumed -- without evidence -- that the people it previously assessed as permanently unable to work are now available for employment programming.

The Government's Own Data Refutes Its Own Premise

If ADAP's employment premise were correct -- if these 79,290 people genuinely had latent employment capacity waiting to be unlocked -- we would expect to see some evidence of it in the existing data. We do not.

- 83.9% of AISH recipients report zero employment income (GoA Open Data, September 2025). Under the current earned income exemption of \$1,072 per month, recipients are allowed to work without penalty. Most are not working -- not because they are prohibited, but because they cannot.
- AISH has always permitted employment. The program is not and has never been a prohibition on working. Recipients who can work part-time or occasionally already do. The 83.9% who report zero income have not chosen not to work. They are unable to.
- The assessment process for AISH is not casual. It requires physician documentation and government review. A finding of permanent inability to earn a livelihood is not made lightly and is not expected to reverse.

- No new population-level assessment has been conducted. The government is not transitioning people to ADAP based on new evidence that their employment capacity has changed. It is transitioning them based on a policy decision, not a medical one.

PART FOUR -- WHO IS ALREADY WORKING, AND WHAT HAPPENED TO THEM

16.1 percent of AISH recipients do report some employment income. These are the people the government points to as evidence that employment is possible. They deserve to be looked at more carefully -- because what is happening to them under ADAP is not a reward for working. It is a punishment.

16.1%

of AISH recipients report some employment income

Government of Alberta Open Data, September 2025

What the Earned Income Exemption Change Does to Working Recipients

Under AISH, recipients can earn up to \$1,072 per month before their benefits are reduced. This threshold was designed to allow people with disabilities to supplement their income through whatever work they are able to do -- whether that is a few hours a week, occasional contract work, or part-time employment -- without being penalized.

Effective July 1, 2026, the earned income exemption drops to \$350 per month under ADAP. Every dollar earned above \$350 is clawed back from benefits dollar for dollar.

WHAT THIS MEANS IN PRACTICE:

A recipient who currently works part-time earning \$800 per month -- within the AISH exemption and without penalty -- will face a clawback of \$450 per month under ADAP. Their incentive to work has not been increased. It has been eliminated. The people who are currently working, within the constraints of their disability, are being financially penalized for doing so.

The Work Disincentive Built Into ADAP

An employment program that financially punishes recipients for working is not an employment program. It is an income reduction with an employment label attached. The 16.1% who are already working -- already demonstrating exactly the employment capacity ADAP claims to be developing -- are worse off under ADAP than they were under AISH. If the goal were genuinely to support employment, the earned income exemption would have been maintained or increased, not cut by 67 percent.

The Administrative Cost Reality

The Government of Alberta's own Budget 2026 documents reveal the following:

- AISH administrative cost: \$46.8 million
- ADAP administrative cost: \$88.4 million
- Net increase in administrative cost: \$41.6 million per year

The government is spending \$41.6 million more per year to administer a program that pays recipients \$200 less per month, cuts the employment exemption by \$722 per month, removes independent appeal rights, and sends people with permanent disabilities to employment workshops. The workshops are not free. The service providers running them are being paid. That money is coming from somewhere. It is not coming from improved outcomes for disabled Albertans.

PART FIVE -- WHAT THE RESEARCH ACTUALLY SAYS ABOUT DISABILITY AND EMPLOYMENT

The Government of Alberta's employment assumption is not new. Governments have tried versions of it before. The research on what actually happens when disability programs impose employment requirements is consistent and clear.

Employment requirements do not increase employment rates for people with severe disabilities.

Multiple peer-reviewed studies across Canada, the United Kingdom, and Australia have found that work-first activation programs do not produce sustained employment outcomes for people with serious, permanent, or fluctuating disabilities. The barriers are not attitudinal or motivational. They are structural: employer discrimination, inaccessible workplaces, unpredictable symptoms, and healthcare systems that cannot sustain working disabled people.

They do increase poverty, stress, and health deterioration.

Research consistently shows that imposing employment participation requirements on people with disabilities who cannot sustain work leads to increased financial stress, worsening of mental and physical health symptoms, and higher rates of benefit loss without corresponding employment gains. The net effect is more poverty, not less.

Work-first programs perform worst for the most disabled.

The people least likely to benefit from employment programming are those with the most severe, complex, or unpredictable disabilities -- precisely the population that AISH was designed to serve. Applying an employment-focused framework to this population does not unlock latent capacity. It adds administrative burden and financial penalty to people already managing extraordinary circumstances.

Supported employment works -- but not like this.

There is evidence that voluntary, well-resourced supported employment programs can help some people with disabilities access part-time or flexible work. But those programs work because they are voluntary, individually tailored, and designed around the person's actual capacity. They do not cut income while imposing participation requirements. ADAP is not a supported employment program. It is a compliance program.

The disability community has been here before.

The UK's Work Capability Assessment, Australia's Disability Employment Services reforms, and Ontario's Ontario Works disability stream have all been studied. The findings are remarkably consistent: mandatory employment programming for severely disabled people increases administrative costs, produces minimal employment outcomes, and causes measurable harm to health and wellbeing. Alberta is not innovating. It is repeating documented failures.

PART SIX -- THE REAL COST: HUMAN, FINANCIAL, AND CONSTITUTIONAL

The Human Cost

Behind the statistics are people. Specific, individual people whose lives are shaped by the policy decisions being made in Edmonton. Consider who is actually being sent to these workshops:

- The former nurse with MS who had to stop working when her symptoms became unpredictable and dangerous -- now required to develop an action plan for returning to a workplace she medically cannot safely enter
- The engineer with a traumatic brain injury who spent three years relearning to speak and manage basic daily tasks -- now assessed as having employment potential by a program contractor who has never met him
- The person with severe bipolar disorder who has been hospitalized four times in the past two years -- now required to attend career planning sessions as a condition of receiving the \$1,740 per month that is the only thing standing between her and homelessness
- The parent with fibromyalgia who manages her condition around her children's school schedule and medical appointments -- now facing a \$722 cut to her earned income exemption that will take away any financial incentive to work the few hours she currently can
- The 28-year-old with a congenital disability who has never been able to work and has tried every supported employment program available -- now being sent back through a process that has already failed him, by a government that has already assessed him as permanently unable to earn a livelihood

The Financial Cost -- To Alberta

The financial argument for ADAP has never been coherently made. The program costs \$41.6 million more to administer than AISH. The employment outcomes -- the supposed rationale for the higher cost -- are not projected in any document the government has released. There is no modelling showing how many AISH recipients will become employed under ADAP, what those employment rates will be, or what the net fiscal impact will be after accounting for the cost of employment programming, service providers, assessments, appeals (such as they exist), and the inevitable health deterioration that will produce increased healthcare costs downstream.

The Constitutional Cost -- To All of Us

When a government imposes a policy that contradicts its own assessment framework, removes the right of appeal, and requires participation in employment programming as a condition of survival income for people it has formally assessed as unable to work -- it is not just making a bad policy decision. It is testing the limits of constitutional tolerance.

Section 7 of the Charter protects security of the person. Section 15 prohibits discrimination based on disability. Section 6 protects the right to pursue a livelihood in any province. All three are engaged by the employment assumption at the heart of ADAP. When a government creates a policy that is logically inconsistent with its own eligibility criteria, the courts are the last line of defense. This document is part of building the record that courts will need.

PART SEVEN -- WHAT YOU CAN DO WITH THIS DOCUMENT

This document is evidence. Use it.

Send it to your MLA and MP.

Every elected representative who receives this document has been formally put on notice that the employment assumption behind ADAP is unsupported by evidence, internally contradictory, and potentially unconstitutional. Keep a record of who you sent it to and when. Request a written response. Their silence is also a record.

Send it to Minister Jason Nixon.

rimbey.rockymountainhouse.sundre@assembly.ab.ca -- The Minister responsible for ADAP should be required to answer the central question of this document: if AISH eligibility requires permanent inability to earn a livelihood, what is the evidence base for the claim that these same people have employment capacity?

Send it to Premier Smith.

premier@gov.ab.ca -- The Premier has publicly defended the ADAP transition as an empowerment initiative. She should be asked to reconcile that framing with the internal contradiction documented here.

Send it to federal representatives.

HUMA@parl.gc.ca and your federal MP. The federal government sent \$200 per month to disabled Albertans through the Canada Disability Benefit. Alberta is clawing it back and redirecting it to fund an employment program premised on a contradiction. Federal legislators should know this.

Share it in every disability community you are part of.

The more people who understand the internal contradiction at the heart of ADAP, the harder it becomes for the government to sustain the framing of this as empowerment. This document is free. Share it without restriction.

Add your story.

The most powerful version of this argument is not statistical. It is personal. If you have tried to work. If you have been through return-to-work programming. If you have a professional background that preceded your disability. If you have already been assessed as permanently unable to work -- your story is the evidence that the employment assumption has always been wrong. Share it. Submit it. Put it on the record.

THE BOTTOM LINE:

The employment assumption behind ADAP is not a policy grounded in evidence. It is a stereotype applied at scale to 79,290 people the government already assessed as permanently unable to work -- at greater cost, with fewer rights, and with no published evidence that it will produce the outcomes it claims to pursue. The question this document asks is simple: who are the workshops really for? The answer the data provides is equally simple: not for the people being sent to them.

The Alberta Disability System Breakdown

AlbertaDisabilityBreakdown@outlook.com

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THE ALBERTA DISABILITY SYSTEM BREAKDOWN

THE GOVERNMENT'S CASE AGAINST ITSELF

What their own numbers show — no advocacy required

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You don't need to trust advocates, politicians, or anyone with an agenda. You only need to read what the government published. Every item below is sourced from government legislation, open data, budget documents, letters, and administrative records. Source codes refer to the Source Index at the end of this document.

Here is what their own data shows.

ON WHO ADAP IS ACTUALLY FOR

The Law Doesn't Say What the Government Claims It Says



The government says ADAP is for people who "can work." But the law that approved 79,290 people for AISH says they qualify because of a "**substantial limitation**" in their ability to earn a living — not because they "completely cannot work." That legal distinction doesn't exist in the AISH Act. It was invented for the transition. Worse: the AISH Policy Manual already required clients to seek employment, retain work they can reasonably hold, and use available training. The employment framework was already there. What ADAP adds is a \$200/month cut, a lower exemption, no inflation protection, and no appeal rights.

Sources: S1, S2, S7, S17

ON THE EARNINGS EXEMPTION

The Government Is Comparing the Wrong Numbers

The government calls \$700/month a generous earnings exemption. The **current** exemption is \$1,072/month. That makes ADAP's exemption a cut of **\$372/month** from what recipients have today.

A University of Calgary economist analyzed the government's own Case Study 1 from the ADAP Discussion Guide — the example the government used to show ADAP is better — and found that recipient would have \$164/month LESS on ADAP. The government's own example is wrong.

For single parents — 6.8% of the caseload, almost entirely women — the exemption drops from \$2,612/month to \$525/month: an **80% reduction**. You don't become financially equivalent to current AISH until you're earning over \$2,114/month — about 33 hours a week at minimum wage, sustained, without health interruptions.

Sources: S8, S9, S17, S20, S30, S33

ON WHETHER THIS IS ABOUT MONEY

Four Surpluses. Five Point Six Billion Deposited. Then the Cuts.



The Heritage Fund grew five times more than the total three-year AISH cut in a single quarter. Reversing every major cut — the CDB clawback, the benefit cut, the housing rent increase — would cost approximately **\$260 million per year**. The Heritage Fund earned approximately **\$2.6 billion** last year. Protecting every disabled Albertan from every cut costs roughly **10% of one year's Heritage Fund returns**. The fund would still grow.

The Heritage Savings Trust Fund Act, 1976 lists as a founding objective: "to improve the quality of life of Albertans." That objective is still in the legislation. The government is growing the fund and cutting the people the fund was created to protect.

Sources: S4, S11, S13, S14, S15, S16, S25, S26, S27, S28

ON APPEAL RIGHTS

The Government's Own Data: 1 in 3 Decisions Were Wrong

The Citizens Appeal Panel — the independent body that reviewed AISH decisions — overturned or changed **37% of all decisions reviewed** across four fiscal years, 19 consecutive quarters. That's 1,218 decisions found to be wrong out of 3,218 hearings. This data is from the Alberta Government's own Open Data portal.

Bill 12, passed December 9, 2025, eliminated this panel for the single most consequential decision in the new system — which program you're placed on. The government didn't fix the error rate. **It removed the mechanism that was catching the errors.**

Sources: S3, S18

ON THE PRIOR FINDING

79,290 Formal Findings. Reversed. Without New Evidence.

Every person on AISH was formally approved through a government adjudication process. The finding: **permanent disability substantially preventing employment**. No new medical evidence has emerged. No accuracy review was conducted. The government has not explained what changed.

In administrative law, the burden of proof to reverse a formal finding lies with the party seeking reversal — not the person the finding protects. The government has flipped this. Recipients must now re-prove what was already proven, with no explanation, no new evidence, and no independent check on the result.

Sources: S1, S2, S3, S7, S17, S19

ON THE PROMISES

Every Promised Support Is Contradicted by Documented Reality

PROMISE	DOCUMENTED REALITY
Child care supports to enable employment	FSCD: 3-year average wait. Official auto-reply: "we cannot provide any timelines at this time."
Mental health wraparound supports	5.5% mental health budget vs. 12% recommended. Psychiatry wait: 6-18 months.
Personalized case management	Individual caseworkers eliminated 2024-25. Caseloads up to 200 per worker vs. recommended 90-
\$185M 'unprecedented' investment	$\$185M \div 79,000 \text{ people} = \$2,334 \text{ each}$. Heritage Fund earned \$2.6B in the same year.

Sources: S13, S14, S31, S32, S34, S37, S38

ON WHAT MINISTER NIXON ACTUALLY SAID

A Regression Requirement, Not a Reassessment Pathway

"If their medical condition progresses to the point that they are unable to work, they can apply for the AISH program."

— Minister Jason Nixon, letter to Genevieve Bissonette, April 3, 2026

These words were written about people who were **already formally found to be unable to work**. The government is telling people with permanent disabilities they must first get worse before it will recognize what it already documented.

This is not a reassessment pathway. It is a regression requirement.

Sources: S10

None of this requires you to trust anyone. Every item is sourced from government legislation, open data, budget documents, administrative records, and ministerial correspondence. The documents are in the group files. Share them. Send them to your MLA. Source codes throughout this document refer to the Source Index on the following pages.

The Ministerial Order that sets the clawback rules has still not been published — 76 days before transition. The Alberta Disability System Breakdown facebook.com/share/g/1CrU5PfHha/

SOURCE INDEX

All sources are primary or publicly verifiable. No data has been altered, estimated, or extrapolated.

LEGISLATION & REGULATION

- S1** AISH Act, SA 2006, c A-45.1 (as amended). canlii.org/en/ab/laws/stat/sa-2006-c-a-45.1
- S2** AISH General Regulation, Alta Reg 91/2007. canlii.ca/t/56n41
- S3** An Act to Strengthen Financial Security for Persons with Disabilities (Bill 12), SA 2025. Passed Alberta Legislature December 9, 2025.
- S4** Alberta Heritage Savings Trust Fund Act, 1976. Founding objectives: save for the future; strengthen the economy; improve the quality of life of Albertans.
- S5** Canadian Charter of Rights and Freedoms, s 15. laws-lois.justice.gc.ca/eng/const/page-15.html
- S6** Applications and Appeals (Ministerial) Regulation — AISH program.

GOVERNMENT POLICY DOCUMENTS & PROGRAM MATERIALS

- S7** Government of Alberta — AISH Policy Manual (updated Feb 10, 2026). Eligibility criteria; medical standards; employment obligations; appeal rights.
- S8** Government of Alberta — ADAP Program Page. alberta.ca/alberta-disability-assistance-program. Benefit amounts, transition structure, employment exemption, July 2026 launch.
- S9** Government of Alberta — ADAP Discussion Guide, August 2025. Case Study 1 employment income analysis.
- S10** Minister Jason Nixon — Letter to Genevieve Bissonette. April 3, 2026. Ministerial Order 'later this spring'; 'if their medical condition progresses' language; automatic AISH retention criteria.

GOVERNMENT BUDGET & FISCAL DATA

- S11** Government of Alberta — Budget 2025. AISH funding 2025-26: \$1.641 billion, decrease of \$49 million. alberta.ca/budget
- S12** Government of Alberta — Budget 2026. ADAP admin cost 2026-27: \$88.4 million (up from \$46.8 million). FACTSMTR Substack analysis, February 28, 2026.
- S13** Alberta Heritage Savings Trust Fund — Q3 2025-26 Report. Fund fair value: \$31.9 billion as of December 31, 2025. Q3 growth: \$383 million. Fiscal year-to-date return: 7.7%. alberta.ca/heritage-savings-trust-fund
- S14** Standing Committee on the Alberta Heritage Savings Trust Fund — 2024-25 Annual Report. Market value \$27.2 billion as of March 31, 2025. Five-year annualized return: 9.6%. assembly.ab.ca
- S15** Fraser Institute — 'Alberta government's new budget officially puts a halt to Heritage Fund deposits.' February 26, 2026. Documents \$5.6B total contributions 2022-23 to 2025-26.
- S16** FACTSMTR Substack — 'Alberta Budget 2026: Testing the \$9.4B Claim.' February 28, 2026. ADAP admin overhead \$22M; income tax cut cost \$1.2B/year; deficit projections.

GOVERNMENT OPEN DATA

- S17** Alberta Assisted Living and Social Services — AISH Caseload Open Data, September 2025. open.alberta.ca/opendata/assured-income-for-the-severely-handicapped-aish-caseload-alberta. 79,290 recipients; 83.9% zero employment income; 16,161 CPP-D recipients; primary condition breakdown; 5,426 single parents.
- S18** Alberta Assisted Living and Social Services — Appeals Overview Dataset, 2025-26 Q3. open.alberta.ca. 19 consecutive quarters of Citizens Appeal Panel outcomes. 37% overall overturn rate across 3,218 panel hearings.

JUDICIAL AUTHORITY

- S19** Baker v Canada (Minister of Citizenship and Immigration), [1999] 2 SCR 817. Duty of procedural fairness; content calibrated to significance of decision. canlii.ca

INDEPENDENT RESEARCH & ACADEMIC SOURCES

- S20** Gillian Petit, University of Calgary — ADAP earnings analysis. Cited in CBC News, August 21, 2025, and Inclusion Alberta documents. \$2,114/month threshold; Case Study 1 analysis showing \$164/month shortfall.
- S21** Dalhousie University — Canada's Food Price Report 2026. dal.ca/sites/agri-food/research. Food prices 27% above five-year levels; 4-6% projected 2026 increase.
- S22** Government of Canada — Disability Advisory Committee, 2024. 24% DTC online application completion rate finding.
- S23** End Homelessness Edmonton — Calgary Housing First program evaluation. endhomelessnessyeg.ca. \$55,000/year homeless vs. \$21,000/year housed.
- S24** Alaska Permanent Fund Corporation — 2024 Annual Report. 2024 resident dividend: US\$1,702/person. Fund value approximately US\$87 billion.

NEWS & JOURNALISM

- S25** CBC News — 'Alberta posts surplus of \$8.3B in 2024-25 fiscal year.' June 27, 2025.
- S26** CBC News — 'Alberta ends fiscal year with \$4.3B surplus.' June 27, 2024.
- S27** CBC News — 'Alberta Heritage Fund hits \$30B after \$2.8B injection from surplus.' Johnson, L. July 18, 2025.
- S28** Rocky Mountain News — 'Alberta budget 2025 cuts AISH funding by \$49-million.' February 2025.
- S29** CBC News — 'Advocates push back on Danielle Smith's comment that people are moving to Alberta for social programs.' March 6-7, 2026.
- S30** CBC News — ADAP earnings analysis / Gillian Petit commentary. August 21, 2025.
- S31** St. Albert Gazette / Rocky Mountain News — 'AISH changes will help, not harm: Nixon.' September 8, 2025. '\$185 million' employment investment quote.
- S32** Alberta Doctors' Digest — 'Pushing back against changes that make life harder for disabled Albertans.' November/December 2025. 47% increase in ED psychiatric visits.

ADVOCACY ORGANIZATION SOURCES

- S33** Inclusion Alberta — 'ADAP: The Facts and How to Take Action.' October and December 2025. inclusionalberta.org. Employment exemption analysis; AISH exemption cut from \$1,072 to \$350; spousal exemption cut; transition structure.
- S34** Inclusion Alberta — FSCD Survey, January 2025. 3-year average FSCD wait; caseworker caseloads; 85% still without caseworker after partial services begin.
- S35** Friends of Medicare — 'More Cuts for People on AISH.' September 2025. friendsofmedicare.org
- S36** Alberta Human Rights Commission — Duty to Accommodate guidance. albertahumanrights.ab.ca

GOVERNMENT AUDIT & ACCOUNTABILITY

- S37** Alberta Auditor General Report on FSCD, 2022. Findings: inadequate caseworker training, ineffective oversight, families not receiving eligible supports.
- S38** FSCD auto-reply email — 'There are currently delays in caseworker assignment, and we cannot provide any timelines at this time.' Posted publicly by Hold My Hand Alberta co-founder Sarah Doll, 2024.

HOUSING DATA

- S39** Urbanation/Rentals.ca — National Rent Report, June 2024. Alberta 17.5% year-over-year rent increase — largest in Canada.
- S40** CMHC / Great West Media — Alberta rent data, December 2024. Half of 75 municipalities surveyed reported 10%+ increases; one municipality 37%.
- S41** Province of British Columbia Residential Tenancy Branch; Ontario Ministry of Municipal Affairs; SOSCIP, January 2025. Provincial rent cap comparison data.

This source index covers all citations appearing in this document. Claim-level source references are indicated in the body text by category. Full primary source documents are available in the Alberta Disability System Breakdown project files and have been submitted as part of the fourteen-part evidentiary report series to provincial and federal officials and the UN Special Rapporteur on the Rights of Persons with Disabilities.

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ADDENDUM — FSCD/PDD CONFIRMED CLOSURES

FSCD / PDD Crisis — Confirmed Closures

Real-Time Confirmation of Advocacy Organization Closures During AISH/ADAP Transition Period

A follow-up addendum to the FSCD/PDD Crisis Report — confirming with primary-source documentation that the predicted advocacy organization closures have occurred, on the predicted timeline, with the predicted impact.

The Alberta Disability System Breakdown — April 2026 Report Series | Addendum, April 6, 2026

This is not a new claim. This is confirmation with a date.

The FSCD/PDD Crisis Report documented that three advocacy organizations serving families with disabilities lost provincial funding in March 2026 — with contracts ended twelve months early. This addendum confirms one of those closures through public documentation, with a name, a date, and a direct statement from the organization itself.

SECTION 1: CONFIRMED CLOSURE — PRIMARY SOURCE

Family Resource Centre of Central Alberta — Closed April 1, 2026

The Family Resource Centre of Central Alberta, operated by EPSS, posted the following public statement on April 1, 2026:

“As of 01 Apr 2026, EPSS will not be operating the Family Resource Centre of Central Alberta. All FRC supports are now provided by easterseals.ab.ca... It has been our distinct pleasure to serve Central Alberta’s families for the past 5 years. We will leave this page up for a few days and then we will be deleting this Facebook page.”

— Family Resource Centre of Central Alberta Facebook page, April 1, 2026 (Primary source: public post)

Key documented facts from this closure:

- Organization served Central Alberta’s families with disabilities for five years.
- Closure effective April 1, 2026 — the same date identified in the original FSCD/PDD Crisis Report as the period when provincial advocacy funding ended.
- Families were redirected to Easter Seals Alberta — a separate organization with its own waitlists, intake processes, and service capacity constraints.

- The Facebook page itself was deleted shortly after — removing the public record of five years of service.
- No provincial announcement accompanied the closure. Families learned through a social media post.

SECTION 2: COMMUNITY RESPONSE — DOCUMENTED

The following response was posted publicly by a community member in the AISH Related Community (The ARC) Facebook group on the same date:

“Looks like the UCP government has cut funding again for another agency that gave support and hope to families with children/adults with disabilities. They were a service that helped us and so many others. I feel sorry for that person who made that decision. Obviously they lack compassion and empathy.”

— Betty Smith, AISH Related Community (The ARC), April 6, 2026

This response is significant not as anecdote but as community documentation. It confirms that affected families identified the closure immediately as a government funding decision, not an organizational one — and that the loss was felt directly by those who had relied on the service.

SECTION 3: WHY THE TIMING IS NOT COINCIDENTAL

The FSCD/PDD Crisis Report documented the following finding:

Advocacy organizations serving PDD families lost funding in March 2026 — contracts ended twelve months early. The timing — during the highest-urgency period for AISH/ADAP transition navigation — is not coincidental to the families affected. — FSCD/PDD Crisis Report, Alberta Disability System Breakdown, April 2026

The closure of the Family Resource Centre of Central Alberta on April 1, 2026 confirms this finding with a specific organization, a specific date, and a specific community impact. The pattern the report identified is now documented with primary source evidence:

- **July 1, 2026:** AISH-to-ADAP mandatory transition date — 79,000 recipients require navigation support.
- **December 9, 2025:** Bill 12 passed — independent appeal rights removed.
- **March / April 2026:** Provincial funding cut to advocacy organizations — navigation support removed.
- **Result:** The families who most need help navigating the transition have lost the organizations that would have helped them do it.

*Removing advocacy organizations during the highest-urgency period of a major program transition is not a budget coincidence. **It is a documented pattern.***

SECTION 4: WHAT THIS ADDENDUM ADDS TO THE RECORD

ELEMENT	DETAIL
Organization named	Family Resource Centre of Central Alberta (operated by EPSS)
Closure date	April 1, 2026 — confirmed by organization's own public statement
Years of service	Five years serving Central Alberta families with disabilities
Community served	Families with children and adults with disabilities — FSCD/FMS clients
Source type	Primary — organization's own Facebook post
Government announcement	None — closure was disclosed only by the organization itself
Pattern confirmation	Aligns with FSCD/PDD Crisis Report finding (April 2026) regarding advocacy funding cuts in the transition window
Community recognition	Members of disability-affected community immediately identified the closure as a funding decision

WHAT THIS MEANS FOR THE BROADER REPORT SERIES

This addendum demonstrates that the patterns documented in the Alberta Disability System Breakdown report series are not predictive — they are observable in real time. The closures are happening. The timing is documented. The community is responding. The findings of the original report are being confirmed by the unfolding events themselves.

The closure of one organization is not, on its own, the central finding. The central finding is that the pattern this report series identified — the simultaneous removal of supports while a major transition is in progress — is now visible to anyone with a Facebook account and a calendar.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026
 albertadisabilitybreakdown@outlook.com
 Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

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ADDENDUM — GOVERNMENT JOB POSTINGS

Government Job Postings

Primary Source Evidence: The ADAP Transition Required Planned Staffing Investment

A follow-up addendum documenting the two Government of Alberta job postings created to administer the AISH-to-ADAP transition — confirming that the “fiscal necessity” framing is contradicted by the government’s own hiring activity.

The Alberta Disability System Breakdown — April 2026 Report Series | Addendum, April 6, 2026

The government cut \$49 million from disability income while simultaneously budgeting for new assessor and supervisor salaries to administer the transition that produces those cuts. Both postings closed the day before this addendum was written. Both are sourced from the Government of Alberta’s own job posting system.

On March 24 and March 30, 2026 — while publicly framing the AISH-to-ADAP transition as a fiscal necessity — the Government of Alberta posted two positions to process that transition. Both postings closed April 7, 2026. Both are sourced directly from the Government of Alberta’s own job posting system.

These postings constitute primary source evidence that the ADAP transition required planned and budgeted staffing investment — and that the “fiscal necessity” framing is directly contradicted by the government’s own hiring activity.

SECTION 1: POSTING 1 — PROGRAM ELIGIBILITY ASSESSOR

DETAIL	CONTENT
Job Title	Program Eligibility Assessor
Job Requisition ID	81644
Ministry	Assisted Living and Social Services
Posted	March 30, 2026
Closing Date	April 7, 2026
Location	Remote Work — anywhere in the province
Hours	36.25 hours per week, Full Time

DETAIL	CONTENT
Type	Permanent and Temporary
Salary	\$2,297.14 to \$2,989.82 bi-weekly (\$59,955–\$78,034/year)
Classification	Program Services 1
Minimum Qualification	Two-year diploma in a related field; no experience required
Source	jobpostings.alberta.ca — Job Requisition ID 81644

Role as described in the posting:

“The Program Eligibility Assessor conducts a detailed, in-depth review of the applicant’s income and assets to determine if financial eligibility for the AISH program is met. Eligibility decisions must follow acceptable practices and guidelines as defined by program and operational policy, procedures and align with legislations.”

This position requires knowledge of:

- The AISH Act, the AISH General Regulation, and the Applications and Appeals (Ministerial) Regulation.
- Government programs including Alberta Supports, Alberta Aids to Daily Living, PDD, and Canada Disability Benefits.
- Investment types including RRSPs, RDSPs, annuities, LIRA.
- Computer programs including LISA, CCD, TOI, AIMS, and Microsoft 365.

The posting explicitly notes: *“Preference will be given to applicants who have experience with Income Support or AISH programs.”*

*This is not a position that existed before the ADAP transition was designed. **It is a position created to process the 79,000 reassessments the transition requires.** The government eliminated individual caseworkers — who knew their clients’ files — and is now hiring remote assessors with no required experience to make eligibility determinations for the same population.*

SECTION 2: POSTING 2 — AISH SUPERVISOR

DETAIL	CONTENT
Job Title	AISH Supervisor
Job Requisition ID	81219
Ministry	Assisted Living and Social Services
Posted	March 24, 2026
Closing Date	April 7, 2026
Location	Central Region (Wetaskiwin, Camrose, Lloydminster, Rocky Mountain House, Drayton Valley, Drumheller, Red Deer)
Hours	36.25 hours per week, Full Time
Type	Temporary — until November 30, 2026
Salary	\$2,912.95 to \$3,765.16 bi-weekly (\$76,027–\$98,270/year)
Classification	Human Services Worker 6
Minimum Qualification	University graduation in Social Work plus one year related experience
Source	jobpostings.alberta.ca — Job Requisition ID 81219

The AISH Supervisor position is temporary until November 30, 2026. The ADAP transition is July 1, 2026. **This position was created specifically to supervise the transition processing period and expires once the bulk of reassessments are complete.** The government is paying \$76,000–\$98,270/year for a temporary supervisory position to oversee the reassessment of 79,000 people who have no independent right of appeal.

Role as described in the posting:

“As the Supervisor, you will maintain overall responsibility for the delivery of the AISH program. You will provide leadership, direction, guidance, and consultation to a team of AISH Generalists to ensure that program benefits, information, problem resolution, and inquiry services are delivered to Albertans in accordance with departmental policies, procedures, accepted practices, and applicable legislation.”

SECTION 3: WHAT THESE POSTINGS DOCUMENT

GOVERNMENT CLAIM	WHAT THE JOB POSTINGS CONFIRM
<p>The caseworker elimination was a cost-saving measure</p>	<p>The government is now hiring remote eligibility assessors at \$59K–\$78K/year to perform the same eligibility work. Individual caseworkers were replaced by a call centre model — then new assessors were hired to process the transition the call centre cannot handle.</p>
<p>The ADAP transition is a fiscal necessity — resources are constrained</p>	<p>The government budgeted for two new staffing streams to administer the transition: assessors (permanent and temporary) and a supervisor (temporary, \$76K–\$98K/year). The transition requires staffing investment. That investment was planned and approved.</p>
<p>The July 1, 2026 transition date is operationally ready</p>	<p>Both postings closed April 7, 2026 — less than 85 days before the mandatory transition date. The government is still hiring the staff who will process 79,000 reassessments with 85 days to go. Regulations have not yet been published in plain language. The Medical Review Panel has not been publicly constituted.</p>
<p>The ADAP transition protects recipients</p>	<p>The Program Eligibility Assessor position requires a two-year diploma with no experience required. The people making eligibility determinations that cannot be appealed are not required to have prior experience with the population they are assessing.</p>
<p>The AISH program has sufficient staffing capacity</p>	<p>A temporary AISH Supervisor position was posted to Central Region only — covering seven communities. The position is temporary until November 30, 2026. No equivalent permanent capacity increase has been announced.</p>

SECTION 4: THE PRIOR FINDING IMPLICATION

The Program Eligibility Assessor posting states that the role is responsible for “*determining initial financial eligibility for the Albertans applying to the Assured Income for the Severely Handicapped (AISH) program.*”

This confirms that AISH recipients transitioning to ADAP who wish to remain on AISH must reapply — and their application will be assessed by a person who may have no prior experience with the AISH population, no knowledge of their file history, and no access to the decade of documentation that supported their original eligibility determination.

The Prior Finding Report (also part of this April 2026 series) documents that 79,290 formal disability findings are being reversed without new evidence. These job postings confirm that the reassessment of those findings will be conducted by newly hired staff, under a temporary supervisor, with no guaranteed experience with the population being reassessed — and with no independent appeal available to challenge the result.

SECTION 5: THE TAXPAYER IMPLICATION

The Taxpayer / Heritage Fund Report (also part of this series) documents that the net saving from the AISH cuts before downstream costs is approximately \$27 million — while the Heritage Fund grew \$383 million in a single quarter.

These job postings add a new layer to that analysis. The transition is not cost-free to administer. Assessor salaries at \$59K–\$78K/year, supervisor salaries at \$76K–\$98K/year, call centre infrastructure, and the downstream costs of transition-induced homelessness, healthcare crises, and emergency services must all be counted against the stated saving.

*The government has not published a full cost-benefit analysis of the ADAP transition that includes administrative implementation costs. **These job postings are the first documented evidence of what those costs include.***

Cross-references: *Taxpayer / Heritage Fund Report (Document 8) | Prior Finding Report (Document 10) | The campaign's federal submission to HUMA, April 2026.*

Sources: *Government of Alberta Job Postings — Requisition IDs 81644 and 81219 — jobpostings.alberta.ca. Free to share.*

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

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ADDENDUM — COALITION AND UN CRPD

Coalition and UN CRPD Addendum

UN Concluding Observations · Municipal Coalition · Budget Cost Doubling

A documented record of the international, municipal, and budgetary evidence now formally on the table — confirming that opposition to Alberta’s ADAP transition is not a community grievance but a coalition position grounded in UN findings, elected municipal motions, and the province’s own budget figures.

The Alberta Disability System Breakdown — April 2026 Report Series | Addendum, April 6, 2026

The UN Committee instructed Canada in March 2025 to condition fiscal transfers on CRPD compliance. Bill 12 passed nine months later. The ADAP transition is the documented consequence of inaction on that instruction. Multiple Alberta municipalities are now formally on record opposing it — and the province’s own budget shows it costs \$41.6 million more to administer than the existing system.

SECTION 1: UN CRPD CONCLUDING OBSERVATIONS — MARCH 26, 2025

On March 26, 2025 — nine months before Bill 12 passed — the United Nations Committee on the Rights of Persons with Disabilities released its Concluding Observations on Canada’s implementation of the CRPD. The review involved 53 disability organizations, 14 of which travelled to Geneva to present in person. The UN Committee’s recommendations are directly relevant to Alberta’s ADAP transition.

The UN Committee’s Recommendation on Provincial Compliance

“Canada should establish legally defined mechanisms ensuring compliance with the CRPD by all provinces and territories, and condition fiscal transfers from the Federal level to provinces and territories on their adherence to the CRPD.” — UN Committee on the Rights of Persons with Disabilities, Concluding Observations on Canada, March 26, 2025

This is not a new advocacy position. The UN Committee recommended it to Canada fourteen months ago. Alberta’s Bill 12 passed in December 2025 — nine months after this recommendation was made. Canada has had the UN’s instruction to condition fiscal transfers on CRPD compliance since March 2025. It has not acted on it. Alberta’s Bill 12 is the direct and documented consequence of that inaction.

The campaign’s federal submission to HUMA (April 2026) calls on the federal government to condition disability transfer payments on non-clawback compliance. This is now doubly grounded: in Canada’s own legislative framework and in the UN’s formal published recommendation to Canada.

Key CRPD Articles Engaged by Alberta's ADAP Transition

CRPD ARTICLE	CONFIRMED ENGAGEMENT
Article 12 — Equal Recognition Before the Law	79,290 formal findings of permanent disability reversed without new evidence, individual process, or explanation. Canada's own ratification commits it to protecting legal capacity for persons with disabilities. Bill 12 reverses that protection.
Article 13 — Access to Justice	Bill 12 removed the independent Citizens Appeal Panel. The Medical Review Panel's decisions are final. Canada ratified CRPD Article 13 — access to justice for persons with disabilities. Alberta has legislated it away.
Article 19 — Independent Living	Stacked losses — CDB clawback (\$200/month), community housing rent increase (\$221/month), ADAP benefit reduction (\$200/month from January 2028) — total \$621/month. Independent living is not structurally possible at \$1,319/month before any expense.
Article 28 — Adequate Standard of Living	Canada committed under Article 28 to ensure an adequate standard of living for persons with disabilities. AISH already does not cover rent in Alberta. ADAP makes it worse. The UN Committee made this finding explicit in March 2025.

SECTION 2: THE MUNICIPAL COALITION — DOCUMENTED AS OF APRIL 6, 2026

Multiple Alberta municipalities have formally entered this fight. Each has passed or introduced a motion calling on the Government of Alberta to pause the ADAP transition and conduct meaningful consultation.

This is not community advocacy. This is elected municipal governments formally placing themselves on record in opposition to a provincial policy — and citing the downloading of costs onto their own property tax base as a direct municipal concern.

MUNICIPALITY	ACTION TAKEN — STATUS AND KEY DETAILS
<p>City of Edmonton — Mayor Andrew Knack</p>	<p>Motion passed unanimously. Mayor Knack sent a formal letter to Minister Nixon warning of “<i>significant fear and anxiety within the community regarding the potential social and economic impacts.</i>” Three asks: pause the transition, continue consultation with persons with disabilities and community partners, publicly report on projected social and economic impacts. <i>Source: Future of Good, March 2026.</i></p>
<p>City of Lethbridge — Councillor Belinda Crowson</p>	<p>Motion passed unanimously. Council chambers were standing room only. Councillor Crowson stated the community expressed “<i>a lot of fear</i>” — distinct from anger. Concerns centred on lack of definition, no right to appeal, and no meaningful consultation. Council chambers erupted in applause following the vote. <i>Source: Lethbridge Herald, February 25, 2026.</i></p>
<p>City of Red Deer — Councillor Cassandra Curtis</p>	<p>Notice of Motion tabled March 24, 2026. Scheduled to return to council April 15, 2026 for vote. Asks Mayor Cindy Jefferies to formally lobby the province to pause AISH/ADAP changes and undertake meaningful, accessible consultation including medical professionals. <i>Source: RD News Now, March 24, 2026.</i></p>
<p>Town of Claresholm</p>	<p>Solidarity motion passed. Confirmed by disability advocate Zachary Weeks. <i>Source: Future of Good, March 2026.</i></p>
<p>City of Camrose</p>	<p>Solidarity motion confirmed. <i>Source: Zachary Weeks, Future of Good, March 2026.</i></p>
<p>City of Calgary — Mayor Jeromy Farkas</p>	<p>Councillor Keren Tang (Edmonton) confirmed she has spoken with colleagues in Medicine Hat, Calgary and elsewhere. Calgary’s Advisory Committee on Accessibility is active. Mayor Farkas contact: calgary.ca/council/mayor/contact.html — coalition outreach recommended. <i>Source: Future of Good, March 2026.</i></p>
<p>City of Medicine Hat</p>	<p>Discussions confirmed. <i>Source: Councillor Tang, Future of Good, March 2026.</i></p>

Why Municipalities Are Involved — The Downloading Argument

“While municipalities can provide some support to low-income households, social assistance programs are generally outside the scope of municipal governments. When programs change, people may turn to the municipality for additional support. Our funding is extremely constrained through property taxes, and typically income support is not something in our realm. So we’re very concerned about the downloading effect of this policy change onto municipalities.” — Councillor Keren Tang, City of Edmonton, March 2026

This is the municipal argument in its clearest form: the province is cutting income support and the resulting homelessness, crisis services, and emergency healthcare will land on city budgets funded by property taxes. This is not a welfare argument. It is a fiscal transfer argument. Municipalities are formally documenting that they expect to absorb the downstream costs of the ADAP transition — costs that do not appear in the province’s stated savings calculation.

Coalition Contact Directory — For Direct Outreach

CONTACT	DETAILS
Mayor Andrew Knack — Edmonton	mayor@edmonton.ca — Formal letter to Nixon on record. Receptive.
Councillor Keren Tang — Edmonton Ward Karhiio	Most active municipal voice. Tabled the Edmonton motion. Accessibility Advisory Committee rep.
Mayor Blaine Hyggen — Lethbridge	Motion passed unanimously under his council.
Councillor Belinda Crowson — Lethbridge	Introduced the Lethbridge motion. Direct contact for coalition coordination.
Mayor Jeromy Farkas — Calgary	calgary.ca/council/mayor/contact.html — Coalition outreach priority. City not yet on formal record.
Councillor Cassandra Curtis — Red Deer	Introduced Notice of Motion March 24. Vote scheduled April 15.
Zachary Weeks — Disability Advocate	Vice-Chair, Edmonton Accessibility Advisory Committee. zacharyweeks.ca — Confirmed Camrose and Claresholm solidarity.

SECTION 3: THE GOVERNMENT’S OWN BUDGET CONFIRMS THE TRANSITION COSTS \$41.6 MILLION MORE TO ADMINISTER

The Government of Alberta’s own Budget 2026 documents confirm that the cost of program planning and delivery for disability income assistance has nearly doubled as a direct result of the ADAP transition rollout.

BUDGET LINE	AMOUNT
Program planning and delivery — disability income assistance (2025–26)	\$46.8 million
Program planning and delivery — disability income assistance (2026–27)	\$88.4 million
Year-over-year increase	\$41.6 million — an 89% increase
Stated AISH budget cut (2025–26)	\$49 million
Net saving before administrative costs	Approximately \$7 million

Source: Government of Alberta Budget 2026 documents; Medicine Hat News, March 11, 2026.

The government is spending \$41.6 million more to administer the ADAP transition than it spent running AISH. The transition costs nearly as much to implement as the benefit cut is projected to save — before any downstream costs are counted.

This budget figure does not include:

- Downstream costs of transition-induced homelessness absorbed by municipalities.
- Emergency healthcare and crisis intervention costs for recipients destabilized by income reduction.
- Legal costs of human rights complaints and any future litigation.
- The cost of medical assessments the government has committed to covering for the transition.
- The administrative salary costs documented in the Program Eligibility Assessor and AISH Supervisor job postings (Addendum, April 6, 2026).

THE GOVERNMENT’S OWN BUDGET DOCUMENTS SHOW THE TRANSITION COSTS \$41.6 MILLION MORE TO ADMINISTER THAN THE EXISTING SYSTEM. *The “fiscal necessity” framing is contradicted by the government’s own numbers.*

This finding belongs in any submission to the Standing Committee on Human Resources, Skills and Social Development, to the Canadian Human Rights Commission, and to the Alberta Ombudsman. The fiscal

justification for a transition that removes independent appeal rights from 79,000 people with permanent disabilities does not survive contact with the government's own budget documents.

Sources: *ARCH Disability Law Centre | Future of Good | Lethbridge Herald | RD News Now | Medicine Hat News | UN OHCHR | Government of Alberta Budget 2026.*

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

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COMMUNITY CAMPAIGN KIT

Community Campaign Kit

Email Templates · Rollout Sequence · Target Guide

How to make seven documents land like a campaign instead of a blast — without flooding inboxes, without spamming, and without losing your own voice in a form letter.

The Alberta Disability System Breakdown — April 2026 Report Series

Don't flood. Cascade. 300 personal emails beat 3,000 identical ones. This kit gives you the structure. You supply your own two sentences. That's the difference between spam and constituent pressure.

PART 1: THE STRATEGY — WHY THIS WORKS

What has been built here is not a petition. It is not a form letter campaign. It is **evidence architecture** — sourced, verified documents that map the complete collapse of Alberta's disability support system. The goal is not noise. The goal is making it impossible for decision-makers to claim they didn't know.

The way to deploy this is in waves — not a single blast. Here is why:

- A government inbox that receives 1,000 identical emails in one day flags them as spam and routes them to a folder nobody reads.
- A government inbox that receives 300 different personal emails over four weeks, each attaching a different document, is logged individually, tracked, and reported upward to the minister's office.
- Media that receives the same documents from 50 people on the same day treats it as a press release. Media that receives a steady stream of constituent stories, each with a different document attached, treats it as a beat.
- An MLA who gets one email and doesn't respond gets asked about it again the following week when the next wave comes. Then again the week after. Repeated contact with escalating documentation is what produces written responses.

THE CORE PRINCIPLE: *Every email from you should be slightly different from every other email. Your two sentences about your own situation make it different. That is enough. The structure and the documents are the same. **Your life is not.***

PART 2: THE FOUR-WAVE ROLLOUT SCHEDULE

Each wave lasts one week. Each focuses on one document as the primary attachment. Each hits a defined set of targets. Follow-up happens in the same week — one follow-up email if no response is received within 3 business days.

Wave 1 — The Financial Impossibility

Timing: Week 1 — Launch **Documents:** Financial Reality Report (primary) + Practical Action Guide **Primary targets:** Your MLA, Minister Nixon (alss.minister@gov.ab.ca), Premier Smith (premier@gov.ab.ca)

Core message: *“The math does not work. AISH pays \$1,940/month. Average Alberta 1-bedroom rent is \$1,500–\$1,900+/month — leaving as little as \$40 after rent before food or utilities. Alberta is the only province in Canada that took the federal disability benefit back. I am asking for a written response.”*

Wave 2 — The Healthcare Collapse

Timing: Week 2 **Documents:** Healthcare Worker Shortage (primary) + Broken Access / Human Rights **Primary targets:** Your MP (federal), Minister of Health, Your MLA (follow-up)

Core message: *“You are requiring 79,000 people to obtain physician-completed forms in a province where 650,000 people have no family doctor. This is a structural impossibility. I am asking you to act on it.”*

Wave 3 — The Children: FSCD and PDD

Timing: Week 3 **Documents:** FSCD/PDD Crisis (primary) + Health Benefits Erosion **Primary targets:** Your MLA (second follow-up), Minister Nixon, Media (first media contact)

Core message: *“The same ministry failing AISH recipients is failing their children. Families wait 3 years for FSCD. Adults with developmental disabilities wait for support on a waitlist the government stopped publishing.”*

Wave 4 — The Rights and the Roof

Timing: Week 4 **Documents:** Housing Crisis + Broken Access / Human Rights (primary) + full package **Primary targets:** Alberta Human Rights Commission, Canadian Human Rights Commission, Federal MPs, all media contacts, all MLAs (final follow-up)

Core message: “This is a human rights issue. Appeal rights have been removed by legislation. A government-appointed panel with no independent review makes final decisions about whether disabled Albertans keep their income. I am filing / supporting a formal complaint.”

Rollout Schedule — Quick View

WEEK	PRIMARY DOCUMENT	SECONDARY DOCUMENT	KEY TARGETS	FOLLOW-UP ACTION
Week 1	Financial Reality Report	Practical Action Guide	MLA, Minister Nixon, Premier	Follow up if no response in 3 days — same email, add: “This is my second contact. I am waiting for a written response.”
Week 2	Healthcare Worker Shortage	Broken Access / Human Rights	Your MP, Health Minister, MLA (follow-up)	If MLA has not responded to Week 1: CC their office on Week 2 email
Week 3	FSCD/PDD Crisis	Health Benefits Erosion	MLA (3rd contact), Minister Nixon, Media	First media contact — attach Executive Summary
Week 4	Housing + Human Rights	Full package	AHRC, CHRC, Federal MPs, all media	Final follow-up to all targets. Request formal written position. File AHRC complaint if appropriate.

Contact finder tools: MLA — contact.assembly.ab.ca/mla-finder (enter postal code) | MP — ourcommons.ca/members/en/search (enter postal code)

PART 3: EMAIL TEMPLATES — THE SKELETON KIT

HOW TO USE THESE: The text in [BRACKETS] is what you replace with your own words. Everything else you can send as-is. Your personal two sentences are the most important part — they turn this from a form letter into constituent pressure. Do not skip them.

Template 1 — Your MLA (Provincial)

Send in Week 1. Follow up in Weeks 2, 3, and 4 if no response. Attach: Financial Reality Report first, then rotate documents each week.

Subject: [Your Name] — AISH Constituent — Formal Request for Written Response

Dear [MLA Name],

My name is [Your Name]. I am your constituent at [Your Full Address]. I am an AISH recipient / the parent of [brief description] / a caregiver for [brief description] in [Your Community].

[YOUR TWO SENTENCES — This is the only part you write yourself. Tell them one specific thing about your life that this policy affects. Example: “My rent is \$2,300/month and my AISH is \$1,940/month. I have multiple children with complex needs and I have no family support.” That is enough. Two sentences. Your words.]

I am attaching the Financial Reality Report from the Alberta Disability System Breakdown — April 2026 Report Series, a verified, sourced analysis of what is happening to Albertans on AISH. I am asking you to read it and respond in writing.

Specifically, I am asking you to:

1. Acknowledge receipt of this letter in writing.
2. Raise the issue of [the CDB clawback / the ADAP transition / the removal of appeal rights — choose what applies to you] with Minister Nixon and report back to me on the response.
3. State, in writing, whether you support or oppose the mandatory AISH-to-ADAP transition without the right of appeal.

I am not asking for a form letter. I am a constituent. I am asking for a written response.

Phone: [number] | Email: [email]

Sincerely, [Your Name] [Your Full Address]

Template 2 — Minister Jason Nixon

Send in Week 1 simultaneously with MLA. Attach: Financial Reality Report. alss.minister@gov.ab.ca

Subject: *Formal Submission — AISH Recipient [Your Name] — Opposition to ADAP Transition*

Minister Nixon,

My name is [Your Name]. I am an AISH recipient residing at [Your Address]. I have been receiving AISH since [year] on the basis of [brief description of your condition — one sentence].

[YOUR TWO SENTENCES — Your specific situation, in your own words.]

I am formally placing on record my opposition to the mandatory AISH-to-ADAP transition and requesting a written response to the following:

- 1. Under what specific medical criteria will I be assessed for AISH retention vs. ADAP placement?*
- 2. What is the timeline for regulations that will govern my assessment to be published in plain language?*
- 3. What recourse do I have if the Medical Review Panel places me on ADAP and I believe the decision is incorrect?*

I am attaching the Financial Reality Report from the Alberta Disability System Breakdown — April 2026 Report Series. The attached document is sourced, verified, and publicly shareable. I require a written response, not a form acknowledgment.

[Your Name] | [Address] | [Phone] | [Email]

Template 3 — Premier Danielle Smith

Send in Week 1. **premier@gov.ab.ca** — You will receive a form acknowledgment. That is expected. The value is creating a paper trail.

Subject: *Constituent Submission — AISH Disability System Breakdown — [Your Name], [Your City]*

Premier Smith,

My name is [Your Name] and I live in [Your City], Alberta. [YOUR TWO SENTENCES — what is your situation and how does this policy affect you directly.]

I am attaching one document from the Alberta Disability System Breakdown — April 2026 Report Series. I am writing to you directly because July 1, 2026 is less than [X] weeks away and I have not received any communication from AISH about how my specific file will be assessed.

I am asking for the following commitments from your government:

- 1. A pause on the July 1, 2026 transition date until regulations are published and communicated in plain language to all recipients.*
- 2. Restoration of independent appeal rights for AISH eligibility decisions.*
- 3. Cessation of the dollar-for-dollar Canada Disability Benefit clawback — the only such clawback in Canada.*

I will be sending this document to my MLA and to media. I am keeping a record of all correspondence.

Sincerely, [Your Name] | [Address] | [Phone] | [Email]

Template 4 — Your Federal MP

Send in Week 2. Attach: Healthcare Worker Shortage Report. Find your MP at ourcommons.ca/members/en/search

Subject: *Federal Constituent — CDB Clawback and AISH Transition — [Your Name], [Your City]*

Dear [MP Name],

My name is [Your Name] and I am your constituent at [Your Address]. [YOUR TWO SENTENCES.]

I am writing regarding two federal issues directly affecting Alberta's disability community:

1. The Canada Disability Benefit clawback: *Alberta is the only province or territory in Canada to claw back the \$200/month federal Canada Disability Benefit dollar-for-dollar from AISH recipients. The federal government explicitly created this benefit to supplement, not replace, provincial disability income. Alberta has redirected approximately \$190 million per year of federal poverty-reduction funding into its own general revenue. I am asking you to formally raise this with the Minister of Disability Inclusion.*

2. The ADAP transition and removal of appeal rights: *Alberta's Bill 12 (December 9, 2025) removed independent appeal rights for 79,000 Albertans with disabilities. The Medical Review Panel's decisions are final and cannot be challenged. This raises concerns under the Canadian Charter and Canada's obligations under the UN Convention on the Rights of Persons with Disabilities, which Canada ratified in 2010.*

I am attaching the Healthcare Worker Shortage Report from the Alberta Disability System Breakdown — April 2026 Report Series. This document addresses a related federal issue: the requirement that 79,000 people obtain physician-completed medical forms in a province where 650,000 Albertans have no family doctor.

I am asking for a written response.

[Your Name] | [Address] | [Phone] | [Email]

Template 5 — Follow-Up (When No Response is Received)

Use this in the same week, 3 business days after your original email. Reply to your own original email so it stays in the same thread.

Subject: RE: [Original subject line] — Follow-Up — [Your Name]

Dear [Name],

This is a follow-up to my email of [date]. I have not yet received a response.

I am attaching [the next document in the series — see Wave schedule]. This is part of the same Alberta Disability System Breakdown — April 2026 Report Series. Each document addresses a different aspect of the same systemic failure.

[ONE sentence adding something new about your situation, or noting something in the new document that applies to you directly.]

I am keeping a record of all correspondence. If I do not receive a written response after four contacts, I will include the absence of response in communications to media and the Alberta Human Rights Commission.

Sincerely, [Your Name]

PART 4: WHAT TO SEND TO WHOM — TARGET MATRIX

TARGET	WEEK 1	WEEK 2	WEEK 3	WEEK 4	NOTES
Your MLA	Financial Reality Report	Healthcare Worker Shortage	FSCD/PDD Crisis	Full package	Most important target. Most likely to respond if you are their constituent.
Minister Nixon (alss.minister@gov.ab.ca)	Financial Reality Report	Broken Access / Human Rights	FSCD/PDD Crisis	Full package	Formal submission. Expect auto-reply. Paper trail matters.
Premier Smith (premier@gov.ab.ca)	Financial Reality Report	—	—	Housing Crisis	Volume creates pressure. Each email is logged individually.

TARGET	WEEK 1	WEEK 2	WEEK 3	WEEK 4	NOTES
Your Federal MP	—	Healthcare Worker Shortage	—	Human Rights	Focus on CDB clawback and UNCRPD violations — federal jurisdiction.
Alberta Human Rights Commission	—	—	—	Broken Access / Human Rights	File a complaint if you believe you have been discriminated against. Free. See Practical Action Guide.
Media (local + provincial)	—	—	FSCD/PDD + media pitch	Full package + media pitch	Week 3 is ideal — FSCD story is most emotionally resonant.
ADAP program (adapengagement@gov.ab.ca)	Financial Reality Report	—	—	Full package	Direct to the program. Creates administrative record.

PART 5: THE CC STRATEGY — HOW TO CREATE THE “THIS IS EVERYWHERE” EFFECT

When you send your email, CC the following people in the same email. This means every recipient can see who else received it. **That matters more than you think.**

Recommended CC list (copy all that apply to your situation):

- Your MLA: contact.assembly.ab.ca/mla-finder
- Your MP: ourcommons.ca/members/en/search
- Minister Nixon: alss.minister@gov.ab.ca
- ADAP program: adapengagement@gov.ab.ca

- A local journalist: find your local paper's news desk email

WHAT THIS DOES: *When Minister Nixon's office opens your email and sees that your MLA, your MP, and a local journalist were all CCed — the email goes to a different pile. It gets printed. It gets discussed. When your MLA opens it and sees the Minister and a journalist were CCed — they know this is not going away quietly. **This is how constituent pressure becomes political pressure.***

Mention your location in every email: “I am writing from St. Albert” or “as a resident of Grande Prairie” — this signals to elected officials that this is not a coordinated mass campaign but a geographically distributed constituency response. The more cities appear, the harder it is to dismiss.

PART 6: HOW TO COORDINATE IN THE GROUP

You don't need everyone to do everything. You need enough people to do something, consistently, across four weeks. Here is how to organize it:

- **Week before launch:** Identify 5–10 community members willing to commit to the four-week schedule. Have each person identify their MLA, MP, and one local journalist contact.
- **Each Sunday evening of the campaign:** A single coordinator posts which document is the primary attachment for the upcoming week, with a reminder of the targets.
- **Each weekday morning:** Members send their emails on their own schedule. There is no synchronized send time. Cascade, not flood.
- **Each Friday:** A coordinator collects screenshots of any responses received that week and shares them in a private thread. Patterns of non-response or evasive response are noted.
- **Weeks 3 and 4:** A small subset of the group (3–5 people, the most experienced or comfortable) handles direct media outreach using the media pitch template.

The group does not need to centralize anything beyond the wave schedule. Each person remains the author of their own correspondence. The campaign is the aggregate.

*This is a constituent pressure campaign, not a public relations operation. **The strength is that every email is real, written by a real person, with a real story attached to a real document.** No one can dismiss 300 of those as a coordinated press release. They can only respond to them — or be on record having ignored them.*

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

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MEDIA PITCH SHEET

Media Pitch Sheet

Alberta’s Disability System Breakdown — A Story With Documents

A press packet for journalists covering the July 1, 2026 AISH-to-ADAP transition. Three story angles. Sourced statistics. Direct quotes. A complete document library to draw from.

The Alberta Disability System Breakdown — April 2026 Report Series

On July 1, 2026, the Government of Alberta will move 79,290 people with permanent disabilities to a new program. The criteria have not been published. The appeal rights have been removed. The federal benefit designed to help has been clawed back. And the children’s disability waitlist serving the same families is three years long.

This is a story with documents. The documents are public. The numbers are the government’s own.

ABOUT THIS PACKET

The Alberta Disability System Breakdown is a community-led documentation campaign comprising 19 sourced reports tracking the simultaneous restructuring of disability income, healthcare access, child disability services, and appeal rights in Alberta. Every figure in the series is traced to government open data, Statistics Canada releases, peer-reviewed research, or primary-source government correspondence. Every document is free to share, free to quote, and free to reproduce.

This pitch sheet is for journalists. Below: three story angles, the strongest stats and quotes for each, recommended documents to draw from, and a contact line for the campaign.

THREE STORY ANGLES

Angle 1 — “The Only Province in Canada”

The hook: Alberta is the only province or territory in Canada to claw back the federal Canada Disability Benefit dollar-for-dollar from its disability income recipients. Every other province exempts the \$200/month CDB. Alberta deducts it.

Why it’s a story: The CDB was created by the federal government in 2024 explicitly as a poverty-reduction supplement. Alberta has redirected approximately \$190 million per year of federal anti-poverty funding into its

own general revenue. The Heritage Fund grew \$383 million in a single quarter (Q3 2025-26) — more than the entire annual CDB clawback.

Quotable lead stats:

- \$200/month — the federal Canada Disability Benefit. Clawed back dollar-for-dollar by Alberta.
- ~\$190 million/year — total annual CDB clawback redirected to Alberta general revenue.
- \$2.8 billion — deposited into the Alberta Heritage Fund from the 2024-25 surplus.
- \$4 million — cut from homelessness funding in the same budget.
- 0 other provinces or territories — claw the CDB back.

Documents to draw from: Financial Reality Report · Taxpayer and Heritage Fund Report · Access Barrier Report.

Best outlets for this angle: Toronto Star · Globe and Mail · CBC National · CBC Calgary/Edmonton · Tye · Maclean’s. The “only province in Canada” framing is a national story, not just an Alberta story.

Angle 2 — The Municipal Coalition Forming Against the Province

The hook: Multiple Alberta municipalities — Edmonton, Lethbridge, Red Deer, Claresholm, Camrose, with Calgary and Medicine Hat in discussion — have passed or introduced motions formally opposing the AISH-to-ADAP transition. This is elected city councils on record against a provincial program.

Why it’s a story: Municipalities are not anti-poverty advocacy organizations. They are governments with property tax bases. Their opposition is grounded in a documented fiscal concern: the downloading of homelessness, emergency healthcare, and crisis-services costs from the province onto cities. *“We’re very concerned about the downloading effect of this policy change onto municipalities,”* said Edmonton Councillor Keren Tang in March 2026.

Quotable lead stats:

- 5+ Alberta municipalities — formally on record with motions opposing the ADAP transition (as of April 2026).
- Edmonton’s motion — passed unanimously. Mayor Andrew Knack sent a formal letter to Minister Nixon.
- Lethbridge’s motion — passed unanimously. Council chambers were standing room only. Chamber erupted in applause when the vote passed.
- \$55,000/year — taxpayer cost of one homeless person (Calgary Housing First evaluation).
- \$23,280/year — annual AISH benefit. The cost of housing someone is less than half the cost of not.

Documents to draw from: Coalition and UN CRPD Addendum · Taxpayer and Heritage Fund Report · Housing Crisis Report.

Best outlets for this angle: CBC Edmonton · CBC Calgary · Edmonton Journal · Calgary Herald · Lethbridge Herald · Red Deer Advocate · Future of Good. Each has a regional municipal beat and active interest in this story.

Angle 3 — Bill 12 and the End of Independent Appeal Rights

The hook: On December 9, 2025, Alberta’s Bill 12 passed — eliminating the independent Citizens Appeal Panel for AISH and ADAP eligibility decisions. 79,290 Albertans with permanent disabilities lost the right to challenge a government decision through an independent body. The Medical Review Panel’s decisions are now final.

Why it’s a story: This is a documented removal of due process from a population defined by a protected characteristic — disability. It engages Section 15 of the Charter (equality rights), Article 13 of the UN CRPD (access to justice, ratified by Canada in 2010), and the foundational administrative-law principle that no one should be a judge in their own cause. The same ministry that benefits financially from caseload reduction now controls the panel that decides who stays on the caseload — with no independent review.

Quotable lead stats:

- 79,290 — Albertans on AISH (September 2025).
- 0 — independent appeal mechanisms remaining for AISH or ADAP eligibility decisions.
- \$77 million — projected AISH spending reductions over three years (the financial benefit to the ministry that controls the appeal panel).
- 24% — the documented completion rate for online Disability Tax Credit applications (federal data) — a comparable disability form. The administrative complexity itself is a barrier.
- March 26, 2025 — date the UN Committee on the Rights of Persons with Disabilities recommended Canada “*condition fiscal transfers from the Federal level to provinces and territories on their adherence to the CRPD.*” Bill 12 passed nine months later.

Documents to draw from: Prior Finding Report · Caseworker / Appeal Rights / Human Rights Report · Coalition and UN CRPD Addendum.

Best outlets for this angle: Canadian Lawyer · CBC The Current · The Tye · Policy Options · Globe and Mail (national affairs) · ARCH Disability Law Centre press list.

CROSS-CUTTING STATS — USABLE IN ANY ANGLE

These figures are sourced and verified. Each is referenced in the report series.

FIGURE	CONTEXT	SOURCE
79,290	Total Albertans on AISH (September 2025)	Government of Alberta Open Data
83.6%	AISH recipients with zero employment income	Government of Alberta Open Data

FIGURE	CONTEXT	SOURCE
26.4%	Employment rate for Canadians with severe disabilities	Statistics Canada Labour Market 2024
650,000	Albertans without a family doctor	Alberta Medical Association
887 → 164	Family practices accepting new patients, 2020 → 2024	Alberta Medical Association / U of Calgary
61%	Family physicians considering leaving Alberta’s healthcare system	ThinkHQ / AMA, January 2024
47%	Increase in emergency department psychiatric crisis visits (Alberta, before transition)	Alberta Doctors’ Digest, Nov/Dec 2025
5.5% vs. 12%	Alberta mental health budget vs. Mental Health Commission of Canada recommended minimum	CMHA Edmonton 2024
3 years	Average wait for full FSCD services (children’s disability supports)	Inclusion Alberta FSCD Survey, January 2025
400+	Families documented per FSCD caseworker (recommended max: 100)	Hold My Hand Alberta / AUPE
\$1,940/month	Current AISH benefit	Government of Alberta
\$1,500–\$1,900+	Average 1-bedroom rent in Alberta (2026)	Urbanation/Rentals.ca National Rent Report
\$40	Approximate monthly remainder for food, utilities, transportation, and medication after rent for many recipients	Calculated from above

WHY THIS IS AN INVESTIGATIVE STORY, NOT A PROTEST STORY

The Alberta Disability System Breakdown is not built around individual hardship narratives. It is built around documented contradictions in the government’s own record:

- **The “fiscal necessity” framing** — contradicted by the government’s own Budget 2026, which shows program planning and delivery for disability income assistance increased \$41.6 million year-over-year

(2025-26 to 2026-27). The transition costs nearly as much to administer as the benefit cut is projected to save.

- **The “supportive employment” framing** — contradicted by the same government introducing the Immigration Oversight Act on April 1, 2026, formally acknowledging that Alberta workers were being bypassed for jobs. Work permit holders in Alberta grew from 45,000 to 180,000 between 2021 and 2025.
- **The “thoughtful consultation” framing** — contradicted by Minister Nixon’s own April 3, 2026 letter, which confirmed that the Ministerial Order governing employment income calculations would not be set until “later this spring” — 88 days before the July 1, 2026 launch.
- **The “wraparound supports” promise** — contradicted by the Family Resource Centre of Central Alberta closing on April 1, 2026, after five years of service to families with disabilities, when provincial advocacy funding was cut twelve months early.
- **The “prior assessments stand” position** — contradicted by the program design itself, which treats 79,290 formal disability findings as provisional without publishing any analysis of why.

These are not interpretive disputes. They are facts on record, measurable against the government’s own documents.

WHAT JOURNALISTS CAN DO WITH THIS PACKET

- **Quote the campaign directly.** All documents are free to reproduce in whole or in part with attribution to “The Alberta Disability System Breakdown — April 2026 Report Series.” No clearance required.
- **Use the statistics.** Every figure in the series is sourced. The source notes accompany each report. Footnotes can be lifted.
- **Verify independently.** Government open data sources, Statistics Canada releases, and peer-reviewed research are cited throughout. The campaign welcomes independent verification.
- **Request the full library.** The campaign maintains 19 documents covering financial reality, healthcare access, mental health coverage, FSCD/PDD waitlists, employment reality, prior findings, the access barrier chain, the human cost, the taxpayer cost, the municipal coalition, and a practical action guide for recipients. Available on request.
- **Speak to coalition contacts.** Where reporters want regional voices, the Coalition Addendum names elected officials and community advocates who have agreed to engage with media on this story.

CONTACT THE CAMPAIGN

For documents, statistics, source verification, or coalition contacts — reach the campaign directly at the public address below. The campaign operates without spokespeople and does not place advocates in front of cameras as personal stories. It does provide documents, sourced data, and pointers to elected officials and community organizations who are speaking publicly on this issue.

Press contact — Alberta Disability System Breakdown

albertadisabilitybreakdown@outlook.com

Public Facebook group: facebook.com/share/g/1CrU5PfHha/

Document library: albertadisabilitysystembreakdown.netlify.app

A NOTE ON SOURCING

Every document in this series is structured around three principles:

- **Government data first.** Where the government has published a number, that number is used — even where the campaign disagrees with the framing around it. The campaign does not contest the data. It documents the contradictions inside it.
- **No anonymous sourcing.** Every statistic is attributed to a named source — Statistics Canada, the Alberta Medical Association, CBC News, the Government of Alberta, peer-reviewed research, or named coalition members.
- **Primary sources are held.** Where the campaign documents barrier chains, communication failures, or compliance histories, the underlying correspondence and receipts are held on file with the campaign and available for verification on request.

This is documentation. It is meant to be checked.

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/

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WHAT TO DO RIGHT NOW — A PRACTICAL ACTION GUIDE

What To Do Right Now

A Practical Action Guide for AISH Recipients

Key Dates · Your Rights · Who to Contact · How to Complain. Free to share with every AISH recipient in Alberta.

The Alberta Disability System Breakdown — April 2026 Report Series

This guide is for you. It is free to copy, share, print, and distribute. Nothing in it requires you to have a lawyer. These are steps you can take yourself, and resources that exist for this exact situation.

PART 1: DATES YOU NEED TO KNOW

These are the dates that determine your income, your program placement, and your rights. Mark them. Check them. Act before them where action is possible.

DATE	WHAT HAPPENS	WHAT YOU SHOULD DO
July 1, 2026	All current AISH recipients are automatically moved to ADAP. You do NOT need to do anything to move to ADAP — it happens automatically.	If you believe you should remain on AISH, gather your medical documentation now. Start the process of requesting an AISH reassessment. Do not wait until July 1.
July 1, 2026 onward	You may apply for reassessment to AISH at any time after transitioning to ADAP. The government covers one medical assessment cost.	Keep all your specialist letters, diagnosis confirmations, and medical records organized. You will need them.
December 31, 2027	The \$200/month ADAP transition benefit expires. Your income drops by \$200/month starting January 2028 if you are on ADAP and have not returned to AISH.	This is 20 months away. Use that time. Do not wait for January 2028 to start the reassessment process.
Ongoing — NOW	CDB/DTC applications: you must have filed your taxes and have a DTC approved to receive the Canada Disability Benefit.	If you have not filed your 2024 taxes, do so now. If you do not have a DTC, start the process. See Part 5 of this guide.

DATE	WHAT HAPPENS	WHAT YOU SHOULD DO
1 year from any discriminatory act	Deadline to file an Alberta Human Rights Commission complaint.	If you believe your rights have been violated, do not wait. The 1-year window runs from the date the discrimination occurred.
Before July 1, 2026	Write to your MLA, MP, Premier, and Minister NOW — before the transition happens. Decisions are easier to prevent than to reverse.	See Part 6 of this guide for exactly what to say and who to contact.

Sources: *Alberta.ca — Alberta Disability Assistance Program transition information; Bill 12, December 9, 2025; Alberta Human Rights Commission — complaint timelines.*

PART 2: THE ADAP TRANSITION — YOUR OPTIONS

YOU ARE NOT POWERLESS. *The transition is automatic, but your response does not have to be passive. You have options — and the earlier you act, the more options you have.*

Option A: You believe you cannot work and should remain on AISH

STEP 1: Gather your documentation now

Collect all specialist letters, diagnosis confirmations, assessment reports, and medical records you have. If you have had psychoeducational assessments, surgery clearance forms, court affidavits that reference your disability, or formal complaints documenting your conditions — all of these are evidentiary. Organize them by condition. The more documented and specific, the stronger your case.

STEP 2: Contact your AISH office in writing

Send a written email or letter stating that you intend to apply for AISH reassessment following the July 1, 2026 transition. Use the phrase: *“I am formally placing on record my intention to apply for AISH reassessment and my position that I meet the criteria for a permanent disability that prevents me from earning a livelihood.”* Keep a copy. Note the date sent.

STEP 3: Request a physician-completed Disability Assistance Medical Report

Contact your doctor, nurse practitioner, or specialist now — not after July 1. Explain that you need the form completed for AISH reassessment. Ask them what documentation they need from you to complete it accurately. If your provider charges a fee, contact your AISH office. The government has committed to covering one medical assessment cost for current recipients. If you do not have a GP: call Alberta Supports

(1-877-644-9992) and ask about the government's list of pre-qualified medical professionals who can complete the form.

STEP 4: Keep records of everything

Every phone call: date, time, name of person you spoke to, what was said. Every email: save originals. If anything is said verbally that matters, follow up in writing: *"This email confirms our phone conversation on [date] in which you told me..."* The documentation you keep now is the evidence you use later if anything goes wrong.

Option B: Your benefit was wrongly reduced or you have a problem with your file

If your benefit was deducted incorrectly, if your file was handled improperly, or if you were given wrong information that caused you harm, here is what to do:

1. **Contact your AISH office in writing** and state the specific error, the specific amount, and the specific date. Ask for written confirmation of what steps will be taken to correct it.
2. **If you cannot reach anyone:** email alss.minister@gov.ab.ca and CC your MLA at the email address listed on the assembly website. State that you have been unable to reach AISH and that a specific error needs correction.
3. **If the error is not corrected:** file a complaint with the Alberta Ombudsman (ombudsman.ab.ca — 1-888-455-2756). The Ombudsman can investigate procedural failures and administrative errors in government programs.
4. **Document every step.** Dates, names, what was said. This is your paper trail.

PART 3: FILING AN ALBERTA HUMAN RIGHTS COMPLAINT

FILING A HUMAN RIGHTS COMPLAINT IS FREE. *There is no fee. You do not need a lawyer. The Alberta Human Rights Commission (AHRC) has a free intake process and can provide guidance on whether your situation qualifies.*

The Alberta Human Rights Act prohibits discrimination in government programs and services on the basis of physical disability, mental disability, and family status. If the AISH or ADAP program has discriminated against you on one of these grounds, you may have grounds for a complaint.

Grounds That May Apply to AISH Recipients

GROUND	WHAT IT MEANS	HOW IT MAY APPLY
Physical disability	Any degree of physical disability caused by injury, birth defect, or illness	Your qualifying physical conditions — immune disorders, degenerative disc disease, mobility limitations — are protected grounds. A program that reduces benefits from people with these conditions without independent appeal may be discriminating.
Mental disability	Any mental, developmental, or learning disorder	C-PTSD, BPD, severe depression, anxiety, ASD — all documented mental disabilities. The same analysis applies.
Family status	Being a parent or having responsibilities for dependents	A program that fails to account for the full-time caregiving obligations of parents of children with severe disabilities — when those obligations structurally prevent employment — may be failing to accommodate family status.

How to File — Step by Step

1. Visit albertahumanrights.ab.ca. Use the online Complaint Checker first — it will confirm whether your situation is likely suitable for the Commission.
2. If suitable, complete the online complaint form. Describe what happened, when it happened, and why you believe it was discriminatory. Be specific: dates, decisions, amounts, names if known.
3. **You have ONE YEAR from the date the discriminatory act occurred to file.** Do not wait if you believe your rights have been violated.
4. After filing: the Commission will review your complaint, notify the respondent (the government), and offer mediation. If mediation does not resolve it, the complaint may proceed to a hearing before the Human Rights Tribunal.
5. If you need help preparing your complaint: contact the Centre for Public Legal Education Alberta (cplea.ca) or call Legal Aid Alberta at 1-866-845-3425. Ask whether they can assist with human rights complaints.

IMPORTANT TIMING NOTE: *If you are waiting for a formal program decision (such as being officially placed in ADAP), you may wish to wait until that decision is issued before filing — so the specific decision is the subject of your complaint. Talk to a legal professional or the Commission's intake line about timing if you are unsure.*

Contact: Alberta Human Rights Commission Phone: 1-780-427-7661 (Edmonton) | 1-403-297-6571 (Calgary) | 1-800-232-7215 (toll-free) Website: albertahumanrights.ab.ca | Email: generalinfo@albertahumanrights.ab.ca

PART 4: THE OMBUDSMAN — WHAT IT CAN AND CANNOT DO

The Alberta Ombudsman investigates complaints about the administrative conduct of provincial government programs. This is different from the Human Rights Commission. Understanding the difference will save you time.

THE OMBUDSMAN CAN...	THE OMBUDSMAN CANNOT...
Investigate whether AISH/ADAP followed its own procedures fairly	Overturn an eligibility decision
Investigate unreasonable delays in processing your file	Review the Medical Review Panel's decision (which is final by law)
Investigate whether you received wrong information that caused you harm	Investigate a complaint you have already appealed through the Appeals Secretariat
Recommend the government correct administrative errors	Force the government to act on its recommendations
Investigate whether your request for reconsideration was handled properly	Investigate complaints sent as CC/BCC — you must file a separate formal complaint

Source: Alberta Ombudsman — ombudsman.ab.ca.

To file with the Ombudsman, you must first try to resolve the issue directly with AISH/ADAP. Document that you tried. Then use the online complaint form at ombudsman.ab.ca or call 1-888-455-2756. Note: materials submitted to the Ombudsman cannot be used in other proceedings including courts — this matters if you are also considering legal action.

PART 5: THE RDSP — MONEY THE GOVERNMENT WILL GIVE YOU FOR FREE

MOST AISH RECIPIENTS DO NOT KNOW ABOUT THIS. *The Registered Disability Savings Plan (RDSP) is a federal savings plan where the government deposits money into your account — with no contribution required from you. It does not affect your AISH or ADAP eligibility. If you have a DTC and you do not have an RDSP, you may be leaving thousands of dollars on the table.*

What the RDSP Is

The RDSP is a registered savings account designed for people with disabilities. It has two government components that are the most important for low-income recipients:

PROGRAM	WHAT IT IS	AMOUNT	DO YOU NEED TO CONTRIBUTE?
Canada Disability Savings Bond (CDSB)	Government deposits money into your RDSP based on your income — no contribution from you required	Up to \$1,000/year; up to \$20,000 lifetime	NO — the bond is deposited automatically based on your income. If your income is under \$37,487, you receive the maximum \$1,000/year.
Canada Disability Savings Grant (CDSG)	Government matches contributions you make to your RDSP	Up to \$3,500/year; up to \$70,000 lifetime. For low income: \$3 for every \$1 on first \$500 contributed (300% match). Then \$2 for every \$1 on next \$1,000 (200% match).	YES — but even a small contribution triggers a large match. Contributing \$500 triggers \$1,500 in government grants at low income.

Sources: *Canada.ca — Canada Disability Savings Grant and Bond; ATB RDSP Reference Guide 2026; Plan Institute.*

Critical: Carry-Forward Rules

If you were eligible for the RDSP in previous years but did not have one open, you can carry forward up to 10 years of unused bond and grant entitlements. This means if you open an RDSP today and contribute, you may receive significantly more than the current year’s maximum.

- Bond carry-forward maximum: up to \$11,000/year in catch-up bonds.
- Grant carry-forward maximum: up to \$10,500/year in catch-up grants.
- To access carry-forward: you must have been DTC-eligible during those years and have filed income taxes.

The AISH/ADAP Exemption — This Is Critical. RDSP assets and income DO NOT count toward AISH or ADAP financial eligibility. This is confirmed in the 2026 RDSP Reference Guide. **You will not lose your AISH or ADAP because of an RDSP. The money is protected.**

How to Open an RDSP

1. You must first have a Disability Tax Credit (DTC) approved. If you do not have one, getting the DTC is the first step.

2. Contact your bank. Most major Canadian banks offer RDSPs. ATB, RBC, TD, BMO, Scotiabank, and CIBC all have RDSP products.
3. Tell the bank you want to open a Registered Disability Savings Plan. Bring your DTC approval letter and your Social Insurance Number.
4. Apply for the bond. The bank will submit the bond application on your behalf. You do not need to do anything extra — just have your tax return filed.
5. You must file your income taxes each year to receive the bond. If you have not been filing because your AISH income is non-taxable, file anyway — a \$0 tax return still counts and unlocks the bond.

Free Help: Plan Institute runs a free Disability Planning Helpline across Canada. They can help you understand the RDSP, apply for the DTC, and open a plan. Phone: 1-844-311-7526 | Email: helpline@planinstitute.ca | Website: rdsp.com

PART 6: HOW TO CONTACT YOUR MLA AND MP — WHAT TO SAY

Politicians respond to constituents. An email from you to your MLA is not nothing — especially if it is clear, specific, and asks for a specific response. You do not need to write a long document. Here is exactly what to do.

Step 1: Find Your Representatives

- **Your MLA (provincial):** contact.assembly.ab.ca/mla-finder — enter your postal code
- **Your MP (federal):** ourcommons.ca/members/en/search — enter your postal code

Step 2: What to Say — A Template You Can Use

Subject: AISH/ADAP Transition — Constituent Request for Response

Dear [MLA/MP Name],

My name is [Your Name]. I am your constituent at [Your Address]. I am writing regarding the July 1, 2026 AISH-to-ADAP transition and its impact on me personally.

I have been a recipient of AISH since [year]. I have [briefly state your permanent condition — one or two sentences].

I am writing because I am concerned about [the loss of appeal rights / the \$200/month income reduction / the inaccessible call centre / the requirement to reapply with physician documentation when I have no GP — choose what applies to you].

I am asking you to:

1. Acknowledge receipt of this letter in writing.
2. Raise the issue of [appeal rights / physician documentation barriers / caseworker access / the CDB clawback] with the Minister of Assisted Living and Social Services.
3. Provide me with a written response on the position of your office on this matter.

I am attaching the following documents which contain the full factual basis for these concerns: [name the documents you are sending].

My phone number is [number]. My email is [address].

Sincerely, [Your Name], [Your Address]

Tips: Be specific about what you want. Ask for a written response. Attach documents — the full report series makes it easy. If your MLA responds, follow up. A written acknowledgment that names your documents and asks to be kept updated is a relationship worth maintaining.

PART 7: COMPLETE CONTACT DIRECTORY

Provincial Government

- **Premier Danielle Smith** — premier@gov.ab.ca | Mail: Office of the Premier, 307 Legislature Building, Edmonton, AB T5K 2B6
- **Minister Jason Nixon — Assisted Living and Social Services** — alss.minister@gov.ab.ca | 780-422-1720
- **AISH / ADAP Program Office** — 1-877-664-9992 (toll-free) | adapengagement@gov.ab.ca
- **Alberta Supports Contact Centre** — 1-877-644-9992
- **Your MLA** — contact.assembly.ab.ca/mla-finder. Notable: MLA Marie Renaud, St. Albert — St.Albert@assembly.ab.ca — has been responsive to AISH constituent concerns.

Federal Government

- **Your MP (Member of Parliament)** — ourcommons.ca/members/en/search
- **Federal Minister of Disability Inclusion** — hc.ministre-minister.sc@hc-sc.gc.ca

Complaints and Rights Bodies

- **Alberta Human Rights Commission** — 1-780-427-7661 (Edmonton) | 1-403-297-6571 (Calgary) | 1-800-232-7215 (toll-free) | albertahumanrights.ab.ca | generalinfo@albertahumanrights.ab.ca | Filing complaints: free, online.
- **Alberta Ombudsman** — 1-888-455-2756 (toll-free) | 780-427-2756 (Edmonton) | 403-297-6185 (Calgary) | ombudsman.ab.ca. Handles administrative fairness complaints about AISH/ADAP program conduct.
- **Canadian Human Rights Commission** — 1-888-214-1090 | chrc-ccdp.gc.ca. Handles federal discrimination complaints.

Benefits Navigation and Legal Help

- **Plan Institute — Free RDSP and DTC Help** — 1-844-311-7526 | helpline@planinstitute.ca | rdsp.com. Free across Canada — will help you open an RDSP, apply for DTC, and understand your entitlements.
- **Legal Aid Alberta** — 1-866-845-3425 | legalaids.ab.ca. Income-tested — covers some disability-related legal matters.
- **Inclusion Alberta** — 780-451-3055 | inclusionalberta.org. Advocacy organization for Albertans with disabilities — resources, fact sheets, and action guides on AISH/ADAP.
- **Centre for Public Legal Education Alberta (CPLEA)** — cplea.ca. Free plain-language legal information for Albertans.

If You Are in Crisis

- **211 Alberta — Social Services and Benefits Navigation** — phone or text 2-1-1 | ab.211.ca. Available 24/7 — connects you to local social services, food, shelter, and support.
- **Mental Health Helpline (Alberta)** — 1-877-303-2642. Available 24/7 for mental health support.
- **988 — Suicide Crisis Helpline (Canada)** — call or text 988. Free, anonymous, 24/7.

PART 8: YOUR 2026 PAYMENT DATES — ALL BENEFITS IN ONE PLACE

These are the official deposit dates for every benefit relevant to AISH recipients in 2026. All dates are from official government sources. Direct deposit is always faster than cheque by mail — if you are not set up for direct deposit, contact each program to change it.

IMPORTANT: File your income taxes every year — even if your income is non-taxable and you owe nothing. Filing is required to receive GST/HST credit, CCB, CDB, RDSP bonds, and Alberta Child and Family Benefit. A \$0 return still counts.

AISH / ADAP — Monthly (4 business days before the 1st of each month)

Direct deposit deposited at midnight on these dates. Cheques mailed 6 business days before the 1st.

MONTH COVERED	DEPOSIT DATE	DAY
January 2026	December 22, 2025	Monday
February 2026	January 27, 2026	Tuesday
March 2026	February 24, 2026	Tuesday
April 2026	March 26, 2026	Thursday
May 2026	April 27, 2026	Monday
June 2026	May 26, 2026	Tuesday
July 2026	June 25, 2026	Thursday
August 2026	July 28, 2026	Tuesday
September 2026	August 26, 2026	Wednesday
October 2026	September 24, 2026	Thursday
November 2026	October 27, 2026	Tuesday
December 2026	November 25, 2026	Wednesday
January 2027	December 22, 2026	Wednesday

Source: Alberta.ca — AISH and Income Support Payment Dates (official schedule, verified April 2026).

Canada Child Benefit (CCB) — Monthly (approximately the 20th of each month)

Tax-free monthly payment for families raising children under 18. Recalculated every July based on the prior year's tax return. May also include the Child Disability Benefit (CDB) — up to \$284.25/month per DTC-approved child.

MONTH	CCB DEPOSIT DATE
January 2026	January 20, 2026
February 2026	February 20, 2026
March 2026	March 20, 2026
April 2026	April 17, 2026
May 2026	May 20, 2026
June 2026	June 19, 2026
July 2026	July 20, 2026 (new benefit year — amounts recalculated)
August 2026	August 20, 2026
September 2026	September 18, 2026
October 2026	October 20, 2026
November 2026	November 20, 2026
December 2026	December 11, 2026

Source: Canada.ca — Payment dates for the Canada Child Benefit. Amounts for Jul 2025–Jun 2026 benefit year: up to \$666.41/month per child under 6; up to \$562.33/month per child aged 6–17.

Canada Disability Benefit (CDB) — Monthly

Up to \$200/month for eligible Canadians aged 18–64 with disabilities. Requires DTC approval and annual tax filing. Alberta claws this back dollar-for-dollar from AISH — but you must still apply or your AISH will be reduced anyway.

MONTH	CDB DEPOSIT DATE
January 2026	January 15, 2026
February 2026	February 19, 2026
March 2026	March 19, 2026
April 2026	April 16, 2026
May 2026	May 21, 2026

MONTH	CDB DEPOSIT DATE
June 2026	June 18, 2026
July 2026	July 16, 2026
August 2026	August 20, 2026
September 2026	September 17, 2026
October 2026	October 15, 2026
November 2026	November 19, 2026
December 2026	December 17, 2026

Source: *Canada.ca — Benefits payment calendar. Apply via Service Canada: 1-800-206-7218. Must have DTC approved and 2024 taxes filed.*

CPP Disability (CPP-D) and OAS — Monthly (same dates)

CPP-D is for Canadians who paid into CPP through work and then became disabled. OAS is for Canadians 65+. **CPP-D is clawed back dollar-for-dollar from AISH in Alberta.** Contact Service Canada: 1-800-277-9914.

MONTH	CPP-D / OAS DEPOSIT DATE
January 2026	January 28, 2026
February 2026	February 25, 2026
March 2026	March 27, 2026
April 2026	April 28, 2026
May 2026	May 27, 2026
June 2026	June 26, 2026
July 2026	July 29, 2026
August 2026	August 27, 2026
September 2026	September 25, 2026
October 2026	October 28, 2026

MONTH	CPP-D / OAS DEPOSIT DATE
November 2026	November 26, 2026
December 2026	December 22, 2026

Source: Canada.ca — Benefits payment calendar (official, verified April 2026).

GST/HST Credit (Canada Groceries and Essentials Benefit) — Quarterly

Tax-free quarterly payment to offset GST/HST on daily purchases. Automatic — no separate application needed. Just file your taxes. **NOTE:** As of July 2026 this is being renamed the Canada Groceries and Essentials Benefit and is being increased by 25%. A one-time top-up equal to 50% of the 2025-26 value was also announced for spring 2026.

QUARTER	GST/GROCERIES DEPOSIT DATE
Q1 2025-26 benefit year	January 5, 2026
Q4 2025-26 benefit year (last at old rate)	April 2, 2026
One-time top-up (50% of 2025-26 value)	By June 2026 (proposed — legislation passed)
Q1 2026-27 benefit year (new rate — 25% increase)	July 2026 (exact date TBC — usually July 5)
Q2 2026-27 benefit year	October 2026 (exact date TBC — usually October 5)

Source: Canada.ca — Benefits payment calendar; Prime Minister Carney announcement — Groceries and Essentials Benefit legislation passed March 2026. Maximum annual GST credit 2025-26: \$533 (single), \$698 (couple).

Alberta Child and Family Benefit (ACFB) — Quarterly

Provincial top-up to CCB for low-income Alberta families with children. Paid together with CCB in most cases.

QUARTER	ACFB DEPOSIT DATE
Q1 2026	February 27, 2026
Q2 2026	May 2026 (approximately May 27)
Q3 2026	August 27, 2026
Q4 2026	November 27, 2026

Source: *Canada.ca* — Benefits payment calendar; *Daily Hive Canada 2026 benefit dates*. ACFB maximum annual 2026: \$1,614 per family (base) plus \$539.12 per child for working portion.

PART 9: AISH / ALBERTA SUPPORTS OFFICE DIRECTORY

All offices are open 8:15am to 4:30pm Monday to Friday. Closed on statutory holidays. In Alberta: dial 310-0000 before any number for toll-free. TTY: 711. Toll-free TTY: 1-800-855-0511.

IMPORTANT CHANGE: *As of 2024-2025, individual caseworker assignments have been eliminated across most of Alberta. Calls are routed to the first available staff member. Direct worker phone numbers have been deactivated. If you cannot reach anyone, email and document the attempt.*

General — Province-Wide

- **Alberta Supports Contact Centre:** 1-877-644-9992 (toll-free) | In Edmonton: 780-644-9992
- **AISH / ADAP Program Email:** adapengagement@gov.ab.ca
- **AISH Application Processing:** 1-877-759-6810 | Fax: 1-877-969-3006
- **Application Mailing Address:** PO Box 17000 Station Main, Edmonton AB T5J 4B3
- **24-Hour Emergency (evenings/weekends/holidays):** 780-644-5135 or 1-866-644-5135

Edmonton Region

- **Edmonton Central – City Centre** — 10242 105 Street NW, Edmonton, AB T5J 3L5 | 780-415-6300 | Fax: 780-422-2790
- **Edmonton North – Northgate** — 2050 Northgate Centre, 9499 137 Avenue NW, Edmonton, AB T5E 5R8 | 780-415-6300 | Fax: 780-422-2790
- **Edmonton South – Mill Woods** — Mill Woods Town Centre, 2331 66 Street NW, Edmonton, AB T6K 4B5 | 780-415-6300 | Fax: 780-422-2790
- **Edmonton West – Meadowlark** — 15710 87 Avenue NW, Edmonton, AB T5R 5W9 | 780-415-6300 | Fax: 780-422-2790
- **St. Albert** — 30 Sir Winston Churchill Avenue, St. Albert, AB T8N 3A3 | 1-844-415-4900 | Fax: 780-427-4778
- **Sherwood Park** — 176 Broadmoor Place, 2121 Premier Way, Sherwood Park, AB T8H 2H3 | 1-844-415-4900 | Fax: 780-427-4778
- **Leduc** — 50th Street Plaza, 4809 43A Avenue, 2nd Floor, Leduc, AB T9E 8J6 | 1-833-382-4081 | Fax: 403-388-3136
- **Camrose** — 3rd Floor, 6708 48 Avenue, Gemini Centre, Camrose, AB T4V 4S3 | 1-833-698-9959 | Fax: 780-608-4078

- **Drayton Valley** — 2nd Floor Provincial Building, 5136 51 Avenue, Drayton Valley, AB T7A 1S7 | 1-833-698-9959 | Fax: 780-621-4022
- **Wetaskiwin** — Coach Mall, 4805 50 Avenue, Wetaskiwin, AB T9A 0S1 | 1-844-415-4900 | Fax: 780-427-4778

Calgary Region

- **Calgary East – Westland** — 2752 Sunridge Way NE, Westland Professional Centre, Calgary, AB T1Y 0A5 | 1-866-334-6950 | Fax: 403-355-4245
- **Calgary North – One Executive Place** — 1816 Crowchild Trail NW, Calgary, AB T2M 3Y7 | 1-866-334-6950 | Fax: 403-355-4245
- **Calgary South – Heritage Square** — 100S Heritage Square, 8500 Macleod Trail SE, Calgary, AB T2H 2N1 | 1-866-334-6950 | Fax: 403-355-4245
- **Airdrie** — 104 1 Avenue NW, Airdrie, AB T4B 0R2 | 1-866-334-6950 | Fax: 403-355-4245
- **Canmore** — 3rd Floor, 800 Railway Avenue, Provincial Building, Canmore, AB T1W 1P1 | 1-866-334-6950 | Fax: 403-355-4245
- **Cochrane** — 213 1 Street West, Cochrane, AB T4C 2E7 | 1-866-334-6950 | Fax: 403-355-4245
- **Drumheller** — 180 Riverside Drive East, Box 2079, Drumheller, AB T0J 0Y0 | 1-833-698-9959 | Fax: 403-823-1777
- **Red Deer** — 2nd Floor First Red Deer Place, 4911 51 Street, Red Deer, AB T4N 6V4 | 1-855-297-4833 | Fax: 403-845-8344
- **Rocky Mountain House** — 4919 51 Street, Box 1180, Rocky Mountain House, AB T4T 1B3 | 1-833-698-9959

South Region

- **Lethbridge** — 200 5 Avenue South, Provincial Building, Lethbridge, AB T1J 4L1 | 1-833-382-4081 | Fax: 403-388-3136
- **Medicine Hat** — Suite 201A, 346 3 Street SE, Provincial Building, Medicine Hat, AB T1A 0G7 | 1-833-382-4081 | Fax: 403-529-3662
- **Brooks** — 200, 600 Cassils Road East, Brooks, AB T1R 1M6 | 1-833-382-4081 | Fax: 403-529-3662
- **Pincher Creek** — #160, 782 Main Street, Provincial Building, Pincher Creek, AB T0K 1W0 | 1-833-382-4081 | Fax: 403-388-3136
- **Claresholm** — Provincial Building, 109 46 Avenue West, Claresholm, AB T0L 0T0 | 1-866-334-6950 | Fax: 403-355-4245
- **Crowsnest Pass / Blairmore** — Provincial Building, 12501 20 Avenue, Blairmore, AB T0K 0E0 | 1-833-382-4081 | Fax: 403-388-3136
- **Taber** — Provincial Building, 5011 49 Avenue, Taber, AB T1G 1V9 | 1-833-382-4081 | Fax: 403-388-3136

North Region

- **Fort McMurray** — 9915 Franklin Avenue, Main Floor Provincial Building, Fort McMurray, AB T9H 2K4 | 1-833-645-6440 | Fax: 780-674-8366
- **Grande Prairie** — 100 Towne Centre Mall, 9845 99 Avenue, Grande Prairie, AB T8V 0R3 | 1-888-644-1802 | Fax: 780-833-4397
- **Athabasca** — 3rd Floor, 4810 50 Street, Duniece Centre, Athabasca, AB T9S 1C9 | 1-888-644-1802 | Fax: 780-674-8366
- **Barrhead** — PO Box 4597, 6203 49 Street, Provincial Building, Barrhead, AB T7N 1A5 | 1-888-644-1802 | Fax: 780-674-8366
- **Bonnyville** — PO Box 4663, 5201 44 Street, Bonnyville, AB T9N 0H1 | 1-888-644-1802 | Fax: 780-674-8366
- **Cold Lake** — Suite 408, 6501B 51 Street, Cold Lake, AB T9M 1P2 | 1-888-644-1802 | Fax: 780-674-8366
- **High Level** — 10106 100 Avenue, Main Floor Provincial Building, High Level, AB T0H 1Z0 | 1-888-644-1802 | Fax: 780-624-6212
- **High Prairie** — 2nd Floor Provincial Building, 5226 53 Avenue, High Prairie, AB T0G 1E0 | 1-888-644-1802 | Fax: 780-624-6212
- **Edson** — Provincial Building, Edson, AB T7E 1T2 | 1-888-644-1802 | Fax: 780-624-6212
- **Slave Lake** — Government Centre, 108, 101 3 Street SW, Slave Lake, AB T0G 2A0 | 1-844-415-4900 | Fax: 780-427-4778
- **Whitecourt** — Provincial Building, 5020 52 Avenue, Whitecourt, AB T7S 1V4 | 1-844-415-4900 | Fax: 780-427-4778
- **Spruce Grove** — 1-844-415-4900 (North region general number). Contact Alberta Supports for current location.

For offices not listed here, or to confirm current addresses (offices have been subject to consolidation and relocation since 2022): visit alberta.ca/contact-aish or call Alberta Supports at 1-877-644-9992.

YOU ARE NOT ALONE. YOU HAVE RIGHTS. YOU HAVE OPTIONS. *This guide is one piece of a comprehensive document series covering the full scope of what is happening to AISH recipients in Alberta. Share it. Print it. Send it to your MLA. Give it to anyone who asks what's happening.*

The Alberta Disability System Breakdown — Advocate

St. Albert, Alberta | April 2026

albertadisabilitybreakdown@outlook.com

Find the public group on Facebook: facebook.com/share/g/1CrU5PfHha/