

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.

SOURCES AND REFERENCES

- AUPE — "Alberta's new disability program faces big hurdle." aupe.org/news/news-and-updates/albertas-new-disability-program-faces-big-hurdle
- AUPE — "Vulnerable children suffer because government axes vital jobs." January 2025. aupe.org
- *Medicine Hat News* — "Province splitting AISH up to add employment-focused model." February 5, 2025. medicinehatnews.com. Quotes AUPE Vice-President Sandra Azocar on staffing crisis.
- *People's Voice* — "Alberta's cuts to disability support are part of bigger attacks that labour needs to resist." May 27, 2025. pvonline.ca. Documents call centre restructure, caseworker cuts, 2–3 month backlogs.
- *Yahoo News Canada / CBC* — "Calgarians on AISH will no longer have case workers and will have to contact call centre." September 26, 2025. Quotes Don Slater on call centre failure.
- *Lethbridge Herald* — "Where has the \$200 gone?" October 4, 2025. Quotes Bev Muendel-Atherstone on inability to reach AISH and multiple-worker problem.

- *CBC News* — “AISH recipient, advocates worry about Alberta’s new disability benefit program.” Bellefontaine, M. August 21, 2025. [cbc.ca](#). Documents “final and not subject to appeal” language from ADAP Discussion Guide.
- Inclusion Alberta — Media Release: “Bill 12 erodes rights and deepens poverty for Albertans with disabilities.” November 26, 2025. [inclusionalberta.org](#). Confirms AISH-to-ADAP transition cannot be appealed.
- Zachary Weeks — “Bill 12 and ADAP: What Alberta’s New Disability Law Means for AISH Recipients.” November 28, 2025. [zacharyweeks.ca](#). Section 12.8 analysis: no appeal of AISH-to-ADAP transition.
- Inclusion Alberta — ADAP Fact Sheet. October 31, 2025. Documents: Medical Review Panel decisions final, Citizens Appeal Panel eliminated for AISH eligibility.
- Inclusion Alberta — ADAP Fact Sheet (Shorter Version, December 2025). [inclusionalberta.org/wp-content/uploads/2025/12/ADAP-Fact-Sheet-shorter-version-Dec25.pdf](#)
- *Alberta Doctors’ Digest* — “Pushing back against changes that make life harder for disabled Albertans.” November/December 2025. [add.albertadoctors.org](#). Dr. Brian Wirzba AMA President quote.
- FACTSMTR Substack — “Alberta Bill 12: Disability Cuts, Pension-Loss Immunity, and No Evidence.” November 30, 2025. Confirms minister authority to move people AISH-to-ADAP without appeal (Bill 12).
- Alberta Ombudsman — “Appeals Secretariat (AISH, Income Support, and More).” Confirms current appeal rights through Citizens Appeal Panel: [ombudsman.ab.ca](#)
- UN OHCHR — Convention on the Rights of Persons with Disabilities. Full treaty text. [ohchr.org](#). Articles 4, 12, 13, 19, 28 referenced.
- Alberta Human Rights Commission — Protected grounds (physical/mental disability); disability and services protections. [albertahumanrights.ab.ca](#)
- Canada ratification of UNCRPD — March 11, 2010.
- Indeed.ca — AISH employee reviews: “High caseload demands, high volume calls. Workers are stressed out and overworked. High staff turnover.”

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