DS2444A — YOUR PART: HOW TO FILL IT OUT

A plain-language, question-by-question guide to the part of the disability application you complete yourself. Rebuilt July 21, 2026 against the AISH Manual, policy last updated July 2, 2026.

WHAT CHANGED IN THIS EDITION

The government published its full AISH and ADAP policy manual. Five things in it change what we were telling people.

1. A nurse practitioner can complete the medical report. Not only a physician. If you have no family doctor, this may be the single most useful sentence in this guide.

2. The covered assessment is settled. One DIA Medical Report, covered, *not time limited, available whenever you choose to access it.* But not if you are enrolled in Alberta Adult Health Benefit or Alberta Child Health Benefit.

3. Being kept off the AISH panel can be appealed. If the adjudicator decides not to refer you to the Medical Review Panel, that decision goes to the Medical Appeal Panel.

4. AISH clients are not required to look for work. Stated outright in policy.

5. Two clocks you did not know about. An incomplete application closes after six months. After a denial you have twelve months to send more information before a whole new application is needed.

IF YOU WERE MOVED TO ADAP AND WANT BACK ON AISH — READ THIS FIRST

Most people using this form are not new applicants. You were moved to ADAP on July 2 and you are asking to be reassessed for AISH. That path is real and it is open.

There is no deadline. The manual says the covered medical report *is not time limited and is available whenever a client chooses to access it.* Not this year. Whenever.

The cost of one DIA Medical Report is covered. It is not automatic. Ask for it, and get the answer in writing.

If they ask you for more medical information, they pay for that too. The manual states that where the program requests additional medical information, the program covers the cost. That is separate from your one covered report.

BEFORE YOU START

The one rule that saves the most trouble. Tell the truth and tell all of it. Something left out and found later does far more damage than the thing itself. Many assets and some income do not count against you, so list them and let the rules do their work. Where a box is too small for the truth, write see attached and add a page.

Gather these. Photo ID, Social Insurance Number, Personal Health Number. Twelve months of statements for every bank and investment account. Three recent pay stubs if you work at all. Papers for other income: CPP, CPP-D, EI, insurance, support payments. Papers for assets: vehicle, home, life insurance with cash value, savings plans.

Who completes which part

DIA Applicant Information — you, or someone acting for you. Identity, age, residency, employment, training, income, assets, plus your partner and children.

DIA Medical Report — your physician or nurse practitioner. Send both parts at the same time where you can.

Where it goes

Online through Disability Income Assistance at dia.alberta.ca. By mail to the Disability Income Assistance Application Processing Unit, PO Box 17000 Station Main, Edmonton AB T5J 4B3. By fax to 587-469-3006 in the Edmonton area or 1-877-969-3006 toll free. Or in person at any AISH and ADAP office or Alberta Supports Centre. Alberta Supports: 1-877-644-9992.

TWO CLOCKS NOBODY TELLS YOU ABOUT

Six months on an incomplete application. If your application is missing something and six months pass without the program receiving it, the application is closed and you start again from nothing. If they contact you asking for a document, that is not a formality.

Twelve months after a denial. If you are denied, you have twelve months from the date of the decision letter to send additional information and have your eligibility reassessed without filing a whole new application. After twelve months, new application. Put that date on your calendar the day the letter arrives.

YOUR SITUATION (top of the form)

These questions can spare you the whole application. Answer them first.

Palliative or terminal illness. If a medical professional has told you your illness is terminal, or you are in palliative care, check Yes. These applications are prioritised. You are **not required to complete Employment History or Education and Training History**, and the DIA Medical Report is **not required at all** if you submit medical documentation confirming the terminal diagnosis or palliative care.

Care facility or continuing care. If you live in one, or have been assessed as needing permanent placement and are waiting, check Yes to both.

Stopped AISH or ADAP less than two years ago, condition unchanged. Rapid reinstatement may apply. Phone an Alberta Supports office before filling out the whole form.

Receiving Income Support. You complete the applicant information but **skip the Income and Asset sections entirely**, and submit the medical report.

INFORMATION ABOUT YOU (Q1–Q11)

Q1. AISH or ADAP in the last 24 months. If your file moved to ADAP on July 2, 2026, check the transitioned box. That marks you as a current client seeking reassessment, not a new applicant, and it is what connects you to the covered medical report.

Q2. Waiting on an earlier decision. Answer truthfully. Reapplying cancels nothing.

Q3. Income Support now. If yes, skip Income and Assets.

Q4–Q6. Residency and status. Sponsored immigrants add start and end dates and include the Record of Landing.

Q7. Living situation. Nearest box, plus a note if yours is unusual.

Q8–Q9. Spouse or partner, including common-law. Answer for how you really live. Their income and assets are assessed alongside yours.

Q10. Dependent children, with birth dates, whether they live with you, and if 18 or 19 whether still in high school.

Q11. Trustee or Power of Attorney. A relative helping you fill this in is not a trustee. Name them later as a contact person.

EMPLOYMENT HISTORY (Q12–Q21) — the section that decides it

The aim is not to prove you never work. It is to show that you cannot reliably sustain work. Willing but unable is a real answer. Doing a little, at great cost, is evidence of how hard work is for you, not proof that you are fine.

Q12. Employment services used. If none, do not leave it blank. The Adjudication Guide lists absence of prior participation in employment services as a reason to place someone on ADAP. Say why: that your disability is the reason.

AND NOW THE POLICY SAYS THE OPPOSITE FOR AISH

The manual states plainly that AISH clients *are not required by the program to make use of an employment support or seek or accept employment*, and may do a nominal or minimal amount of work or volunteering for community attachment.

Those duties — seek and accept reasonable employment, do not reduce or terminate it, take part in an employment support — are **ADAP responsibilities only**.

So a blank at Q12 still needs explaining, because it is read at the adjudication stage. But nobody on AISH is failing a duty by not having worked. There is no such duty.

Q13. Willing to work if given the opportunity. This asks about willingness, not ability. Answer as it is true for you. But the Adjudication Guide lists expressed willingness to work as a factor that can place someone on ADAP, so willingness with a thin Q15 is the exact pattern that lands people there. Say the whole truth: I would work if I could, and here is why I cannot.

Q14. Steps taken to find compatible work. Truthful, even if the answer is very little because of your health. Do not write this as a job search still in progress.

Q15. How your disability affects your ability to work. Marked optional. It is the most important thing on your part of the form. Do not skip it.

EDIT EVERY BRACKET TO YOUR OWN TRUTH

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My disability affects my ability to work in the following ways:

When capacity depends on someone else: I can do tasks when a person is beside me directing me step by step, but on my own I cannot reliably start, organize or finish what a job needs.

When the condition is unpredictable: My condition flares without warning. There are [days / weeks] I cannot leave home or function, and I cannot know in advance which days those will be. I cannot promise an employer I will show up.

When you have tried: I have tried by [taking pain medication to get through / working from home on good days]. The days I work leave me [unable to function for days after].

Everyday functioning: Day to day I struggle with [preparing meals / keeping appointments / managing medication / focus beyond [X] minutes]. This is my ordinary week, not a rare bad day.

What management costs me: I am stable because I control my own pace, environment and rest. Those conditions are not available in employment, and my condition destabilises when they are removed.
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Use only the lines that are true for you. Write it in your own voice.

Q16. Currently employed. Truthfully. A little work does not disqualify you.

Q17–Q21. Past and current jobs, duties, average hours, seasonal arrangements. For reason for leaving, if your health ended the job check **Medical condition**. Do not soften it to quit.

EDUCATION AND TRAINING (Q22–Q27)

Quick ones. Highest level of school, training completed, steps taken to find training that fits your disability, and whether you study now or plan to. Wanting to learn does not count against your claim. If you are receiving end-of-life or palliative care you may skip this section entirely.

INCOME (Q28–Q45)

Report every kind of income you and your partner receive, with the average monthly amount, and attach the papers. Q28 employment, attach three recent pay stubs. Q32 CPP, Q33 OAS, Q34 insurance, Q35 pension. Q43 other income. Q44 special payments in the last twelve months such as a gift, inheritance, sale or compensation. Q45 whether you have applied for the Disability Tax Credit or Canada Disability Benefit.

YOU ARE REQUIRED TO APPLY FOR OTHER BENEFITS

The manual requires applicants, clients and their partners to access all income and assets they are eligible for. That expressly includes **Canada Pension Plan Disability, the Canada Disability Benefit, and OAS**. This is why the CPP-D consent is on the form. It is standard, not a trick.

Two limits worth knowing. You are **not** required to take CPP retirement before 65 even though the rules allow it at 60. And if you defer OAS past 65, you are **not eligible** for AISH or ADAP.

Q31, the Canada Disability Benefit. Report it. Schedule 1 section 1(1)(e) requires it to be counted as income and Alberta deducts it dollar for dollar. That is written into the regulation, not decided by your worker. Not reporting it is far worse than the deduction.

ASSETS (Q46–Q66) — exempt does not mean hidden

List the value of everything you own. Many items do not reduce your benefit but must still be listed. Starred on the form as exempt: your LIRA at Q51, RDSP at Q52, and principal residence at Q62. A vehicle adapted for your disability at Q59 may also be exempt. Hiding an exempt asset turns something harmless into a problem. Work down the list and attach documentation where it applies.

WHAT HAPPENS AFTER YOU SEND IT

The order of assessment matters. Eligibility is assessed general first, then financial, then medical. If you fail one, the rest are not assessed at all. Your denial letter will say which criteria went unassessed. So a denial on residency or income means nobody ever looked at your medical evidence.

If the AISH panel says no, you are assessed for ADAP. The manual states that where AISH eligibility is denied by the Medical Review Panel, the applicant is then assessed for ADAP. You do not fall off a cliff by trying.

THE APPEAL LEVER ALMOST NOBODY KNOWS ABOUT

Two panels hear appeals. The **Citizen Appeal Panel** hears general eligibility, financial eligibility, most personal benefits, overpayments and underpayments. The **Medical Appeal Panel** hears medical eligibility decisions for ADAP, by written submission only.

A determination by the Medical Review Panel about AISH is final and cannot be appealed. **But the decision not to refer your application to the Medical Review Panel in the first place can be appealed, to the Medical Appeal Panel.** The manual lists it outright.

So if you apply for reassessment and are approved for ADAP without ever being sent to the AISH panel, that is a decision with a door on it. Thirty days from being notified, in writing, to the Appeals Secretariat at ALSS.Appeals@gov.ab.ca. The time limit can be extended on request.

The trap that loses strong appeals. Once you file the Notice of Appeal, the program stops considering new information, and the panel can only look at what the program already had. **Send new evidence to the program first**, get written confirmation it was considered, and only then appeal.

What no panel can hear. AISH medical eligibility. Constitutional arguments. Decisions to deny or amend benefits where someone qualifies for another program such as OAS or CPP and refuses to apply. Determinations of financial hardship. Denial of a personal benefit for medical supplies, equipment, special diets or supplements. Fraud-related restrictions.

SIGNATURES AND CONSENTS

Sign everywhere that applies. A trustee, guardian or attorney signs their own line. The AISH and ADAP consent lets them check eligibility. The CRA consent lets them pull your tax information, which is normal, and you and your partner must supply your Notice of Assessment anyway. The CPP-D consent reflects the requirement above. If you want a trusted person to talk to the program about your file, name them in the contact box.

Check every page, make sure each signature and date is in place, and **keep a full dated copy before you send it.** Your copy is the start of your evidence file.

THE FOUR DATES TO WRITE DOWN

The date you sent the application. The date of any decision letter. Twelve months from that letter, which is your window to send more information without starting over. Thirty days from that letter, which is your appeal deadline.

If it feels like a mountain, you do not have to climb it alone. Bring the question that is stuck to the group and we will take it apart one piece at a time.

Sourced throughout from the Government of Alberta AISH Manual, DIA Program Policy, sections last updated July 2, 2026, and from the ALSS Adjudication Guide, July 2026. General information, not legal or medical advice. Free to share, print and post.

Disability Income Assistance Application

Form DS2444A · Rev. 2026-07 · Protected B (when completed)

Accessibility note: This is a fillable working copy that captures everything the official DS2444A asks. It opens and fills on any phone, tablet, or computer. It is NOT an official Government of Alberta form. The official version is available from the Government of Alberta at dia.alberta.ca.

This application covers two programs: Assured Income for the Severely Handicapped (AISH) and the Alberta Disability Assistance Program (ADAP). If you need help, call the Alberta Supports Contact Centre at 1-877-644-9992.

*** (Mandatory) = answer required to achieve application completion.**

Your Situation

If any of the following apply, you may not need to complete the entire application.

Are you currently receiving palliative care, or has a medical professional told you that your illness is terminal?

☐ Yes ☐ No ☐ Unsure

Are you currently living in, or have been assessed, approved and are awaiting placement in a permanent care facility, continuing care home, or similar setting?

☐ Yes ☐ No

If yes: has a medical professional assessed you as needing permanent placement in a care facility, continuing care home, or similar setting?

☐ Yes ☐ No ☐ Unsure

☐ Skip Income & Asset Information — I am receiving Income Support benefits from the Government of Alberta.

☐ Contact an Alberta Supports office — I stopped receiving AISH or ADAP benefits less than two years ago and my medical condition has not changed.

☐ None of the above apply — complete the full application.

Applicant Information – Information About You

1. Have you received AISH or ADAP benefits in the last 24 months? *

☐ Yes — my file was transitioned to ADAP as of July 2, 2026
☐ Yes — I was receiving AISH or ADAP within the last 24 months but stopped
☐ No

2. Are you waiting for an outcome on a previous AISH application and wondering if you should reapply now? *

☐ Yes ☐ No

3. Are you currently receiving Income Support? *

☐ Yes ☐ No

Last name *

First name *

Middle name

Last name on birth certificate (if different)

Other preferred first name

Date of birth *

Day Month Year

Gender *

☐ Male ☐ Female ☐ Gender diverse ☐ Prefer not to say

Social Insurance Number (SIN) *

Personal Health Number (PHN) *

☐ I do not have or am waiting for a PHN

Home phone *

Other phone (if applicable)

Email address *

4. Are you a resident of Alberta? *

☐ Yes ☐ No

5. Did you immigrate to Canada or are you a foreign national?

☐ Yes ☐ No

6. What is your citizenship/immigration status? *

☐ Canadian citizen ☐ Permanent resident ☐ Sponsored immigrant (include Record of Landing)

☐ Other, specify:

If sponsored — start date (dd-mm-yyyy)

End date (dd-mm-yyyy)

7. Check the box that describes your living situation *

Rent Own Public/social housing Live with relatives Shelter Continuing care home Group home

No fixed address

Institution — a residence the Alberta government has designated as:

A mental health facility Institutions including penitentiaries and halfway houses

Other (specify)

Address where you live

Unit #

City/town

Province

Postal code

Mailing address (if different from above)

Spouse/Partner Information

8. Marital Status (check one). If married or in a partner relationship, complete this section. *

Single Married Partner Separated from spouse or partner

Last name

First name

Middle name

Last name on birth certificate (if different)

Other preferred first name

Date of birth *

Day Month Year

Gender *

Male Female Gender diverse Prefer not to say

Social Insurance Number (SIN) *

9. Is your spouse/partner currently receiving AISH, ADAP or Income Support benefits?

Yes No

Dependent Child(ren) Information

10. Do you have a dependent child(ren)? * (If no, go to Trustee/Power of Attorney Information.)

Yes No

Last name

First name

Middle name

Date of birth

Day Month Year

If 18/19, attending high school?

Yes No

Does this child live with you?

Yes No

Last name

First name

Middle name

Date of birth

Day Month Year

If 18/19, attending high school?

Yes No

Does this child live with you?

Yes No

If you need to note additional child(ren), attach additional page(s).

Trustee / Power of Attorney Information

11. Do you have a Legal Trustee or someone currently acting under a Legal Power of Attorney? * (If no, go to Employment History.)

Yes No

Trustee/attorney last name *

Trustee/attorney first name *

Trustee/attorney phone number *

Mailing address *

City/town *

Province *

Postal *

Employment History

12. Did you use any employment services or supports to help you find work? * (e.g., DRES, RES, Alberta Career and Employment Information Services)

Yes No

If yes, list options recommended and pursued (e.g., vocational options)

If no, please explain

13. Are you willing to work if given the opportunity? *

Yes No

If no, please explain

14. What steps have you taken to find work that is compatible with your disability?

15. Please share any relevant information about your experience with managing your disability and its impact on your ability to work. (optional)

Current Employment

16. Are you currently employed? *

Yes No

Employer name (indicate if self-employed) | Start date (mm-yyyy) | End date (mm-yyyy)

Full-time Part-time Seasonal Casual Temporary Self-employment On Leave Other

Previous Employment

17. Have you ever been employed? (If yes, provide history. If no, proceed to Education/Training History.)

Yes No

Employer name (indicate if self-employed)

18. What is/was your job/role with this employer? What were your responsibilities?

19. If you worked full-time, part-time, or self-employed, provide the average number of hours worked per week. *

20. If you work(ed) seasonal, casual, temporary, or other hours, or are on leave, tell us more about your work arrangement, including how often you work(ed). *

21. Reason for leaving this job * (if applicable)

Contract ended | Laid off (company closing or downsizing) | Legal reasons | Medical condition | New job
Pursue education or training | Retire | Seasonal/temporary/casual | Transportation to and from work
Workplace performance | Workplace relationship issues | Work schedule/location | Terminated during probationary period
Fired | Quit | Not applicable

Other, explain

If you need to add employment history, attach additional page(s).

Education/Training History

22. What education or training have you completed? *

No formal education | Grade 1-6 | Grade 7-9 | Grade 10-12 | High school certification of achievement
Canadian Adult Education Credential (CAEC) / GED | High school diploma | Some trades/technical | Some college/university
College/university

School/college/university name

Degree/diploma obtained (includes all levels) | Last year attended (yyyy)

23. What training have you completed? *

Training or upgrading | Technical/trades/journeyman | Non-credential (college prep / ESL) | None of the above

Training completed | Year (yyyy)

School/provider | Course

Level completed | Certificate or diploma obtained

24. What steps have you taken to find training that is compatible with your disability?

25. Are you currently attending an education or training program? * (If yes, complete the following.)

Yes | No

School/provider | Location

Program of study | Date started (mm-yyyy) | Expected completion (mm-yyyy)

26. Are you planning to take further training or upgrading in the near future? *

Yes | No

School/provider *

Program of study * | Date started (mm-yyyy) * | Expected completion (mm-yyyy) *

27. What are your goals upon completing training?

Income Information

Indicate yes if you and/or your spouse/partner have received any of the following income. If yes, provide the average monthly amount and include supporting documentation.

Income Type	Applicant (if yes, avg monthly amount)	Spouse/partner (if yes, avg monthly amount)
28. Employment (provide 3 most recent months of pay stubs)	Yes $	Yes $
29. Self-employment	Yes $	Yes $
30. Employment Insurance (EI)	Yes $	Yes $
31. Canada Disability Benefit (CDB)	Yes $	Yes $
32. Canada Pension Plan (CPP)	Yes $	Yes $
33. Old Age Security (OAS)	Yes $	Yes $
34. Disability/wage loss insurance	Yes $	Yes $
35. Pension from previous employment	Yes $	Yes $
36. Income from trust account(s)	Yes $	Yes $
37. Income from investments	Yes $	Yes $
38. Income from a rental property	Yes $	Yes $
39. Life insurance income	Yes $	Yes $
40. Guaranteed income supplement	Yes $	Yes $
41. Spousal support/alimony	Yes $	Yes $
42. Workers' Compensation Benefits	Yes $	Yes $

43. Do you or your spouse/partner have other sources of income? *

Yes No

If yes, specify the type of income and amount (provide documentation)

44. Have you or your spouse/partner received a special payment in the past 12 months? (e.g. cash gifts, inheritances, sale of home/vehicle, criminal-act or accident compensation)

Yes No

If yes, specify the type, amount, and date received (provide documentation)

45. Have you or your spouse applied for the Disability Tax Credit (DTC) and/or Canada Disability Benefit (CDB)?

Yes No

Asset Information

Fill in only the fields that apply to you and your spouse/partner. Provide the approximate value in each relevant field and provide documentation.

Asset Type	Applicant (if yes, approximate value)	Spouse/partner (if yes, approximate value)
46. Bank account(s) — include all bank account types	Yes $	Yes $
47. Cash and uncashed cheques	Yes $	Yes $
48. Guaranteed Investment Certificates (GICs), term deposits	Yes $	Yes $
49. RRSP / Registered Retirement Income Fund (RRIF)	Yes $	Yes $
50. Annuities	Yes $	Yes $
51. Locked-In Retirement Account (LIRA) *	Yes $	Yes $
52. Registered Disability Savings Plan (RDSP) *	Yes $	Yes $

53. Registered Education Savings Plan (RESP)	Yes $	Yes $
54. Tax-Free Savings Account (TFSA)	Yes $	Yes $
55. Stocks and/or bonds	Yes $	Yes $
56. Trust funds	Yes $	Yes $
57. Life insurance (cash surrender value)	Yes $	Yes $
58. Vehicle(s) — How many do you have? ____	Yes $	Yes $
59. Vehicle adapted for a disability **	Yes $	Yes $
60. Recreational vehicle(s) (motorhome, boat, snowmobile, etc.)	Yes $	Yes $
61. Other vehicle	Yes $	Yes $
62. Home/principal residence *	Yes $	Yes $
63. Recreational property	Yes $	Yes $
64. Rental property	Yes $	Yes $
65. Farm	Yes $	Yes $
66. Business	Yes $	Yes $

Vehicles — how many do you have?

Farm — Do you live on a home quarter section? Do you own land other than the home quarter section? Provide property tax assessment, mortgage documents, balance sheet, farm insurance, and equipment list.

Home quarter: Yes No
Other land: Yes No

** These assets are exempt and do not affect eligibility, but must be reported. ** May be exempt depending on your situation.*

Declaration

1. I declare the information I am giving about me, my spouse/partner (if applicable) and my dependent child(ren) (if applicable) is true and complete, and I understand that intentionally withholding information or giving false or incomplete information is an offence which could result in criminal charges.
2. If I am a guardian, co-decision-maker, agent, Trustee or attorney (under a power of attorney), I understand what this declaration means as it applies to the applicant.

Applicant name (print) *	Date (dd-mm-yyyy)	Signature
Guardian/co-decision-maker/agent name (print) *	Date (dd-mm-yyyy)	Signature
Trustee/attorney name (print) *	Date (dd-mm-yyyy)	Signature

Consents – AISH and ADAP Consent

I give my permission to any person, agency, organization, institution or other source to give AISH and ADAP and/or AISH and ADAP contracted services any information about my household situation, education and training, employment, and finances AISH or ADAP requests to determine my eligibility. I understand I may withdraw my consent, in writing, at any time (doing so may impact eligibility).

Applicant name (print) *	Date (dd-mm-yyyy)	Signature
Guardian/co-decision-maker/agent name (print) *	Date (dd-mm-yyyy)	Signature
Trustee/attorney name (print) *	Date (dd-mm-yyyy)	Signature

If you would like to name a person or organization that AISH and ADAP can contact about your application, provide the following:

Name of person/organization (print)	Phone number

Consents – Canada Revenue Agency Consent

I authorize Canada Revenue Agency to release information required from my tax file to the Alberta Ministry of Assisted Living and Social Services, relevant to and used solely for determining and verifying my eligibility (or my co-habiting partner's) for benefits under the AISH Act. Valid for the prior taxation year, the current year, and each subsequent year assistance is requested. I may withdraw in writing.

Applicant name (print) *	Date (dd-mm-yyyy)	Signature
Guardian/co-decision-maker/agent name (print) *	Date (dd-mm-yyyy)	Signature
Spouse/partner name (print) (if applicable) *	Date (dd-mm-yyyy)	Signature
Trustee/attorney name (print) *	Date (dd-mm-yyyy)	Signature

Consents – Canada Pension Plan – Disability (CPP-D) Consent

I understand AISH and ADAP require applicants to use all available income, and that CPP-D is a benefit I may be entitled to. If eligible for AISH or ADAP, I agree to have a CPP-D representative decide if I am eligible for CPP-D. I give permission to AISH and ADAP to share my DIA Medical Report and DIA Applicant Information with CPP-D, and to CPP-D to share its decision with AISH and ADAP. This consent is in place for three years from signing; I may withdraw it in writing at any time (doing so may impact eligibility).

Applicant name (print)	Date (dd-mm-yyyy)	Signature
Guardian/co-decision-maker/agent name (print)	Date (dd-mm-yyyy)	Signature
Trustee/attorney name (print)	Date (dd-mm-yyyy)	Signature

** Date consent is effective.*