

ADAP EXEMPTION — CAREGIVER STATEMENT — HOW TO USE IT

Documenting an exemption on behalf of someone you care for · Version 1.0, September 2026 (Classification: Public)

WHAT THIS FORM IS FOR

This is the caregiver version of the exemption statement. It documents, on behalf of the person you care for, which exempt category they fall in, what the government did or did not tell them, and any contradiction between the published criteria and the placement letter they received.

It exists because many people in the exempt categories have someone else managing their correspondence. If you are the person who opens the letters, you are the person who noticed the problem, and this is how that gets on the record in your name.

The four exempt categories are: aged 60 or older; in the Persons with Developmental Disabilities program or assessed as eligible for it; resident in a continuing care setting; or receiving palliative or end-of-life care.

BEFORE YOU FILL THIS OUT

A note on the date. This form was written in May 2026 and speaks about the transition in the future tense. It has since happened. The categories and the questions still hold — read the future-tense wording as describing what has now taken place.

You are writing about someone else, so be careful with their information. The form asks for the recipient's name, date of birth, file number and address because those are what connect the statement to their record. It does not ask for their medical history and you should not add it.

Tell them you are sending it if you can. Nothing requires their permission, but it is their file and their life.

Have the placement letter in front of you. Most of the form turns on what it said and when it came. If none ever arrived, that is itself one of the answers the form wants.

WHAT EACH SECTION IS ASKING FOR

In plain terms, section by section. You do not have to read it all — find the part you are stuck on.

1. Recipient information

The person being protected from transition: full legal name, date of birth, AISH file number, mailing address. The file number is what ties this to their record in the government's system.

2. The recipient's exemption category

Tick the one that applies to them. If more than one does — someone over 60 who is also in continuing care, for instance — note that, because a single tick can understate how clearly they qualify.

3. Communication received

What was sent, when it arrived, and what it said. If nothing arrived, record that plainly with the date you would have expected it. An absence is a fact and it has consequences.

Contradictions

Where the published criteria and the letter they received do not agree, set it out: what the criteria say, what the letter said, and why both cannot be true. This is the part that does the work.

Your own details as the caregiver

Your relationship to the recipient and your standing to write. You do not need to be a legal guardian or a trustee for this statement to count as a record of what you witnessed.

WHERE THIS GOES AFTER YOU SIGN IT

The Minister of Assisted Living and Social Services.

alss.minister@gov.ab.ca.

The Alberta Ombudsman, where the issue is administrative fairness.

ombudsman.alberta.ca — the route when the complaint is about how a decision was made rather than what the policy is.

The recipient's healthcare team and case manager.

For their records. A case manager who has the statement on file is a case manager who cannot later say nobody raised it.

Optionally, the campaign.

albertadisabilitybreakdown@outlook.com for the documented record. Additional, never instead.

WHAT HAPPENS NEXT

Keep your signed copy with the date and the list of recipients. A statement made before a dispute carries more weight than one produced during it.

Expect the first reply to restate policy rather than address the individual case. Keep it anyway — it establishes what you were told and when.

If the placement was wrong and nothing moves, the exemption question and the fairness question are separate routes. The Ombudsman deals with the second even where the first is settled.

WHAT NOT TO DO

Do not attach the recipient's medical records. You are stating a category and a chronology.

Do not write as though you were them. The value of a caregiver statement is that it comes from a witness.

Do not send it only to the campaign. It has to reach the government to do anything for their file.

Free to share, free to print, free to post. General information, not legal advice.

ADAP Exemption — Caregiver Statement

For caregivers, guardians, trustees, spouses, and family members — on behalf of a recipient

Why this form exists. Since May 12, 2026, the Government of Alberta has been issuing placement letters to current AISH recipients identifying whether they will remain on AISH or be transitioned to the new Alberta Disability Assistance Program (ADAP) on July 1, 2026. The Government has identified four exempt categories: recipients aged 60 or older, recipients in the Persons with Developmental Disabilities (PDD) program, recipients in continuing-care residential settings, and recipients receiving palliative or end-of-life care. Many AISH recipients in those categories have a caregiver, guardian, trustee, spouse, family member, or formal support person who manages their correspondence with the Government. This form is for that caregiver to formally document, on the recipient's behalf, (a) the exemption category the recipient falls in, (b) the communication received about the recipient's AISH status, and (c) any contradiction between the published exemption criteria and the placement letter the recipient received.

1. Recipient Information (the person being protected from transition)

Recipient's full legal name

Recipient's date of birth (YYYY-MM-DD)

Recipient's AISH file number

Recipient's mailing address

2. Recipient's Exemption Category (check the one that applies to the recipient)

The recipient is 60 years of age or older.

The recipient is in the Persons with Developmental Disabilities (PDD) program, or has been assessed as eligible for PDD services.

The recipient is a resident of a continuing care facility (Continuing Care Home Type A — long-term care; or Continuing Care Home Type B — designated supportive living).

The recipient is receiving palliative or end-of-life care.

3. Caregiver / Guardian / Family Member Information (the person completing this form)

Your full legal name

Your phone (optional)

Your mailing address

Your email (optional)

Your relationship to the recipient (check all that apply)

Parent or legal guardian of recipient

Spouse, common-law partner, or close family member

Trustee, personal directive agent, or power-of-attorney holder

Formal paid caregiver, support worker, or care-team member

Adult child of recipient

Other (specify in Section 5 below)

Formal legal authority (if any) — e.g., guardian under AGTA, trustee, agent under personal directive

ADAP Exemption — Caregiver Statement

Page 2 of 2

4. Communication Received About the Recipient (check all that apply)

I was informed verbally by an AISH caseworker, a Government of Alberta employee, or a healthcare professional that the recipient is not transitioning to ADAP because of the exemption category indicated above.

The recipient (or I, on their behalf) received a written letter from the Government of Alberta confirming that the recipient is remaining on AISH.

The recipient received a placement letter from the Government of Alberta dated on or after May 12, 2026, indicating that the recipient is being transitioned to ADAP — despite being in the exempt category indicated above. This placement contradicts the Government of Alberta's own published exemption criteria.

We have not received direct communication but understand from publicly available information that the recipient is in an exempt category.

Other communication received (please specify in Section 5 below).

Date of communication (YYYY-MM-DD)

Caseworker or official name (if known)

5. Statement and Additional Details

I am completing this form on behalf of the recipient named in Section 1 to document the recipient's exemption status under the AISH-to-ADAP transition framework. The Government of Alberta has identified four exempt categories in its May 12, 2026 ADAP Fact Sheet, and the recipient belongs to one of those categories. I am completing this form either (a) to document the recipient's expectation of remaining on AISH consistent with that exemption, or (b) to formally contest a placement decision in the May 12, 2026 placement letter that contradicts the published exemption criteria. The communication received and the recipient's category are the documented basis on which we expect the recipient to remain on AISH.

Additional details, concerns, or notes (optional)

Maximum: 2,000 characters

6. Signature and Date

Caregiver signature (type your full name)

Date signed (YYYY-MM-DD)

7. What to Do With This Form

Keep a signed copy with the recipient's records. Send copies to the recipient's MLA (assembly.ab.ca); to Minister of Assisted Living and Social Services Hon. Nathan Neudorf (alss.minister@gov.ab.ca); to the Alberta Ombudsman (ombudsman.alberta.ca); to The Alberta Disability System Breakdown (albertadisabilitybreakdown@outlook.com) for inclusion in the campaign documented record; and to the recipient's healthcare team and case manager.