Barriers to Employment Participation

Print and write copy | The Alberta Disability System Breakdown | July 2026
Regulation references are to AR 96/2026 as in force July 2, 2026

This is a formal written notice setting out the barriers that affect your ability to take part in employment programming, and asking for accommodation and answers in writing.

You are not refusing to participate. You are documenting what stands in the way and asking what will be done about it. Say it in those words if anyone suggests otherwise.

Why this works whichever way it goes

If they accommodate you, you get the support you need.

If they refuse, or do not answer, you hold a dated record showing that participation was required and that the barriers were put to them in writing and left unaddressed.

There is no version of a completed, sent notice that does not work in your favour.

Print this, fill it in by hand, and post it or hand it in at an Alberta Supports office. Leave blank anything that does not apply to you. Photograph or photocopy it before it goes.

Section 1 | About you

Full legal name _____

File number (if known) _____

Date of birth _____

Phone _____

Email _____

Mailing address _____

Today's date _____

If someone is completing this for you as a representative, trustee or agent:

Their name _____

Their authority _____

Section 2 | Where to send it

Send it to the office that holds your file. The address is on any letter you have received from the program. If you cannot find one, ring Alberta Supports on **1-877-644-9992**, ask which office holds your file and for the address, and write it below. Ask them to email it to you while you are still on the line so you have it in writing.

Office _____

Address _____

Email _____

Also send a copy to the Minister of Assisted Living and Social Services at **alss.minister@gov.ab.ca**, and to your MLA. Find your MLA at contact.assembly.ab.ca.

Section 3 | Your barriers

Tick every one that is true for you. One barrier is enough to ask for accommodation. You do not need all of them.

- ☐ My condition is episodic and prevents reliable, predictable attendance.
- ☐ My condition gives no advance warning, so I cannot plan attendance ahead.
- ☐ A mental health condition prevents me attending group or public settings.
- ☐ I cannot use public transit because of a documented disability.
- ☐ I have no vehicle and cannot afford taxi or rideshare transport.
- ☐ I cannot walk the distance needed to reach transit or a venue.
- ☐ I have caregiving obligations. A dependant in my care needs direct supervision.
- ☐ My support worker hours are intermittent and come without advance notice.
- ☐ I follow active medical protocols and must stay available to respond to my own health.
- ☐ Medical appointments conflict with the programming schedule.
- ☐ I am given no advance notice of scheduling, so I cannot arrange care or transport.
- ☐ Telephone contact is itself a barrier for me.
- ☐ Something else, described below.

Describe your situation in your own words

Write what you cannot reliably do, why it is unpredictable, and what you would need in order to take part. If you have tried before and it did not work, say so and say when. You do not have to be formal. If you need more room, attach a page and write *see attached*.

Two things worth adding if they are true

If you have already asked for something and been refused, say so with the date. A refusal already on record is stronger than a difficulty described in general.

If you are reapplying for AISH, say so. One member has written confirmation that she is exempt from work programs until it is decided which program she lands on. That was one worker on one file rather than published policy, so ask for the same in writing for yourself.

Section 4 | Your formal notice

Write on your envelope, or in your email subject line:

Formal Notice — Barriers to Employment Participation and Request for Accommodation

To Whom It May Concern,

I am giving formal notice of barriers that affect my ability to take part in employment programming, and requesting accommodation and written answers. My identifying details and the barriers that apply to me are set out in this notice. **This is not a refusal to participate.**

I am requesting the following in writing.

1. **What is required of me.** Section 15(4) of AR 96/2026 allows a benefit to be refused, suspended, varied or discontinued where a person has refused or neglected to participate in an employment support. Neither *reasonable employment* nor *employment support* is defined in that regulation. Please state what specifically is required of me, how I will be told, and by when.
2. **A travel benefit.** Schedule 3, section 1(1)(d) of AR 96/2026 provides a travel benefit for a client eligible under section 3.02 of the Act who requires access to a training or employment program supporting their efforts to obtain employment. I am requesting that benefit and confirmation of what it covers.
3. **An employment and training allowance.** Schedule 3, section 6 provides for application, registration and testing fees, and for tools, goods or services that improve employability. I am requesting confirmation of what is available to me.
4. **Accommodation of the barriers above.** Please confirm what accommodation will be provided in respect of each barrier I have identified.
5. **Written contact.** I am requesting that contact about employment participation be made in writing rather than by telephone, and that any contractor contacting me on the program's behalf be advised of this.
6. **The consequences of non-attendance.** Please confirm whether non-attendance arising from these barriers would reduce or stop my benefit, and if so what the review or appeal route is.
7. **Confirmation of receipt.** Please confirm that this notice has been received and placed on my file.

I am requesting a written response by the date below.

Response requested by _____

Choose your own date. Two to three weeks from today is reasonable. A date you have chosen is a date you can point to later.

Signature _____

Date _____

Section 5 | After you send it

- ✓ Photograph or photocopy the completed notice before it goes.
- ✓ If you post it, use a method that gives you proof of posting if you can.
- ✓ If you hand it in, ask for a date stamp or a receipt, and write down who you gave it to.
- ✓ If you email it, keep the sent copy and any automatic reply. That is your proof of receipt.
- ✓ If you get no reply by the date you set, follow up in writing and keep a copy.
- ✓ Keep everything dated in one folder. This notice is the start of your record.
- ✓ If your benefit is reduced or stopped over attendance before anyone has answered this, tell the campaign and keep the dates.

What the rules say

Every line below was read in the regulation or the Act. Section numbers are given so you can check any of it yourself.

The duty applies to ADAP only	Section 15(4) of AR 96/2026 applies to benefits under section 3.02 of the Act, which is ADAP. The policy manual states that AISH clients are not required to seek work.
The duty is not defined	Section 14 says only that the Minister may determine the types of employment supports and how often they are provided. Neither *reasonable employment* nor *employment support* is defined anywhere in the regulation.
There is no illness exemption	Section 15(4) contains no exemption for illness on its face. That does not mean allowances will not be made. It means get any allowance in writing.
Travel support does exist	Schedule 3, section 1(1)(d) provides a travel benefit for an ADAP client who requires access to a training or employment program. Ask for it rather than assuming there is nothing.
So does a training allowance	Schedule 3, section 6 covers application, registration and testing fees, and tools, goods or services that improve employability.
The Citizen's Appeal Panel still exists	It continues under section 47 of the Act and hears non-medical appeals, including living allowance, health benefits, child benefit and most personal benefits.
The appeal clock is 30 days	An appeal must be in writing to an appeal panel within 30 days after the date you receive notice of the decision. If two people tell you different things and one involves waiting, file first.
Rates	AISH is $1,940 per month under section 8(2). ADAP is $1,740 under section 8(3). Where both partners are eligible clients, each becomes 88% of that amount under section 8(4).

The Alberta Disability System Breakdown — Advocate

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