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.*