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

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.