

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

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.

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.