

# Self-Directed Home Support Application

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Application Date \*

## CLIENT INFORMATION

Name \*

Date of Birth \*

Mailing Address \*

Legal Address \*

Phone \*

Cell

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Will you consent to Saddle Hills County staff collecting survey information to better improve this program for our residents?

If other, please explain

Please select the type of client eligibility category you are applying for:

## ELIGIBLE SERVICES:

- Sweeping
- Vacuuming
- Laundry
- Meal planning and preparation
- Light cleaning
- Clean bathrooms
- Light gardening/plant care
- Rotation of groceries
- Cleaning fridge/freezer
- Dusting
- Mopping
- Washing dishes
- Organization
- Change bedding and/or linens
- Light snow shoveling
- Respite
- Companionship

Prior to remitting expenses to the Saddle Hills County Self Directed Home Support Program, I agree to the following:

1. I, , acknowledge the information collected on these forms will be used to determine my eligibility to this program.
2. I am a resident of Saddle Hills County.
3. I understand this program is administered on a first-come, first-serve basis.
4. I understand that I am solely responsible for hiring someone to perform the eligible services described within this application. I cannot remit for any services that are not eligible under this program.
5. I am responsible for performing background and reference checks for whomever I hire.
6. I agree to submit only for completed work that is eligible as described in this application.
7. I understand that Saddle Hills County will pay a maximum of \$400.00 per month for completed work.
8. If my application is approved, I agree to provide Saddle Hills County a direct deposit form and social insurance number.
9. I agree to notify the Saddle Hills County staff of any changes in my circumstances that would alter my agreement with them.
10. I understand that if a period of six (6) months passes without submitting a reimbursement, I will be automatically removed from the program and must reapply if I want to receive future reimbursements.
11. The subsidy will be terminated if the I am no longer eligible for these services.
12. I understand I will be issued a T4A statement
13. I agree that I have read and understand Saddle Hills County Policy AD69 - Self Directed Home Support Program

## Declaration of Understanding

I fully understand all of responsibilities required of me by the Self-Directed Home Support Program.

I certify that the information I provided is true and complete to the best of my knowledge. I am aware that if such information has been falsified, I may be terminated from the Self-Directed Home Support Program.

**Applicant Signature \***

**Date \***

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Contact Information	
Mailing Address: RR 1 Spirit River, AB T0H 3G0	Office: (780) 864-3760 Fax: (780) 864-3904 Email: <a href="mailto:fcss@saddlehills.ab.ca">fcss@saddlehills.ab.ca</a>

OFFICE USE ONLY			
Date Received:		Does the applicant meet eligibility requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Approved:		Date Notified	Staff Name _____ Initial _____

### Notice of Collection

The personal information on this form is being collected for the purpose of determining eligibility for and administering Saddle Hills County's Self-Directed Home Support Program and will be shared with Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact [admin@saddlehills.ab.ca](mailto:admin@saddlehills.ab.ca) or call (780) 864-3760.

**Please send me a pdf copy of this form**

- ☐ Yes  
☐ No

**Email address for copy of form \***

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