



Economic: Social - Single Parent: Social - Other: Health:

001 Applicant last name: Allan		002 Applicant given name(s): Jessica		003 Applicant treaty number: 023401	
TYPE OF ASSISTANCE			Support Document Required	Allowance paid directly to Vendor	AMOUNT
A: NON VARIABLE ALLOWANCES:					
100 Basic Needs Allowance (<u>1</u> . <u>0</u> . <u>0</u> . <u>1</u>)			<input type="checkbox"/>	<input type="checkbox"/>	\$ 544.05
102 Children Out of the Parental Home Allowance (<u>0</u> . <u>0</u> . <u>0</u>)			<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
103 Disability Allowance (Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Disabled Adult <input type="checkbox"/>)			<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
104 Special Care Room & Board for Disabled Adults (Relative <input type="checkbox"/> Private <input type="checkbox"/>)			<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
105 Comfort Allowance			<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
107 Infant Formula Allowance (Cost \$ <u>0</u> less Basic Food Allowance \$ <u> </u>)			<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
108 Therapeutic Diets (refer to Section 4.2 and Appendix H of the regional manual)					
Diet Type (incl. Calories, grams, etc.)	Name	Effective Dates (From - To)			
			<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
120 Shelter Allowance					\$ 0.00
121 RRAP					\$ 0.00
122 Laundry Allowance (Disabled <input type="checkbox"/> Special Dependent Care Aged 55+)					\$ 0.00
123 User Fees (Garbage <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/>)					\$ 0.00
124 Work Clothing Allowance (Not applicable to WOP/ASARET)					\$ 0.00
125 Exceptions Please Specify: _____					\$ 0.00
126 Telephone Allowance					\$ 0.00
127 Total for Non Variable Allowances			(Add lines 100 to 126)		\$ 544.05
B. VARIABLE ALLOWANCES					
130 Hydro			EPP: <input type="checkbox"/>		\$ 75.24
131 Oil					\$ 0.00
132 Wood Allowance - Purchased					\$ 25.00
133 Wood Allowance - Cut by Recipient					\$ 0.00
134 Propane					\$ 0.00
140A Special Needs (Non-Insured Health Benefits)					\$ 0.00
140B Special Needs (Other)					\$ 0.00
145 Burials (Complete and attach form - Record of Funeral Expenses)					\$ 0.00
150 Exceptions Please Specify: _____					\$ 0.00
160 Total Variable Allowances			(Add lines 130 to 150)		\$ 100.24
161 Total Allowances			(Add lines 127 and 160)		\$ 644.29
162 Less amount on line # 092 of form SD03 - Declaration of Income					\$ 0.00
163 Eligible amount			(Line 161 minus line 162)		\$ 644.29

I have reviewed eligible allowances with the Issuing Authority.

Signature of Applicant _____ Date _____

Signature of Issuing Authority _____ Date _____

For Use by the Issuing Authority