

2009 - 2010

**Change in Circumstances
for Learners Full-Time Study
Non-Employment Insurance Learners****Instructions for Submitting this Form**

- If you need assistance to complete this form, see your training contact person or service manager for assistance.
- Please make sure that all relevant documents are enclosed with this form and attached to Page 7.
- Ensure that you have completed all required forms and attached to Page 7.
- Most information in this form needs to have proof. Please make sure that the appropriate proof is attached to Page 7.

Your service manager or training contact person may submit this completed form or;

You may mail your form to: **Alberta Employment and Immigration
Learner Income Support Centre
PO Box 28000 Stn Main
Edmonton AB T5J 4R4**

General Information

- Financial assistance is intended to supplement resources available from learners and spouses/partners. Special or changed circumstances may result in your funding being adjusted.
- Your eligibility is based on assessment of your needs and resources. You may be required to enter a **Repayment Agreement** to receive some benefits.

Note: This **Change in Circumstances - Non-EI** form must be signed and dated.

**Change in Circumstances forms that are missing information or signatures will be returned.
Please print clearly in ink. If we cannot read the information on this form, it will be returned to you.
This will delay your funding.**

Additional Forms

The following forms may be required to complete the **Change in Circumstances - Non-EI**;

- Child Support Services
- Declaration of 18 and 19 Year Old Dependant Non-EI
- Child Care Expenses Non-EI
- Additional Continuous Benefits Non-EI
- Repayment Agreement

These forms may be obtained from:

- Your school/training provider
- The nearest AEI office (see Blue Pages in your local telephone directory)
- The internet at www.employment.alberta.ca/learners

All Learners completing this form must complete:

- Name of Learner, Social Insurance Number and Award Reference Number on Page 1.**
- Section 7 Declaration and Signature - Be sure you have read, understood and signed this section on Page 7.**

**Only complete other sections of this form that have changed.
Check all boxes where you are reporting a change in:**

- Name - go to Section 1**
- Address and housing type - go to Section 1**
- Change in Marital Status**
 - **addition of a spouse/partner - go to Sections 2, 5 and 6**
 - **removal of a spouse/partner - go to Sections 3 and 6**
- Number of dependent children - go to Sections 4 and 5**
- Monthly expenses - go to Section 5**
- Monthly income and assets - go to Section 6**
- Emergency or one-time need - go to Section 5A**
- Withdrawal from full-time training - go to Section 6B**
- Other - go to Section 6C**

Section 5 Change in Continuous and Non-Continuous Benefits**a) Non-Continuous Benefits**

33 I am requesting the Alberta Centennial Education Savings plan (ACES) benefit:

\$100 to establish a Registered Education Savings Plan (RESP) for children less than 6 years of age

First name of child	Birth date (day/month/year)

\$100 to contribute to an established RESP for children 8, 11, or 14 years of age in this academic year

First name of child	Birth date (day/month/year)

\$200 to establish and contribute to a RESP for children 8, 11, or 14 years of age in this academic year

First name of child	Birth date (day/month/year)

Note: You may request the ACES benefits only if you have not already received them, including as an Expected to Work (ETW) or Not Expected to Work (NETW) client of AEI.

If you have more than two children who may be eligible for the ACES plan this year, please provide all of the above information on a separate piece of paper and attach it to Page 7.

Child School Expenses for the following children:

First name of child	Birth date (day/month/year)	Grade

Note: Children's School Expenses is an automatic benefit for learners who are in or starting school by September 15 and who have not received this benefit as an Expected to Work (ETW) or Not Expected to Work (NETW) client of AEI. If you started training on or after September 16 or added school-aged dependants after September 16, you need to request this benefit.


Employment and Training Transition Supports (ETTS) supplementary benefit

I and/or my spouse/partner require the ETTS benefit:

First name of household member requiring ETTS benefit	Reason for benefit

Amount requested: \$

Speak to the Student Funding Contact Centre in Edmonton at 780-427-3722 or toll-free at 1-800-222-6485 for more information about this benefit and instructions on any required documentation. Attach any required documentation to Page 7.

Both you and your spouse/partner (if applicable) must read and sign the declaration on page 7 

Section 5 Change in Continuous and Non-Continuous Benefits (Continued)

Utilities: Submit copies of documentation (substantiation from utility company) and attach to Page 7

Connection or reconnection of:	<input type="checkbox"/> Power/Electricity	\$
	<input type="checkbox"/> Gas/Propane	\$
Arrears:	<input type="checkbox"/> Power/Electricity	\$
	<input type="checkbox"/> Gas/Propane	\$

Note: You may be required to sign a **Repayment Agreement** before the benefit can be issued.
(See Page A for directions on obtaining form)

Other Non-Continuous Needs - Please explain: Attach documentation to Page 7

Amount requested \$

b) Continuous Benefits

Do you have additional costs for: child care → complete **Child Care Expenses** form and attach to Page 7
Effective Date of Change day month

medical, transportation and/or accommodation → complete **Additional Continuous Benefits** form and attach to Page 7
Effective Date of Change day month

Section 6 Monthly Financial Resources and Household Assets - complete only if there is a change in monthly resources or assets. Please give the new monthly amount in the space provided.

Monthly Income (Actual resources while in school/training)	Self	Spouse/Partner	Effective Date of Change (day/month)
Wages/Salary (net pay, employment only) 53	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Support 54	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spousal/Partner Support (adult support) 54.1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Self-employment Income 55	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Insurance (EI benefits) 56	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parental Contribution 58	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Rental Property Income 59	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Room and Board Income 60	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aboriginal Funds (Specify Band supplying funding) 61.1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Income (orphan's benefits, pensions, WCB, interest, etc.) Do not include Canada Child Tax Benefit (CCTB) or GST credit.	<input type="text"/>	<input type="text"/>	<input type="text"/>
List: <input type="text"/> 62	<input type="text"/>	<input type="text"/>	<input type="text"/>

Both you and your spouse/partner (if applicable) must read and sign the declaration on page 7

Section 6 Change in Monthly Financial Resources and Household Assets (continued)

New Total Assets

	Self	Spouse/Partner	Effective Date (day/month)
Scholarship/bursary: Enter the total amount of scholarships or bursaries you are receiving during this funded training period. 69 \$			
Registered Retirement Savings Plan (RRSPs): Enter the total amount of RRSPs that you and/or your spouse/partner own. 70 \$			

New One-Time Only Income

	Self	Spouse/Partner	Effective Date (day/month)
If you have had one-time income greater than \$75, such as inheritance, winnings, etc., please enter the total amount of this income. Explain: <input type="text"/>			

New Total of Other Resources

	Household	Effective Date (day/month)
Assets: Term deposits, bonds, stocks, GICs, property, land other than the home you live in, etc. List: <input type="text"/> 72 \$		

I or my spouse/partner have received a lump sum payment of: \$ on: day month year

From (name of person/company making lump sum payment):


Reason for payment (attach documentation to Page 7):

Section 6B Withdrawal from Training

I withdrew from full-time training day month year

Section 6C Other Changes not included on this form

If your change in circumstances has not been addressed on this form, please write a description of your needs. If you require more space add information on a separate piece of paper and attach to Page 7.

Both you and your spouse/partner (if applicable) must read and sign the declaration on page 7 

Section 7 Declaration and Acknowledgement IMPORTANT - READ CAREFULLY AND SIGN IN INK

1. The information on this application and applicable schedules is true and complete and describes the financial and household situation for:
 - me
 - my spouse/partner
 - my dependants.
2. I will complete and submit a **Change in Circumstances - Non-EI** form to Alberta Employment and Immigration (AEI), Learner Income Support Centre **as soon as possible** if:
 - my address and housing type change
 - I or anyone in my family/household change marital, financial or academic status or study period
 - I have any change in my enrollment status at training
 - there are any changes in our household assets (items that we own)
 - there are any changes in my household situation.
3. I understand AEI has the right to recover benefits I receive to which I am not entitled. This includes those issued due to administrative error.
4. I understand I have the right to appeal a decision within 30 days of being informed of the decision.
5. I understand AEI may share relevant information with other Alberta Works programs or AEI contracted services.
6. I understand that AEI and/or a contracted service provider may get information about my financial, work, educational, medical and/or family/household situation to:

- determine my eligibility for Income Support for the Learner Non-Employment Insurance (EI) program, or
 - conduct a review or investigation relating to eligibility or continuing eligibility for these program benefits, or
 - enable service management to support and ensure continuing eligibility for the program applied for, or
 - administer AEI programs.
- I request any person, agency, institution or other source to give the required information to AEI and/or contracted service provider.
7. I understand AEI may conduct verification reviews or investigations relating to financial eligibility for this program. I acknowledge that I must provide information or documents as required by AEI to verify any statement made in this application. I understand that I may be denied financial assistance for training in the future if I do not comply with a request from AEI to provide information or documents so that information in this application may be verified.
 8. I understand that giving false or incomplete information, or not advising of changes in my situation may result in any or all of the following: termination or suspension of benefits, repayment of benefits received, and/or the laying of a charge under the *Income and Employment Supports Act* or the *Criminal Code of Canada*.
 9. I understand that my spouse/partner must agree to and follow through if an assessment of employability is required by AEI.
 10. I understand that I must sign the Canada Revenue Agency consent below to be eligible for benefits.

81	Spouse/Partner Signature (sign in ink) X	Today's Date (in ink) day month year
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11. **In addition to all the above, I, the applicant** understand that I must comply with all of the income support conditions including:
 - a. attending all my regularly scheduled classes
 - b. passing all my courses required to maintain full-time status
 - c. maintaining full-time enrollment status with my training provider.
12. I understand that my tuition fees, mandatory fees and student association fees will be paid directly to the training provider.

13. I understand that while I am registered and attending an employment and training program funded by AEI, I am deemed to be a worker of the Government of Alberta (GOA) for the sole purpose of receiving workers' compensation benefits under the *Workers' Compensation Act*. If injured in an accident, I am entitled to claim workers' compensation benefits and have resigned my right to take legal action against AEI, the GOA, any other employer or worker covered by the *Workers' Compensation Act*.

Please check forms accompanying this Change in Circumstances:

- | | |
|---|--|
| <input type="checkbox"/> Child Support Services | <input type="checkbox"/> Declaration of 18 and 19 Year Old Dependant |
| <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Continuous Additional Benefits |

80	Applicant Signature (sign in ink) X	Today's Date (in ink) day month year
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Canada Revenue Agency Authorization

I consent to the release, by Canada Revenue Agency to an official of Alberta Employment and Immigration or Alberta Advanced Education and Technology as applicable, of information from my income tax returns and other taxpayer information about me whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining, verifying and/or auditing my/our eligibility and for the general administration and enforcement of programs under the *Income and Employment Supports Act*. This consent is valid for the taxation year prior to the year of signature, the current taxation year and for each subsequent taxation year for which assistance is requested.

81	Spouse/Partner Signature (sign in ink) X	Today's Date (in ink) day month year
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80	Applicant Signature (sign in ink) X	Today's Date (in ink) day month year
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Attach any completed forms or documentation to this page only