

**How to fill out your application for the disability category of
Employment and Income Assistance (EIA)**

The application package includes this cover sheet and four forms described below.

Keep the self-report form (#4) and give the other forms to your doctor. You may also give the forms to a specialized nurse called a “nurse practitioner” to complete.

1. To the Physician

This instruction sheet tells your doctor and nurse practitioner what to do with the reports you are giving them.

2. Assessment Report

Ask your doctor to fill this out and either return it to you or mail it to your EIA case co-ordinator at the address on the statement of account.

3. Statement of Account

Ask your doctor to fill this out and return it directly to your EIA case co-ordinator. We need this form to pay doctors for their services.

4. Self-Report

This form gives you a chance to tell the EIA program more about your disability or medical condition. You can ask someone to help you fill out the form if you would like help.

Tell your EIA case co-ordinator if you are going to fill out this form and when you are able to return it. This will keep your application for income assistance under the disability category from being held up.

Why is EIA collecting personal health information about me?

The information is required under *The Employment and Income Assistance Act*. By signing the EIA application for financial assistance, you are giving EIA permission to collect the medical, educational, financial and employment information we need to make sure you are eligible for income assistance in the disability category.



To the Physician*

To help determine if your patient is eligible for the disability category of the Employment and Income Assistance (EIA) program, please complete the attached disability assessment report. Please type or write legibly. You may substitute this report with a letter.

Income Assistance may be provided under another category if the patient is not eligible for the disability category and is financially eligible.

It is the responsibility of EIA to make the final decision about the person's eligibility.

Definition of Disability

Under *The Employment and Income Assistance Act* (disability category), assistance may be granted if, by reason of age or by reason of physical or mental ill health, or physical or mental incapacity or disorder likely to continue for more than 90 days, a person is:

- i) unable to earn sufficient money for basic needs for themselves or any dependents
- ii) unable to care for themselves

Access to Personal Health Information

Under *The Personal and Health Information Act*, EIA must, when asked in writing or in person, provide applicants with any information or records, including medical reports, contained in their files. A copy of the completed disability assessment report should be given to the patient, if requested.

Return of Disability Assessment Report

You may return the completed disability assessment report directly to your patient or mail it to the EIA office at the address on the statement of account. Please advise your patient if you are mailing the report.

Payment

EIA will pay the physician \$45 in addition to the examination fee (as determined by Manitoba Health - Insured Benefits Branch) for completing the disability assessment report. To receive payment, please return the completed statement of account to the EIA office indicated.

Thank you for your help.

* A registered nurse (Extended Practice designation) is also authorized to complete this report

Applicants applying for income assistance, or requesting an extension, under the **disability category** may choose to complete this form to tell EIA more about their condition and how it affects them. Return the form to your EIA case co-ordinator.

Tell your EIA case co-ordinator if you are going to fill out the form and when you are able to return it. This will keep your application for income assistance under the disability category from being held up.

If you would like help filling out this form, please ask a family member, friend, or someone you may know. If you can't get the help you would like, ask your EIA case co-ordinator.

APPLICANT INFORMATION	
Name _____	
EIA Case Number _____	
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____	

EDUCATION	
Check the highest level of education completed.	
<input type="checkbox"/> Grade School (Kindergarten-Grade 8)	<input type="checkbox"/> Technical Trade
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College Diploma <input type="checkbox"/> University Degree

EMPLOYMENT	
When was the last time you worked? _____ (month/year)	What did you do in your job? _____
Do you think you may be able to return to work sometime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMUNITY SERVICES	
Check the boxes to tell us if any of the agencies below are helping you.	
<input type="checkbox"/> Addictions Foundation	<input type="checkbox"/> Supported Living
<input type="checkbox"/> Canadian National Institute for the Blind	<input type="checkbox"/> Society for Manitobans with Disabilities
<input type="checkbox"/> Canadian Paraplegic Association	<input type="checkbox"/> Vocational Rehabilitation Services
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Other _____
<input type="checkbox"/> Home Care	_____

ACTIVITIES OF DAILY LIVING

Mark an "x" in the column that best describes your ability to function with each of the listed daily activities. List any special equipment, adaptive devices or personal help you have for this activity.

Daily Activity	No Difficulty	Some Difficulty	A lot of Difficulty	Special Equipment/ Adaptive Devices/ Personal Help
Sitting				
Standing				
Walking				
Lifting				
Carrying				
Reaching				
Bending				
Personal needs (eating, washing hair, dressing, etc.)				
Bowel and bladder habits				
Household tasks (cooking, cleaning, shopping and similar activities)				
Seeing				
Hearing				
Speaking				
Remembering				
Concentrating				
Sleeping				
Breathing				
Going out into the community				
Using public transportation				

DISABILITY INFORMATION

Tell us about your medical, physical and/or psychiatric condition and how it affects your ability to work. If you need more space, please write on the back on this page or use another piece of paper and attach it to this form.

DRAFT

PERSON COMPLETING FORM

Check the box that best describes who is completing this form, if it is not the applicant.

Friend Family Community Agency _____
(specify)

Name	Date	Telephone