

Budgeting on a low income

Poverty Awareness & Community Action

*We'll get started at 1:05 p.m. at the latest,
or as soon as all students have logged in.*



**University
of Manitoba**

Monthly Income

Income Source

Amount

Employment and Income Assistance -
Basic Needs \$ 356.40

EIA - Rent Assist \$ 735.00

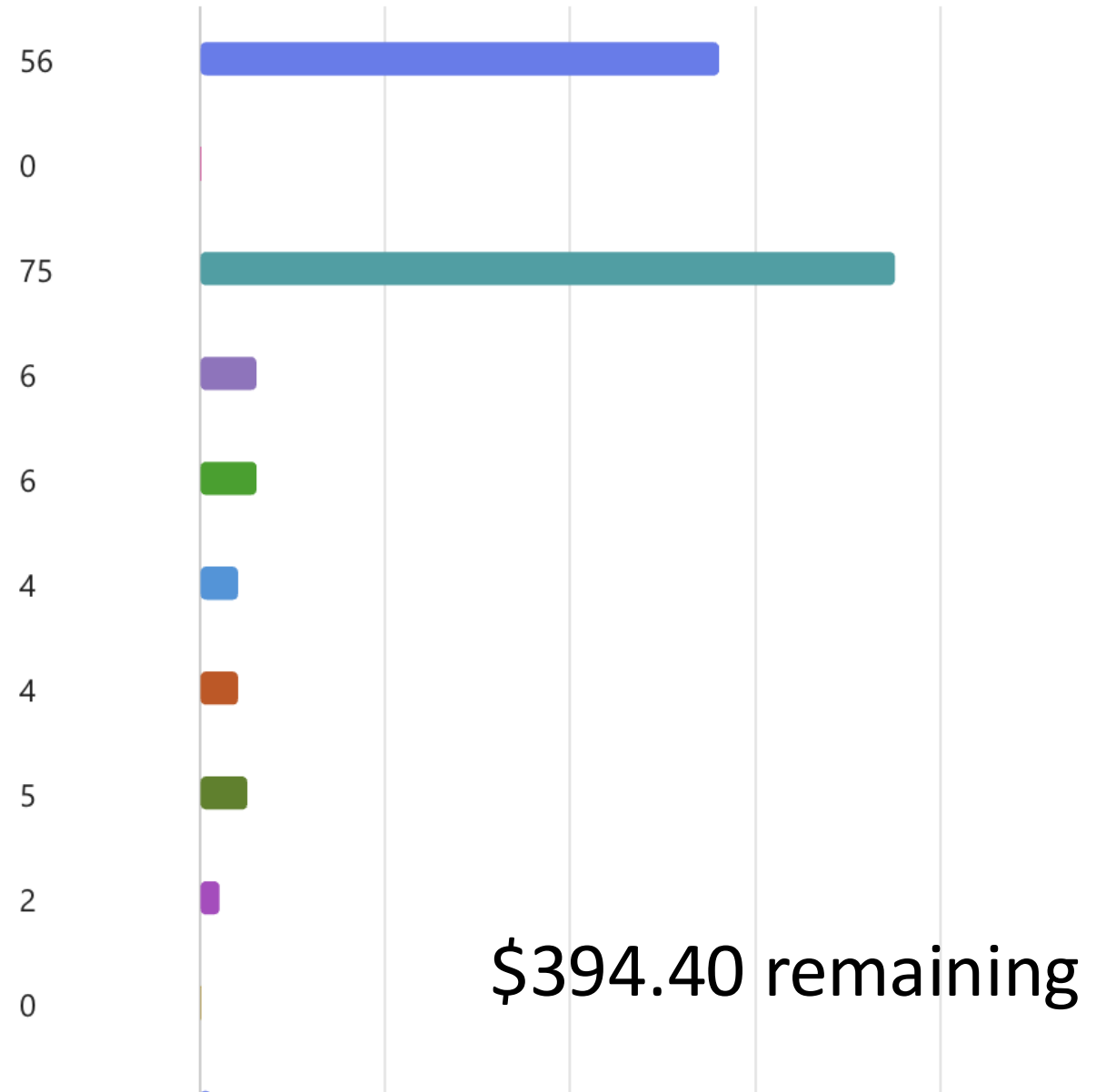
EIA - Assistance for Persons with
Disabilities \$ 105.00

Total monthly income: \$ 1,196.40

2. Which expenses have already been paid automatically (i.e., automatic payments)?

78 Responses

- \$60 - EIA overpayment
- \$20/\$200 - Personal loan from a friend
- \$735/816 - Rent (bachelor apartment, including water and heating)
- \$25 - Hydro
- \$7 - Banking
- \$58.39 - Phone
- \$71.88 - Internet
- \$119.55 - Transportation
- \$407.36 - Food
- \$80.17 - Personal care, e.g., toothbrush, haircut, cannabis

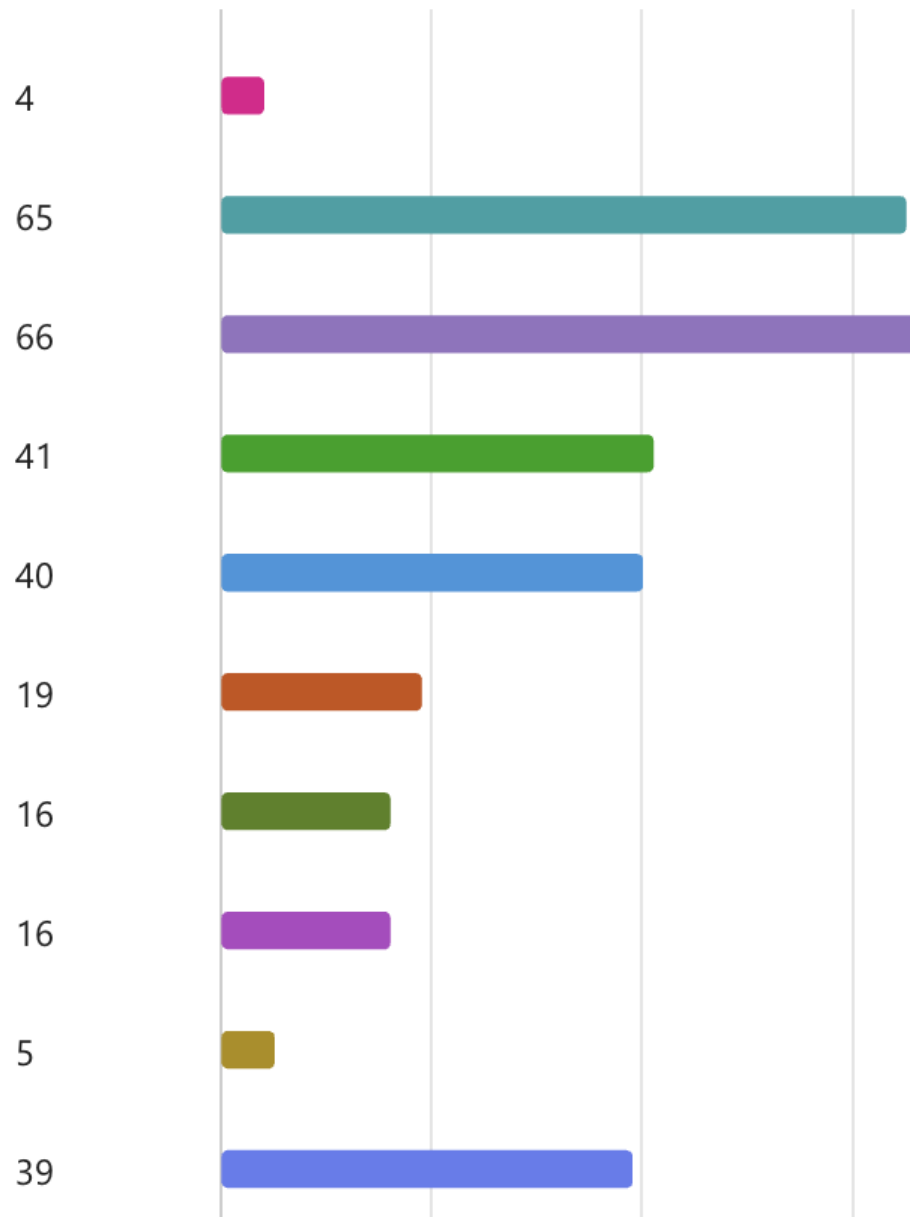


3. Which expenses would you pay in full?

79 Responses

- \$20/\$200 - Personal loan from a friend
- \$81/816 - Rent (bachelor apartment, including water and heating)
- \$25 - Hydro
- \$7 - Banking
- \$58.39 - Phone
- \$71.88 - Internet
- \$119.55 - Transportation
- \$407.36 - Food
- \$80.17 - Personal care, e.g., toothbrush, haircut, cannabis
- \$25.59 - Healthcare, e.g., painkillers, vitamins

\$204.42 remaining



4. What are some important expenses (be more specific for general categories)?



5. Which expenses would you pay in part?

79 Responses

● \$71.88 - Internet

● \$119.55 - Transportation

● \$407.36 - Food

● \$80.17 - Personal care, e.g., toothbrush, haircut, cannabis

● \$25.59 - Healthcare, e.g., painkillers, vitamins

● \$35.79 - Clothing

● \$114.44 - Household operations, e.g., toilet paper, dish soap

● \$28.59 - Household furnishings, e.g., frying pan

● \$159.43 - Recreation and leisure, e.g., e.g., takeout, swimming

● \$11.33 - Education, e.g., book, savings

Where to allocate \$204.42?

16

35

62

32

21

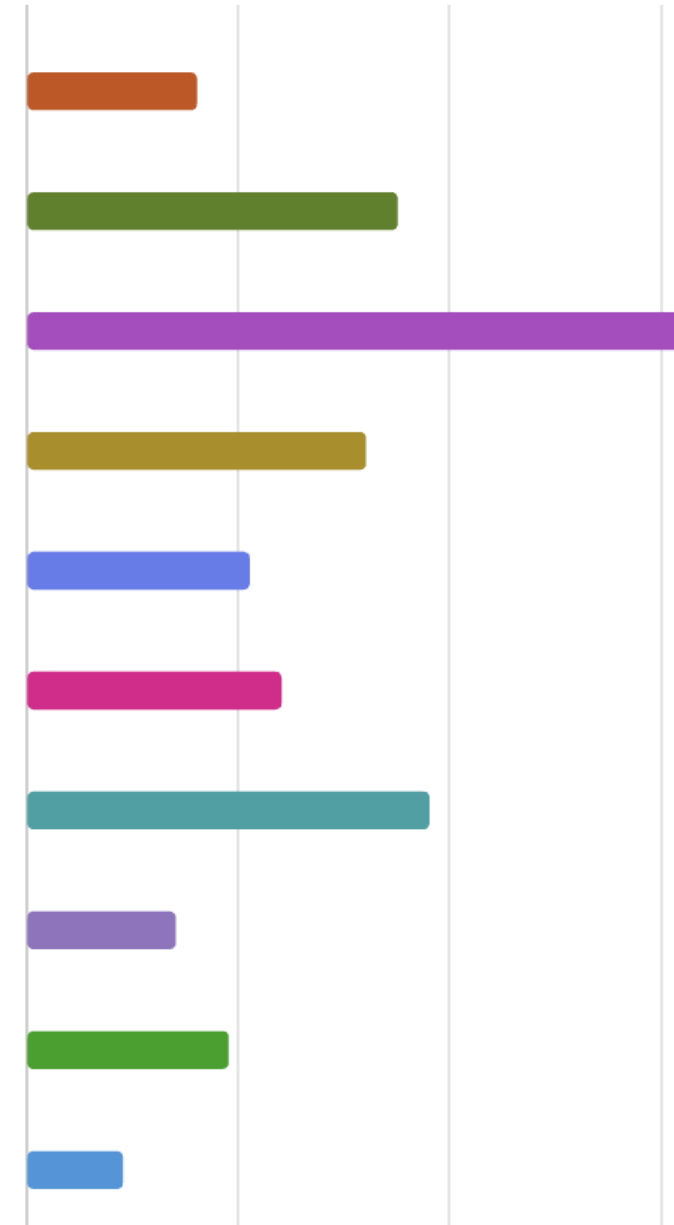
24

38

14

19

9



7. What expenses could you not fully afford? What are possible impacts on Jordan's health and wellbeing?



“Missing a several payments can lead to being evicted which can further harm”

“Shelter is important in our climate for health and safety”

RENT & UTILITIES

“Rent and hydro are essential for continuing to have a shelter to live in”

“Reliable access to electricity supports daily routines, personal hygiene, nutrition, and comfort, all of which are critical for physical health”



“Being compromised from day-to-day life without medication is important to avoid”

“Medications and therapy are important to ensure Jordan stays healthy living by himself”

HEALTH CARE

“Pain management and maintaining overall health are vital, especially given Jordan’s chronic pain and mental health conditions.”

“Cannabis for chronic pain and anxiety”

“Medical needs are a priority because it's important for Jordan to be an adaptive functioning person to have hope of improving their situation”



“Essential for survival and health”

“Food for sustenance, but much too expensive so cannot pay in full”

“If he can be supported by food bank, he can supplement the remaining groceries with the money he has”

FOOD

“Having nutritious food such as non-processed/nutrient dense items including fresh fruit and vegetables. This is a priority as without an adequate diet, it can be challenging to have energy to do other important tasks and it can also contribute to poorer health outcomes.”



“I think having a phone is more important than the internet. He can go to a coffee shop and use free wifi but having a phone is a means of communication that will allow him to contact supports, plan appointments and receive aid”

“Internet and cellphone expenses are very important in this day and age”

PHONE

“I would fully cover my phone so I could stay connected with my family and friends, especially given the isolation and mental health issues”

“Losing connection with friends may exacerbate major depressive disorder and important to be able to connect with support network if having psychosis”



“Transportation expenses such as a bus pass is an important expense to reach various appointments, volunteer work and commitments”

TRANSPORTATION

“Jordan relies on public transportation to volunteer and participate in social activities, which are key to maintaining his mental health and feeling connected to the community”

“As a person that lives alone, it is important that Jordan has accessible means of transportation to run errands and leave the house”



“Makes a person feel more confident in themselves”

“Needs cannabis for pain and toothbrush for oral care”

PERSONAL CARE

“Personal care is important for hygiene to promote health and to limit disease.”

“Proper personal care not only improves quality of life but also is an important preventative measure for one’s health”



8. Based on your current knowledge, what government or community resources are available that could help Jordan?

29 Responses



Employment & Income Assistance - Benefits

Poverty Awareness & Community Action: Debby Sillito and Anny Chen



**University
of Manitoba**

Section 22 – Health Needs

Prescription drugs

- Must have a prescription from a physician
- Pharmacist will confirm participant and product eligibility using the Drug Product Information Network (DPIN)
- Same coverage as Pharmacare, but no deductible
- If not covered, need to request special permission through doctor using Exception Drug Status form (EDS)



Section 22 – Health Needs

Dental services

- EIA Disability eligible after three months
 - General Assistance must wait 6 months
 - Some benefits available earlier on an emergency basis
- Covers basic dental care costs, such as exams, cleaning, and extractions, at the fee rate covered by the agreement
 - Additional authorization is possible
 - More coverage for children



Section 22 – Health Needs

Eye (optical) services

- EIA Disability eligible after three months
 - General Assistance must wait 6 months
 - Some benefits available earlier on an emergency basis
- Covers eye exam every two years, new glasses every three years, and new lenses if eyesight changes a lot, at the fee rate covered by the agreement
 - Additional authorization is possible
- Often need to look for EIA-friendly opticians



Resource look-up

EIA health benefit

- Look for an EIA benefit that will provide your patient with more money for food.



Section 18 – Basic Assistance Rates

18.4.2 Therapeutic Diets

- Increases monthly basic assistance to enable required food purchases
- Must be prescribed by physician, registered physician assistant, dietitian, nurse practitioner, nurse, or midwife, or licensed practical nurse
- Must be substantiated by a medical diagnosis and associated tests, or a verified medical condition that is an indicator for the diet



Section 18 – Basic Assistance Rates

18.4.2 Therapeutic Diets

- Application form reviewed and approved by the Disability and Health Supports Unit
- Typically, not eligible for multiple therapeutic diets or both therapeutic diet and nutritional supplement
- Often reviewed every 6 or 12 months
- Chronic conditions may be approved for a longer term if indicated by health care provider or advocate



Name of Diet:	Cost per Month:
Bland No. 2 Ulcer diets of any kind Gastric diets of any type Low Residue Bland or ulcer diets using pureed foods	add \$36.20 to the budget
Combination Diets: Diabetic diet plus Controlled Sodium Diabetic diet plus Controlled Fat Diabetic diet plus Modified Fat	use appropriate Diabetic Diet
Modified fat diet plus Controlled Sodium	add \$33.40 to the budget
Controlled Calorie (for all types of weight reduction)	no additional assistance is provided
Controlled Fat Diet No. 1 Low Cholesterol Modified Fat, Controlled Carbohydrate Modified Fat	add \$33.40 to the budget
Controlled Fat Diet No. 2 Low total fat Gall bladder Restricted Fat	add \$32.40 to the budget
Controlled Protein/Low Protein (40 grams or less)	add \$153.22 to the budget
Controlled Sodium 130-217 mmol (3 to 5 grams) or 87 mmol (2 grams)	add \$32.80 to the budget
Chronic Conditions Note: for chronic or prolonged medical diagnoses requiring enhanced nutritional requirements but without evidence of unintentional weight loss/wasting or protein needs >100 grams or energy needs >3000 calories daily.	add \$81.63 to the budget
Gluten Free Celiac Disease/Wheat Allergy Note: as confirmed via biopsy or antibody testing	add \$171.62 to the budget
High Protein/High Calorie Exceeds 100 grams protein and 3000 cals daily	add \$136.93 to the budget

Gluten Free Celiac Disease/Wheat Allergy Note: as confirmed via biopsy or antibody testing	add \$171.62 to the budget
High Protein/High Calorie Exceeds 100 grams protein and 3000 cals daily Note: considered where a Chronic Condition medical diagnosis includes evidence of unintentional weight/wasting or protein needs >100 grams or energy needs >3000 calories daily.	add \$136.93 to the budget
Soybean Based Formula for Birth to one year of age	add \$19.63 per month to the budget
Renal	add \$59.33 per month to the budget
Diabetic* Note: confirmed diagnosis of diabetes is required (fasting plasma glucose test or A1C test). Additional funds are not provided for a diagnosis of pre-diabetic. 4000 kj (1000 kcal) 5000 kj (1200 kcal) 6500 kj (1500 kcal) 7500 kj (1800 kcal) 8500 kj (2000 kcal) 9000 kj (2200 kcal) 9500 kj (2300 kcal) 10000 kj (2400 kcal) 10500 kj (2500 kcal) 11000 kj (2600 kcal) 11500 kj (2700 kcal) 12000 kj (2800 kcal) 12500 kj (3000 kcal)	add \$27.27 to the budget add \$31.35 to the budget add \$51.46 to the budget add \$67.49 to the budget add \$81.63 to the budget add \$101.74 to the budget add \$115.84 to the budget add \$126.38 to the budget add \$136.93 to the budget add \$145.07 to the budget add \$153.84 to the budget add \$165.52 to the budget add \$171.49 to the budget NOTE: These rates are for diabetic diets only and are not to be interpreted for any other diet regardless of calorie level stated on a participant's diet sheet.

SECTION 1 - Standard Therapeutic Diets (Adults Only)

- Please select **all** medical diagnoses which apply.
- If multiple diagnoses are selected, the diet with the highest associated dollar amount will be provided if appropriate.
- Please complete Section 2 if prescribing a **non-standard therapeutic or pediatric diet** not listed below.
- Please complete Section 3 if dietary need is best met through **nutritional supplements**.

<p>Chronic Condition Review in: month(s)</p> <p>Increased nutritional needs associated with the following condition(s):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> ALS</td> <td style="width: 50%;"><input type="checkbox"/> Lupus</td> </tr> <tr> <td><input type="checkbox"/> Cirrhosis (stage 3 & 4)</td> <td><input type="checkbox"/> Malignancy</td> </tr> <tr> <td><input type="checkbox"/> Crohn's Disease</td> <td><input type="checkbox"/> Multiple Sclerosis</td> </tr> <tr> <td><input type="checkbox"/> Chronic Wounds/Burn</td> <td><input type="checkbox"/> Ostomy</td> </tr> <tr> <td><input type="checkbox"/> Cystic Fibrosis</td> <td><input type="checkbox"/> Pancreatic Insufficiency</td> </tr> <tr> <td><input type="checkbox"/> HIV</td> <td><input type="checkbox"/> Ulcerative Colitis</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis C</td> <td></td> </tr> </table> <p>Note: for the conditions listed below, please complete Section 2 including date of diagnosis, stage (where appropriate) and treatment plan.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Malignancy</td> <td style="width: 50%;"><input type="checkbox"/> Chronic Wounds/Burns</td> </tr> </table>	<input type="checkbox"/> ALS	<input type="checkbox"/> Lupus	<input type="checkbox"/> Cirrhosis (stage 3 & 4)	<input type="checkbox"/> Malignancy	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Chronic Wounds/Burn	<input type="checkbox"/> Ostomy	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Pancreatic Insufficiency	<input type="checkbox"/> HIV	<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Hepatitis C		<input type="checkbox"/> Malignancy	<input type="checkbox"/> Chronic Wounds/Burns	<p>Diabetic Review in: month(s)</p> <p><i>* Diagnosis confirmed by Fasting Plasma Glucose Test</i></p> <p><input type="checkbox"/> Adult (Women = 1800 cal; Men = 2000 cal.)</p> <p><i>Note: If higher calorie amount required, please complete Section 2 providing rationale using Harris-Benedict Equations revised by Mifflin and St. Jeor - 1990.</i></p> <p><input type="checkbox"/> Gestational Diabetes Due Date:</p>
<input type="checkbox"/> ALS	<input type="checkbox"/> Lupus																
<input type="checkbox"/> Cirrhosis (stage 3 & 4)	<input type="checkbox"/> Malignancy																
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Multiple Sclerosis																
<input type="checkbox"/> Chronic Wounds/Burn	<input type="checkbox"/> Ostomy																
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Pancreatic Insufficiency																
<input type="checkbox"/> HIV	<input type="checkbox"/> Ulcerative Colitis																
<input type="checkbox"/> Hepatitis C																	
<input type="checkbox"/> Malignancy	<input type="checkbox"/> Chronic Wounds/Burns																
<p>High Protein/Calorie Review in: month(s)</p> <p>Along with the diagnosis of one of the chronic conditions listed above or a diagnosis outlined in Section 2, the individual requires a high protein/calorie diet based on the following:</p> <ul style="list-style-type: none"> • Is showing evidence of unintentional weight loss/ body wasting; or <p>Y <input type="radio"/> N <input type="radio"/> <i>Height and Weight are required as requested above</i></p> <ul style="list-style-type: none"> • Requires 100 grams or more protein per day; or <p>Y <input type="radio"/> N <input type="radio"/> <i>Justification needs to be provided in Section 2</i></p> <p>Has increased energy needs.</p> <p>Y <input type="radio"/> N <input type="radio"/> <i>Note: If higher calorie amount required, please complete Section 2 providing rationale using Harris-Benedict Equations revised by Mifflin and St. Jeor - 1990.</i></p>	<p>Renal Review in: month(s)</p> <p><input type="checkbox"/> Pre-dialysis (GFR<30)</p> <p><input type="checkbox"/> Hemodialysis / Peritoneal Dialysis</p>																
<p>Gluten Free Review in: month(s)</p> <p><input type="checkbox"/> Celiac Disease Y <input type="radio"/> N <input type="radio"/></p> <p><i>Confirmed via biopsy or antibody testing</i></p> <p><input type="checkbox"/> Wheat Allergy (tests completed) Y <input type="radio"/> N <input type="radio"/></p>	<p>Controlled Sodium Review in: month(s)</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Heart Failure</p> <p><input type="checkbox"/> COPD</p>																
<p>Controlled Fat or Modified Fat plus Controlled Sodium</p> <p style="text-align: right;">Review in: 9 month(s)</p> <p><input type="checkbox"/> Elevated Serum Lipids</p> <p><input type="checkbox"/> Short Bowel Syndrome</p> <p><input type="checkbox"/> Fatty Liver</p>																	

SECTION 2 - Non Standard Therapeutic and Pediatric Diet

To be completed for diets not reflected in Section 1 including Bland and Controlled/Low Protein

Diagnosis / Rationale :

Medically appropriate diet for this condition :

Review in : month(s)

SECTION 3 - Nutrition Supplements and Products (Children and Adults)

If nutritional supplements are combined with a therapeutic diet request, rationale must be provided below.

If the energy (calories) from prescribed nutrition supplements equals or exceeds 50% of daily requirement, the therapeutic diet allowance may be adjusted accordingly.

Diagnosis / Rationale :

Supplement/ product Required:

Amount: units per day

Flavor(s) if available:

Is the Manitoba Home Nutrition Program Involved:

Y

N

Review in : month(s)

Delivery Address (if different from page 1)

**Not to exceed 12 months*

EIA Health Needs

Medical Supplies

- One-time or ongoing medical supply
- Including but not limited to: diabetic supplies, feeding supplies, incontinence supplies or diapers for adults and children with special needs, oxygen
- Form must be completed by an approved health professional, such as a physician, nurse practitioner, or occupational therapist
 - Clearly describe why the medical supply is needed due to health condition



EIA Health Needs

Source: https://www.gov.mb.ca/fs/eia/eia_benefits.html

- Costs associated with addictions treatment
 - E.g., travel, child care, shelter
- Ambulance service
- Chiropractic (back and spine) treatment
 - Must be reviewed by Chiropractic Review Panel
- Foot care (podiatry) services, including foot care equipment
- Hearing aids, including repairs



EIA Health Needs

Source: https://www.gov.mb.ca/fs/eia/eia_benefits.html

- Mobility equipment (devices) and repairs
 - EIA does not pay for scooters
- Prosthetic and orthotic devices
- Transportation for medical appointments
- Winter boots (up to \$100 every three years for medical problem)
- Prescription food supplements



EIA Health Needs

22.3.1 Transportation – Health Reasons

- Based on appointment card, medical lab requisition form, or verbal confirmation from clinic or medical office
- Single appointment or recurring appointments
- Using cheapest method, such as public transit
- For recurring appointments (typically four per week) where a more expensive mode is needed, a one-time note about the patient's care is needed from a regulated health professional
 - Health bus pass (\$111.65; current monthly cost)



EIA Health Needs

22.3.9 Telephones for Health and Safety Reasons

- Only for people on EIA Disability
- Based on acceptable written recommendation of a physician, psychologist, licensed practical nurse, registered nurse, nurse practitioner, physician assistant, psychiatric nurse, or midwife
- EIA director or designate may also provide approval when there are compelling reasons
- \$32.44 per month



EIA Health Needs

- Other remedial care, treatment, and attention, including physiotherapy, as may be described by a duly qualified medical practitioner
- Housekeeper or attendance service during illness or other emergency



Section 22 – Health Needs

22.1.6 Health Card Only

- Available when applicant's resources sufficient to meet all basic living costs, other than health care
- Must be eligible on a long-term basis
- Waiting periods apply



Section 22 – Health Needs

22.1.7 Single Grant

- May be issued for drug, emergency dental and optical needs, as well as medical equipment
- Does not cover Pharmacare deductible



How doctors can support patients on EIA

The Manitoba Assistance Act and Regulation defines “disabled” as:

“persons who, by reason of a physical or mental illness, incapacity or disorder that is likely to continue for a period of more than one year, are unable to earn sufficient income to provide the basic necessities for themselves and their dependants.”

It is not about the patient’s ability to work, but rather their ability to earn **sufficient** income.



How doctors can support patients on EIA

- Listen to your patients
- Print and write clearly
 - If EIA can't read the application, it gets denied



How doctors can support patients on EIA

- Elaborate on what you are saying
 - For physical or mental health problems
 - Be specific about what medical problems and how it affects the person
- Describe the worst days, not the best days
 - More representative of the barriers the patient faces
 - Think realistically about whether someone can get enough work to meet their needs, particularly when facing ableism combined with other barriers to employment



How doctors can support patients on EIA

- Submit forms as soon as possible
- Provide photocopies of completed applications to patients for their records
- Submit fee requests to EIA on behalf of patient, or waive form fees
- Track renewal periods and provide reminders



Disability Assessment

Manitoba Supports for Persons with Disabilities



For the Applicant (or Applicant Representative) to complete
Section 2: How My Health Condition/ Diagnosis/ Disability Impacts Me

2.1 Health Condition/ Diagnosis/ Disability

- Please list any health condition/ diagnosis/ disability that affects your participation in daily activities and how long you have lived with it/them.

1. _____

Less than 12 months

12 months or more

2. _____

Less than 12 months

12 months or more

3. _____

Less than 12 months

12 months or more

Other: _____

2.2 Barriers Limiting Participation

- Please select the barrier(s) that make it difficult or impossible for you to participate in daily activities (for example, at work, at school, or in the community).

- Other people assume I can't do something without asking me or including me (assuming I need help because of my health condition/ diagnosis/ disability).
- The way information is presented or communicated to me does not match my needs (busy, confusing signs).
- Technology or devices can be difficult for me to use, unlike other people (self-serve checkouts at grocery stores).
- Rules, policies, practices or procedures create difficulty for me (not allowing me to go places with my support person, animal or other accessibility accommodation).
- The way buildings are built or taken care of is not a good match (no elevator, narrow doorways or uncleared snow and ice).

2.3 Health Condition/ Diagnosis/ Disability Support

- Please select the person or people who assist you in your daily activities. Choose all that apply.

- Spouse (husband, wife, partner, etc.)
- Parent or Grandparent (mother, father, grandparent, etc.)
- Friend or Roommate
- Disability Support Person
- Other person or people: _____
- I do not require assistance to participate in my daily activities

**2.4.4 Emotional/
Mental Health
Factors**

Emotional and mental health factors that affect how you manage your emotions and actions:

- Racing or uncontrollable thoughts
- Intense fear/ feelings of unsafety, anxiety, and/or paranoia
- Shaking, like in your hands or legs, or increased heart rate
- Nightmares and flashbacks
- Intense and prolonged sadness
- Low confidence, feelings of worthlessness, and/or hopelessness
- Intense feelings of guilt and/or shame
- Intense anger, irritability, and becoming easily annoyed
- Calming down when you are upset
- Lost or little interest in activities you used to enjoy
- Hearing and seeing things that do not match reality

**2.4.5 Relationship
and Social Factors**

Relationship and social factors are related to how you interact with people around you:

- Knowing how to act in social situations
- Starting and keeping relationships
- Feeling lonely or isolated
- Lost or little interest in seeing friends and family
- Asking for help
- Understanding cues that are not spoken, like what it means when someone waves at me when I arrive somewhere
- Understanding spoken cues, like hearing emotion in a voice when they are happy or sad

2.5.5 Community Life

Consider how you get places, get groceries, and go see friends or family.

Please select one:

- By myself
- By myself, with equipment or an assistive device (example: scooter, adaptive driving, equipment/modifications)
- By myself, but longer than someone without my health condition/ diagnosis/ disability
- Some help from others
- A lot of help from others
- Someone does this for me

How often are these activities impacted? Please select one:

- All of the time
- Some of the time
- Infrequently, but severely impacts me
- None of the time

2.6 Self-Reported Medication and Treatment

- Please indicate below which medications and treatments you are using which improve your daily living.

2.6.6 Current Medication(s), Dosage, and Frequency and Current/Recent Treatments.

For the Applicant (or Applicant Representative) to complete Section 4: Supporting Documents

You (the Applicant) are welcome to provide supporting documents to assist Manitoba Income Support programs in determining your eligibility into either Manitoba Supports for Persons with Disabilities or Employment and Income Assistance – Medical Barriers to Full Employment.

PLEASE NOTE: Providing supporting documentation is OPTIONAL and your eligibility into either program will not be impacted if you do not have documentation or choose not to provide supporting documents.

Examples of supporting documents may include, but are not limited to, the following:

- A personal statement
- A letter from a friend or family member
- A recommendation from a social worker or counsellor

4.1 Do you have supporting documents that you would like to submit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1.1 If yes, please list the titles of the documents you are including with your Disability Impact Assessment Form	

If you have supporting documents that you would like to submit, please take them to your Health Care Provider (Physician or Nurse Practitioner).

Instructions for Health Care Provider

You, the **Health Care Provider** are receiving this Disability Impact Assessment (DIA) because your patient is applying for one of the income assistance programs with the Manitoba government.

To complete the DIA, please complete the following:

1. **Sections 5–8 of this Manitoba Income Support Programs – Disability Impact Assessment** and provide any supporting documents you wish to include.

You may return the completed Disability Impact Assessment directly to your patient or mail it to the Manitoba Income Support office at the address on the statement of account. Please advise your patient if you are mailing the report.

An eligible **Health Care Provider** is a regulated health professional who is permitted to provide opinion on diagnosis, medical treatment, and prognosis within their professional scope of practice.

The **Health Care Providers** who can complete sections 5–8 of this form are:

- **Physicians** registered with the Manitoba College of Physicians and Surgeons, and
- **Nurse Practitioners** registered with the College of Registered Nurses of Manitoba.

Relationship with the Applicant

5.1 Is this patient new to you?

- Yes (i.e., history of less than 2 visits) No

This section collects relevant employability information to assist in determining eligibility for Employment and Income Assistance – Medical Barriers to Full Employment. Applicants to this category who meet program eligibility criteria may require assessment in the future and your opinion of the next assessment date will inform this process.

5.2 Does the Applicant have a Health Condition, Diagnosis, or Disability that prevents them from engaging in any form of employment?

- Yes
 No
 Unknown

5.3 If yes to 5.2, when is the earliest the Applicant's condition could improve to a level they can start/return working?

- 12 months or more Less than 12 months

If you check 12 months or more, when would you recommend reassessing the applicant's condition?

- 2 years
 Other (Please specify)
 Never

5.4 To help us evaluate the Applicant's current and future ability to work, please add any other information you feel is relevant (e.g., hospitalizations, planned investigations and/or specialist consultations, reason for unknown prognosis and/or frequency, etc.).

This section collects information about the Applicant's health condition, diagnosis, or disability, the associated impact on their functional abilities, and the expected course of illness. Manitoba Supports or Barriers to Employment Programs will use this information to inform program eligibility.

6.1 Please list the Health Conditions in order of greatest Functional Impairment.

Health Condition/ Diagnosis/ Disability	Expected Prognosis	Course
	<input type="checkbox"/> Improve <input type="checkbox"/> Deteriorate <input type="checkbox"/> Remain the same <input type="checkbox"/> Unknown * If unknown, explain why:	<input type="checkbox"/> Likely to result in death in less than 2 years <input type="checkbox"/> Likely to be permanent, indefinite duration <input type="checkbox"/> More than 12 months <input type="checkbox"/> Less than 12 months
	<input type="checkbox"/> Improve <input type="checkbox"/> Deteriorate <input type="checkbox"/> Remain the same <input type="checkbox"/> Unknown * If unknown, explain why:	<input type="checkbox"/> Likely to result in death in less than 2 years <input type="checkbox"/> Likely to be permanent, indefinite duration <input type="checkbox"/> More than 12 months <input type="checkbox"/> Less than 12 months
	<input type="checkbox"/> Improve <input type="checkbox"/> Deteriorate <input type="checkbox"/> Remain the same	<input type="checkbox"/> Likely to result in death in less than 2 years

Please complete the following from your clinical knowledge of the health condition, diagnosis, and disability, and your clinical impression of this Applicant. To better understand the Applicant's perspective of their disability impact, please refer to Section 2.5 (Self-Reported Disability Impact), which should have been completed by the Applicant.

6.2 Health Factors/ Symptoms

Please indicate if the Applicant presents with health factors/symptoms in any of the following areas.

Physical Factors

Pain, fatigue, range of motion, balance, gross and fine motor coordination, vision, hearing, speech, bowel, and bladder function.

Sensory Factors

Gustatory, auditory, tactile, visual, olfactory, proprioception, vestibular sensory inputs.

Thinking and Mental Factors (cognition)

Attention & concentration, memory, judgement & decision making, organization & planning, task initiation, learning, safety, following rules, risk management.

Emotional/ Mental Health Factors

Racing thoughts, intense fear & anxiety, shakiness/trembling, nightmares & flashbacks, intense and prolonged sadness, low confidence, worthlessness, hopelessness, intense feelings of shame/guilt, intense anger or irritability, isolation.

Relationship and Social Factors

Able to follow social norms, start and maintain relationships, lost interest in formerly enjoyed activities or relationships, understanding non-verbal cues.

For Health Care Provider to Complete
Section 7: Other Supporting Medical Documentation (Optional)

7.1 If you have supporting documents for any of the relevant health conditions, please include copies of these reports with this Disability Impact Assessment Form.

Please check off which type of report you are including:

- Longitudinal clinical notes
- Medical investigation report(s)
- Specialist's report(s)
- Hospital discharge report(s)
- Other (please specify):

Volunteer Benefit

EIA Disability only

- \$50 per month for 4-7 volunteer activities per month
- \$100 per month for 8+ volunteer activities per month
- Volunteer site must be registered with EIA and submit monthly documentation



Section 21 – Special Needs

21.2.1 Work Expenses

- Employment Clothing (\$23.90)
- Employment Bus Pass (\$111.65; current monthly cost)



Section 21 – Special Needs

21.1.3 Allowable Items

- Can be approved by EIA Counsellor



Section 21 – Special Needs

21.1.3 Allowable Items

1. Newborn assistance

- Up to \$250 for first-born child and up to \$75 for each child after the first-born
- For essential items, e.g., crib, clothing
- Must be within three months of birth; can apply beforehand
- Applies to adoptions
- Can ask for additional funds or in special cases, e.g., twins, long period between children



Section 21 – Special Needs

21.1.3 Allowable Items

2. Purchase or repair of washing machine, refrigerator, or stove (where no other alternative is feasible)
 - Typically lowest quote out of three



Section 21 – Special Needs

21.1.3 Allowable Items

3. One-time start-up allowance (up to \$500)
 - For essential household furnishings (must provide list and price estimate)
 - Approved groups:
 - Recently separated single parent and cannot access marital property
 - New single parent moving out of parents' home
 - Have a disability and moving from institution or parents' home
 - Furnishings were accidentally ruined, e.g., fire, flood
 - Other groups can be approved by supervisor, e.g., landlord threw out possessions



Section 21 – Special Needs

21.1.3 Allowable Items

4. Beds and bedding

- A mattress, box spring, and frame for each person in the home every seven years
- New bedding every three years
- Complete Special Needs form

5. Moving costs in special cases, e.g., home is unsafe, change in family size, finding lower rate, moving loser to a job or training

- Requires formal written quote and receipt; typically, lowest quote out of three



Section 21 – Special Needs

21.1.3 Allowable Items

6. School supplies for dependent children going to school full-time
 - \$60/year for 5-11 year olds
 - \$80/year for 12-13 year olds
 - \$100/year for 14-17 year olds
 - Nursery, home school, and persons with disabilities attending high school until age 21
 - Ages 5-15 provided automatically; ages 16-17 needs to be requested



Section 21 – Special Needs

21.1.3 Allowable Items

7. Bed bugs

- \$10 for garbage bags and laundry soap
- \$15 per person for laundry
- Up to \$30 for mattress and box spring covers (after treatment)
- Cost of preparing residence for bed bug treatment (for persons with disabilities assessed by EIA staff to be incapable of performing necessary cleaning)
- Costs for alternative accommodations if no other options are available
- Homeowners can apply for bed bug extermination under Major Repairs



Section 21 – Special Needs

21.1.3 Allowable Items

- Up to \$150 per household
- In extenuating circumstances, requests for funding for a special need outside of allowable items may be approved by:
 - the District Director for up to \$1,000 per year
 - The Program Specialist for over \$1,000



EIA Other Benefits

Source: https://www.gov.mb.ca/fs/eia/eia_benefits.html

- Laundry costs for coin-operated laundry machines or for persons with disabilities
- Security deposits (50% of EIA Rent Assist rate)
 - First deposit does not require repayment
 - Additional security deposits can be issued and recovered through overpayment deductions, unless needed at no fault of client
- Northern energy costs
- Major home repairs (homeowners only)



EIA Other Benefits

Source: https://www.gov.mb.ca/fs/eia/eia_benefits.html

- Child care for employment, education, and special needs
- Transportation to get children to child care
 - When you work, are in school, or for other reasons approved by EIA
- Wheelchair transportation for social activities if you use a wheelchair
 - E.g., shopping, religious services, community events, visiting



EIA Other Benefits

Source: https://www.gov.mb.ca/fs/eia/eia_benefits.html

- Funeral service
- Funeral transportation (round trip, for immediate family member)





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