

AISH & CPPD BENEFITS ADMINISTRATION INSTRUCTION FORM

Client Name: _____ Email: _____

Address: _____ Phone: _____

One Time Expenses:

Do you wish to receive this payment via direct deposit: Yes No (mailed)

In order to request funds for a one-time expense, you only need to complete the top section, this section and the "Primary Contact Person" section below.

Name of Payee	Address	Purpose	Amount	Schedule
_____	_____	_____	_____	<u>one-time payment</u>

AISH Monthly Benefit Amount \$ _____

CPPD Monthly Benefit Amount \$ _____

Total Benefit Amount \$ _____

Monthly Expenses are paid via EFT/Direct Deposit

Name of Payee	Address	Purpose	Amount	Payment Schedule
1. _____	_____	_____	_____	_____
Acct# _____	_____			
2. _____	_____	_____	_____	_____
Acct# _____	_____			
3. _____	_____	_____	_____	_____
Acct# _____	_____			
4. _____	_____	_____	_____	_____
Acct# _____	_____			
5. _____	_____	_____	_____	_____
Acct# _____	_____			
6. _____	_____	_____	_____	_____
Acct# _____	_____			
7. _____	_____	_____	_____	_____
Acct# _____	_____			
8. _____	_____	_____	_____	_____
Acct# _____	_____			

Total Monthly Expenses _____

Primary Contact Person:

Name: _____ E-Mail Address: _____

Phone: _____

Signature

Date

Client's Signature

Date

Email: HS.OPGT-Informal-Trusteeship@gov.ab.ca

Monthly expenses may include such things as:

- Rent
- Board and room
- Food
- Utilities
- Telephone
- Recreation
- Program costs
- Personal allowance
- Savings
- Transportation / bus pass
- Clothing

Example of payment schedule would be:

- Monthly
- Bi-monthly
- Bi-weekly
- Weekly (Calculate monthly total by multiplying by 52 weeks a year and then dividing by 12 months)

The personal information collected on this form will be used for the purpose of assisting a person with administering a monthly AISH cheque. This collection of personal information is in compliance with section 33(c) of the *Freedom of Information and Protection of Privacy Act* and section 44 of the *Public Trustee Act*. If you have any questions about the collection of personal information please contact the caseworker at 780-427-2744 or write to the Public Trustee at 400, 10365 – 97 Street, Edmonton, Alberta T5J 3Z8.