Act/Regulations Act 6.1(2) Reg. 1(1)(c), 4(2), 27	Program	Social Assistance	
	Subject	Payments to Agents	*Policy #* 3-10
Effective Date: February 1, 1995 Revised Date: June 2, 2014		Authorized by: Carol Anne Duffy Deputy Minister	

1.0 PURPOSE

1.1 To authorize payment of Social Assistance benefits on behalf of a Social Assistance applicant who has been deemed incapable of making an application and/or managing finances.

2.0 DEFINITIONS

2.1 **Agent:** an adult person who applies for, or has applied for, assistance on behalf of an applicant.

2.2 **Applicant:** a person who applies for social assistance or a person who receives social assistance.

3.0 POLICY STATEMENT

3.1 The Department will make payments to applicants unless there is a completed "Agent Agreement" that supports the need for payment to be made to the agent.

3.2 The Director may accept an application from an agent of an applicant, where the Director is satisfied that the applicant is incapable of making the application personally by reason of infirmity, illness, minority or other cause.

Agent Responsibilities

3.3 Where an application has been accepted from an agent of an applicant, the Director shall enter into an agreement with the agent of that applicant.

3.4 Where an application has been made by an agent for emergency assistance, the Director may grant the assistance in the form of goods or services without a written agreement.

3.5 The agent shall fulfill all of the same obligations expected of the applicant. The agent shall sign all forms and attend all meetings regarding application and financial reviews. If able, the applicant will co-sign the application and financial review forms.

3.6 The agent shall disburse financial assistance payments on behalf of the applicant and submit an account for assistance payments received and disbursed in such form and at such times as the Director may require.

3.7 The agent is not entitled to any fee, compensation, reward or reimbursement of any costs or expenses charged or incurred by the agent in connection with the administration of social assistance benefits on behalf of the applicant.

3.8 The agent is responsible to refund any monies issued for expenses the applicant is not entitled to receive. The Director may enter into an agreement for repayment with the agent.

4.0 PROCEDURE STATEMENT

4.1 The agent's responsibilities as defined by this policy shall be fully explained by the Social Assistance Case Worker at the time of the agreement.

4.2 A new "Agent Agreement" will be completed annually and retained in the applicant's file.

5.0 REFERENCES

3-4 Minors Living Apart from Parents
3-5 Shelter - Room and Board
3-14 Change in Circumstances
7-1 Misappropriation of Social Assistance Benefits by Applicants
7-2 Overpayments In-Pay
7-2-1 Overpayments Out-of-Pay

Attachment: Agent Agreement

HISTORY:

June 2, 2014 - Format and editorial changes; addition of the Agent Agreement

Agent Agreement

File Number: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

_____

I, the undersigned, agree to receive benefits under the Social Assistance Act payable to the person named above and undertake, pursuant to the provisions of the Social Assistance Act, and the regulations made thereunder, without charge:

1. to act on behalf of the Applicant and, in accordance with the directions that may be furnished to me by the Director of Social Assistance, to administer and expend the benefits in the best interests of the Applicant;

2. to account in such form and at such times as the Social Assistance Program staff may indicate, for all benefit payments received and the disbursements made therefrom;

3. to notify the Social Assistance Program staff should the Applicant change his/her address, absent himself/herself from Prince Edward Island, die, or cease to be incapable of managing his/her own affairs, and to furnish any other information or evidence and to do anything that the Social Assistance Act or the Regulations thereunder require the Applicant to furnish or do;

4. to return to the Department all social assistance benefits the Applicant was not entitled to receive from the time of his/her death;

5. in the event of an overpayment, will work with the Social Assistance Program staff on behalf of the Applicant to determine a repayment schedule.

IN WITNESS WHEREOF I execute this document this _____ day of _____, 20_____ A.D.

Signed in the Presence of:

WITNESS
Signature_____

AGENT
Signature: _____

Name (Print): _____

Mailing Address: _____

_____

Relationship, if any, to Applicant: _____

Phone Number: _____

PRIVACY STATEMENT
Personal information on this form is collected under section 6(1) of the Social Assistance Act R.S.P.E.I. 1988, S-4.3, as the information is required for the administration of this Act. If you have any questions about this collection of personal information you may contact your Social Assistance Worker.