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# Physicians' guide to completing the AISH application

The Assured Income for the Severely  
Handicapped Program

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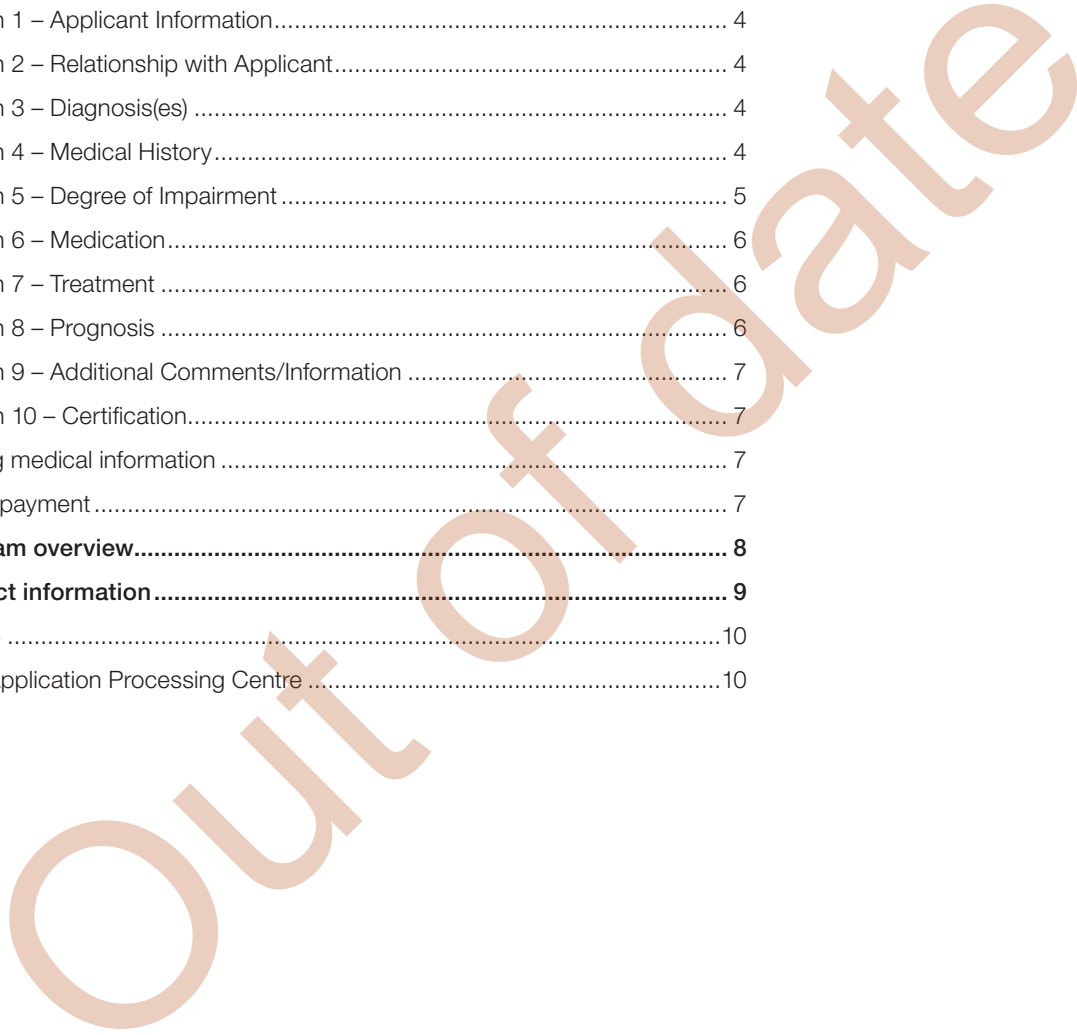
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## AISH applications

As a physician registered to practice in Alberta, you may be asked to provide medical information for a patient who is applying for the Assured Income for the Severely Handicapped (AISH) program. You may also be asked for updated medical information after a patient is receiving AISH to help us understand whether their medical condition has changed.

In most cases, you will provide this information by:

- completing the **Medical Report** yourself or with assistance from nurse practitioners, specialists and/or other allied medical professionals, and
- attaching additional medical reports or assessments from you, your consulting specialists and/or allied health practitioners

There are a few situations where the **Medical Report** may not be needed and other documents may be provided. These include:

SITUATION	DOCUMENTATION
Applicant: <ul style="list-style-type: none"> <li>• is receiving end-of-life palliative care</li> <li>• has been diagnosed with a terminal illness</li> <li>• has been assessed as needing long-term care or designated supportive living</li> </ul>	Applicant must provide AISH with a letter or other documentation that describes their situation.
Applicant has a: <ul style="list-style-type: none"> <li>• mental health condition</li> <li>• cognitive or intellectual disability</li> </ul>	Physician or applicant submits documentation for assessments completed within 5 years of the AISH application including: <ul style="list-style-type: none"> <li>• psychological</li> <li>• neuropsychological and/or</li> <li>• psychoeducational assessments.</li> </ul>

### Getting application forms

To get an AISH Medical Report you can:

- visit [alberta.ca/aish-how-to-apply.aspx](https://alberta.ca/aish-how-to-apply.aspx), print the application and fill it in by hand, or fill it in on your computer and print it
- request an application be sent from any **Alberta Supports Centre** or **AISH office** (listed at the end of this guide).

## Getting consent

When completing the Medical Report, you as a custodian under the *Health Information Act* (HIA), are responsible for obtaining your patient's consent to disclose their health information in accordance with the HIA. For assistance, contact the HIA Help Desk at 780-427-8089, or toll-free in Alberta by dialing 310-0000 then 780-427-8089, or by email at [hiahelpdesk@gov.ab.ca](mailto:hiahelpdesk@gov.ab.ca). General HIA information can be found at: [health.alberta.ca/about/Health-Information-Act.html](https://health.alberta.ca/about/Health-Information-Act.html).

The Medical Report and supporting medical information you provide will be used by the Government of Alberta to administer AISH program eligibility and benefits, and other government benefits. The Medical Report may be shared, in accordance with the *Freedom of Information and Protection of Privacy Act* with:

- the applicant
- a medical consultant or psychological consultant on contract with the ministry of Community and Social Services
- the Canada Pension Plan Disability program, to help determine the applicant's medical eligibility for that program
- an AISH Appeal Panel in any appeal regarding the applicant's medical eligibility

## Completing the medical report

As a physician, your role is to provide a complete and accurate picture of the applicant's:

- medical condition
- level of physical, mental and cognitive functioning
- limitations on capacity to function
- prognosis

The information you provide will assist us in determining their medical eligibility or continued eligibility for the program. We consider the information you and the applicant provide to determine how their medical condition impacts their ability to earn a living.

When completing the Medical Report, it is important to:

- write legibly in blue or black ink
- complete each section, or it may be returned
- use Section 9 or add pages if more space is needed to answer questions or provide additional information
- attach medical reports, assessments and other documentation from you, your consulting specialists and/or allied health practitioners that relate to the applicant's presenting condition(s), diagnosis and impairments – do not send their entire medical record
- consider advising the applicant to submit any medical documentation they may have to support their AISH application, in addition to the information you are submitting
- ensure a physician, registered with the College of Physicians and Surgeons of Alberta, approves and signs the completed Medical Report, or the application will not be processed
- provide copies of the Medical Report and supporting documents to the client for their records

## Section 1 – applicant information

AISH collects personal information about the applicant to confirm their identity. This information enables us to match the information submitted by physician, Medical Report, and the Applicant Information, submitted by the applicant.

## Section 2 – relationship with applicant

We need to understand your relationship with the applicant and your history treating the medical condition that relates to the AISH application. Provide answers to these four questions to give background and context:

1. Are you the physician or specialist? If you are the specialist describe your specialty.
2. How long have you been treating the applicant?
3. When did you last treat the applicant?
4. On average, how often do you see the applicant? Check the box on the form that applies:
  - once per week
  - 11-20 times per year
  - 6-10 times per year
  - 2-5 times per year
  - once per year
  - other

## Section 3 – diagnosis(es)

The two information requests in this section help us understand the applicant's medical condition that pertains to their AISH application:

1. List the primary, secondary and tertiary medical and/or psychiatric conditions, if applicable. Include the date of onset and select the appropriate medical codes for each diagnosis from the chart at the bottom of page 2 of 7. If there are other relevant diagnosis(es), indicate them in the space provided.
2. Provide details about the diagnosis(es), such as relevant etiology, classification, stage/grade/type of disease, etc. If you need more space, add information in Section 9 or attach additional pages to the Medical Report.

## Section 4 – medical history

We need to understand the medical history and supporting evidence that relates to the medical and/or psychiatric conditions and diagnosis(es) you described in Section 3. It is important to include supporting documents to assist us in adjudicating the application. Provide additional details as indicated below:

1. Describe the medical history relevant to the condition/diagnosis(es) identified in Section 3. Include the chronology of presenting symptoms and progression, if any.
2. Describe the symptoms causing impairment for each diagnosis(es) identified in Section 3.
3. Check Yes or No to indicate whether the applicant has been referred to one or more specialists for medical consultation and/or assessment. If Yes, provide each specialist's name and specialty. Attach consultation reports you have from specialists, such as:
  - surgeons
  - neurologists

- rheumatologists
- cardiologists
- physiatrists
- internists
- gastroenterologists
- neuropsychologists
- orthopedics
- psychiatrists
- speech language pathologists
- audiologists
- occupational therapists
- physical therapists
- ophthalmologists
- others

4. Check Yes or No to indicate if you are attaching any other supporting medical evidence for the condition/diagnosis(es), such as:
- laboratory tests (e.g. blood work, biopsy, enzyme)
  - diagnostic reports (e.g. MRI, colonoscopy, pulmonary function tests)
  - diagnostic investigations/tests (e.g. ECG, EKG, imaging [x-ray, CT, US])
  - rehabilitative reports (e.g. brain injury programming, stroke rehabilitation, physiotherapy, occupational therapy, functional capacity exam/assessment)
  - specialty clinics (e.g. chronic pain program, stroke prevention clinic, cardiac function clinic, bariatric clinic, movement disorders clinic, MS clinic, FASD clinic)
  - psychological assessments/treatment/involvement (e.g. MOCA, MME, specialized assessments [cognitive, psychological, neuropsychological, psychoeducational, vocational] and/or treatment related progress notes)
  - psychiatrist reports (e.g. consult, assessment, progress notes related to treatment and/or psychotherapy).

*It may be helpful to advise the applicant to submit any medical documentation they have to support their AISH application, in addition to the information you are submitting.*

5. Provide admission and discharge dates if the applicant has spent time in a hospital or other treatment facility for the condition(s) you have diagnosed. Check Yes or No to indicate if you are attaching supporting documents.

### **Section 5 – degree of impairment**

In this section, you are asked to describe any physical, mental health, cognitive difficulties and/or functional limitations the applicant experiences on a regular and ongoing basis. AISH needs to understand the symptoms that cause impairment, causal relationships between symptoms and functional limitations, and levels of impairment.

We recognize you do not typically observe your patients for extended periods in routine activities such as lifting, carrying, sleeping, climbing stairs and personal care. To offer your best professional judgment about the AISH applicant's functional limitations, symptoms and impairment levels, it is acceptable to draw from the consultative or assessment documents you provided in Section 4.

Provide additional details as indicated below:

1. Identify activities the applicant has difficulty performing due to functional limitations. Check the box for activities that apply, and then describe the presenting functional limitations. Indicate whether the applicant can perform these activities independently or if they need assistance from another person or a medical device.
2. Identify the level of impairment the applicant experiences due to physical, mental health and cognitive aspects of their medical condition. For each aspect, check either none/not applicable, mild or slight impairment, medium or moderate impairment, or major or complete impairment. After, describe the symptoms causing the impairment level.
3. Consider all the information you provided in this section to assess the cumulative impairment level related to the applicant's medical condition. Describe the causal relationship between individual symptoms and the cumulative impairment level.

### **Section 6 – medication**

We consider any medications the applicant needs to manage the medical condition and how they impact functioning. List the applicant's medications along with start date, dosage and frequency, purpose, effect on functioning and any related symptoms. You can complete the chart in this section or check the box indicating you are attaching a separate list.

### **Section 7 – treatment**

We need to understand how the medical condition has been impacted by past, current and planned treatment(s) that you and/or other consulting medical professionals provide. Applicants must take treatments and/or remedial therapy(ies) that are available. Provide details for the first three items below, or the fourth if no treatment or remedial approaches have been tried or planned:

1. Describe the treatment history and results. Indicate whether results have been positive, inconclusive or negative. Specify if symptoms have developed, changed or remained the same due to the treatment(s).
2. Describe the current treatment plan. Include when treatment was initiated, anticipated results, and how often the treatment plan is reviewed and/or revised.
3. Indicate if further treatment is anticipated, including expected results with estimated timeframes.
4. Explain why no treatment or remedial approaches have been tried or planned (e.g., there may be no treatment or remedial therapy for a cognitive or intellectual disability).

### **Section 8 – prognosis**

Give your professional opinion about your diagnosis(es) and the likely duration of the medical condition(s). Describe the predictability of the medical condition(s) and related symptoms. Your prognosis is used to understand the impact the medical condition may have over time. Provide additional details to the questions below:

1. Indicate how long the medical condition will last by checking temporary, episodic, indefinite or undetermined. Give the estimated duration and other details to explain your prognosis.
2. Check *Yes* or *No* to answer whether any other medically related issues impact the applicant's response to treatment. If you select *Yes*, explain.
3. Indicate whether the applicant is following the recommended treatment plan by checking *Yes* or *No*, and explaining the situation.



## Section 9 – additional comments/information

Use this section to provide relevant information that was not addressed in previous sections. This may include more details about your diagnosis(es), the applicant's medical condition and/or specific symptoms that affect impairment and capacity to function. If you need more space, attach additional pages. If your assessment is complete, write "Nothing to Add" in this section.

## Section 10 – certification

We must receive a signed Medical Report to process an AISH application for medical eligibility. Once a physician's office completes the Medical Report, it must be approved and signed by a physician who is registered in Alberta.

The College of Physicians and Surgeons of Alberta (CPSA) registration number must be provided. AISH also requires office contact information to reach the physician, if any questions arise.

## Submitting medical information

It is important to promptly submit the Medical Report. This will enable us to process the AISH application for medical eligibility. **Ensure the Medical Report is complete with supporting documents and a registered physician's signature, CPSA number and contact information.** If information is missing from the Medical Report package or the form is not signed, we will return the package to the physician's office for completion.

There are four ways to submit the Medical Report package to AISH:

1. mail it to PO Box 17000 Station Main, Edmonton, AB, T5J 4B3, or
2. fax it to 587-469-3006 (Edmonton Area) or 1-877-969-3006, or
3. submit it online at: [aishtools.alberta.ca](https://aishtools.alberta.ca), or
4. give it to the applicant to submit to AISH.

## Receiving payment

The applicant is responsible for paying the fee to complete the Medical Report. The fee for service consists of the equivalent to the Alberta Health Schedule of Medical Benefits, Code 03.04A (or equivalent specialty code) for the examination, plus a fee agreed to by the Alberta Medical Association for report completion.

The Government of Alberta may cover costs for the completion of the Medical Report for applicants who are receiving Income Support. When the Alberta government agrees to assume this cost, you will receive an expense approval letter from the Income Support program or the applicant will give it to you. If the applicant needs more information, they can call the Alberta Supports Contact Centre at 1-877-644-9992 or 780-644-9992 within Edmonton, from 7:30 a.m. to 8 p.m. every Monday to Friday, except statutory holidays.

## AISH program overview

The AISH program provides financial and health benefits to eligible adult Albertans with a permanent medical condition that prevents them from earning a living. Benefits may include:

- a monthly living allowance – money to pay for living costs such as food, rent and utilities
- a monthly child benefit – money to assist with raising dependent children
- health benefits – assistance to cover health needs for the applicant, spouse or partner and their dependent children
- personal benefits – money over and above the monthly living allowance for specific needs such as a special diet or assistance in an emergency

More information on AISH is available at [alberta.ca/aish.aspx](http://alberta.ca/aish.aspx) and in the *Your Guide to AISH*, which is also available through AISH offices listed at the end of this guide. You can also refer to the AISH Policy Manual at [humanservices.alberta.ca/AWonline/AISH/7180.html](http://humanservices.alberta.ca/AWonline/AISH/7180.html).

The *Physicians' Guide to Completing the AISH Application* contains general information about the AISH program and reflects what is in AISH legislation and regulations, and the AISH Policy Manual. If there are any differences between what is in this document, the policy manual, and the legislation and regulations, the legislation and regulations shall prevail.

AISH has sole responsibility for determining whether an applicant meets medical, financial, age and residency eligibility criteria for the program. We assess all the evidence, both medical and non-medical, to reach the eligibility decision.

## AISH contact information

Call an office location near you between 8:15 a.m. and 4:30 p.m. from Monday to Friday.

For TTY service, call 1-800-232-7215 or 780-427-9999 in Edmonton. AISH office locations and TTY services are closed during statutory holidays.

<b>Athabasca AISH Office</b> Duniece Centre 3rd Floor, 4810 50 Street Athabasca, AB T9S 1C9 Phone: 780-675-6853 Fax: 780-674-8366	<b>Drayton Valley AISH Office</b> 5136 51 Avenue Box 7595 Drayton Valley, AB T7A 1S7 Phone: 780-542-3134 Fax: 780-621-4022	<b>Hinton AISH Office</b> 568 Carmichael Lane Hinton, AB T7V 1S8 Phone: 780-817-3790 Fax: 780-674-8366	<b>Red Deer AISH Office</b> Provincial Building #109, 4920 51 Street Red Deer, AB T4N 6K8 Phone: 403-340-7077 Fax: 403-755-6171
<b>Barrhead AISH Office</b> Provincial Building 6203 49 Street, Box 4597 Barrhead, AB T7N 1A5 Phone: 780-674-8209 Fax: 780-674-8366	<b>Drumheller AISH Office</b> Riverside Centre, 2nd Floor, 180 Riverside Dr, Box 2079 Drumheller, AB T0J 0Y0 Phone: 403-823-1616 Fax: 403-823-1777	<b>Lac La Biche AISH Office</b> Provincial Building 9503 Beaverhill Road, Box 2643 Lac La Biche, AB T0A 2C0 Phone: 780-623-5361 Fax: 780-840-2005	<b>Rocky Mountain House</b> Provincial Building 4919 51 Street, Box 1180, Rocky Mountain House, AB T4T 1A8 Phone: 403-845-8590 Fax: 403-845-8330
<b>Bonnyville AISH Office</b> 5201 44 Street Box 4663 Bonnyville, AB T9N 0H1 Phone: 780-815-4041 Fax: 780-840-2005	<b>Edmonton AISH Office</b> Westcor Building #500, 12323 Stony Plain Road Edmonton, AB T5N 4B4 Phone: 780-415-6300 Fax: 1-844-686-9358	<b>Lethbridge AISH Office</b> Provincial Building 200 5 Avenue S Lethbridge, AB T1J 4L1 Phone: 403-381-5186 Fax: 403-388-3136	<b>Slave Lake AISH Office</b> Government Centre #108, 101 3 Street SW, Box 70 Slave Lake, AB T0G 2A0 Phone: 780-849-7216 Fax: 780-624-6212
<b>Bow Corridor AISH Office</b> Provincial Building 3rd Floor, 800 Railway Ave Canmore, AB T1W 1P1 Phone: 403-678-2363 Fax: 403-297-6221	<b>Edson AISH Office</b> Provincial Building #102, 111 54 Street Edson, AB T7E 1T2 Phone: 780-723-8215 Fax: 780-674-8366	<b>Lloydminster AISH Office</b> Provincial Building 2nd Floor, 5124 50 Street Lloydminster, AB T9V 0M3 Phone: 780-871-6418 Fax: 780-871-6408	<b>St. Paul AISH Office</b> Provincial Building #309, 5025 49 Ave, Box 46 St. Paul, AB T0A 3A4 Phone: 780-614-6511 Fax: 780-614-6418
<b>Calgary East – Westland Alberta Supports Centre</b> 2752 Sunridge Way NE Calgary, AB T1Y 0A5 Phone: 403-297-8511 Fax: 403-297-6221	<b>Fort McMurray AISH Office</b> Provincial Building, 7th Floor, 9915 Franklin Avenue Fort McMurray, AB T9H 2K4 Phone: 780-743-7106 Fax: 780-743-7100	<b>Medicine Hat AISH Office</b> Provincial Building #201A, 346 3 Street SE Medicine Hat, AB T1A 0G7 Phone: 403-529-3550 Fax: 403-529-3662	<b>Vegreville AISH Office</b> 5121 49 Street Box 1590 Vegreville, AB T9C 1S7 Phone: 780-632-8686 Fax: 780-603-2460
<b>Camrose AISH Office</b> Gemini Centre 3rd Floor, 6708 48 Avenue Camrose, AB T4V 4S3 Phone: 780-608-2539 Fax: 780-608-4078	<b>Grande Prairie AISH Office</b> Town Centre Mall #100, 9845 99 Avenue Grande Prairie, AB T8V 0R3 Phone: 780-833-4399 Fax: 780-833-4397	<b>Morinville AISH Office</b> Provincial Building 2nd Floor, 10008 107 Street Morinville, AB T8R 1L3 Phone: 780-939-1239 Fax: 1-844-686-9358	<b>Westlock AISH Office</b> Ron Dales Building 11304 99 Street Westlock, AB T7P 0A4 Phone: 780-349-7729 Fax: 780-674-8366
<b>Cold Lake AISH Office</b> #408, 6501B 51 Street Box 698 Cold Lake, AB T9M 1P2 Phone: 780-840-2002 Fax: 780-840-2005	<b>High Level AISH Office</b> Provincial Building 10106 100 Avenue High Level, AB T0H 1Z0 Phone: 780-841-4335 Fax: 780-926-2114	<b>Olds AISH Office</b> 4500 50 Street Olds AB, T4H 1R6 Phone: 403-507-8060 Fax: 403-556-8940	<b>Wetaskiwin AISH Office</b> Macadil Building Main Floor, 5201 51 Avenue Wetaskiwin, AB T9A 0V5 Phone: 780-361-5163 Fax: 780-361-5164
<b>Crowsnest Pass AISH Office</b> Provincial Building 12501 20 Avenue, Box 870 Blairmore, AB T0K 0E0 Phone: 403-562-3285 Fax: 403-562-3247	<b>High Prairie AISH Office</b> Provincial Building, 2nd Floor, 5226 53 Avenue, Box 849 High Prairie, AB T0G 1E0 Phone: 780-523-6651 Fax: 780-624-6212	<b>Peace River AISH Office</b> Provincial Building 1st Floor, 9621 96 Avenue Peace River, AB T8S 1T4 Phone: 780-624-6135 Fax: 780-624-6212	<b>Whitecourt AISH Office</b> Midtown Mall 2nd Floor, 5115 49 Street Whitecourt, AB T7S 1N7 Phone: 780-778-7226 Fax: 780-614-6418

## Other help

### AISH Application Processing Centre

If you want to submit an application for the AISH program or if you have an inquiry about the status of your application:

PO Box 17000 Station Main

Edmonton, AB T5J 4B3

Phone: 1-877-759-6810 (toll free) or 587-759-6810

Fax: 1-877-969-3006 (toll free)

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