

# Direct Deposit Statement

EY 57100

Your benefit payment has been deposited to your bank account.

Sequence No.: 0060267

Bank: THE TORONTO-DOMINION BANK  
2505 HEWES WAY  
EDMONTON

### DEPOSIT DETAILS

Month YYYY **351**X09

AISH Number without "X"

Last Name, First Name  
Address  
EDMONTON AB T5T 5T5

0060267

AISH Office Number

Deposit date: MM/DD/YYYY

Deposit No.: TAO8874

Amount: \*\*\*\*\*\$XXX)

### IMPORTANT:

If you move, change or close your bank account you must notify your worker IMMEDIATELY!



CHILDREN'S SCHOOL EXPENSE  
IF YOU HAVE CHILDREN IN SCHOOL AND MEET THE ELIGIBILITY CRITERIA FOR PERSONAL/SUPPLEMENTAL BENEFITS, YOU SHOULD HAVE RECEIVED MONEY ON YOUR AUGUST BENEFITS TO HELP WITH SCHOOL-RELATED EXPENSES. THE AMOUNT DEPENDS ON YOUR CHILD'S GRADE.  
KINDERGARTEN \$56 PER CHILD  
GRADES 1 TO 6 \$110 PER CHILD  
GRADES 7 TO 12 \$190 PER CHILD  
PLEASE TELL YOUR WORKER IF YOU HAVE NOT RECEIVED THIS BENEFIT OR IF THE AMOUNT YOU RECEIVED WAS NOT CORRECT.

**Must show:**

1. First and Last Name (either on the Health Benefits Card portion or the address section at the top)
2. A date within last 90 days
3. One or more of the following:
  - 7-digit AISH file number starting with "x"
  - budget information showing AISH ALLOW payment
  - 6-digit AISH office number starting with 351 under "Deposit Details" at top right

Budget Information	
Description	Amount \$
SCHOOL EXP	190
CHILD SUPL	212
<b>AISH ALLOW</b>	<b>1787</b>
EMPLOY EXP	2656
SPECL DIETS	44
EARNED INC	-2699
SUPL HH	-924
NET CHEQUE	1266
=====	=====

### HEALTH BENEFITS CARD

Hlth Ben Card No.: **EY 57100** *Alberta*

Last Name First Name  
Address  
EDMONTON AB T5T 5T5

Recipient's Card No. Office/Unit/Caseload  
"X" AISH Number **351**X09  
Persons covered: (\* Not Covered)

Dependant 1  
Dependant 2  
Dependant 3  
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AISH Office Number

This card will help you get health benefits covered by Income Support/AISH. This card is non-transferable and only covers the people listed below. Abuse may result in cancellation and legal action.

Signature of Recipient (use pen)  
CARD NOT VALID OUTSIDE ALBERTA

Expiry Date: MM/DD/YYYY  
Birth date: yyyy mm dd x  
Benefits for persons covered:  
M PRESC DRUG  
F OPTICAL  
F SUPP DENTA  
===== = SUPP DENTU  
GR AMBULAN  
AADL  
EYE EXAM  
=====

EY 57100

No Client Reporting Card Required.