

our benefit payment has been deposited to your bank account.

Bank: ROYAL BANK OF CANADA  
BANK ADDRESS  
EDMONTON, ALBERTA  
POSTAL CODE

Sequence No.:

DEPOSIT DETAILS

Apr 2024

343C15

YOUR LAST NAME, FIRST NAME  
YOUR ADDRESS  
EDMONTON, ALBERTA  
POSTAL CODE

0002015

Deposit date:

Apr 1, 2024

Deposit No.:

Amount:

\*\*\*\*\*103.00

IMPORTANT:

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



DECEMBER HOLIDAY OFFICE CLOSURE:  
DECEMBER IS FAST APPROACHING AND THIS YEAR OUR OFFICES  
WILL BE CLOSED FROM DECEMBER 24, 2018 TO JANUARY 1, 2019.  
DURING THE CLOSURE A LIST OF AVAILABLE GOVERNMENT SERVICES  
WILL BE ONLINE AT ALBERTA.CA. IF YOU HAVE A NEED FOR  
EMERGENCY BENEFITS WHEN OUR OFFICES ARE CLOSED, PLEASE  
CALL THE INCOME SUPPORT CONTACT CENTRE AT 1-866-644-5135.

REPORTING REQUIREMENTS:  
PLEASE REPORT ANY DISCREPANCIES IN YOUR BENEFIT STATEMENT  
OR ANY CHANGES IN YOUR FINANCIAL, HOUSEHOLD, OR MEDICAL  
SITUATION AS SOON AS THEY OCCUR. THIS WILL HELP US SUPPORT  
YOU AS YOUR NEEDS CHANGE.

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. Budget Information listing either CORE SHELTR or CORE ESSNTL (or both)

Budget Information

Description	Amount \$
CORE SHELTR	323
CORE ESSNTL	304
MEDCL TRANS	97
EARN REPLAC	86
CPP/QPP PEN	-707
NET CHEQUE	103
=====	=====

HEALTH BENEFITS CARD

Health Ben Card No.: BY 95819

YOUR LAST NAME, FIRST NAME  
YOUR ADDRESS  
EDMONTON, ALBERTA  
POSTAL CODE

Recipient's Card No. Office/Unit/Caseload  
457165555 343C15  
Persons covered: (\* Not Covered)

YOUR LAST NAME, FIRST NAME  
DEPENDANT LAST NAME, FIRST NAME  
DEPENDANT LAST NAME, FIRST NAME  
DEPENDANT LAST NAME, FIRST NAME  
DEPENDANT LAST NAME, FIRST NAME

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 Apr 30, 2024

Birth date

yyyy mm dd

xxxx

Benefits for persons covered:

M PRESC DRUGS  
OPTICAL  
STND DENTAL  
STND DENTUR  
GR AMBULANCE  
AADL  
EYE EXAM

19850207  
20121209  
20121209  
20121209  
20121209

Government of Alberta

Income Support Client Reporting Card

Cheque No.:

Office/Unit/Caseload: 343C15

Total cheque amount: 103.00

File No.:

Payment to the end of: APRIL 2024

Name:

Mailing Address:

If you are reporting by telephone or internet, do not submit this card.

To request next month's benefits, complete both sides of this card for the reporting period

APRIL 01 - 30 2024

Please return the card after all sources of income have been received in the above month.

or

Return the card by

APRIL 10TH

if:

- you have no earnings and
- you have no other income or your other income does not change from last report.

Message to worker:

**Declaration** The information on this card is true and complete. If my situation changes after I return this card, I will tell my worker immediately. I acknowledge Alberta Human Services has authority to check the information provided. I understand I may be required to repay benefits I wasn't eligible for, including any provided due to government error. I understand that giving false or incomplete information may result in criminal charges.

Signature of Head of Household/Financial Administrator

Date signed

Signature of Spouse/Partner

Date signed

Phone number

X

X

The information you provide on this card is collected under the authority of the Income and Employment Supports Act and the Freedom of Information and Protection of Privacy Act and will be used to determine and verify your eligibility for Income Support benefits. This information may be verified with other sources, agencies and governments. If you have any questions about the collection of this information you may contact your worker.

EMP 1928 (BE2012/03)