# Let’s Talk About AISH *(Italicized material in parenthesis is from the editor)*

1. **Reduce mailings**

* The first thing to bring costs down would to be eliminate the monthly mailings.
* What about giving AISH recipients a permanent plastic card to people instead of monthly cards?

1. **Use more electronic communication (with existing options for those without Internet)**

* Allow AISH workers to contact people by email.
* I love the email idea! Then there is a history of discussions. The AISH worker for my daughter called repeatedly on several occasions to ask the same questions.
* Email is also easier for some people on AISH, rather than talking on the phone. It’s another reason email is a nice option.
* Have online form submission for questions, so we do not have to sit on hold forever waiting for someone to answer.
* There should be streamlined reporting through an online portal.
* Not everyone has internet so we need to have choice for how we interact with AISH.
* AISH workers are inefficient. I got 3 letters from 3 different AISH workers instead of 1 phone call about an issue. *(Online internal tracking of issues and their status would reduce this inefficiency.)*
* I would like to see AISH provide a list of available support services and be able to pick what I need via a fillable PDF form and then get a tracking code so I can track action on my request.
* There needs to be less bureaucracy and less duplication of application information having to go to AISH workers. There is too much red tape.
* One should not have to reapply monthly for AADL. *(Internal electronic records shared between programs)*

1. **Annual reporting instead of monthly reporting of income**

* It would be helpful to transition to annual reporting rather than a monthly reporting cycle. I have a job and there have been lots of times that AISH has not gotten my report on time or it was sent and lost. The result is that I have not been paid and did not have enough to cover my monthly bills and rent.
* Monthly income reporting takes a lot of time and does not always reflect the amount of income earned over a year. I may have good wages for a job for 2 months. Then I lose the job due to my disability. But after 2 months of good wages, I was taken off AISH. It takes time to reinstate the benefit. It turns AISH into a minimum income program with a taxable benefit. It would be good to have AISH apply until you earn enough to reach the next tax bracket (i.e., an annual limit like BC rather than a monthly limit). People would be more willing to pick up some work as they can, and use the annual taxation process to determine how much of the AISH payment needs to be returned to the government. People would need to save up to pay back the extra earned.
* Annualized re-payment of AISH overpayments is a great idea.

**4. Clear, consistent rules in plain language available in print/online.**

* Consistency is lacking and causes a lot of confusion. So, having hard and fast rules that are clear is needed. We also need proper training for AISH workers.
* It is really important to make reporting requirements clear and put them in plain language. They need to be clearer than they are now.
* I agree. We need a clear statement of benefits and rules.
* We need clear rules and training for AISH workers.
* Some AISH workers say you can do an annual review then you get a different worker and she says no. Rules change and we are not told that it is happening or why. Rules need to be concretely set and not open to interpretation by individual workers.
* It would be good if the Government of Alberta can explain on their statements what money they are clawing back and for what reason. The statement now just gives the amount you get, which may not be what you expected. Then you have to call the AISH worker and wait for a call back to find out why it was less than expected.
* AISH needs a clear, easy-to-understand medical form for doctors to complete for the application process.
* Be upfront about changes to the program and what they will do (*how they will make a positive difference in people’s lives)*.

1. **Rules for clawing back income do not make sense to people and feel punitive.**

* Stop clawing back benefits dollar for dollar. Allowing persons with disabilities to get ahead, allows them to gain further independence and increase their sense of well-being. This can reduce health care costs.
* If AISH cannot be raised, is there a way that the amount we earn if we are employed can be raised?
* I work 15 hours per week before I reach the limit of what I am allowed to earn. Is there any way to raise the amount I am allowed to earn to maybe 20 hours per week?
* Do not claw back EI in its entirety so people are not encouraged to apply.
* CPP-Disability should be considered the same as employment income and clawed back at the same rate as working income. If I did not work and pay into my pension, I would not get CPP-D.
* Clawing back is based on the idea that everyone can “grow their own garden.” A carrot-and-stick approach does not work for people with disabilities because they are not in control of their disability or its impact on them. Meeting basic needs still leaves food deficits and mental health needs.
* My AISH worker made me go on EI in March (anticipating me getting CERB) even though I did not qualify for any of that. I got money that I cannot use and need to give back and thus I missed out on the CESB (which I did qualify for) but could not access because I was stuck, erroneously, on EI. I am affected to this date. I am not able to access extra AISH benefits for a needed CPAP machine, PT, etc. because I have over $5000 in my account. But I can't touch any of that amount because it needs to be paid back at tax time.

1. **AISH rules for families feel punitive**

* AISH is affecting my family because too much of CERB is being clawed back.
* I had a hard time with CERB because it is an attack on 2.5% of people who live in families because of the clawbacks. Children are involved and this should be taken very seriously. With 4 children. I have other needs besides those of living with a disability. I feel I am providing for my family as a result of the AISH clawback of CERB.
* YES, this is HUGE, too. The situation around CERB/CESB was a disaster.
* People should not lose their AISH income when they choose to get married. *(Having one’s own money allows a married person on AISH to contribute to the family and, more importantly, gives the person the option to leave an abusive relationship without becoming homeless.)*
* AISH eligibility should not be affected by a partner’s income.

1. **Return to payments 4 days before month end (reduce calls for emergency help due to late payments**)

* AISH needs to be returned back to four business days before the end of the month.
* Change the AISH payment date to match that for CPP-D.

1. **False economies (savings in one area of government offset by higher expenses elsewhere)**

* Step up government supports for people with invisible disabilities. Many people on AISH who do not qualify for PDD support need help. They cause other systems like AHS, Mental Health and other social services to be overwhelmed.
* I did not get cured while I was incarcerated but I have to re-apply for AISH.
* When someone is hospitalized, AISH should continue for 90 days, not 30 days so that the rent gets paid and the person does not lose their home because they were hospitalized for awhile.
* When someone goes to the hospital for 30 days and loses their home, the Government of Alberta needs to give enough to pay their rent at least.
* In mental health housing, they are required to have a case manager to advocate with others so the person does not lose their housing when a crisis happens.
* Some medications that are not covered through AISH are very important. If we do not get them, the result is higher costs for AHS in the end.
* The prescription coverage needs to include brand name drugs, not just generic versions that do not work as well for many people because of their different composition.
* There seems to be a policy of not diagnosing mental problems before 18 and hence, there is a number of 18- to 21-year-old people who are depending on family or the street with drugs because they can not afford the help that would get them to a better place. Some mental issues can be better controlled as people get older, but they have to survive to get there. AISH does not support non-diagnosed people before they are diagnosed but their support needs are what leads to them being diagnosed.
* It would be beneficial if AISH allowed for an annual amount, maybe $100 per person, to use for personal wellness activities (e.g., yoga, painting, leisure) above the regular AISH payment to reduce later costs to AHS and Mental Health systems.
* Have an option to make AISH available temporarily for 1 year to cover unforeseen issues before removing a person from AISH completely. *(Saves AISH time and money on reinstatement.)*

1. **Gaps in support related to disability labels (e.g., PDD vs. Non-PDD)**

* Some people on AISH cannot access money for employment training because of qualification requirements that exclude them (e.g., they are not on PDD). Is there a way that AISH could help to facilitate a training fund to help those people who do not fit other criteria?
* We need more employment programs for people who are not eligible for PDD. There are 2-year waiting lists.
* Allow people with other disabilities to access PDD support so they can improve their quality of life.
* Create access to post-secondary education for people with all kinds of disabilities.
* AISH should cover tuition and books for any course of study.
* Money is needed for further schooling and for employment placement.
* Inclusive post-secondary programming requires being on PDD.
* AISH workers should work with post-secondary institutions to be sure there is money for people to pursue the programs they want, not just special education programs.
* I have noticed employment help programs for mentally ill people fall short of finding people jobs. Is there not a better way of helping people find meaningful and paying work?
* Worker advocates! If AISH staff can offer worker advocacy to help place individuals who are on AISH and able to work with supports into jobs, there may be ways to actually reduce the AISH $$, as recipients gain meaningful employment. Some AISH recipients want to and are able to work, and just need someone to arrange for positions to be set up suited to their abilities. It takes some work to get this established.
* Access is needed to services for housing, employment, therapies, extended dental services, and mental health, particularly in rural communities. Support workers may be needed, but the person does not qualify for PDD or have family support to fill in the gaps.
* AISH used to have a transportation fund but it became part of PDD and was lost, especially in rural areas.
* We need trained workers for help with household management, help with appointments and other things that home care does not do.
* A lot of us are complaining that we will not get the payment for January until the end of December. It would be nice to get a bit extra to buy others Christmas presents, like they add on for children in schools.

1. **Gaps in needed supports (Unavailable, insufficient or too expensive on AISH income)**

* We need access to affordable legal representation. People on AISH may not fit into income rules for legal aid but other lawyer fees are too high for someone on AISH.
* AISH should provide automatic access to physiotherapy and chiropractors.
* AISH should cover chiropractor appointments as well.
* My son also needs physiotherapy and equipment.
* Therapy for mental illness is not covered or there is insufficient mental health support to pay for therapists.
* There need to be better options for people with disabilities to reduce isolation and address mental health issues.
* For those of us who have to isolate (like I do due to my severe chronic illnesses, disability and chemo, etc.), especially who are alone and don't have outside help coming in, we need assistance for mental health. I, for one, have been close to giving up, as I have been alone and isolated for 9 months now. While I did get to have some (10) free sessions with the local Counselling Centre, that is not enough. We need continued support, not temporary because switching from counselor to counselor and having to source out affordable options makes quality mental health support next to impossible.
* I have all of the standard mental health sources and have worked with others, too. It is hard for those of us on AISH to afford continued help at the best of times, but right now, it is even harder. I have disabilities in each area (cognitive, physical, and emotional).
* The system does not pay enough to be able to address the true costs of debilitating mental illness, such as psychologists for long term therapy. A discount of $85 twice a month does not meet many needs and paying for more support out of a person’s AISH does not leave much funding to meet basic needs.
* For those of us isolating alone and not getting outside help, we need help with the resulting mental health issues.
* Supports for families are also needed when the person on AISH is having mental health problems, because these create extra stress for families who are supporting the person.
* Why do we not have a provincial busing system?
* We should have affordable regional transportation sponsored by towns and provincial government. An example is [On-It Transit](http://www.onitregionaltransit.ca/), which costs $10 to go to Canmore or Banff from Calgary.
* We need better dental coverage for crowns and bridges because dental problems can lead to poorer nutrition and poorer health.
* There should be funds for dieticians and trained workers to do cooking for people who need it.
* AISH needs to include funds to hire caregivers.
* Help for housekeeping should be covered.
* There should be programs to help people with disabilities qualify for loans.
* We need coverage of all medication. Currently AISH seems to determine what can be prescribed by what is covered.
* The government needs to take a good look at their medical coverage because there are a lot of programs that are not funded. For people with disabilities that need extra physical care, AISH does not medically help.
* Hearing aid batteries are not always covered because people need to save all of their receipts. Not everyone is organized enough to do this and does not have support.
* Let people get their prescriptions for 3 months at a time to save on dispensing fees. *(Understanding that some people’s meds change frequently, perhaps this could apply after 3 months of stability in a medication.)*

1. **Negotiate AISH discount programs (and AISH Workers raising awareness of them)**

* Perhaps people on AISH could have a card they can show to get an automatic discount on essential things, like seniors do, such as groceries, medication or paying utility bills. They would receive an automatic discount at point of sale.
* The AISH card should make people eligible for reduced recreation programs and para-transit.
* Something should be done to reduce fees during the pandemic.

1. **AISH Workers as a better resource for other available supports**

* Have AISH workers who are knowledgeable about where to direct people for help in their area for other supports, like a little survival guide with local supports listed.
* AISH Workers should be knowledgeable about deals and programs that help people on AISH save money, like [TELUS Internet for Good](https://www.telus.com/en/about/company-overview/community/internet-for-good).
* AISH needs to improve their information on service dogs. Too many people are left on their own to navigate through that mess.
* Recentralizing support systems and making connections clear would make one-stop access to needed services more likely.

1. **Better coordination with other programs to avoid unintended consequences**

* If PDD is not doing a good job working with AISH, help is needed.
* Do not count financial assets as part of the disability assessment, so people who are diabetic but have assets would be eligible for help. *(This may indicate a need for AISH workers to direct people to AHS programs.)*
* There needs to be some sort of partnership with housing, because living in low cost housing is leading to more poverty.
* With the Calgary transit low income bus pass, prices are based on person’s income using a sliding scale. When AISH goes up just a little bit, people can get cut off and have to pay full price.

1. **What works in cities is different in rural and small-town context**

* A better understanding is needed for the needs of people in rural communities. Transportation works totally differently. Public transportation in the rural communities is often not available. AISH workers need to have a better understanding of the needs in the rural communities and not base their decisions on what is available in the city. These are two very different worlds with different needs.
* AISH workers need to be available in smaller communities, as we can't drive into the city for appointments.
* Groceries are more expensive in rural areas.

1. **Rising costs and impact of de-indexing**

* Problems have been created with de-indexing and the rising cost of living. In 2020 we lost about $30/month through deindexing, in 2021 we will lose about 65/month from what we get now.
* I would like to see cost of living reviewed. We now have to pay $3 for every extra garbage bag that the city picks up. My son is incontinent due to his disability and there are numerous costs attached to this.
* Costs during COVID have risen dramatically for food, food delivery, etc., yet there was no increase for AISH to balance the extra costs.
* We are suffering from a lack of money, so that our basic needs are not always being met. It should be OK to ask for more money during COVID.

1. **Universal Basic Income vs. AISH Loss of Dignity**

* Talk to the Government of Canada about having a Universal Basic Income similar to what the CERB benefit was. I don’t trust the provincial government with respect to AISH because of all the changes they have made. Talk to the federal government about taking over disability benefits programs for all people with disabilities.
* Money does not bring happiness, but it can bring freedom. Universal Basic Income (UBI) is coming because it creates a sense of well-being. AISH barely meets basic needs and does not produce happiness.
* AISH should last past 65 because disability and its extra costs do not end at 65.

1. **Stop making ignorant public statements that raise stress and suicide risks among those on AISH**

* I would also like better training for AISH workers and politicians who don’t seem to have an accurate understanding of who their clients are. Perhaps home visits would help with this.
* The Government of Alberta needs to stop causing stress in the disabled community with a poor choice of words when speaking to the press. Such comments as "AISH is for the Severely Disabled" makes persons with disabilities feel that the government doesn't respect their disabilities.
* I hate the term “Severely” handicapped in “AISH” because its meaning is unclear to the average person (or Matt Wolf in Premier Kenney’s office). People with disabilities then feel they must justify why they qualify for AISH by sharing personal information. Matt Wolf’s posts on Twitter comments raise unfortunate questions about our community.
* A letter in the [*Boyle McCauley News*](https://bmcnews.org/story/changes-to-aish-a-letter-to-the-premier) (Edmonton community newsletter, Nov 26, 2020) talked about the impact of government people’s statements about continued eligibility for AISH.

“When I found out about the changes being made to AISH, I was devastated. I can easily get job experience, but cannot keep a job because employers find out that I take medication or that I am mentally ill.

Employers are not educated enough about mental illness so they fire me. When I work, I get very tired and it triggers my mental illness worse. And when I get fired that makes me even worse. It makes me very, very exhausted. It is so bad, I can’t concentrate enough. Once again, the employers will find out that I have a mental illness as I would need to have to “medication” breaks or go to my regular doctor or psychiatric appointments. Eventually, I will get fired. Without AISH supporting me financially, I cannot live.

It’s so frustrating having these problems and I look for ways to cope, and it leads to worse decisions that add to my problems, and makes me despair so much. It affects my eating, sleeping, and drug use to cope. And that in its own creates a whole new list of problems. So tell, what are you doing now to us? You are creating more devastating issues to our minds which leave us in panic, despair, and confusion. You are the ones that are out of your mind, huh?

And just lately, I had an even worse diagnosis added to my long list of illnesses.

I don’t have enough paper and ink to write to express my feelings toward your new measures.”

* It is important for the government to talk to the community. Matt Wolf making unfortunate announcements makes everyone in the disability community more stressed, compounding the stress of COVID. Make people feel safe and secure. We did not choose to be disabled. We deserve to be happy and have our needs met.
* AISH should be non-negotiable (i.e., assured). It should not be on the table for the Alberta government to save money.
* There are lots of myths about what other provinces provide being a lot less than AISH, but other provinces and territories may have other subsidies on top of the cash they provide for expenses.
* Saying AISH is most generous is demeaning to our community and needs to stop. It is hard to compare to other provinces because they are not doing that well for people with disabilities either. The amount provided by each does not take into account differences in expenses. Calling AISH generous makes us feel targeted and makes others think we are freeloaders, simply because of the terms the Government of Alberta is using.
* So how do you combat the fact that the government insists that support of the disabled community has to be in parity with the other provinces (i.e., should be less “generous”)? They keep saying there is no other province that provides this much support to their disabled citizens.
* Poverty and labelling are biggest barriers to people and gives society at large a reason to jump and attack people with disabilities.
* I can feel the pain in people’s responses. I have tried to get people sensitized to the loss of dignity that comes with being on AISH now. The Government of Alberta needs to stop causing stress in the disabled community with a poor choice of words when speaking to the press. Such comments as "AISH is for the severely disabled" makes persons with disabilities feel that the government doesn't respect their disabilities and the impact of those disabilities. The AISH program is not just about money. There is so much revolving on dignity. The program is failing on the basis of dignity and lack of voice with government. We should not be treated as inhuman.

1. **Getting AISH and interacting with the system should not be a degrading experience.**

* Dignity is destroyed here.
* If government people lived our lives, they would learn how to treat people with disabilities.
* We need more AISH workers who know how to talk to people and may have disabilities themselves.
* AISH workers should act on their clients’ behalf like a social worker does.
* AISH workers do not always care about the people on their caseloads. Some AISH workers do.
* AISH workers should be conveniently accessible for people with developmental disabilities and mental health issues.
* AISH workers and government in general needs to be more responsive to people with disabilities who have concerns.
* To try to get anyone in the Government of Alberta to listen is impossible. I have yet to receive a response to my emails or requests made over the past 2 months. It feels like the Government of Alberta does not respect us. We need to be treated with respect and dignity and consulted with.
* We need to address the SYSTEMIC and societal anti-AISH sentiments and discrimination.
* The first sign of civilization was a healed bone. The literal actual point of a society (and government) is to collectively take care of the needs of the people.
* Review of the AISH alignment with the UN Convention on the Rights of Persons with Disabilities.
* This community has to realize that they really matter and we must stand up for our rights. We can not be ignored or cast aside at this time.
* If government set up a board with disabled people on it, they could look at how needs and supports are different across Alberta.
* People with disabilities need to be involved in elected positions with their towns and cities.
* We can barely make it with the amount we get now. We should stand together. It is too bad we cannot get good jobs. We need to have our needs recognized and be valued like others. The AISH amount should not be on the table.
* I'm extremely saddened to see each person is not only missing a quality of life, but also experiencing financial discrimination.
* The word “Handicapped” needs to be removed in favour of “Disability.” Consider the name for the program in Saskatchewan (Saskatchewan Assured Income for Disability or SAID). Choose something that OUR community agrees on.
* The meaning of "handicap" is basically calling us beggars. The word comes from "hand in cap" - people sitting on the streets begging for handouts. *(My dictionary says the origin of “hand in cap” was a lottery game. Ironic.)*
* Titles are not important if the Government of Alberta and community stigmatize us. This will happen regardless of title.

1. **Draw on the wisdom of the AISH community**

* There is a need for consultation in the community before any action. It would save a lot of heartache for government to consult us before making decisions about AISH.
* Having a community like this where we can connect and mobilize is important.

1. **Address government financial problems differently.**

* Institute a Provincial Sales Tax—revenue is the issue, not spending.