

Direct Deposit Statement

Your benefit payment has been deposited to your bank account.

Bank: [REDACTED]
[REDACTED] 127th St NW
EDMONTON

Sequence No.: [REDACTED]

DEPOSIT DETAILS

Deposit date: [REDACTED]

Deposit No.: [REDACTED]

Amount: **** [REDACTED]

IMPORTANT:

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

Alberta

EARLY JANUARY BENEFIT:
THE JANUARY BENEFIT PAYMENT IS BEING ISSUED EARLY, ON OR AROUND DECEMBER 22, 2022. THE NEXT BENEFIT PAYMENT, FOR THE MONTH OF FEBRUARY, WILL BE ISSUED ON OR AROUND FEBRUARY 1, 2023.

AS OF JANUARY 1, 2023, BENEFIT RATES WILL BE INDEXED BY 6% BASED ON THE 2022 CHANGE IN THE ALBERTA CONSUMER PRICE INDEX AND WILL BE INDEXED TO INFLATION GOING FORWARD. YOUR JANUARY BENEFIT PAYMENT REFLECTS THE NEW INDEXED RATE.

HOLIDAY CLOSURE:
THE ALBERTA SUPPORTS CONTACT CENTRE WILL BE CLOSED FROM MONDAY, DECEMBER 26, 2022 TO MONDAY, JANUARY 2, 2023 AND REOPENING JANUARY 3, 2023. IF YOU REQUIRE ASSISTANCE OR HAVE AN EMERGENCY NEED DURING THIS TIME, PLEASE CALL 1-866-644-5153. IF YOU REQUIRE INFORMATION ABOUT A PROGRAM OR AVAILABLE SERVICES, PLEASE VISIT ALBERTA.CA.

Budget Information		HEALTH BENEFITS CARD		This card will help you get health benefits covered by Income Support/AISI. This card is non-transferable and only covers the people listed below. Abuse may result in cancellation and legal action.
Description	Amount \$	File No.	Card No.	
CORE SHELTER	[REDACTED]	[REDACTED]	[REDACTED]	Signature of Recipient (use pen) CARD NOT VALID OUTSIDE ALBERTA
CORE HOUSING	[REDACTED]	[REDACTED]	[REDACTED]	
NET CHEQUE	[REDACTED]	[REDACTED]	[REDACTED]	Expiry Date: [REDACTED] Birth date: [REDACTED] Benefits for persons covered: PRESC DRUGS OPTICAL STND DENTAL STND DENTUR GR AMBULANCE AADL EYE EXAM

EMP1928DD Rev 2021-05

Government of Alberta

Income Support Client [REDACTED]

Cheque No.: [REDACTED]

Office/Unit/Caseload: [REDACTED] Total cheque amount: [REDACTED]

File No.: [REDACTED] Payment to the end of: [REDACTED]

Name: [REDACTED]

Mailing Address: [REDACTED] EDMONTON

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.

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

Return the card by

- 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: [REDACTED] Date signed: [REDACTED] Signature of Spouse/Partner: [REDACTED]

Date signed: [REDACTED] Phone number: [REDACTED]

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 shared with other sources, agencies and governments. If you have any questions about the collection of this information you may contact your worker.

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