

Media Report 19 July 2019, 1 of 2

This weeks media reports will cover and answer questions veterans are still asking on Home Care Service, The Caregiver Recognition Benefit, Veterans Ontario Fishing License, A Veteran Dies Before Receiving Payment, Speak to a Chaplain ref the death of a Veteran, and local Media Articles.

The info in this report will give the Families and our Senior Veterans the information required to keep living a dignified retirement either in their home or at a Health Care Facility

Home Care Services, VIP (Veterans Independence Program)

General

The Veterans Independence Program (VIP) assists eligible clients (see [Eligibility for Health Care Programs – Eligible Client Groups](#)) to remain healthy and independent in their [principal residence](#) by offering a variety of services. Home care services that may be provided to, or on behalf of, a client at the client's principal residence include:

- 1.health and support services;
 - 2.personal care;
 - 3.housekeeping;
 - 4.access to nutrition, and
 - 5.grounds maintenance.
- 2.VIP home care services may be approved if:
- 1.the services are not available to the client either as an insured service under a provincial health care system, or, if applicable, as a former member or [reserve force member](#) of the Canadian Forces;
 - 2.the client is resident in Canada; and
 - 3.the client has an identified need that impairs their ability to remain self-sufficient at their principal residence.
- 3.VIP home care services may be required for an indefinite period of time or intermittently based upon the client's need. In some cases, the underlying health issue may be resolved, while in other cases it is not and the need for support exists until the client enters long-term care.
(See [Benefit Arrangement \[VIP\]](#) policy.)

Health and Support Services

Health and support services are diagnostic or health care interventions which are provided by a regulated [health professional](#). (See [Health Professionals](#) policy.)

4. The list below illustrates some of the types of health and support services which may be approved, if appropriate for a client's assessed health need. The list is NOT all inclusive, but rather a guide to indicate the types of services that may be considered:

1. nursing visits (e.g. basic wound care, health teaching, catheter and ostomy care and pain management);
2. nursing foot care, and
3. occupational therapy.

5. Prior to approving health and support services, a comprehensive assessment must have been completed within the last three months by a qualified individual to determine the client's need for the health and support services. Refer to Requirements for Decision Making and Determination of Need for guidance on the necessary documentation and action required.

6. When a client has eligibility for both Treatment Benefits and the VIP, the provision of health and support services should first be considered under Treatment Benefit policies and procedures. The Treatment Benefits [Nursing Services](#) policy sets out the criteria for the provision of nursing services, regardless if the service is provided as a Treatment Benefit or a VIP Health and Support service.

Personal Care Services

Personal care services are services provided by someone other than a health professional. Such services may include:

1. those services required to aid or assist in the performance of the [activities of daily living](#); or
2. supervision required by a client who cannot be left unattended.

9. Prior to approving personal care services, a comprehensive assessment must have been completed within the last three months by a qualified individual to determine the client's need for the personal care services. Refer to Requirements for Decision Making and Determination of Need for guidance on the necessary documentation and action required.

10. When selecting a personal care provider, a client should be advised that registered service providers are highly recommended and preferred because they must meet certain qualifying criteria to register with the third party contractor, and they can be paid directly instead of the client

being out-of-pocket for the expenses. Registration assures a certain degree of competency.

11. A client who uses a non-registered service provider (e.g. a friend, neighbour, etc.) should be advised that there may be risk involved. For example, non-registered service providers may not be properly trained, or the client may be required to pay for the services in advance and then wait to be reimbursed. Where existing clients are using non-registered service providers, every effort should be made to transition them to a registered service provider.

Attendance Allowance Recipients

Personal care services provided by non professionals/unregulated workers are available to eligible clients under two programs: the VIP and/or Attendance Allowance under the [Pension Act](#).

1. If a client is receiving Attendance Allowance, the maximum amount available for personal care services under VIP cannot exceed 59 days per calendar year. A "day" is defined as the actual personal care service needs of a client within a 24 hour period. For example, one client may require two hours of personal care service per day, and another client may require eight hours of personal care service per day. Both of these cases would be considered a "day".

2. A client who has applied for Attendance Allowance may continue to receive up to the maximum yearly amount for personal care VIP services until a decision is made on the Attendance Allowance application.

3. Once a client receiving personal care services under VIP is approved for Attendance Allowance, the client may continue to receive VIP personal care services for a maximum of 59 days, from the date of approval of Attendance Allowance to the end of the calendar year.

Housekeeping Services

1. routine tasks or domestic chores to assist with daily living; and
2. certain other non-routine tasks or domestic chores required as a result of a client's health and safety being at risk.

Routine Housekeeping Services

Under housekeeping services, financial contributions (as calculated by the Annual Grant Determination Tool) toward the cost of routine tasks or domestic chores may be approved. Following is a list of some examples of routine tasks or domestic chores:

1. laundry, ironing and mending;
2. making and changing beds;
3. general cleaning, vacuuming, scrubbing, dusting, appliance cleaning;
4. meal preparation;
5. washing and changing windows;
6. errand services to purchase food, do banking and pay bills when the client is unable to do so; and
7. routine tasks such as changing fuses, changing batteries in smoke detectors, etc.

While the above list is not all inclusive, it establishes the scope of those types of services that may be provided. Other routine tasks or domestic chores may be approved, at the discretion of the decision-maker, on a case-by-case basis.

Non-routine Housekeeping Services

Under housekeeping services, financial contributions (as calculated by the Annual Grant Determination Tool) toward the cost of non-routine tasks or domestic chores may be approved if the health and safety of the client is at risk. Following is a list of examples of non-routine tasks or domestic chores:

1. washing walls and ceilings when environmental pollution is a factor (i.e. wood is the primary fuel source, and the client requires a relatively dust-free environment);
2. shampoo/steam cleaning carpets and furniture, or professional drapery cleaning may be necessary for clients suffering from respiratory conditions, skin allergies, incontinence, etc.;
3. chimney cleaning if a fire hazard exists;
4. furnace and duct cleaning for a client requiring a relatively dust-free environment;
5. cleaning attics, basements, and garages, if a fire hazard exists;
6. extermination/fumigation for the presence of rodents, infestation of fleas or ticks, etc.; or

7.industrial cleaning where the lack of cleanliness is to the point that service providers cannot, or refuse to, enter the home until it is professionally cleaned.

While the above list is not all inclusive, it establishes the scope of those types of services that may be provided. Other non-routine tasks or domestic chores may be approved, at the discretion of the decision-maker, on a case-by-case basis.

16.If necessary, the decision maker may seek medical advice to determine if the health and safety of the client is at risk.

Access to Nutrition Service

17.Access to nutrition service is ensuring clients have access to nutritional food, whether it is delivered to the client's principal residence, offered in the community or served at a local restaurant. Access to nutrition services covers the cost, up to the maximum per meal rate, for the:

- 1.delivery of meals to the client if the reimbursement is for the delivery charge which, ideally, should be clearly indicated on the invoice; or
- 2.transportation of the client to access meals, such as transportation to a local restaurant or community facility.

18.Financial contributions toward the cost of access to nutrition services do not cover the cost of the meal. The only exception is where the cost of the food and the transportation cost may be considered as one cost (as an example, meals-on-wheels type programs). In these cases:

- 1.the invoice may be paid as billed up to the maximum per meal rate; or
- 2.if multiple meals are included in a single delivery and the delivery charges cannot be separated, the client may claim reimbursement for each meal, up to the maximum per meal rate.

19.If Access to Nutrition service is unavailable to a client (e.g. a client lives in a remote location) meal preparation support under the housekeeping service could be considered (see paragraphs 13-14).

Grounds Maintenance

Grounds maintenance provides the necessary services required in support of the client's independent living at their principal residence when:

- 1.the maintenance is the client's responsibility and would normally be performed by the client were it not for the client's limiting health condition; and
- 2.there are no relatives living at the client's principal residence capable (i.e. willing and able) of performing the grounds maintenance. (See [Client Relatives \(VIP\) policy.](#))

21.Grounds maintenance services are those regularly required to maintain the grounds immediately surrounding the client's principal residence. Subject to the requirements set out in paragraph 20, a financial contribution (as calculated by the Annual Grant Determination Tool) toward the cost of the following grounds maintenance services may be approved:

- 1.Tilling ground to enable the client to plant a small flower or vegetable garden;
- 2.Removing snow and ice from steps, walkways and driveways to allow safe access to the principal residence;
- 3.Removing snow and ice from roofs and eaves troughs, when such conditions pose a threat to the client's safety and access;
- 4.Cleaning leaves and debris from eaves troughs;
- 5.Mowing and raking lawn, sweeping leaves from pathways, trimming hedges and shrubs;
- 6.Pruning or removing trees which pose a threat to the client's safety and access; and
- 7.Blocking, splitting and stacking firewood, when wood is, and continues to be, the main source of heat and the work was previously performed by the client.

While the above list is not all inclusive, it establishes the scope of those types of services that may be provided. Other reasonable grounds maintenance services normally performed by the client may be approved, at the discretion of the decision-maker, on a case-by-case basis.

When a Facility Considered the Client's Principal Residence Provides Home Care Services

Note:When a person is receiving VIP intermediate care or long-term care as an eligible client, their accommodation does not constitute a principal residence.

Some clients live in facilities, considered their principal residence, where home care services are provided as part of the monthly fee agreement. Although the services are provided by the facility, the Department may compensate the client for the cost of certain services if the services are performed as a direct, individual service to the client.

22. Financial contributions toward the cost of the health and support, personal care, or cleaning the client's personal living quarters, including making and changing the bed, may be considered if:

1. a current client assessment identifies a need for the service provided;
2. the duration and cost of the service can be identified on an individual client basis, and
3. the cost of the service is equal to or less than the standard rate for similar services in the area.

23. If the service provider is unable to break down the cost of the VIP services indicated in paragraph 23, the Department may determine the amount of the financial contribution by taking the amount of hours that is deemed necessary to provide the services according to the current assessment and multiplying those hours by the standard rate for a similar service in the area.

24. Financial contributions toward access to nutrition service may only be considered if a client is billed separately and specifically for meal delivery or transportation to a meal.

25. Financial contributions toward the cost of services that do not provide a direct, individual benefit to the client will not be considered. For example:

1. Grounds maintenance service is not the responsibility of the client and would not normally be performed by the client in these situations. In addition, this service is not performed as a direct, individual benefit for the client, but rather the entire facility.
2. Meal service reflects the cost of the food and its preparation rather than the cost of accessing it. In addition, this service is not

performed as a direct, individual benefit for the client, but rather the entire facility.

When a Facility Considered the Client's Principal Residence Does Not Provide Home Care Services

27.If a client lives in a facility considered their principal residence and the facility does not provide home care services, the client is eligible to receive a financial contribution for home care services in the same manner as if they were living in a traditional principal residence.

Temporary Absences

28.Housekeeping and grounds maintenance services may continue to be required when a client is temporarily absent from their principal residence. Financial contributions toward these services:

1.may continue for periods of absence for treatment or respite.

1.This arrangement may continue uninterrupted for up to 30 days.

2.If after 30 days the client has not returned to the principal residence, the case must be reviewed to determine the likelihood of the client returning.

3.If the client's return to the principal residence continues to be a potential outcome, the Benefit Arrangement may be extended; however, if it is determined that the client requires permanent long-term care, the home care services of the Benefit Arrangement must be terminated immediately. If a client's Benefit Arrangement requires termination and the primary caregiver's eligibility for an extension of services is being considered, care should be taken to avoid a break in service, if possible.

(See [Termination of Benefits, Services and Care](#) policy and [Primary Caregivers\(VIP\)](#) policy, if applicable.)

2.may not continue for periods of absence for extended periods of time (e.g. snowbirds). In these cases, Benefit Arrangements for these services are suspended during the client's absence.

29.Health and support, personal care, and access to nutrition services are not required when the clients are temporarily absent from their principal

residence. In these cases, Benefit Arrangements for these services are to be suspended during the absence.

Client Relatives

30. Relatives of a client who reside in the client's principal residence are not usually paid to provide home care services; however, they may be paid in exceptional circumstances. (See Client Relatives (VIP) policy)

31. Relatives of a client living outside the client's principal residence may be paid to provide home care services and are to be treated like any other service provider in the community.

Primary Caregivers and Survivors (see Primary Caregivers (VIP) and Survivors (VIP) policies.)

32. Primary caregivers and survivors are eligible for the home care services of housekeeping and/or ground maintenance if they meet the necessary eligibility requirements.

33. Eligible primary caregivers and survivors may receive the housekeeping services described in paragraph 14 and in paragraph 15 if the specific criteria are satisfied.

34. Primary caregivers and survivors are not eligible for health and support, personal care, or access to nutrition services.

Rates Payable for Home Care Services

Subject to exceeding rates, the maximum rates payable for VIP Home Care services are outlined in Maximum Rates Payable for Veterans Independence Program and Long-term Care Program Services. These rates are adjusted annually, effective January 1.

Eligibility

•15 (1) Subject to subsections (1.1) and (1.11), veteran pensioners, civilian pensioners and special duty service pensioners are eligible to

receive the veterans independence program services referred to in paragraphs 19(a), (b) and (d) or, where it is not reasonably practicable for those services to be provided at their principal residence, the care referred to in paragraph 19(e), to the extent that those services or that care is not available to them as an insured service under a provincial health care system, if

- (a) they are resident in Canada; and
- (b) an assessment indicates that
 - (i) their war-related pensioned condition impairs their ability to remain self-sufficient at their principal residence without those services, and
 - (ii) the provision of those services would assist them to remain self-sufficient at their principal residence or the provision of that care is necessary for health reasons.

•(1.1) Seriously disabled veteran pensioners and seriously disabled civilian pensioners are not required to meet the requirement set out in subparagraph (1)(b)(i).

•(1.11) Veteran pensioners and civilian pensioners, whose extent of disability, in respect of the aggregate of all of their disability assessments under the [Pension Act](#) and the [Veterans Well-being Act](#), is equal to or greater than 48% are not required to meet the requirement set out in subparagraph (1)(b)(i).

•(1.2) Military service pensioners and former members or reserve force members who are entitled to a disability award or entitled to pain and suffering compensation are eligible to receive the veterans independence program services referred to in paragraphs 19(a), (b) and (d) or, if it is not reasonably practicable for those services to be provided at their principal residence, the care referred to in paragraph 19(e), to the extent that those services or that care is not available to them as a member or former member of the Canadian Forces nor available as an insured service under a provincial health care system, if

- (a) they are resident in Canada; and
- (b) an assessment indicates that
 - (i) their pensioned condition or the disability for which they are entitled to a disability award or entitled to pain and suffering compensation, as the case may be, impairs their ability to remain self-sufficient at their principal residence without those services, and
 - (ii) the provision of those services would assist them to remain self-sufficient at their principal residence or the provision of that care is necessary for health reasons.

•(2) Subject to section 33.1, income-qualified veterans who are 65 years of age or more, income-qualified overseas service civilians who are 65 years of age or more and Canada service veterans are eligible to receive the veterans independence program services referred to in paragraphs 19(a) to (d) or, where it is not reasonably practicable for those services to be provided at their principal residence, the care referred to in paragraph 19(e), to the extent that those services or that care is not available to them as an insured service under a provincial health care system, if

- (a) they are resident in Canada; and
- (b) an assessment indicates that the provision of those services would assist them to remain self-sufficient at their principal residence or the provision of that care is necessary for health reasons.

•(3) Subject to section 33.1, prisoners of war who are entitled to basic compensation under subsection 71.2(1) of the [Pension Act](#) and former members and reserve force members who have received a detention benefit under Part 3 of the [Veterans Well-being Act](#) are eligible to receive the veterans independence program services referred to in paragraphs 19(a), (b) and (d) or, if it is not reasonably practicable for those services to be provided at their principal residence, the care referred to in paragraph 19(e), to the extent that those services or that care is not available as an insured service under a provincial health care system, if

- (a) they are totally disabled, whether by reason of military service or not;
- (b) they are resident in Canada; and
- (c) an assessment indicates that the provision of those services would assist them to remain in their principal residence or that the provision of that care is necessary for health reasons.

•(4) Subject to section 33.1, overseas service veterans eligible for intermediate care or chronic care in a contract bed under subsection 21(1) are also eligible to receive the veterans independence program services referred to in paragraphs 19(a), (b) and (d), to the extent that those services are not available to them as an insured service under a provincial health care system, if

- (a) they have applied to the Minister for admission to a contract bed, and are not admitted because there is no vacancy in a contract bed within a reasonable distance of the community in which they normally reside;
- (b) they are resident in Canada; and
- (c) an assessment indicates that the provision of those services would assist them to remain self-sufficient at their principal residence.

Caregiver Recognition Benefit

Do you need assistance with daily activities? When you have a serious disability you may need help with activities of daily living such as eating, walking, dressing, etc.

About this program

Having a disability sometimes means you need ongoing care to remain in your home. The Caregiver Recognition Benefit recognizes the important role a caregiver delivers on a day-to-day basis by providing them \$1000 per month, tax free.

To receive this benefit your case manager will conduct or arrange an assessment to confirm that you require the assistance of a caregiver.

Do you qualify?

You should apply for the Caregiver Recognition Benefit if:

- are a former member of the Canadian Armed Forces,
- have a Disability Award,
- you are not a permanent resident of a nursing home or long-term care facility,
- require ongoing assistance with activities of daily living related to your awarded condition, and
- your ongoing care (expected to last at least 12 months) should be to the extent that:
 - you need daily physical assistance of another person for at least four of your activities of daily living (See: [What are activities of daily living?](#)), and
- your informal caregiver is:
 - not paid to provide or co-ordinate your care; and
 - 18 years of age or older

* This program is only available to recipients of a disability award. If you have a disability pension or POW compensation of 1% or more, you can apply for a similar benefit—the [Attendance allowance](#).

How to apply

Before you apply

As part of your application, your caregiver will be asked to provide proof of identity, for example a driver's licence. We need this from any person applying to Veterans Affairs Canada (VAC) for the first time.

Fill out the application form with your caregiver. Both of you must sign the form.

You can expect a decision within eight weeks of submitting your application. Your caregiver will begin to receive the benefit within nine weeks.

Apply online

If you are registered for My VAC Account, you can submit your application for this benefit online. My VAC Account offers a guided web form that makes applying easier. If you aren't registered, you can [register now](#).

Mail or in person

Download the application form. Then, drop it off at a [VAC office or CAF Transition Centre](#). You can also mail your completed application directly to the address listed on the form.

Get help with your application

The staff at any [VAC office](#) or [Transition Centre](#) can assist you, or call us at 1-866-522-2122.

Additional information

Find out more

See the [current rates](#).

Over time, to ensure your health and well-being, we may perform a review or re-assessment of your situation once you're in the program.

Please let us know if your caregiver changes. You will need to submit a new application any time your caregiver changes.

[Watch this video](#) for a quick overview of the Caregiver Recognition Benefit.

Related programs

[Caregiver Zone](#) - Online support and resources for those who care for Veterans.

[Disability Benefit](#) - Compensation for your service-related injury or illness.

[Attendance allowance](#) - Monthly payments if your health needs require personal care support.

Frequently asked questions

If I apply for the benefit and get declined, can I appeal?

Yes. If you are not satisfied with a decision you may apply in writing for a review. Learn more about your [review and appeal options](#).

If the benefit is paid to my caregiver, why do I need to apply?

Since it is your health needs that require the services of a caregiver, you must apply for the benefit. However, your caregiver is required to complete and sign a section of the application. If you have granted power of attorney to someone, that person may apply on your behalf.

Is there a time limit to apply for this benefit?

You can apply for this benefit at any time.

Are there policies for this program?

Read more about the [Caregiver Recognition Benefit policies](#).

Questions and answers

Q1. What is the Caregiver Recognition Benefit?

It is a new tax-free benefit of \$1,000 a month, paid directly to your informal caregiver.

Q2. Will eligibility for the Caregiver Recognition Benefit be the same as for the Family Caregiver Relief Benefit?

Yes. Eligibility criteria for the new benefit are the same as those for the old benefit. The main difference is that the new benefit is a monthly, tax-free amount paid directly to your caregiver.

Q3. If I currently receive the Family Caregiver Relief Benefit, will my caregiver receive the new benefit automatically or do I need to apply again?

Earlier this year, we sent all current FCRB recipients information in the mail on the new program and how the changes will impact you. Because the benefit has a new name, payment structure and is payable to your caregiver, you will need to apply for the benefit again. As the new benefit provides direct payment to your caregiver both you and your caregiver must fill-out and sign your application.

Q4. Will I continue to receive the Family Caregiver Relief Benefit up until I apply for the new benefit, or will payments stop as of April 1, 2018?

The FCRB was a yearly payment, therefore whenever you received your last payment prior to April 1, 2018, that will be your last annual payment. The new Caregiver Recognition Benefit has a monthly payment structure. You will need to reapply for the Caregiver Recognition Benefit to ensure that your caregiver begins to receive payments under the new benefit. The application process is expected to take eight weeks and you can expect payment within 9 weeks.

Q5. Who is eligible for the Caregiver Recognition Benefit?

You may qualify for the Caregiver Recognition Benefit if you have a Disability Award and

- as a result of the condition for which you have received the Disability Award you require ongoing care to the extent that:
 - you need a level of care and supervision that is consistent with admission to an institution or nursing home,
 - you need daily physical assistance of another person for at least four of your activities of daily living [See [Q8: What are activities of daily living?](#)],
 - you need ongoing direction and supervision during the performance of at least four of your activities of daily living, or
 - you need daily supervision and are only considered safe when you are left alone for short periods of time
 - you have an informal (unpaid) caregiver who provides or co-ordinates your care;
 - your need for care is ongoing (expected to last at least 12 months)
 - your informal caregiver is 18 years of age or older and is not paid for providing or coordinating your care; and
 - you are not a permanent resident of a nursing home or long-term care facility.
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Q6. I am covered under the Pension Act, am I eligible for CRB?

No. This program is available to recipients of a Disability Award. If you are covered under the Pension Act, you are not eligible for CRB. However, if you have a disability pension or prisoner-of-war compensation of one percent or more, you can apply for Attendance Allowance. Similar to the Caregiver Recognition Benefit, the [Attendance Allowance](#) is a benefit available when you need help with daily living tasks and are considered totally disabled.

Q7. Can serving Canadian Armed Forces (CAF) members receive CRB?

No. Members of the Canadian Armed Forces who are serving are not eligible for the Caregiver Recognition Benefit.

Q8. What are activities of daily living?

Activities of daily living are a set of activities necessary for self-care. They include:

- Feeding – eating prepared foods and drinking (e.g., cutting-up food, buttering bread)
- Washing – washing face, trunk, extremities and hair
- Dressing – putting on and taking off all pieces of indoor and outdoor clothing
- Grooming/foot care/personal care – brushing hair and teeth; shaving and applying make-up; skin and nail care; cleansing and personal care associated with toileting
- Toileting – continence of bowel and bladder; using toilet facilities
- Taking medication – preparing and self-administering medication
- Mobility

- Transfers – changing body position independently (e.g., positioning the body from lying to sitting, sitting to standing, lying on the back to lying on the side)
 - Ambulation – moving the body from one point in space to another (e.g., climbing stairs, walking)
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Q9. Can a caregiver that is being paid to provide care receive a payment under the Caregiver Recognition Benefit?

No. Paid caregivers do not qualify to receive the Caregiver Recognition Benefit.

Q10. Is there a time limit to apply for this benefit?

No. You can apply for this benefit at any time.

Q11. How do I apply for the Caregiver Recognition Benefit?

All applications must be signed by both you and your caregiver. Because of this you will need to download the [application](#) and fill it out with your caregiver.

If you are registered for My VAC Account, you can access the application for Caregiver Recognition Benefit online. If you aren't registered you can [register now](#).

You can drop it off – or get help filling it out – at a VAC Area Office.

You can also download the application form and then send it to us directly through the mail.

Veterans Affairs Canada
PO Box 6000
Matane, QC G4W 0E4

Q12. If the benefit is paid to my caregiver, why can't my caregiver apply?

Since it is your health needs that require the services of a caregiver, you must apply for the benefit. If you have granted power of attorney to someone, that person may apply on your behalf. However, your caregiver is required to complete and sign a section of the application.

Q13. Is the Caregiver Recognition Benefit intended to provide employment income in lieu of the caregiver having other employment?

No. The Caregiver Recognition Benefit is not intended as income for work. A Veteran's caregiver may be employed and still receive this benefit if they provide or co-ordinate the Veteran's care in the home. The benefit is meant to recognize caregivers for the daily support they provide to ill and/or injured Veterans.

Q14. Why did you make this change?

Veterans Affairs Canada made this change to better recognize the contribution that informal caregivers make to the health and well-being of Veterans. Veterans and their representatives also made requests for this type of recognition.

Q15. Will access to this benefit be easier, compared to the existing Family Caregiver Relief Benefit?

Yes. For the Family Caregiver Relief Benefit, you had to complete an initial application and then a renewal form each year after that.

With the Caregiver Recognition Benefit, you will need to make an initial application only. While there is no need for you to complete a renewal form, Veterans Affairs Canada will carry out reviews and assessments to make sure you continue to meet program criteria and your health and well-being is not at risk. Where possible, Veterans Affairs Canada will verify information collected from assessments conducted for other benefits and services to determine your continued eligibility for the Caregiver Recognition Benefit.

Q16. Who is considered a caregiver?

A caregiver is a person 18 years of age or older who plays an essential role in the provision or coordination of ongoing care to you in your home for which the caregiver receives no payment.

The informal caregiver is not required to live with you. At the time of application, the caregiver will attest to the fact that he or she is:

- 18 years of age or older,
 - Plays an essential role in providing or coordinating your ongoing care in your home, and
 - Is not paid for providing or coordinating this care.
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Q17. Why does someone have to be 18 years of age to be considered a caregiver?

Canadian law requires that Veterans' informal caregivers must be 18 years of age or older. The age of 18 years was determined to be appropriate given the nature and degree of the Veteran's care needs as well as the degree and intensity of the required caregiving/care co-ordination responsibilities.

Q18. Can a caregiver receive the benefit on behalf of multiple Veterans?

Yes. It is possible for more than one Veteran to designate the same caregiver. The caregiver must be fulfilling their role of providing support to be entitled to receive multiple payments.

Q19. Can I change my caregiver?

Yes. If you want to change your caregiver, please call us to let us know as soon as possible. You will need to submit a new application if you are changing caregivers, so to ensure payments to your new caregiver are processed as quickly as possible, contact us as soon as you know you will be changing caregivers. Please keep in mind that application processing takes eight weeks and you can expect payment within 9 weeks.

Q20. Can the benefit be paid to my caregiver if we live outside Canada?

Yes. The benefit can be paid to your caregiver if you both live outside Canada.

Q21. What if my Disability Award is for a mental health condition and not a physical condition? Can I still apply for the new benefit?

Yes. If you have a mental health condition, you may still be approved for the benefit, as long as you meet the criteria of needing assistance with the activities of daily living, or if you require ongoing care or daily supervision.

Q22. If my application is denied, can I appeal the decision?

You can request a review of a decision by contacting Veterans Affairs Canada in writing within 60 days of the date you receive the decision. You are not required to provide additional information for a review, but you may do so if you believe it may help explain why you feel the decision was incorrect.

Q23. For Veterans who currently collect the Family Caregiver Relief Benefit, how will the transition to the new Caregiver Recognition Benefit occur? Will current recipients be notified of the new benefit?

Current recipients of the FCRB will need to apply for the Caregiver Recognition Benefit as there are some changes to the information that is collected, including the requirement for the caregiver to provide their information and sign the application. The Veteran will not be required to provide any supporting documentation at the time of application. VAC will verify information that is already on file and will contact the Veteran if any additional information is needed.

All existing FCRB clients were sent a bulletin in February 2018 with information notifying them of the new benefit and how this will impact them. During the first week of April, a copy of the new application will be mailed out to all existing FCRB clients to complete and send back to VAC.

Q24. Are payments to the caregiver retroactive to the date of application if there is a delay in processing?

The Caregiver Recognition Benefit is payable from the 1st day of the month in which the completed application is received. There are no pro-rated payments. VAC's goal is to make a decision and have the first payment for caregivers of eligible clients sent out within nine weeks.

Initiative to honour Indigenous veterans with new grave markers and their traditional names

<https://www.cbc.ca/news/indigenous/indigenous-veterans-grave-markers-1.5208596>

'We should have done better': Military releases damning study into submarine disaster

CTV News

The government calls the disaster “the darkest hours in the history of Canadian submarine service.” Officials have revealed just how long and dark those hours remain for many. Nearly 15 years since a fire aboard HMCS Chicoutimi killed one Canadian submariner and injured several others, the Canadian Armed Forces released the preliminary findings of a long-term health study of the incident. On Oct. 5, 2004, the Chicoutimi suffered a catastrophic electrical fire on its maiden voyage from Scotland to Canada. An international rescue effort was launched to save the disabled sub, but not before at least nine crewmembers were found injured and 32-year-old combat engineer Lt. Chris Saunders was killed.