



Application for Fee Waiver and Statement of Finances for a Review by the Complaints Review Committee of the Dismissal of a Complaint

Pursuant to section 68(1) of the Health Professions Act, Complainants whose complaint is dismissed without a hearing have the right to request a review of this decision by the Complaint Review Committee. The application fee for this review is \$200.

The Alberta Dental Association and College has established a policy under which Complainants who are concerned that they are unable to pay the \$200 application fee due to their financial circumstances may apply for a waiver of the application fee.

The Alberta Government has established a process to waive certain Court fees if an individual's Gross Family Income is below Income Thresholds; the Alberta Dental Association and College uses the same Income Thresholds and a very similar application process for assessing the fee waiver.

Complainants looking for a waiver of the application fee must be below the Income Thresholds listed in Schedule "A" on page 2.

If a Complainant wishes to request a review by the Complaint Review Committee, he or she must make a request in the form of a letter clearly indicating that he or she is requesting a review and must provide reasons for the review. The letter of request for review **must** include the completed Application for Fee Waiver and Statement of Finances and **must** be received by the Alberta Dental Association and College **within 30 days** of receipt of the Complaints Directors' letter dismissing the complaint.

If the Hearings Director is of the opinion that the complainant's family income is below the Income Thresholds, then the Hearings Directors shall grant the fee waiver.



Schedule "A"

Income Thresholds

Number of Persons in Family Residing In Household (including applicant)	Gross Family Income	
	\$ Monthly	\$ Annually
1	2230	26,760
2	2276	33,315
3	3413	40,957
4	4144	49,727
5	4700	56,400
6	5301	63,609
7+	5902	70,819

The term "Gross Family Income" means all monies received by the family before income taxes or deductions.

"Family" includes all persons living in the same dwelling and related by blood, marriage, common-law or adult interdependent relationship, or adoption. In the case of common-law and adult interdependent relationships, common law spouses, adult interdependent partners and their dependents are considered family. In the case of a minor, unless the young person lives independently, it is the income of the minor's parents or guardians which determines eligibility.

Review Process

The Hearings Director can only grant a fee waiver if the applicant's Gross Family Income falls within the Income Threshold set out above.



Application for Fee Waiver and Statement of Finances

Applicants Contact Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work: _____ Cell: _____

Full Name of Dentist for the Review of Complaint: _____

Date of the Complaint Director's Letter of Dismissal: _____

The following personal information is required to determine whether you are eligible for a waiver of the application fee for the Complaint Review Committee review. Please note that this Statement of Finances must be completed in full and proof of income must be provided.

The Alberta Dental Association and College collects this information for the sole purpose of determining the fee waiver. This information will not be used or shared for any other purpose except that for which it was collected. The Alberta Dental Association and College will retain this information, personal and financial, for a period of time to fulfill any requirements under the law after which this information will be destroyed.

Your request for waiver of the application fee will be denied if you fail to provide complete or accurate information.

I, _____, declare that:

1. I am (check applicable box):

- married living in an adult interdependent relationship
 single living common law

2. The number of people in my household, including me, my spouse or adult interdependent (common law) partner, dependent children, and any other family members is: (specify the number of persons living in the same dwelling and related by blood, marriage, common-law or adult interdependent relationship, or adoption):

- 1 2 3 4 5 6 7+



3. Listed below is an accurate statement of finances for my household, which includes all income received in my household during approximately **the past three months**, from _____ to _____.

Gross Income from All Sources for Past Three Month Period <i>(Before income taxes, and other mandatory deductions)</i>	
Description	Amount
Employment	\$ _____
Workers Compensation/Disability Pension	\$ _____
Social Assistance (Support for independence)	\$ _____
Maintenance	\$ _____
Income from children (if any)	\$ _____
Rental Income	\$ _____
Investment Income	\$ _____
Other (specify): _____	\$ _____
_____	\$ _____
_____	\$ _____
Gross income of spouse/common law partner/ adult interdependent partner living with me	\$ _____
TOTAL GROSS INCOME for Three Month Period	\$ _____
Average Gross Monthly Family Income	\$ _____

4. Below is additional financial information I believe is relevant:



I solemnly declare that the above information is correct. I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.

WARNING: A false declaration constitutes a criminal offence and is punishable by law.

Signature of Declarant

Declared before me at _____, Alberta,
this _____ day of _____, 20 ____.

Commissioner for Oaths in and for the Province
of Alberta

You **must** bring proof of your **household** income, including the following items:

- 1. A copy of your income tax return or notice of assessment/reassessment for the most recent taxation year, or pay stubs or income statements for the last 3 months from all of your sources of income;
- 2. Copies of your spouse's/common law partner's/adult interdependent partner's pay stubs or income statements for the last 3 months from all of their sources of income;
- 3. If you are not employed, recent proof of the source and amount of your income (such as your 3 most recent Employment Insurance benefit statements; your 3 most recent Social Allowance income statements, or your 3 most recent pension benefit statements); and
- 4. Any other documents necessary to establish your financial situation.

Note: Please advise the Hearings Director if you are unable to produce the applicable documents.

The Hearings Director will review your request and determine if your gross family income is below the income threshold set out in Schedule "A" establishing the guidelines for an applicant to be granted a waiver of the application fee.

The personal information collected on this form will be used for the purpose of determining if you qualify for a waiver of application fees. The Alberta Dental Association and College collects this information for the sole purpose of determining the fee waiver. This information will not be used or shared for any other purpose except that for which it was collected. The Alberta Dental Association and College will retain this information, personal and financial, for a period of time to fulfill any requirements under the law after which this information will be destroyed.