

# Aging Well at Home Grant Application Form



## Program Details

The Aging Well at Home Grant provides financial assistance to low-income adults 65 years and older who live in their own home to help with the costs of household and health care services. Eligible households will receive \$400. Only one person per household may apply for the supplement.

## Who can apply for the grant?

Eligible individuals must:

- Be 65 years of age or older as of March 31, 2025;
- Have an annual household net income of \$50,000 or less for couples or \$32,700 or less for single households ("Net Income" is the income identified on Line 23600 in the Notice of Assessment provided by the Canada Revenue Agency. Call 1-800-959-8281 if you need a copy of your Notice of Assessment);
- Live in a home or apartment that you own or rent. Only one person can apply from each household;
- Be a resident of Newfoundland and Labrador; and,
- Have paid, or will pay, for eligible household and health care services between April 1, 2025, and March 31, 2026.

## What services are eligible?

Funding can be used for the following services that help you stay in your home including:

- Cooking and meal preparation (excluding the cost of food);
- Grocery and meal delivery (excluding the cost of food);
- Health care services – such as eye exams, dental work, mental health supports, physical therapy, occupational therapy, massage therapy, foot care, dietitians, audiology, and speech language pathologists;
- Home cleaning, laundry, organization, and help with downsizing or moving;
- Medication and prescription delivery (excluding cost of medication and prescription);
- Outdoor work – such as driveway maintenance, landscaping, lawn care, snow removal, stacking wood, and tree removal;
- Small home repairs – such as windows, doors, roof, plumbing, electrical, decks, fencing, siding, and painting; and,
- Transportation – such as taxis, ride shares, shuttles, and other methods of transportation to get to appointments.

## How to apply

Submit completed application form and supporting documentation online to:

[Aging.Well@nlhealthservices.ca](mailto:Aging.Well@nlhealthservices.ca)

or by mail to:

NL Health Services-Central Zone  
3 Bell Place, Level 3  
Gander, NL A1V 2T4

or by fax: (709) 651-3556

- Supporting documentation to submit with the application to determine eligibility includes:
  - Copies of an individual's Notice of Assessment and spouse's Notice of Assessment (if applicable) from tax year 2024.
  - Proof of residential address (proof of residential address must include a copy of either a most recent utility bill, mortgage document, home/tenants' insurance, lease/rental agreement, or property tax assessment in the applicant's name).
  - Copy of MCP card.
  - **NOTE:** If you received the Aging Well at Home Grant last year, you must submit a new application. However, if your living situation has not changed **and** you are receiving the Guaranteed Income Supplement you do not need to submit your Notice of Assessment, proof of residential address, or a copy of your MCP card.
- Applications will be processed in the order they are received. Once funds are fully allocated, the program will no longer accept applications.
- The deadline to apply is March 31, 2026. Late applications will not be accepted.
- If you need help completing your application call 709.651.6273.

## Receipts

- Keep a copy of your receipts for household and health care services for your records. You only need to provide receipts if you are asked to provide receipts.

Acceptable documents include receipts:

- on a piece of paper or in a notebook (written or signed by the service provider);
- in a receipt book (written or signed by the person or business providing the service); or,
- from a business.

Receipts need to include:

- name of the person receiving the service;

- type of service received;
- cost of the service;
- date of the service; and,
- name and address of the person or business providing the service.

**Applicant's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **MCP:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Spouse's Name (if applicable):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Address (if different than mailing address):** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Would you prefer to be contacted by:  email  mail

**Will you have eligible expenses between April 1, 2025 and March 31, 2026?**

Yes  No

**Do you live in a home that you own or rent?**

Yes  No

**Did you receive the Aging Well at Home Grant last year AND do you receive the Guaranteed Income Supplement (GIS)?**

Yes (you do not need to submit the documents listed below)

No (please submit the documents listed below)

#### **Required Documentation**

- I have enclosed a copy of my Notice of Assessment and my spouse's Notice of Assessment (if applicable) from tax year 2024.
- I have enclosed proof of residential address.
- I have enclosed a copy of my MCP card.

Please complete the application in full. An incomplete application without proper documentation may result in the form being returned and payment being delayed.

The Aging Well at Home Grant is in the amount of \$400 for expenses related to service costs incurred between April 1, 2025, and March 31, 2026. You may be asked to provide receipts for the full amount at a later date. Important: An application can only be made once per program year.

#### **Certification**

I declare that the information provided on this application form is true to the best of my knowledge.

I agree to keep receipts for services purchased with the Aging Well at Home Grant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_