B.5: Funding for assistive technology, transportation support and home accessibility modifications

Unit: Disability Services	Effective date: February 18, 2022
Branch: Social Supports	Last updated: November 10, 2026
Policy number: B.5	Review date: November 2029

Purpose

This policy describes eligibility considerations and funding limits for assistive technology, transportation support and home accessibility modifications.

Policy

1. As the payer of last resort, Disability Services (DS) will consider funding for assistive technology, transportation, or home accessibility modifications only after all other eligible funding sources have been explored and exhausted.
2. Eligibility for funding for assistive technology, transportation and home accessibility modifications must be based on the client's case plan.
3. Eligibility for funding for assistive technology and home accessibility modifications must be recommended by a health professional.
4. DS does not support vehicle modifications, but may consider requests for funding for an extraordinary transportation need if:
    - the nature of the client's disability precludes them from using community transportation resources; and
    - the transportation allows the client to access required services.
5. DS may consider requests for funding to assist with home accessibility modifications if:
    - the client's annual profile of needs assessment notes they are a level of service three, indicating that the client has significant care needs; and
    - the client would have to move into a contracted care facility if these modifications to their home cannot be made.
6. Where approved, DS may provide funding for home renovations to a maximum of $20,000 per client.
7. Submissions for funding approval must be provided to DS in writing before the client or client's caregiver purchases the assistive technology, transportation support or home accessibility modifications, and must include:
    - a written cost estimate with all associated costs, including shipping;
    - a written recommendation from a health professional, where applicable;
    - a written confirmation of the approved amount from the primary funder, where

applicable; and

- confirmation of the needed service appointment, where applicable.

8. The client or client's caregiver must submit proof of payment to the social worker after purchasing the item or service.
    - Reimbursement for an item or service must be based on actual costs.
9. The client or the client's caregiver is the owner of the item at the time of purchase and is responsible for all maintenance and repair costs.
10. The worker must recover overpayments provided via advanced agreements.

Definitions

Activities of Daily Living (ADLs): A set of functional skills required to care for oneself independently, including eating, bathing, dressing, continence, and mobility.

Health professional: A distinct group of professionals who are involved with the delivery of health or related services; includes primary care providers, occupational therapists, physiotherapists, speech language pathologists, and respiratory therapists, among others.

Assistive device or technology: Any item, piece of equipment, software program, or product system used to increase, maintain, or improve the functional capabilities of persons with disabilities.

Caregiver(s): The caregivers of the client with whom the client resides on a full-time basis (clients may split time between two caregivers). Caregivers may or may not have legal guardianship over the client.

Client: An individual with a disability who receives services from Disability Services.

Contracted care facility: Private or public care institution that provides 24-hour accommodation, supervision, personal care, and nursing or medical services to Disability Services clients who require ongoing support and cannot safely live independently

Authorities

- *Health Act* (Yukon)
- *Financial Administration Act* (Yukon)

B.5: Funding for assistive technology, transportation support and home accessibility modifications

Unit: Disability Services	Effective date: February 18, 2022
Branch: Social Supports	Last updated: November 10, 2026
Policy number: B.5	Review date: November 2029

APPROVED BY:	Wendy McIntire-Cowx	Director, Social Supports
DATE:	2026/11/10	

B.5: Funding for assistive technology, transportation support and home accessibility modifications procedure

Unit: Disability Services	Effective date: February 18, 2022
Branch: Social Supports	Last updated: November 10, 2026
Procedure number: B.5	Review date: November 2029

Procedure

A. Annual eligibility elements: profile of need assessment and case plan

1. The social worker (worker) completes the annual profile of needs and assesses the level of service and what needs the client has due to the nature of their disability.
2. The worker documents the identified needs on the electronic case management system, in:
    - the client's case plan; and
    - the client's profile of needs.
3. The worker explains eligibility of applicable funding for assistive technology, transportation support, or home accessibility modifications to the client or the caregiver.
4. The worker confirms that the client or client's caregiver has tried securing funding from other sources they might be eligible for, including but not limited to:
    - for medical or Activities of Daily Living aids, devices or transportation to needed appointments from the Yukon's Chronic Disease and Disability Benefits Program or Non-Insured Health Benefits (NIHB) for eligible clients;
    - for communication devices, such as iPads or microphone systems for hearing impaired clients from the Department of Education, if the client is school–aged;
    - for augmentative and alternative communication devices for eligible clients from NIHB;
    - for home accessibility modifications from Yukon Housing Corporation; or
    - any other funding source for which the client or client's caregiver may be eligible for.
5. The worker requests that the client or client's caregiver obtain and provide required documentation, including:
    - a written recommendation from a health professional for the assistive technology item or home accessibility modification;
    - vendor's cost estimate (where applicable);
    - confirmation of partial funding or denial letters from other funding sources, which may include other funding sources, as identified in procedure statement 5; and

- confirmation of the needed service appointment, when transportation has been requested.

B. Application review

1. The worker submits the following documentation to the clinical supervisor for review:
    - written recommendation for assistive technology or home accessibility modification;
    - letters of denial or partial funding from alternate funders;
    - confirmation of the needed service appointment;
    - cost estimate from vendor, including all anticipated costs including shipping;
    - Contract and Transfer Agreement Approval Form (CTAAF); and
        - worker adds the funding amount to the annual reimbursement funding CTAAF if the client or client caregiver can pay for the item and be reimbursed;
        - if the client or caregiver cannot pay for initial cost upfront, the worker adds the funding to the annual advanced funding agreement CTAAF;
        - when calculating total funding, the worker may add up to 15% of the total cost to cover unanticipated costs or to meet any cost fluctuation.
    - memo to Director, if total annual funding to the client or caregiver will be over $100,000 for the funding year.
2. The clinical supervisor reviews documentation package for completeness and submits to the manager.
3. The manager reviews the documentation package, and if approved, forwards the CTAAF and cost estimate documentation to the finance admin.

C. Denial of funding

1. If the manager does not approve the documentation package:
    - the manager advises the clinical supervisor who notifies the assigned worker;
    - the worker provides notification and rationale to the client or client's caregiver, that the recommended item or service was not approved and funding for that item or service will not be provided; and

- the worker edits the CTAAF and any other documentation as necessary, and re-submits to the clinical supervisor, who reviews and forwards to the manager for review and reconsideration.

2. For funding needs that cannot be otherwise covered, including through Disability Services (DS), the worker shares any resources that may be helpful in addressing the client's needs.

D. Approval and funding agreements

1. Once the funding is approved, the finance admin creates the appropriate funding agreement.
2. The worker obtains the client or client's caregiver signature.
3. Once it is signed the client or client's caregiver may either:
    - purchase the item or service and be reimbursed (annual reimbursement funding agreement method) by submitting an invoice and proof of payment; or
    - purchase the item or service using funds released directly to them (Advanced Funding Agreement method) and submit the proof of payment to DS.

E. Unused funds and overpayments

1. The worker informs the client or client's caregiver that unused funds must be returned to DS by cheque made out to the Government of Yukon.
2. The worker notifies the clinical supervisor of any failure to repay outstanding amounts or submit a proof of purchase.
3. The clinical supervisor advises the manager.
4. The manager tracks the expense on the client's financial tracking sheet, and forwards the proof of payment and invoice, if required, to Corporate Finance Branch for processing.

Related forms and documents

- Contract and Transfer Agreement Approval Form
- Invoice
- Memo template
- Request for Release of Funds

B.5: Funding for assistive technology, transportation support and home accessibility modifications procedure

Unit: Disability Services	Effective date: February 18, 2022
Branch: Social Supports	Last updated: November 10, 2026
Procedure number: B.5	Review date: November 2029

APPROVED BY:	Alisha Zylstra	Manager, Disability Services
DATE:	2026/10/30	