

Alberta Disability Assistance Program (ADAP) Fact Sheet

This summary outlines how the plans for ADAP and the changes to AISH would deepen poverty, punish employment, apply the systemically and individually dehumanizing label of ‘unemployable’ to some Albertans, erode fairness, and increase bureaucracy and administrative burdens. The information below draws on what has been proposed in the ADAP [Discussion Guide](#), the details of which could change before the program is launched in July 2026. Legislation for ADAP and amendments to AISH are expected to be introduced in the legislature in November, with regulations to follow in early 2026.

1. Reduced financial support and increased poverty

The 10% cut from \$1,940 to \$1,740 for individuals moved from AISH to ADAP will force impossible budget choices. One [individual who receives AISH described](#) \$200 as “the difference between getting uncovered prescriptions paid for or having groceries for the month. The difference between almost living and barely existing.” The suggestion that tens of thousands of individuals with disabilities on ADAP will secure sufficient employment to be better off than on the current AISH program is unrealistic and misleading and will see thousands driven into deeper poverty.

Costs for basic necessities continue increasing at an even faster rate than the Consumer Price Index and now the [cost of a basic standard of living](#) is higher in Calgary than anywhere in the country outside of Vancouver and the territories. Calgarians experiencing a cut from \$1,940 to \$1,740 will descend below the [deep-poverty](#) threshold. Disability-related expenses, estimated at 20% above normal living costs, make the impact even worse.

A \$200/month transition benefit delays the cut until January 2028 for those already on AISH when they move to ADAP on July 1, 2026. New applicants after July 1, 2026, such as someone turning 18, will receive only \$1,740 per month rather than the 2026 AISH rate of \$1,940.

2. Punitive employment policies

While ADAP claims to reward work, it actually makes a 67% cut to the current 1,072 amount of fully exempt employment income. Single individuals on ADAP will have a percentage of any employment earnings over \$350 clawed back. For single individuals on the new AISH, every \$1 earned over \$350 leads to a \$1 reduction in benefits. The decreased exemption means that many people with employment on either ADAP or the new AISH will be financially worse off than they were on AISH, keeping less from their employment and receiving a lower government benefit. The reduced earning exemption would begin July 1, 2026.

Spouses/partners' employment exemption is cut from \$2,612 to \$1,500. Increasing the amount to which people are [penalized for having an interdependent relationship](#) would make people feel pressure to stay single or hide relationships, weakening personal support networks and increasing emotional isolation. Even when it doesn't inhibit someone's ability to form or maintain relationships, this increased clawback of benefits based on spousal employment income is still harmful because it makes people with disabilities financially dependent on their partners, undermining their independence and autonomy.

Parents on AISH have their employment exemption cut from \$2,612 to \$350 (AISH) or \$525 (ADAP). Decreasing AISH's higher exemptions for parents would undermine efforts to reduce child poverty.

The Discussion Guide presents case studies to illustrate ADAP's advantages that are misleading and omits key facts. Someone with employment income of \$1,492 per month, as in Case Study 1 in the guide, will actually have \$164 less on ADAP than with the current earnings exemptions available through AISH. Based on the [best available modeling](#) of how the earning exemptions will work, any single individual earning less than \$25,368 annually (roughly 33 hours/week at minimum wage) from employment will have lower income on ADAP than on the existing AISH program. Even individuals able to reapply and get back on the diminished AISH program, will be worse off if they previously were able to make more in employment than \$350/month, or if they have a spouse/cohabiting partner who earns over \$1,500/month from employment.

The barriers to employment for adults with disabilities are well documented and complex. Even if unemployment in Alberta was not over 8%, the suggestion that tens of thousands of Albertans with disabilities will be able to secure and sustain adequate employment is not realizable. Government has yet to prove that the employment services it is rolling out will be effective in increasing employment for individuals with disabilities. That [83.6% of AISH recipients had no employment](#) in 2023–24 reflects societal ableism and prejudices, barriers in systems like transportation and job markets, and policy choices to fund segregated education and disability supports rather than committing to inclusive education and employment models shown by decades of research to result in better outcomes of real work for real pay. While a few individuals with disabilities who are able to maintain full-time employment will not be hurt, most people with intellectual disabilities who have employment income work part-time. The vast majority of adults with disabilities will be worse off than if AISH were to remain unchanged.

3. Labelling people as being 'unemployable' or as having 'some ability to work'

Currently the AISH eligibility requirement related to ability to work is that the disability causes a substantial limitation in the ability to earn a livelihood. The proposal is to change this to be a disability that results in being permanently unable to work. Individuals with a severe disability assessed as having some ability to work would be put on ADAP. This either/or classification is both ableist and dehumanizing, myth dressed up as measurement.

Apart from individuals with the most severe and profound disabilities who require ongoing care or support, those with palliative conditions and those residing in a continuing care home due to a severe and progressive medical condition, the Discussion Guide is silent on who else could qualify for the new AISH. The proposed eligibility criteria for ADAP hinges only on the ability to work, not the ability to secure and retain sufficient employment. Some will be denied AISH because they can technically

work, yet unable to find jobs, they will be stuck on ADAP and in deeper poverty. Others may obtain very few hours of employment either due to the limited opportunities available or the constraints their particular disability has on their ability to work more hours, also leaving them in deeper poverty than on the current AISH program.

The dichotomy between those who can and cannot work ignores the spectrum of ability and the role of accommodations and supports in enabling employment. **Almost every person, regardless of diagnosis or severity of impairment, has the potential to contribute meaningfully through work with appropriate support and accommodation.** Limiting AISH recipients' ability to work and freezing their income at the level of AISH plus \$350 should they obtain employment, not only undermines inclusion but actively fosters isolation and financial insecurity. Even minimal work should be recognized and rewarded.

4. Erosion of fairness

Under the current proposal, **all AISH recipients will be automatically transferred to ADAP.** They may requalify for AISH if deemed “permanently unemployable” but not if assessed as having ‘some’ ability to work. A new Medical Review Panel will be appointed to make these decisions but it is unknown how impartiality and neutrality will be ensured, and whether the process will give greater weight to the opinions of the medical professionals on the review panel than to the opinions of the medical professionals who have a history treating the applicant and who complete the application form. The Medical Review Panel’s decisions would be final, and **individuals would no longer have the right to appeal eligibility** to the Citizens Appeal Panel that is impartial and independent from AISH program administration.

5. Increased bureaucracy and administrative burden

ADAP introduces a new administrative apparatus to administer a new program, wastes healthcare resources reassessing individuals, and burdens individuals with disabilities with navigating a new adjudication process to **re-prove their disability status.** The government is expecting individuals who have previously established that they experience a substantial limitation in their ability to earn a livelihood because of a permanent disability to navigate a new assessment process, obtain assessments from medical practitioners that they may wait months to see and then pay out-of-pocket for. Unless significant support is provided to individuals with disabilities to navigate this new bureaucratic process within the 18-month transition period, hundreds or thousands who should be eligible for AISH will not get back onto AISH and their income will be cut by 10%.

6. Lack of meaningful consultation

Despite government claims, Inclusion Alberta and other disability organizations report that they were **not meaningfully consulted** on the need for ADAP or its proposed design. Rolling out ADAP has

created widespread fear and uncertainty, with minimal transparency. No one asked to have their income support reduced by over 10%.

Conclusion

ADAP fails at the objective offered by the government of ensuring that people with disabilities “not be punished for getting a job.” Given that the proposed design for ADAP fails at this objective, and would deepen poverty, punish employment, dehumanize and isolate people by labeling them as unemployable, erode fairness, and expand bureaucracy and red tape, there is no need for a new program. Individuals currently on AISH already benefit from employment income through earning exemptions. Inclusion Alberta is calling for the cancellation of ADAP and instead for the improvement of the AISH program by reducing earning clawback rates, ending the [clawback of CDB](#) and EI, enhancing employment support and extending health benefits to individuals who earn too much to receive a monthly benefit.