


PROVINCE OF BRITISH COLUMBIA
REGULATION OF THE MINISTER OF
HOUSING AND SOCIAL DEVELOPMENT
Employment and Assistance Act and
Employment and Assistance for Persons with Disabilities Act

Ministerial Order No. M 223

I, Rich Coleman, Minister of Housing and Social Development, order that the Forms Regulation, B.C. Reg. 315/2005, is amended by repealing all the forms and substituting the attached forms.

October 1/08
Date


Minister of Housing and Social Development

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section:- Employment and Assistance Act, S.B.C. 2002, c. 40, s. 33 (3) (a); M224/2005

Other (specify):- Employment and Assistance for Persons with Disabilities Act, S.B.C. 2002, c. 41, s. 24 (3) (a)



APPLICATION FOR INCOME ASSISTANCE (Part 1) []
APPLICATION FOR DISABILITY ASSISTANCE (Part 1) []

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act. The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about this information should be directed to your local Employment and Income Assistance Office.

(For Office Use Only)

APPOINTMENT DATE TIME [] AM [] PM P A DATA ENTRY INITIALS ASSIGNED WORKER

Table with 4 columns: APPLICANT 1 LAST NAME, FIRST NAME, SOCIAL INSURANCE NUMBER, BIRTHDATE. Includes a second row for APPLICANT 2 LAST NAME (if applicable).

SEARCH FOR EMPLOYMENT

It is a condition of eligibility for income or disability assistance that you complete a search for employment as directed by the minister for the three-week period immediately following the date you sign this form. This condition does not apply to applicants who meet one of the exemption criteria.

You must use the Work Search Activities Record (HSD0077) and return it at the time of your appointment to complete the application process.

You are exempt from the condition to conduct a three-week search for employment if you

- 1) or any person in your family unit has an immediate need for food, shelter or urgent medical attention,
2) are a person fleeing an abusive spouse or relative,
3) are a person with a physical or mental condition that, in the minister's opinion, precludes you from completing a search for employment,
4) or any person in your family unit is a person with disabilities (PWD) as designated by the minister,
5) are prohibited by law from working in Canada,
6) have reached 65 years of age, or
7) are applying for assistance as a Child in the Home of a Relative (CIHR).

THE BC GOVERNMENT'S RESPONSIBILITIES

The BC government is responsible for making sure assistance goes only to people who are eligible. For this reason, the BC government must check and make sure people who have applied for or are receiving assistance are eligible. Information provided may be disclosed to other agencies only for this purpose.

MY RIGHTS

I have the right to the protection of my personal information, as well as the right to know what personal information the BC government has collected about me, as described in the Freedom of Information and Protection of Privacy Act.

I can receive more information about the collection, use and disclosure of my personal information by contacting my local Employment and Income Assistance Office.

I may appeal most decisions involving me that result in a refusal to provide a form of assistance or in the reduction or discontinuance of income assistance, disability assistance or a supplement.

I also have the right to make a complaint if I believe my personal information is not being collected, used or disclosed appropriately.



MY RESPONSIBILITIES

It is necessary for me to sign this form if I want to continue in the application process.
It is my responsibility to conduct a search for employment as directed by the minister.
It is my responsibility to provide accurate and complete information during the application process.
It is my responsibility to provide proof that I have completed an applicant orientation program.
I must make every effort to pursue income or assets from other sources such as pensions, Employment Insurance, Family Maintenance, matrimonial settlements, etc. before receiving assistance from the BC government.

DECLARATION

I declare that all the information I have provided is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility for assistance or the eligibility of my dependents.
I have read and understand the Three-Week Work Search Activities Guidelines, the BC Government's Responsibilities, My Rights and My Responsibilities.

APPLICANT 1 SIGNATURE	DATE (YYYY MMM DD)
APPLICANT 2 SIGNATURE (if applicable)	DATE (YYYY MMM DD)

NOTIFICATION AND VOLUNTARY CONSENT

The ministry may contact you at a later date to participate in an employment survey for research purposes. Survey questions will concern your employment history and earnings and any training received. Your participation in a future survey would be voluntary and your eligibility for assistance is not dependent on your participation.
I consent to being contacted in the future for an employment survey for research purposes. This consent is valid for three years from the date signed.

APPLICANT 1 SIGNATURE	SIGNED AT: IN THE PROVINCE OF BC	DATE (YYYY/MMM/DD)
APPLICANT 2 SIGNATURE (if applicable)	SIGNED AT: IN THE PROVINCE OF BC	DATE (YYYY/MMM/DD)
WITNESS SIGNATURE	SIGNED AT: IN THE PROVINCE OF BC	DATE (YYYY/MMM/DD)



APPLICATION FOR INCOME ASSISTANCE (Part 2)
APPLICATION FOR DISABILITY ASSISTANCE (Part 2)

APPLICANT 1 LAST NAME, FIRST NAME, SIN, BIRTHDATE, MARITAL STATUS
APPLICANT 2 LAST NAME, FIRST NAME, SIN, BIRTHDATE
ADDRESS, POSTAL CODE, TELEPHONE

IF SEPARATED OR DIVORCED, HAVE YOU APPLIED FOR FINANCIAL SUPPORT FROM YOUR SPOUSE? YES, STATE AMOUNT \$ NO, GIVE REASON

Table with columns: ALL OTHER PERSONS LIVING IN HOUSEHOLD (EXCLUDING APPLICANTS), APPLICANT 1, APPLICANT 2. Includes fields for LAST NAME, FIRST NAME(S), RELATIONSHIP, DEP, DEPENDANTS, DATE MOVED TO CANADA, etc.

EXPLANATION FOR NOT SEEKING EMPLOYMENT

Table with columns: ALL MONTHLY FAMILY INCOMES, RECEIVED BY: APPLICANT 1, APPLICANT 2, DEPENDANT; ALL FAMILY ASSETS AND THEIR CURRENT VALUE, OWNED BY: APPLICANT 1, APPLICANT 2, DEPENDANT. Includes rows for TAKE HOME PAY, SUPPORT OR MAINTENANCE, ROOMER, BOARDER, RENTAL INCOME, etc.

MONTHLY SHELTER EXPENSES table with columns: ROOM & BOARD PRIVATE, RENT SHARED, HEAT, TAXES, ROOM & BOARD PARENT/CHILD, NET MORTGAGES, PHONE (BASIC RATE), PROPERTY INSURANCE, RENT, HYDRO, OTHER UTILITIES, TOTAL

ARE YOU RECEIVING HELP WITH THE ABOVE EXPENSES? IF SO FROM WHOM? AMOUNT \$

DOCUMENTS SEEN: FACILITY NAME: FACILITY NUMBER:

INITIALS OF APPLICANT(S) DATE INITIALS OF WITNESS DATE



APPLICATION FOR INCOME ASSISTANCE (Part 2)
APPLICATION FOR DISABILITY ASSISTANCE (Part 2)

Applicant 1	Last Name		First Name		Attending School Full Time or registered?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Applicant 2	Last Name		First Name		Attending School Full Time or registered?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dependant	Last Name	First Name	Relationship	Birthdate (YYYY MMM DD)	% of Time Residing with Parent	Primary Parent
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL ELIGIBILITY INFORMATION (*PERSONS WHO HAVE BEEN DESIGNATED AS A PERSON WITH DISABILITIES ARE NOT REQUIRED TO COMPLETE THIS SECTION)

Past Employment	APPLICANT 1	APPLICANT 2
1. Were you employed for 840 hours in each year of any consecutive two-year period?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Was your income from employment at least \$7,000 in each year of any consecutive two-year period?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. If you were employed and paid for work performed only for a portion of a consecutive two-year period, for the remaining balance: a) were you waiting for or receiving benefits under the <i>Employment Insurance Act (Canada)</i> ? Or b) were you receiving income under a private or public income replacement plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Other (Complete only if all answers to questions 1 – 3 are NO)	APPLICANT 1	APPLICANT 2
4. Are you pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. a) Do you have a medical condition? b) Describe your medical condition: _____ c) If your medical condition prevents you from working, explain how it does this? _____ d) How long have you been prevented from working? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you been supported by an employed spouse for a consecutive two-year period? If for less than two years, for the remaining balance: a) Were you working? Please specify hours worked _____ and income received _____ Or b) Were you waiting for or receiving benefits under the <i>Employment Insurance Act (Canada)</i> ? Or c) Were you receiving income under a private or public income replacement plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
7. In the past two years, were you incarcerated in a lawful place of confinement for a total of at least six months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. When you turned 19 years of age: a) Were you in the care of the Ministry of Children and Family Development? Or b) Had you entered into a Youth Agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
9. In the past six months, from the date of this application, did you separate from an abusive spouse, or leave an abusive relative? If this has impaired your ability to work, please indicate how _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you been granted a two-year certificate or diploma, or a bachelors degree (or higher) from a post-secondary institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you providing care for a child under an agreement under the <i>Child, Family and Community Service Act</i> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you receiving assistance for a child who resides with you under the <i>Child in the Home of a Relative Program</i> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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APPLICATION FOR INCOME ASSISTANCE (Part 2)
APPLICATION FOR DISABILITY ASSISTANCE (Part 2)

APPLICANT 1 LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER
APPLICANT 2 LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER
FILE ID (FOR OFFICE USE ONLY)			

PRIVACY: The collection, use and disclosure of this information are authorized under the *Employment and Assistance and Employment and Assistance for Persons with Disabilities Acts* and are permitted under the *Freedom of Information and Protection of Privacy Act*.

The *Freedom of Information and Protection of Privacy Act* has rules about:

- how personal information is collected, stored and secured;
- how to access personal information and how to ask for corrections;
- limits on how personal information is used; and
- limits on the disclosure of personal information.

THE BC GOVERNMENT'S RESPONSIBILITIES

The BC government is responsible for making sure assistance goes only to people who are eligible. For this reason, the BC government must check and make sure people who have applied for, or are receiving assistance, are eligible. Information provided may be disclosed to other agencies only for this purpose.

The BC government must abide by the *Freedom of Information and Protection of Privacy Act* in the collection, use and disclosure of any personal information.

MY RIGHTS

I have the right to the protection of my personal information, as well as the right to know what personal information the BC government has collected about me, as described in the *Freedom of Information and Protection of Privacy Act*.

I can receive more information about the collection, use and disclosure of my personal information by contacting my local Employment and Assistance Centre.

I may appeal most decisions involving me that result in a refusal to provide a form of assistance or in the reduction or discontinuance of income assistance, disability assistance or a supplement.

I also have the right to make a complaint if I believe my personal information is not being collected, used or disclosed appropriately.

I will continue to receive assistance only as long as I continue to be eligible. I understand that assistance may be time-limited. Time limits do not apply to persons eligible under *Employment and Assistance for Persons with Disabilities Act*.

MY RESPONSIBILITIES

It is necessary for me to sign this form if I want to receive assistance.

It is my responsibility to provide accurate and complete information when I apply for and continue to receive assistance.

I must report all money and assets that I receive each month.

I must make every effort to pursue income or assets from other sources such as pensions, Employment Insurance, Family Maintenance, matrimonial settlements, etc. before receiving assistance from the BC government.

I must report all changes in my circumstances that might affect my eligibility for assistance. I will also report to the Ministry of Housing and Social Development any changes to the circumstances of my dependants that might affect eligibility.

I must enter into an Employment Plan when required to do so by the minister.

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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APPLICATION FOR INCOME ASSISTANCE (Part 2) []
APPLICATION FOR DISABILITY ASSISTANCE (Part 2) []

Form with fields for APPLICANT 1 LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL INSURANCE NUMBER, APPLICANT 2 LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL INSURANCE NUMBER, and FILE ID (FOR OFFICE USE ONLY).

NOTIFICATION: Person(s) having information or documents relevant to my eligibility for assistance may release them to employees of the ministry. Examples may include:

- Human Resources and Social Development Canada (Old Age Security, Employment Insurance, Employment and Training programs and Canada Pension Plan);
• BC Student Assistance Program;
• Citizenship and Immigration Canada;
• Other federal, provincial and municipal departments;
• BC Online information such as: BC Assessment; Land Titles; Registrar of Companies;
• Employers (to verify income); and
• Landlords (to verify an address and amount of rent).

CONSENTS: The following organizations require your written permission before they will provide verification of your personal information:

- Workers' Compensation Board;
• Any financial institution, such as: banks, credit unions and trust companies;
• Vital Statistics Agency (Birth Registrations; Birth, Marriage and Death Certificates);
• Indian and Northern Affairs Canada (INAC);
• Insurance Corporation of British Columbia;
• Canada Revenue Agency (see below);
• Cheque cashing services; and
• Credit Bureaus.

DECLARATION: I declare that all the information I have provided is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents. I have read and understand the BC Government's Responsibilities, My Rights, and My Responsibilities. I give permission to the organizations listed above to release information relevant to my eligibility or the eligibility of my dependants for assistance to employees of the ministry.

Table with 3 columns: SIGNATURE OF APPLICANT 1, SIGNED AT: IN THE PROVINCE OF B.C., DATE: YYYY MMM DD. Rows for APPLICANT 2 and WITNESS.

CANADA REVENUE AGENCY CONSENT

(C.R.A. requires a separate signature to authorize release of relevant information)

I authorize and consent to the release, by Canada Revenue Agency to an official of the Ministry of Housing and Social Development of British Columbia, of information from my income tax returns and other taxpayer information about me, whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining and verifying my eligibility for, and for the general administration and enforcement of, assistance under the Employment and Assistance Act and Employment and Assistance for Persons with Disabilities Act and will not be disclosed to any other person or organization without my approval. The authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.

Table with 2 columns: SIGNATURE OF APPLICANT 1, DATE: YYYY MMM DD. Rows for APPLICANT 2.



EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES REVIEW

APPLICANT 1 LAST NAME	FIRST NAME	SIN	BIRTHDATE (YYYY MMM DD)	MARITAL STATUS DATE SEPARATED/DIVORCED (IF APPLICABLE)
APPLICANT 2 LAST NAME	FIRST NAME	SIN	BIRTHDATE (YYYY MMM DD)	

ADDRESS	POSTAL CODE	TELEPHONE ()
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IF SEPARATED OR DIVORCED, HAVE YOU APPLIED FOR FINANCIAL SUPPORT FROM YOUR SPOUSE? YES, STATE AMOUNT \$ NO, GIVE REASON

ALL OTHER PERSONS LIVING IN HOUSEHOLD (EXCLUDING APPLICANTS)						APPLICANT 1	APPLICANT 2
LAST NAME	FIRST NAME(S)	RELATIONSHIP	DEP	DEPENDANTS		DATE MOVED TO CANADA (YYYY MMM DD)	
			YES NO	BIRTHDATE (YYYY MMM DD)			DATE MOVED TO B.C. (YYYY MMM DD)
							MOVED FROM (PROVINCE/COUNTRY)
							CANADIAN CITIZEN?
							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
							SEEKING EMPLOYMENT?
							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
							ELIGIBLE UNDER LMDA?
							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

EXPLANATION FOR NOT SEEKING EMPLOYMENT

ALL MONTHLY FAMILY INCOMES				ALL FAMILY ASSETS AND THEIR CURRENT VALUE			
	RECEIVED BY:				OWNED BY:		
	APPLICANT 1	APPLICANT 2	DEPENDANT		APPLICANT 1	APPLICANT 2	DEPENDANT
TAKE HOME PAY (NET EARNINGS)	\$	\$	\$	CASH ON HAND	\$	\$	\$
SUPPORT OR MAINTENANCE	\$	\$	\$	1ST VEHICLE	\$	\$	\$
ROOMER	\$	\$	\$	2ND VEHICLE	\$	\$	\$
BOARDER	\$	\$	\$	RECREATIONAL VEHICLE	\$	\$	\$
RENTAL INCOME	\$	\$	\$	PROPERTY (NOT INCLUDING HOME)	\$	\$	\$
INTEREST/DIVIDENDS/MORTGAGE	\$	\$	\$	LIFE INSURANCE (CASH SURRENDER)	\$	\$	\$
EXEMPT TRAINING	\$	\$	\$	TRUST FUNDS	\$	\$	\$
NON-EXEMPT TRAINING	\$	\$	\$	STOCKS/BONDS	\$	\$	\$
EMPLOYMENT INSURANCE	\$	\$	\$	RRSP	\$	\$	\$
CPP	\$	\$	\$	OTHER:	\$	\$	\$
WVA	\$	\$	\$	BANKS NAME/ACCOUNT NO.	\$	\$	\$
OAS/GIS	\$	\$	\$	1.	\$	\$	\$
GFSS	\$	\$	\$	2.	\$	\$	\$
WORKERS' COMPENSATION	\$	\$	\$	3.	\$	\$	\$
PRIVATE RETIREMENT PENSION	\$	\$	\$	COMMENTS ON ABOVE ASSETS			
PRIVATE DISABILITY PENSION	\$	\$	\$				
OTHER EARNED	\$	\$	\$				
OTHER UNEARNED - CODE:	\$	\$	\$	ASSETS DISPOSED OF:			
BASIC CANADA CHILD TAX BENEFIT	\$	\$	\$				
FAMILY BONUS	\$	\$	\$				
BC EARNED INCOME BENEFIT	\$	\$	\$				

MONTHLY SHELTER EXPENSES							
ROOM & BOARD PRIVATE	\$	RENT SHARED	\$	HEAT	\$	TAXES	\$
ROOM & BOARD PARENT/CHILD	\$	NET MORTGAGES	\$	PHONE (BASIC RATE)	\$	PROPERTY INSURANCE	\$
RENT	\$	HYDRO	\$	OTHER UTILITIES	\$	TOTAL	\$

ARE YOU RECEIVING HELP WITH THE ABOVE EXPENSES? IF SO FROM WHOM? AMOUNT \$

DOCUMENTS SEEN:	FACILITY NAME	FACILITY NUMBER
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INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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	Last name	First name	Attending School Full Time or registered?
APPLICANT 1			<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT 2			<input type="checkbox"/> YES <input type="checkbox"/> NO

Dependant	Last Name	First Name	Relationship	Birthdate (YYYY MMM DD)	% of Time Residing with Parent	Primary Parent	
						Yes	No

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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APPLICANT 1 LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER
APPLICANT 2 LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER
FILE ID (FOR OFFICE USE ONLY)			

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The BC government must abide by the *Freedom of Information and Protection of Privacy Act* in the collection, use and disclosure of any personal information.

MY RIGHTS

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I can receive more information about the collection, use and disclosure of my personal information by contacting my local Employment and Assistance Centre.

I also have the right to make a complaint if I believe my personal information is not being collected, used or disclosed appropriately.

I may appeal most decisions involving me that result in a refusal to provide a form of assistance or in the reduction or discontinuance of income assistance, disability assistance or a supplement.

I will continue to receive assistance only as long as I continue to be eligible. I understand that assistance may be time-limited. Time limits do not apply to persons eligible under *Employment and Assistance for Persons with Disabilities Act*.

MY RESPONSIBILITIES

It is necessary for me to sign this form if I want to receive assistance.

It is my responsibility to provide accurate and complete information when I apply for and continue to receive assistance.

I must report all money and assets that I receive each month.

I must make every effort to pursue income or assets from other sources such as pensions, Employment Insurance, Family Maintenance, matrimonial settlements, etc. before receiving assistance from the BC government.

I must report all changes in my circumstances that might affect my eligibility for assistance. I will also report to the Ministry of Housing and Social Development any changes to the circumstances of my dependants that might affect eligibility.

I must enter into an Employment Plan when required to do so by the minister.

INITIALS OF APPLICANT(S)	DATE (YYYY MMM DD)	INITIALS OF WITNESS	DATE (YYYY MMM DD)
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APPLICANT 1 LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER
APPLICANT 2 LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER
FILE ID (FOR OFFICE USE ONLY)			

NOTIFICATION: Person(s) having information or documents relevant to my eligibility for assistance may release them to employees of the ministry. Examples may include:

- Human Resources and Social Development Canada (Old Age Security, Employment Insurance, Employment and Training programs and Canada Pension Plan);
- BC Student Assistance;
- Citizenship and Immigration Canada;
- Other federal, provincial and municipal departments;
- BC Online information such as: BC Assessment; Land Titles; Registrar of Companies;
- Employers (to verify income); and
- Landlords (to verify an address and amount of rent).

CONSENTS: The following organizations require your written permission before they will provide verification of your personal information:

- Workers' Compensation Board;
- Any financial institution, such as: banks, credit unions and trust companies;
- Vital Statistics Agency (Birth Registrations; Birth, Marriage and Death Certificates);
- Indian and Northern Affairs Canada (INAC);
- Insurance Corporation of British Columbia;
- Canada Revenue Agency (see below);
- Cheque cashing services; and
- Credit Bureaus.

DECLARATION: I declare that all the information I have provided is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents. I have read and understand the BC Government's Responsibilities, My Rights, and My Responsibilities. I give permission to the organizations listed above to release information relevant to my eligibility or the eligibility of my dependants for assistance to employees of the ministry.

SIGNATURE OF APPLICANT 1	SIGNED AT: IN THE PROVINCE OF B.C.	DATE: YYYY MMM DD
SIGNATURE OF APPLICANT 2	IN THE PROVINCE OF B.C.	YYYY MMM DD
SIGNATURE OF WITNESS:	IN THE PROVINCE OF B.C.	YYYY MMM DD

CANADA REVENUE AGENCY CONSENT

(C.R.A. requires a separate signature to authorize release of relevant information)

I authorize and consent to the release, by Canada Revenue Agency to an official of the Ministry of Housing and Social Development of British Columbia, of information from my income tax returns and other taxpayer information about me, whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining and verifying my eligibility for, and for the general administration and enforcement of, assistance under the <i>Employment and Assistance Act</i> and <i>Employment and Assistance for Persons with Disabilities Act</i> and will not be disclosed to any other person or organization without my approval. The authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.	
SIGNATURE OF APPLICANT 1	DATE: YYYY MMM DD
SIGNATURE OF APPLICANT 2	YYYY MMM DD



MONTHLY REPORT

ARE YOU STILL IN NEED OF ASSISTANCE? YES NO

SINCE YOUR LAST DECLARATION:

1. HAS YOUR FAMILY UNIT RECEIVED OR DISPOSED OF ANY ASSETS?

2. ANY CHANGES IN THE NUMBER OF DEPENDANTS OR OTHER PERSONS LIVING IN THE HOME?

3. ANY MARITAL/SPOUSAL CHANGES?

	APPLICANT		SPOUSE	
	YES	NO	YES	NO
4. ANY EMPLOYMENT CHANGES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ATTENDING SCHOOL/TRAINING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE YOU LOOKING FOR WORK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE EXPLAIN ANY CHANGES INDICATED ABOVE:

DECLARE ALL INCOME (Attach proof) ENTER "0" IF NONE

INCOME DESCRIPTION	AMOUNT	
	APPLICANT	SPOUSE
EMPLOYMENT INCOME		
INCOME TAX REFUNDS		
MAINTENANCE/ALIMONY/SUPPORT		
ROOMERS (Lodging)		
ROOM AND BOARD (Food and Lodging)		
RENTAL INCOME		
TRAINING ALLOWANCE/STUDENT LOANS		
EMPLOYMENT INSURANCE		
WORKER'S COMPENSATION		
PENSIONS (e.g. CPP, OAS, Private)		
INTEREST INCOME (e.g. Bonds, Banks, etc.)		
TRUST/INSURANCE (e.g. ICBC payments)		
BASIC CHILD TAX BENEFIT		
NATIONAL CHILD BENEFIT SUPPLEMENT		
B.C. BASIC FAMILY BONUS		
B.C. EARNED INCOME BENEFIT		
FINANCIAL CONTRIBUTION (Sponsor)		
ALL OTHER INCOME e.g. ADDITIONAL MONEY, GST CREDIT (describe)		
INCOME OF DEPENDENT CHILDREN		

HSD0081 (05/08) 7530903053 (250/PR)

TO RECEIVE FURTHER ASSISTANCE: COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO YOUR EMPLOYMENT AND ASSISTANCE CENTRE BY THE 5TH OF THE NEXT MONTH.

Notice: Information on this form is collected under the authority of the *Employment and Assistance Act* and Regulation and the *Employment and Assistance for Persons with Disabilities Act* and Regulation and will be used for verification of continuing eligibility for assistance. The accuracy of the information provided on this form will be checked by comparing it against information held by other provincial, federal and private agencies. Collection, use and disclosure of the information is as authorized by the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of this information, contact your local Employment and Assistance Centre. **Declaration:** I understand that the ministry may disclose this information to verify continuing eligibility for assistance under the above Acts and Regulations. I declare that all of the information provided on this form to the Ministry of Housing and Social Development is true and complete.

APPLICANT SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
PRINT NAME		PRINT NAME	
SOCIAL INSURANCE NUMBER	TELEPHONE	SOCIAL INSURANCE NUMBER	TELEPHONE

NEXT CHEQUE ISSUE

BENEFIT MONTH: TOTAL ALLOWANCE: SHELTER PORTION: INCOME DECLARED: INCOME DEDUCTED: OTHER DEDUCTIONS: TOTAL CHEQUE:

COMPLETE THIS SECTION ONLY IF YOUR ADDRESS OR SHELTER COSTS HAVE CHANGED

EFFECTIVE DATE: APT. NO.: STREET NUMBER AND NAME: CITY/TOWN:

MAILING ADDRESS (IF DIFFERENT): POSTAL CODE: TELEPHONE:

OFFICE USE ONLY

FILE ID: CASELOAD: CLASSIFY: WORKER: ADMIN:

MONTHLY RENT/BOARD/MORT. SUBMIT RECEIPT: \$

UTILITIES SUBMIT RECEIPT: \$



APPLICATION FOR INCOME ASSISTANCE FOR CHILD IN THE HOME OF A RELATIVE

The personal information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act (FIPPA)* and will be used for the purpose of administering the child in the home of a relative income assistance program. The collection, use and disclosure of personal information is subject to the provisions of the FIPPA. Any questions should be directed to the Employment and Assistance Worker receiving the application for income assistance for the child in the home of a relative.

In addition to completing this form, every person listed in Section 3 must complete a Child in the Home of a Relative Screening Consent form, which is required as part of this application.

1. CHILD

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)
CITIZENSHIP/IMMIGRATION STATUS		
<input type="checkbox"/> CANADIAN	<input type="checkbox"/> LANDED IMMIGRANT	<input type="checkbox"/> SPONSORED <input type="checkbox"/> OTHER

2. RELATIVE CARING FOR CHILD

SURNAME	GIVEN NAME	SOCIAL INSURANCE NUMBER
ADDRESS		
MAILING ADDRESS (if different)		TELEPHONE
RELATIONSHIP TO THE CHILD		
DO YOU HAVE LEGAL CUSTODY OR GUARDIANSHIP?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

3. PERSONS LIVING IN RELATIVE'S HOME

List all persons age 18 years or older who live in your home:

i) NAME	AKA'S, ALIASES	DATE OF BIRTH (YYYY MMM DD)
ii)		
iii)		
iv)		
v)		
vi)		
vii)		
viii)		

4. RELATIVE'S CONFIRMATION OF CHILD'S PLACEMENT

I agree to accept this child into my home and undertake to inform the Ministry of Housing and Social Development if _____ leaves my home or of any changes concerning the information I have provided.

CHILD'S NAME

SIGNATURE OF RELATIVE	NAME AND SIGNATURE OF WITNESS	DATE SIGNED (YYYY MMM DD)
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5. PARENT(S)

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)	TELEPHONE
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD		WHO IS THE CUSTODIAL PARENT?	
		<input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	



APPLICATION FOR INCOME ASSISTANCE FOR CHILD IN THE HOME OF A RELATIVE

5. PARENT(S) cont'd

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)	TELEPHONE
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD		WHO IS THE CUSTODIAL PARENT? <input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	

6. PARENT'S CONFIRMATION OF CHILD'S PLACEMENT

FATHER'S / MOTHER'S NAME		
THIS IS TO CONFIRM THAT I,		
CHILD'S NAME	CHILD'S BIRTHDATE (YYYY MMM DD)	
HAVE PLACED MY CHILD BORN		
RELATIONSHIP	RELATIVE'S NAME	
IN THE HOME OF MY		
ADDRESS		
AT		
I FURTHER CONFIRM THAT I AM NOT LIVING WITH THE CHILD AT THE ABOVE ADDRESS.		
PARENT'S SIGNATURE	PARENT'S NAME (please print)	DATE SIGNED (YYYY MMM DD)
PARENT'S ADDRESS		
PARENT'S SIGNATURE (if applicable)	PARENT'S NAME (please print)	DATE SIGNED (YYYY MMM DD)
PARENT'S ADDRESS		

7. RESEARCH QUESTION (VOLUNTARY)

WHY WAS THIS CHILD PLACED WITH YOU?