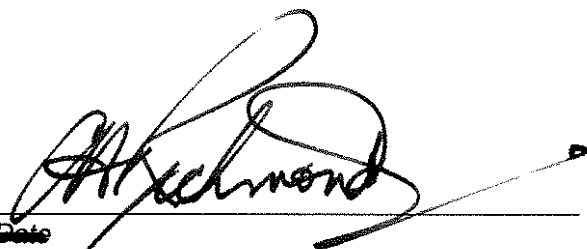


PROVINCE OF BRITISH COLUMBIA  
REGULATION OF THE MINISTER OF EMPLOYMENT AND INCOME ASSISTANCE

*Employment and Assistance Act and  
Employment and Assistance for Persons with Disabilities Act*

Ministerial Order No. M 052

I, Claude Richmond, Minister of Employment and Income Assistance, order that the Forms Regulation, B.C. Reg. 315/2005, is amended by repealing the prescribed form, "Application for Income Assistance (Part 1) and Application for Disability Assistance (Part 1)" and substituting the attached "Application for Income Assistance (Part 1) and Application for Disability Assistance (Part 1)".

  
Date

February 14, 2008  
Minister of Employment and Income Assistance

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*(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 for Persons with Disabilities Act, S.B.C. 2002 c. 41, s. 24 (3) (a)

Other (specify):- M224/2005

January 25, 2008

R/51/2008/33



**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 | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | P, A, , , , , , , , , , , , | DATA ENTRY INITIALS | ASSIGNED WORKER |
|------------------|------|--|-----------------------------|---------------------|-----------------|

|  |                   |                                |  |
|--|-------------------|--------------------------------|--|
| <b>APPLICANT 1 LAST NAME</b>                 | <b>FIRST NAME</b> | <b>SOCIAL INSURANCE NUMBER</b> | <b>BIRTHDATE</b><br><small>(YYYY MMM DD)</small> |
|  |                   |                                |  |
| <b>APPLICANT 2 LAST NAME (if applicable)</b> | <b>FIRST NAME</b> | <b>SOCIAL INSURANCE NUMBER</b> | <b>BIRTHDATE</b><br><small>(YYYY MMM DD)</small> |
|  |                   |                                |  |

**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 (EIA0077) 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:<br>IN THE PROVINCE OF BC | DATE (YYYY/MMM/DD) |
| APPLICANT 2 SIGNATURE (if applicable) | SIGNED AT:<br>IN THE PROVINCE OF BC | DATE (YYYY/MMM/DD) |
| WITNESS SIGNATURE                     | SIGNED AT:<br>IN THE PROVINCE OF BC | DATE (YYYY/MMM/DD) |