



Today's Date

SR#: Click here to enter
Case #: Click here to enter
MIS Case #: Click here to enter

Client Name
Address

Dear Client Name:

We need the following information (checked items) to confirm your eligibility for assistance and to make sure you receive all the assistance for which you are eligible:

- Your identification (ID): Specify type
- Your last rent receipt or room and board receipt
- Your last utility bill from Specify type
- Proof of your income from Specify type
- Information about your Employment Insurance (EI) claim Specify number
- All bank account statements for the last Specify number months
- Your Notice of Assessment from Canada Revenue Agency (CRA) for the Specify year tax year
- Proof you have applied for Specify type
- Your job search report
- Immigration documents: Specify type
- New job information: hourly wage, hours per week, start date and initial pay date(s)

Please be aware to budget accordingly. If your employment earnings received are in excess of your income assistance, you may not receive assistance at the end of the month.

- Other – please specify

We need to get this information before cut off date to ensure your cheque is not delayed.

You can mail it to us or drop it off at our office at local office address. You can also fax it to us at the number below.

Section 10 of the Choose an item requires that you provide information to allow us to determine your eligibility.

Fill in details of anything client needs to have or do for the appointment.

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

If you have any questions, please call the Ministry of Social Development and Social Innovation Choose an item

Sincerely,

Enter Name

Ministry Choose an item

HR3238 (13/12/05)
Security Classification: MEDIUM

SAMPLE

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

**Ministry of Social
Development and
Social Innovation**

Office Name

Mailing Address
Enter address

Telephone: (###) ###-####
Facsimile: (###) ###-####