

[date]

Our File: GA

Dear _____ :

We are pleased to inform you that your application has been approved for the Persons with Persistent Multiple Barriers (PPMB) category.

Starting on [month] 1st, you will be eligible for:

- your current shelter allowance assistance of \$ _____ ;
- support allowance assistance of \$ _____ ;
- an earnings exemption of \$500 per month per family unit on any work income;
- dental coverage of \$1,000 every two calendar years;
- additional health supplements such as medical supplies and services; and
- the two-year limit for receiving income assistance does not apply while you are approved for receiving assistance in the PPMB category.

Your approval for the PPMB category will be reviewed within two years.

If you have any questions, please contact the Ministry of Social Development
[choose one]

Sincerely,

Ministry Worker

HSD3241(10/12/08)

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