



# CONSENT TO VERIFY INFORMATION OUTSTANDING WARRANT VERIFICATION

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.

Applicant Last Name	Applicant First Name	Birth Date (YYYY MM DD)
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### Consent:

I consent to the Ministry of Public Safety and Solicitor General and the Royal Canadian Mounted Police providing information to the Ministry of Social Development and Social Innovation for the purpose of verifying any outstanding warrant(s) for my arrest issued under the *Immigration and Refugee Protection Act (Canada)* or any other enactment of Canada in relation to an offence for which a person may be prosecuted by indictment.

I acknowledge that the Ministry of Social Development and Social Innovation will use any information obtained solely for the purpose of determining or auditing my eligibility for assistance under the *Employment and Assistance Act* or *Employment and Assistance for Persons with Disabilities Act*.

Signature of Applicant	Signed at: In the Province of British Columbia	Date (YYYY MMM DD)
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Signature of Witness	Signed at: In the Province of British Columbia	Date (YYYY MMM DD)
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