



March 08, 2016

SR #: Number (if applicable)

Case #: Number (if applicable)

MIS Case #: Number (if applicable)

Client Name  
1010 Street Address  
City, BC V8V 8V8

Dear Client Name:

In order to apply for the supplement for alcohol and drug counselling services, please have the attached Authorization Agreement (HR3028) completed.

Please return this authorization agreement by March 24, 2016.

It is important that you provide the updated information by the above noted date or your eligibility to receive this supplement may be affected.

If you have any questions, please contact the Ministry of Social Development and Social Innovation at the number below.

Sincerely,

Worker Name  
Worker Title

HR3622 (15/11/09)

Enclosures: [HR3028]

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**

**General Supplements**

**Mailing Address**  
Office Mailing

**Telephone:** 1-866-866-0800  
**Fascimile:** 1-855-771-8768