BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

Third Party Administration Client Review

Please note that any information provided on this form will be used by the ministry for its review of the client's third party administration.

Service Provider Name	
Date Submitted	
Client Name	
ICM Case #	Original Referral Date
Original Reason for Referral (Please include details regarding original reason for TPA referral. Also provide copies of all previous letters sent to client regarding TPA.)	

Do you recommend return of client? ◯ Yes ◯ No

Why or why not? (This may include any change of behaviour by client, steps taken by client to address the original reason for referral, specific goals achieved, etc.)

Results of Ministry Review:

Name of Supervisor	Date