



**Consent to Release of Information
to BC Ministry of Social Development and Poverty Reduction
from Indigenous Services Canada (ISC)
and the BC Aboriginal Network on Disability Society (BCANDS)**

The personal information requested on and disclosed pursuant to this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance for Persons with Disabilities Act*. Collection, use and disclosure of personal information are subject to the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use and disclosure of this information should be directed to your local Employment and Assistance Office.

Last Name	First Name	Middle Name
Telephone	Birth date (YYYY MMM DD)	Personal Health Number
Social Insurance Number (Optional)	Band Name	Band Number

- I authorize and consent** to the release, by Indigenous Services Canada (ISC) and the BC Aboriginal Network on Disability Society (BCANDS), of information concerning my Persons with Disabilities (PWD) designation and my health supplements (including monthly nutritional supplements), if applicable, under the BC Employment and Assistance for Persons with Disabilities Act to the Administering Authority listed above; and
- I authorize and consent** to Indigenous Services Canada (ISC) and the BC Aboriginal Network on Disability Society (BCANDS) providing:
 - one certified copy of my Persons with Disabilities Designation (PWD) Application; and
 - any information, including documents, related to my Application for designation as a Person with Disabilities to the Ministry of Social Development and Poverty Reduction.

Applicant Signature _____

Date Signed (YYYY MMM DD) _____

Employment and Assistance Worker Signature _____

Date Signed (YYYY MMM DD) _____

Employment and Assistance Worker please forward completed form to:

BC Aboriginal Network on Disability Society
 Fax: (250) 381-7343 or mail to:
 BCANDS – PWD/MNS Social Development Program
 #6 - 1610 Island Highway
 Victoria, BC V9B 1H8
 Telephone: (250) 381-7303 ext 206
 Toll Free: 1-888-815-5511
 Email: pwd@bcands.bc.ca

BCANDS please forward authorized information to:

Health Assistance
 Ministry of Social Development and Poverty Reduction
 PO Box 9971 Stn Prov Govt
 Victoria BC V8W 9R5
 Tel: 1-888-221-7711