BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

Alcohol and Drug Fee Authorization Agreement

SR Number :

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 Assistance Office.

Date Signed (YYYY MM DD)

I, _____ authorize the Ministry of Social Development and Poverty Reduction
(Client Name)

to automatically submit $ to the following clinic (to pay for my alcohol and drug clinic fees):

Clinic Name	
Clinic Address	
Clinic Contact	Clinic Phone

Please advise your worker immediately if you stop participating in your treatment program or if you change clinics. Even if there are no changes, you will need to provide confirmation once a year of your continuing participation in treatment from the clinic you are involved with.

Client Signature	Client Name (Please Print)	Date Signed (YYYY MM DD)

To be completed by the Ministry of Social Development and Poverty Reduction	
Case Number	Office Code
EAW Name	Caseload Number

Security Classification: MEDIUM SENSITIVITY