

APPLICATION FOR ASSISTANCE – CONSENTS (PART 1)

Applicant Name	Spouse Name
SR Number	Submitted Date (DD-MMM-YYYY)

The personal information requested on this form is collected by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Employment and Assistance Act* and *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

BC GOVERNMENT RESPONSIBILITIES

The BC government is responsible for making sure assistance goes only to people who are eligible. For this reason, the BC government must check and make sure people who have applied for or are receiving assistance are eligible. Information provided may be disclosed to other agencies only for this purpose.

The BC government must abide by the *Freedom of Information and Protection of Privacy Act* in the collection, use and disclosure of any personal information.

PRIVACY

The collection, use and disclosure of this information are authorized under the *Employment and Assistance* and *Employment and Assistance for Persons with Disabilities Acts* and are permitted under the *Freedom of Information and Protection of Privacy Act*.

The *Freedom of Information and Protection of Privacy Act* has rules about:

- How personal information is collected, stored and secured,
- How to access personal information and how to ask for corrections,
- Limits on how personal information is used, and
- Limits on the disclosure of personal information.

MY RIGHTS

- I have the right to the protection of my personal information, as well as the right to know what personal information the BC government has collected about me, as described in the *Freedom of Information and Protection of Privacy Act*.
- I can receive more information about the collection, use and disclosure of my personal information by contacting my local Employment and Income Assistance Office.
- I may appeal most decisions involving me that result in a refusal to provide a form of assistance or in the reduction or discontinuance of income assistance, disability assistance or a supplement.
- I also have the right to make a complaint if I believe my personal information is not being collected, used or disclosed appropriately.
- I will continue to receive assistance only as long as I continue to be eligible.

MY RESPONSIBILITIES

- It is necessary for me to sign this application if I want to continue with the application process and receive assistance.
- It is my responsibility to provide accurate and complete information when I apply for and continue to receive assistance.
- It is my responsibility to provide information or verification of information related to my eligibility for assistance at any time, if requested by the ministry.
- I must make every effort to pursue income or assets from other sources such as pensions, Employment Insurance, matrimonial settlements, etc. before receiving assistance from the BC government.
- It is my responsibility to conduct a search for employment as directed by the minister.
- I must enter into an employment plan when required to do so by the minister.
- I must report all money and assets that I receive each month.

MY RESPONSIBILITIES (Continued)

- I must report all changes in my circumstances that might affect my eligibility for assistance including but not limited to: changes to my employment situation, my address or shelter costs, my dependents or other persons sharing my accommodation, or if I am enrolled in training or post-secondary education, if I leave British Columbia for a period of 30 days or more, or if I enter into any kind of facility such as a treatment center, long term care, correctional facility, or halfway house. I will also report to the Ministry of Social Development and Poverty Reduction any changes to the circumstances of my dependents that might affect eligibility.
- I understand that failure to comply with my responsibilities as listed above may result in reduction or discontinuation of my assistance.
- I understand that failure to accurately report any circumstances that may affect my eligibility for assistance may result in consequences. Consequences may include a requirement to repay assistance I received but was not eligible for, a reduction in assistance, civil litigation to recover debts, and/or prosecution for fraud-related offences under the BCEA or BCEAPWD Acts or under the criminal Code of Canada.

_____ I agree to the above sections "BC Government Responsibilities", "My Rights" and "My Responsibilities".

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MEDICAL SERVICES PLAN (MSP) CLIENT RELEASE

- I agree to abide by the terms and conditions of MSP and declare that I, and any persons covered with me are residents of British Columbia.
- I understand that practitioners who provide service(s) under MSP are required under the Medicare Protection Act to release information relative to those services to MSP to support claims for benefits.
- I declare that all information provided is true and I understand that the Ministry of Health and/or Health Insurance BC may verify this information with immigration authorities, law enforcement authorities and other public authorities, agencies and persons as appropriate.

Personal information provided to MSP is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in British Columbia and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact a Health Insurance BC client service representative at 1-800-663-7100. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.

_____ I agree to the above section "Medical Services Plan (MSP) Client Release".

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CONSENTS

Any persons, organizations, or agencies having information or documents relevant to my eligibility for assistance may release them to employees of the ministry. This information may be used to verify current, ongoing, or past eligibility for assistance or to conduct a review or investigation. This consent includes, but is not limited to:

- British Columbia ministries, agencies, and its contracted service providers, such as:
 - Ministry of Advanced Education
 - Vital Statistics Agency
 - Ministry of Justice
 - Employment Program of British Columbia
- Government of Canada departments and Agencies, such as:
 - Employment and Social Development Canada (e.g. for Old Age Security, Employment Insurance, Canada Pension Plan)
 - Immigration Refugees and Citizenship Canada
 - Indigenous and Northern Affairs Canada
- Other provincial or municipal governments and their departments



APPLICATION FOR ASSISTANCE – CONSENTS (PART 1)

- First Nations bands

CONSENTS (Continued)

- Employers
- Landlords
- Educational Institutions
- WorkSafeBC (Worker's Compensation) and similar programs in other jurisdictions
- Insurance Corporation of BC (ICBC) and similar agencies in other jurisdictions
- Law enforcement agencies (municipal, provincial, or federal)
- Financial Institutions such as banks, credit unions, and trust companies
- Cheque Cashing services
- Credit bureaus (for example, Equifax)
- Publicly accessible sources of information, including but not limited to the Internet

_____ I agree to the above section "Consents".

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CRA REVENUE AGENCY (CRA) CONSENT

I/we hereby consent to the release, by the Canada Revenue Agency to an official of the Ministry of Social Development and Poverty Reduction, of information from my/our income tax returns, and, if applicable, other required taxpayer information about me/us, whether supplied by me/us or by a third party. The information will be relevant to, and used solely for the purpose of determining and verifying my/our eligibility and entitlement for assistance under the *Employment and Assistance Act* and *Employment and Assistance for Persons with Disabilities Act*, and will not be disclosed to any other person or organization without my approval.

The authorization is valid for the two taxation years prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.

_____ I agree to the above "Canada Revenue Agency (CRA) Consent".

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SIGNATURE OF APPLICANT	PRINT NAME	DATE (YYYY MMM DD)
SIGNATURE OF SPOUSE	PRINT NAME	DATE (YYYY MMM DD)