

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 regarding the collection, use and disclosure of personal information can be directed to an Employment and Assistance office.

FAMILY TYPE

Single Person
 Couple (married or common-law)
 Single Person with Dependents
 Couple (married or common-law) with Dependents

PRIMARY CONTACT

First Name	Middle Name(s)	Last Name
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COMMON INFORMATION

ADDRESS

Apt	Address 1 (living address)			
Address 2 (mailing address if different from living address)				
City	Province	Postal Code	Phone	Alt Phone
Can we leave a confidential message at these numbers?				
Do you have Direct Deposit?				
Have you (or your spouse) been homeless in the last 12 months?				
If homeless, what city are you currently located in?				
Describe your current living arrangement				
What is the name of the facility?				

CURRENT SITUATION

Are you required to be in receipt of assistance in order to gain acceptance in to a recovery home or facility?

COMMON EXPENSES

MONTHLY EXPENSES

Hydro	Mortgage	Property Taxes	
Heat	Is the mortgage jointly owned?	Property Insurance	
Gas	Rent	Phone	
Room and Board	Is the rent shared?	Room and Board paid to family?	
Other Utilities Description		Other Utilities Amount	
Do you receive any financial help with the above expenses?			
Description of other financial help:			

ADD OTHER OCCUPANTS

Surname	First Name	Middle Name	Relationship
<input type="button" value="-"/>			

ADD VEHICLES(S)

Year	Make	Model	Value	Owing	Owner
<input type="button" value="-"/>					

ADD RECREATIONAL VEHICLES

Year	Make	Model	Value	Owner
<input type="button" value="-"/>				

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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ADD BANK ACCOUNTS



	Account Balance	Bank Account	Ownership
<input type="checkbox"/>			

ADD POTENTIAL INCOME



	Source	Amount	Owner
<input type="checkbox"/>			

ADD PROPERTY



	Description	Value	Owner
<input type="checkbox"/>			

ADD DISPOSED ASSETS



	Source	Amount Disposed	Owner
<input type="checkbox"/>			

ADDITIONAL ASSETS NOT LISTED ABOVE - ADD ALL THAT APPLY



	Additional Asset Type	Additional Asset Amount/Value	Owner
<input type="checkbox"/>			





APPLICANT

Is there an outstanding warrant for your arrest issued under <i>the Immigration and Refugee Protection Act (Canada)</i> or any other enactment of Canada in relation to an offence for which a person may be prosecuted by indictment?	
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LEGAL NAME

Last Name		First Name		Middle Name(s)	
Date of Birth (YYYY-MMM-DD)	Gender	Aboriginal	SIN		

MARITAL STATUS

Marital Status	Date of Separation (YYYY-MMM-DD)	Date of Divorce (YYYY-MMM-DD)
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PREVIOUS NAME USED

Last Name		First Name		Middle Name(s)	
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Have you received financial assistance from a First Nation or Treaty First Nation in the past 60 days?	
Were you born in Canada?	

APPLICANT FINANCIAL

Monthly Incomes

Employment Wages		WorkSafe BC Benefits		Canada Pension Plan	
Rental Property		Claim Expiry Date		Private Pension	
Roomer		Basic Child Tax Benefit Amount		Disability Pension	
Boarder		National Child Benefit		Old Age Security	
Investment		BC Family Bonus		Guaranteed Income Supplement	
EI Benefits (last 3 months)		BC Earned Income Benefit		Senior's Supplement	
Training Benefits		Spousal Support		War Veterans Allowance	
Training paid by ASETS? (Aboriginal Skills and Employment Training Strategy)				Child Support	
Other Earned Source				Other Earned Amount	
Other Unearned Source				Other Unearned Amount	

Additional Income Not Listed above (Add all that are necessary)

<input type="checkbox"/> Additional Income Type		Additional Income Amount	
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Assets

Cash on hand or bank account		Retirement Savings Plan		Investments Value	
Life Insurance Policy cash value		Trust Fund Value		Other Asset Value	
Investments Source		Other Asset Source			

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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DEPENDENTS

ADD DEPENDENTS

	Surname	First Name	Middle Name	Birthdate	Gender	Relationship
<input type="button" value="-"/>						

DEPENDENT INFORMATION

Have you received financial assistance from a First Nation or Treaty First Nation in the past 60 days?		
Did you enter Canada under a sponsorship agreement?		
Sponsorship Start Date		Sponsorship End Date

DEPENDENT FINANCIAL

Monthly Incomes

Employment Wages		WorkSafe BC Benefits		Canada Pension Plan	
Rental Property		Claim Expiry Date		Private Pension	
Roomer		Basic Child Tax Benefit Amount		Disability Pension	
Boarder		National Child Benefit		Old Age Security	
Investment		BC Family Bonus		Guaranteed Income Supplement	
EI Benefits (last 3 months)		BC Earned Income Benefit		Senior's Supplement	
Training Benefits		Spousal Support		Child Support	
Training paid by ASETS? (Aboriginal Skills and Employment Training Strategy)				War Veterans Allowance	
Other Earned Source				Other Earned Amount	
Other Unearned Source				Other Unearned Amount	

Additional Income Not Listed above (Add all that are necessary)

<input type="button" value="-"/>	Additional Income Type		Additional Income Amount	
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Assets

Cash on hand or bank account		Retirement Savings Plan		Investments Value	
Life Insurance Policy cash value		Trust Fund Value		Other Asset Value	
Investments Source		Other Asset Source			

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.

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

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT SOCIAL INSURANCE NUMBER
SPOUSE LAST NAME (APPLICANT 2)	SPOUSE FIRST NAME (APPLICANT 2)	SPOUSE SOCIAL INSURANCE NUMBER
FILE ID (FOR OFFICE USE ONLY)		

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.

THE BC GOVERNMENT'S 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.

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 form if I want to receive assistance.

It is my responsibility to provide accurate and complete information when I apply for and continue to receive assistance.

I must report all money and assets that I receive each month.

I must make every effort to pursue income or assets from other sources such as pensions, Employment Insurance, Family Maintenance, matrimonial settlements, etc. before receiving assistance from the BC government.

I must report all changes in my circumstances that might affect my eligibility for assistance. I will also report to the Ministry of Social Development and Poverty Reduction any changes to the circumstances of my dependants that might affect eligibility.

I must enter into an employment plan when required to do so by the minister.

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT SOCIAL INSURANCE NUMBER
SPOUSE LAST NAME (APPLICANT 2)	SPOUSE FIRST NAME	SPOUSE SOCIAL INSURANCE NUMBER
FILE ID (FOR OFFICE USE ONLY)		

NOTIFICATION: Any person(s) having information or documents relevant to my eligibility for assistance may release them to employees of the ministry. Examples may include:

- Human Resources and Skills Development Canada (Old Age Security, Employment Insurance, Employment and Training programs and Canada Pension Plan);
- StudentAid BC;
- Citizenship and Immigration Canada;
- Other federal, provincial and municipal departments;
- BC Online information such as: BC Assessment, Land Titles, Registrar of Companies;
- Employers (to verify income); and
- Landlords (to verify an address and amount of rent).

CONSENTS: The following organizations require your written permission before they will provide verification of your personal information:

- WorkSafeBC;
- Any financial institution, such as: banks, credit unions and trust companies;
- Vital Statistics Agency (Birth Registrations, Birth, Marriage and Death Certificates);
- Aboriginal Affairs and Northern Development Canada (AANDC);
- Insurance Corporation of British Columbia;
- Canada Revenue Agency (see below);
- Cheque cashing services;
- Credit Bureaus;
- Ministry of Justice and Attorney General (JAG) and Royal Canadian Mounted Police (RCMP) – to verify outstanding warrant(s) for your arrest issued under the *Immigration and Refugee Protection Act (Canada)* or any other enactment of Canada in relation to an offence for which a person may be prosecuted by indictment.

DECLARATION: I declare that all the information I have provided in the application process is true and complete.

I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependants. I have read and understand the sections entitled 'BC Government's Responsibilities', 'My Rights', and 'My Responsibilities'. I give permission to the organizations and individuals listed in this application to release, to employees of the ministry, information for the purpose of verifying and determining my eligibility or the eligibility of my dependants for assistance.

SIGNATURE OF APPLICANT	SIGNED AT: IN THE PROVINCE OF B.C.	DATE (YYYY MMM DD)
SIGNATURE OF SPOUSE (APPLICANT 2)	SIGNED AT: IN THE PROVINCE OF B.C.	DATE (YYYY MMM DD)
SIGNATURE OF WITNESS	SIGNED AT: IN THE PROVINCE OF B.C.	DATE (YYYY MMM DD)

CANADA REVENUE AGENCY (CRA) CONSENT

(C.R.A. requires a separate signature to authorize release of relevant information.)

I authorize and consent to the release, by Canada Revenue Agency to an official of the Ministry of Social Development and Poverty Reduction of British Columbia, of information from my income tax returns and other taxpayer information about me, whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining and verifying my eligibility for, and for the general administration and enforcement of, 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 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.

SIGNATURE OF APPLICANT	SIGNED AT: IN THE PROVINCE OF B.C.	DATE (YYYY MMM DD)
SIGNATURE OF SPOUSE (APPLICANT 2)	SIGNED AT: IN THE PROVINCE OF B.C.	DATE (YYYY MMM DD)

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE	DISTRIBUTION: COPY 1 - FILE COPY 2 - CLIENT
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