



Today's Date

SR#: [Click here to enter](#)
Case #: [Click here to enter](#)
MIS Case #: [Click here to enter](#)

Client Name
Address

Dear Client Name:

The ministry scheduled appointments on [Date](#) and [Date](#) to obtain information from you and determine if you still meet the requirements for the Persons with Persistent Multiple Barriers (PPMB) category.

Section 2 of the Employment and Assistance Regulation requires you to provide information from your doctor to verify your medical condition[s]. This information is necessary for the ministry to review your current eligibility for the PPMB category. Since you did not provide the medical report, we are not able to review your current eligibility for the PPMB category. As a result, your support rate of assistance will be reduced in three months on the [Month](#) assistance cheque

For the next three months, there will be no change in your support rate of assistance, earning exemption and access to general health supplements. This will give you time to plan for the reduction in assistance which will take effect on your cheque issued at the end of [Month](#).

If you are dissatisfied with this decision, you can ask the ministry to reconsider it. You have 20 business days from the day you receive this letter to submit a completed Request for Reconsideration form. You can get this form, and all information that we considered making this decision, by making a request in person or by phone at an Employment and Assistance Office. We have enclosed the Reconsideration and Appeals brochure to give you more information about the reconsideration process.

The ministry will work with you to [Choose an item](#) your Employment Plan to help you find a job. An Employment Plan is the tool the ministry uses to record the steps you take towards employment. Please contact the ministry to set up an appointment to [Choose an item](#) your Employment Plan.

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

Ministry of Social
Development and
Social Innovation

Office Name

Mailing Address
Enter address

Telephone: (###) ###-####
Facsimile: (###) ###-####

If you have any questions, please call the Ministry of Social Development and Social Innovation Choose an item

Sincerely,

Enter Name

Ministry Choose an item

HR3262 (13/12/18)
Security Classification: LOW SENSITIVITY

SAMPLE

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

**Ministry of Social
Development and
Social Innovation**

Office Name

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