



APPLICATION FOR ASSISTANCE VERBAL CONSENT

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.

Applicant 1 Last Name	First Name	Middle Name(s)	Social Insurance Number	Birth Date (YYYY-MMM-DD)
Applicant 2 Last Name	First Name	Middle Name(s)	Social Insurance Number	Birth Date (YYYY-MMM-DD)
Address			Postal Code	Telephone

I hereby authorize the Ministry to proceed with my application for a period of five business days. This includes the completion of 3rd party checks with any of the required agencies. Within this period of five business days I will present myself to a ministry office, Service BC site or an authorized Trusted Third Party to sign my application.

Verbal Consent Provided: YES NO Verbal Consent Date: _____ (YYYY-MMM-DD)

YES NO Verbal Consent Date: _____ (YYYY-MMM-DD)

SAMPLE

