BRITISH COLUMBIA | Ministry of Children and Family Development

Search & Reunion Services
INCOME TEST

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering a service under the Adoption Act. Under certain circumstances, the collected information may be subject to disclosure as per the Adoption Act and/or the Freedom of Information and Protection of Privacy Act. Please direct any questions about the collection, use or disclosure of this information to the Search and Reunion Services office.

Please return the completed and signed form to:

Search & Reunion Services
Ministry of Children and Family Development
PO Box 9705 Stn Prov Govt
Victoria BC V8W 9S1

Clear Form

or scan signed form to MCF.AdoptionReunionProgram@gov.bc.ca

SECTION 1 — APPLICANT INFORMATION

LAST NAME	GIVEN NAMES	DATE OF BIRTH (YYYY/MM/DD)

ADDRESS	POSTAL CODE	PHONE NUMBER
		( )

Have you applied to the Search & Reunion Services before? ☐ YES → FILE NUMBER ☐ NO

Are you in receipt of Income Assistance in BC? ☐ YES ▸ Submit Proof (i.e. copy of cheque stub) ☐ NO ▸ Complete Section 3

SECTION 2 — PERSONS LIVING IN THE HOUSEHOLD

List all people living in the household. Including spouse (spouse is defined as someone who is married to the applicant or lives with the applicant in a marriage-like relationship), adults who contribute to the household income and dependent children (children are defined as being younger than 19 years of age). Attach additional pages, if more space is required

LAST NAME	GIVEN NAMES	RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)
LAST NAME	GIVEN NAMES	RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)
LAST NAME	GIVEN NAMES	RELATIONSHIP	DATE OF BIRTH (YYYY/MM/DD)

SECTION 3 — TOTAL FAMILY INCOME

Please provide your gross (before-tax) income for the most recent tax year. You may provide one of the following:

	Applicant		Spouse		Total Amount
Gross Monthly Income					
OR					
	$ _____	+	$ _____	=	$ 0.00
Gross Annual Income: **Line 15000** (Total Income) from your Notice of Assessment or T1 General					
	$ _____	+	$ _____	=	$ 0.00

SECTION 4 — DECLARATION

I, as the applicant, sign to confirm the information supplied by on this application is true and complete. I understand that I am required to inform the Search & Reunion Services immediately if there is a change to any of the information I have provided in this application or to any subsequently provided information. I consent to the verification of information provided regarding this application, or any updated or subsequently provided information. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (YYYY/MM/DD)

*** Unsigned Forms will not be processed ***