



To: **Information Access Operations**  
PO Box 9569, Stn Prov Govt  
Victoria BC V8W 9K1

**AUTHORIZATION FOR RELEASE OF RECORDS held by:**

The **Ministry of Social Development and Social Innovation** (the "Ministry") pursuant to section 22(4) (a) or section 33.1(1) (b) of the *Freedom of Information and Protection of Privacy Act*

I, \_\_\_\_\_,  
(name of individual whose personal information will be disclosed)

**understanding that the Ministry may have possession of the following types of records relating to me,**

**GAIN Records:** These records are found in the main income assistance file and may include identification documents, applications for benefits, financial and bank records, shelter and/or utility records, repayment agreements, medical records, workers' notes, investigation records relating to eligibility for income assistance benefits and the following electronic print-outs:

Calculation of Benefits and current year Cheque History screens: This will include payments made to you or on your behalf, by the Ministry, for the period of 1990 to the current month.

Assignments & Agreements List: This will include the dates and list of debts (e.g. security deposit advances, overpayments) owed to the Ministry.

Repayment Account Record: This will include the dates and amount of payments made in relation to debts owed to the Ministry.

FARS report: This will include information or allegations indicating possible overpayment(s) and/or fraud.

**Health Assistance Branch Records ("HAB Records"):** These records may include persons with disabilities (PWD) applications and/or approvals, older DB1/DB2 applications or approvals and medical records.

**Family Maintenance Records ("FM Records"):** These records may include custody agreements, family maintenance payment records, court orders and other legal records, records containing the financial information of the applicant and respondent, risk assessments and counselor reports.

**Investigation Records:** Including records relating to a Ministry investigation concerning an alleged overpayment due to undeclared assets, income, dependency relationship and/or fraud.

**Employment Skills/Training Records:** These may include records concerning the development of job skills or training, records relating to efforts to obtain employment for you, as well as medical, cognitive, psychiatric assessments or reports, related to employment readiness.

**do hereby authorize the Ministry to disclose the following records relating to me:**  
(please initial in the appropriate place and identify the relevant date range)

		DATE RANGE
GAIN Records	YES ___	_____ to _____
HAB Records	YES ___	_____ to _____
FM Records	YES ___	_____ to _____
Investigation Records	YES ___	_____ to _____
Employment Skills Records	YES ___	_____ to _____

or \_\_\_\_\_  
(otherwise describe the records to be released)

**to** \_\_\_\_\_  
\_\_\_\_\_  
(name and address of person to whom the records are to be released)

**for the following purpose(s):**  
\_\_\_\_\_  
\_\_\_\_\_  
(describe the purpose of the disclosure)

My date of birth is \_\_\_\_\_.

This consent is for one time only, and expires on: \_\_\_\_\_.

This consent is effective as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Print name of Ministry client

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Ministry client