From: Ministry of Social Development and Poverty Reduction
Employment and Assistance Office

Release of Personal Information

To: ____________________________

(Indicate name of person or agency)

For the purpose of: ____________________________

(ie, a court case, a tribunal hearing, etc.)

I, ____________________________, give my consent to the Ministry of Social Development and Poverty Reduction to release my personal information regarding the following: (Client to check off appropriate category(ies))

☐ Amount of Assistance:

☐ Period of Time From: ____________________________ To: ____________________________

☐ Type of Assistance:

☐ Income Assistance under the Employment and Assistance Act (regular assistance or hardship assistance)
☐ Income Assistance under the Employment and Assistance Act as a person who has persistent multiple barriers to employment
☐ Disability Assistance under the Employment and Assistance for Persons with Disabilities Act
☐ Health Supplements under the Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act
☐ Other: ____________________________

Client Signature ____________________________ Date Signed (YYYY MMM DD) ____________________________

The collection, use and disclosure of the personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about this form should be directed to your local Employment and Assistance Office.

FOR OFFICE USE ONLY

(Complete only as authorized above)

For the time period specified above (or alternatively if more than 12 months is specified - During the past 12 months.), the above-noted signatory(ies) received:

☐ Income Assistance under the Employment and Assistance Act (regular assistance or hardship assistance)
☐ Income Assistance under the Employment and Assistance Act as a person who has persistent multiple barriers to employment
☐ Disability Assistance under the Employment and Assistance for Persons with Disabilities Act.
☐ Health Supplements under the Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act.
☐ Other: ____________________________

Signature of Ministry Staff ____________________________

Print Name of Ministry Staff ____________________________

Date (YYYY MMM DD) ____________________________

MINISTRY OFFICE ADDRESS
The following is a list of agencies who frequently contact the Ministry or client for information (Release is not restricted to those listed).

1. Fish and Wildlife Branch, Ministry of Forests, Lands and Natural Resource Operations
2. City Hall (Home Owner Grant)
3. Municipal Hall (Home Owner Grant)
4. Home Owner Grant Administration Branch, Ministry of Finance (Home Owner Grant Program)
5. Consumer Taxation Branch, Ministry of Finance (Fuel Tax Rebate)
6. BC Parks, Ministry of Environment
7. BC Housing Management Commission
8. Bus Pass Program (Ministry of Social Development and Poverty Reduction and BC Transit)
9. BC Ferries, British Columbia Ferry Services Inc.