



**DECLARATION OF ADMINISTRATOR OF
EMPLOYMENT AND ASSISTANCE OR
EMPLOYMENT AND ASSISTANCE
FOR PERSONS WITH DISABILITIES**

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Centre.

CLIENT'S NAME

SIN #

EMPLOYMENT AND ASSISTANCE OFFICE

I, _____ **DECLARE** that I will administer the assistance
ADMINISTRATOR'S NAME
of _____ who resides at _____
CLIENT'S NAME ADDRESS

I AGREE to apply these monies exclusively for the benefit of _____
CLIENT'S NAME

I FURTHER AGREE to complete any necessary documentation required to confirm ongoing eligibility for assistance and will provide the information truthfully as to the full extent of his/her eligibility.

I will advise the Ministry of Social Development and Poverty Reduction of any changes in _____'s circumstances. Where a change results in a discontinuance or reduction of assistance. I will return any assistance issued subsequent to notice by the Ministry of a change in eligibility.

WHEN REQUESTED I will provided an accounting of the manner in which the monies have been expended.

ADMINISTRATOR'S SIGNATURE

ADMINISTRATOR'S NAME (Please Print)

ADMINISTRATOR'S ADDRESS

HOME TELEPHONE

WORK TELEPHONE

DATE (YYYY MMM DD)