



SR Number:

RE:

NAME OF APPLICANT
ADDRESS OF APPLICANT

I, \_\_\_\_\_, for valuable consideration do hereby assign, transfer and set over to Her Majesty the Queen in right of the Province of British Columbia as represented by the Minister of Finance, at \_\_\_\_\_, Province of British Columbia, any sum or sums payable to me or to my order, by way of my Veterans Affairs Canada claim.

The amount of this assignment shall be limited to the sum of money actually expended and/or the actual cost of service(s) provided by the Ministry of Social Development and Poverty Reduction of the Province of British Columbia, pursuant to the Employment and Assistance Act or Employment and Assistance for Persons with Disabilities Act, as applicable, on my behalf.

(SIGNATURE OF CLAIMANT) (SIGNATURE OF WITNESS)

(ADDRESS) (PRINT NAME)

DATE (YYYY MMM DD) (ADDRESS)

Assistance has been granted to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the period DATE (YYYY MMM DD) to DATE (YYYY MMM DD) and effective DATE (YYYY MMM DD), assistance will be issued in advance in the amount of \$ \_\_\_\_\_ (weekly, bi-weekly, monthly).

The cheque is to be made payable to the Minister of Finance.

SIGNATURE OF WORKER EMPLOYMENT AND ASSISTANCE OFFICE ADDRESS
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. Disclosure of the personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to your local Employment and Assistance Office.