

Office Address Stamp

# AUTHORITY TO PROVIDE MEALS

DATE

YYYY MMM DD

The Evelyne Saller Centre  
320 Alexander Street  
Vancouver, B.C.

<b>RE:</b> FIRST NAME	INITIAL	LAST NAME	CLIENT SAMPLE SIGNATURE
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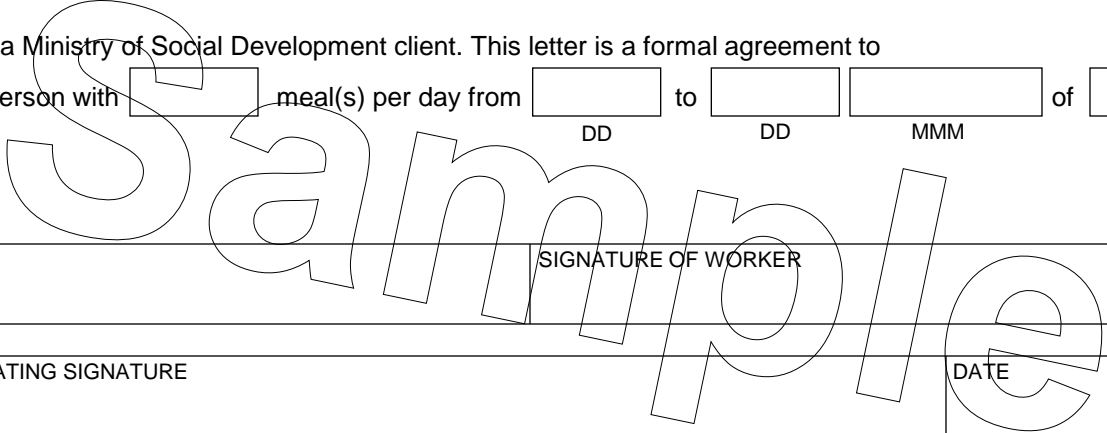
**BIRTHDATE**

YYYY MMM DD

**SEX** M  F

The above is a Ministry of Social Development client. This letter is a formal agreement to provide this person with  meal(s) per day from  to  of  inclusive.

DD                      DD                      MMM                      YYYY



PRINT NAME	SIGNATURE OF WORKER
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CLIENT VALIDATING SIGNATURE	DATE
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YYYY MMM DD

Distribution: Original to Client  
Copy to Employment and Assistance File - Section two

**ORIGINAL**