



# RECIPIENT INFORMATION UPDATE

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*, and the *Employment and Assistance for Persons with Disabilities Act*. Disclosure of personal information 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 Centre.

FMP#

## TO: FAMILY MAINTENANCE ENFORCEMENT PROGRAM

## RE: RECIPIENT INFORMATION UPDATE

|                  |
|------------------|
| RECIPIENT NAME   |
| FMEP CASE NUMBER |

### PLEASE BE ADVISED OF THE FOLLOWING CHANGES:

RECIPIENT ADDRESS:

OFFICE CODE:

OTHER CHANGES OR COMMENTS

EFFECTIVE DATE OF CHANGE:

FAMILY MAINTENANCE WORKER

DATE (YYYY MMM DD)

CASELOAD NUMBER

NAME

|                                        |
|----------------------------------------|
| NAME                                   |
| EMPLOYMENT AND ASSISTANCE OFFICE STAMP |