File Number

Client's Family Name

Name and Address of the Social Assistance Authority

Ministry of Social Development and Poverty Reduction
PO Box 9950 STN PROV GOVT
Victoria, BC V8W 9R3

MINIMUM WEEKLY LIVING ALLOWANCE

EFFECTIVE DATE

EFFECTIVE WEEK CODE

AMOUNT

WEEKLY ASSIGNMENT AMOUNTS BEGINNING ON SUNDAY

WEEKLY AMOUNT

START WEEK DATE

LAST WEEK DATE

LAST WEEK AMOUNT

Amount this assignment

Amount all assignments for above

I hereby authorize the Employment and Social Development Canada to deduct from any assistance payable to me an amount equal to the ministry assistance made to me for any week for which I am entitled to payment of Employment Insurance benefit.

I understand that (1) the said deduction will under no circumstances exceed the sum of Employment Insurance benefits payable during the period for which the assignment is valid. (2) any excess of Employment Insurance benefits payable, over the previously mentioned deduction, will be paid directly to me.

Moreover, I do hereby consent that my personal information, taken from my claim for assistance and dealing with the assignment of my assistance, be disclosed and/or used by the identified agency only for the purpose of establishing my entitlement to ministry assistance.

Signature of Applicant

Date (YYYY MMM DD)

FOR ESDC USE ONLY

Assignment has been returned for the following reason:

☐ Amount ☐ Date Missing ☐ The assignment of benefit request was signed by the applicant after he or she had received the ministry assistance.