



SR Number :

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. 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 Office.

The information requested on this form will assist the Ministry of Social Development and Poverty Reduction in determining an applicant's/client's eligibility for assistance under the Employment and Assistance and the Employment and Assistance for Persons With Disabilities Regulations regarding a "dependent child".

MY RESPONSIBILITY

I understand that it is my responsibility to notify my Employment and Assistance Worker of any changes to the information on this form.

STATEMENT

I, _____ (first middle and last name of applicant/client) state that my child(ren) listed below reside with me _____ nights in the month.

First Name, Middle Name and Last Name of Child Birthdate (YYYY MM DD)

First Name, Middle Name and Last Name of Child Birthdate (YYYY MM DD)

First Name, Middle Name and Last Name of Child Birthdate (YYYY MM DD)

Table with 3 columns: Signature of Applicant/Client, Print Name, Date (YYYY MM DD). Includes a row for Signature of Witness.

DECLARATION

I declare that all the information I have provided herein is true and complete.

PERMISSION TO VERIFY

I give permission to the Ministry of Social Development and Poverty Reduction to disclose the information provided for the purpose of eligibility verification.

Table with 3 columns: Signature of Applicant/Client, Print Name, Date (YYYY MM DD). Includes a second row for Signature of Applicant/Client.