



October 08, 2015

SR #: Number (if applicable)

Case #: Number (if applicable)

MIS Case #: Number (if applicable)

Client Name
1010 Street Address
City, BC V8V 8V8

Dear Client Name:

This is to inform you that you have been denied the \$500 monthly exemption for employment earnings for families with a child who has a medical condition that prevents a parent from working for more than 30 hours each week. However, your family unit is eligible for the \$400 monthly earnings exemption that will be applied to employment income declared on your *Monthly Report* form.

The decision was made under Schedule B Section 3(6)(c) of the Employment and Assistance Regulation (attached) and you were denied for the reasons described below.

Explanation of reasons for denial

If you disagree with this decision, you can ask the ministry to reconsider it. You have 20 business days from the day you receive this letter to submit a completed *Request for Reconsideration* form. You can get this form, and all information that we considered to make this decision, from your Employment and Assistance office or by phoning the ministry. We have enclosed the *Reconsideration and Appeals* brochure to give you more information about the reconsideration process.

If you have any questions, please contact the ministry at 1-866-866-0800.

Sincerely,

Worker Name
Ministry Worker

HR3104 (15/09/04)

Enclosure(s): Reconsideration and Appeals brochure
Applicable Legislation

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

Ministry of Social
Development and
Social Innovation

Office Name

Mailing Address
Office Address

Telephone: 1-866-866-0800
Facsimile: Office Fax