



September 04, 2015

SR #: Number (if applicable)

Case #: Number (if applicable)

MIS Case #: Number (if applicable)

Recipient Name  
1010 Street Address  
City, BC V9V 9V9

To the Caregiver for Child Name:

You have requested an earned income exemption because you provide care for Child Name.

To assess your eligibility for the \$500 monthly earnings exemption for families with a disabled child, the Ministry of Social Development and Social Innovation requires certain medical information about Child Name.

If you are not the guardian of this child, you will require authorization from the guardian in order to request that the child's medical practitioner provide this medical information to the ministry.

Please have the guardian sign Part B of the attached *Medical Report – Child Form (HR3103)*, and then have the form completed by the child's medical practitioner and return the form to the ministry.

Sincerely,

Worker Name  
Ministry Worker

HR3110 (15/09/01)

Enclosure(s): Medical Report - Child form (HR3103)

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 Mailing

**Telephone:** Office Phone  
**Facsimile:** Office Fax