BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

Youth Transition Consent: Youth With Intellectual Disabilities

The personal information requested on and disclosed pursuant to this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance for Persons with Disabilities Act*. Collection, use and disclosure of personal information is authorized under Section 26 of the *Freedom of Information and Protection of Privacy Act*, and is subject to all the provisions of that Act. Questions about the collection, use and disclosure of this information should be sent to: Director, Health Assistance Branch, Ministry of Social Development and Poverty Reduction, P.O. Box 9971 STN PROV GOVT, Victoria, BC, V8W 9R5

LAST NAME	FIRST NAME	MIDDLE NAME
BIRTHDATE (YYYY MMM DD)	PERSONAL HEALTH NUMBER	CASE NUMBER (FOR OFFICE USE ONLY)

I understand the Ministry of Social Development and Poverty Reduction requires medical information about me to assess whether I am eligible for designation as a Person with Disabilities pursuant to the *Employment and Assistance for Persons with Disabilities Act*. I also understand that the ministry may wish to discuss my medical condition with my medical practitioners (e.g. doctors) or other prescribed professionals, who have medical information about me.

I am a youth with a psychological assessment indicating I have an intellectual disability (intellectual developmental disorder) previously referred to as "mental retardation" in the Diagnostic and Statistical Manual of Mental Disorders. I am **not** participating in the At Home Program Medical Benefits.

I am submitting the attached medical information to the Ministry of Social Development and Poverty Reduction for the purpose of the assessment of my eligibility for designation as a Person with Disabilities or for supplements under the *Employment and Assistance for Persons with Disabilities Act*.

In the event that the information I am submitting is insufficient, I understand that a BC School District, an authority under the *Independent School Act*, a francophone education authority under the *School Act*, or the Ministry of Children and Family Development may have supplemental information that could support my application.

I consent to the Ministry of Social Development and Poverty Reduction disclosing a copy of this consent including my personal information contained therein to any agency identified in the table below. I also consent to any agency identified in the table below disclosing to the Ministry of Social Development and Poverty Reduction, in Canada, all personal information about me related to my intellectual disability relevant to assessment of my eligibility for designation as a Person with Disabilities and associated benefits, including:

- assessments completed by prescribed professionals (e.g. occupational therapists, physiotherapists, nurses, physicians, psychologists, etc.); and
- assessments (sometimes called psycho-education assessments) completed by a school psychologist,

for the purpose of assessing my eligibility for designation as a Person with Disabilities or for supplements under the *Employment and Assistance for Persons with Disabilities Act* and Regulation.

☐ *** BC School District #** _____
☐ *** Conseil Scolaire Francophone de la Colombie-Britannique**
☐ * _____ [name of authority under the *Independent School Act*]
* Please specify in which school district or by which educational authority the person's latest assessment was conducted.
☐ **Ministry of Children and Family Development** Office location (Town/City): CYSN Worker Name (if known):

I understand that the BC government may verify the personal information as necessary to determine and confirm my eligibility for the designation.

APPLICANT SIGNATURE**	DATE SIGNED (YYYY MMM DD)

** If the Applicant does not have the necessary capacity to sign this application and consent, it may be signed by a person who has legal authority to act on behalf of the Applicant under section 3 or 4 of the Freedom of Information and Protection of Privacy Regulation. A guardian may act for a child if the authority to make the application described in this document and provide the consents and authorization set out above are within the scope of the guardian's duties or powers. A committee appointed under the Patients Property Act, a person acting under a power of attorney, a litigation guardian or a representative acting under a representation agreement, as defined in the Representation Agreement Act may act for an adult if the authority to make the application described in this document and provide the consents and authorization set out above are within the scope of that person's duties or powers.

My legal authority to act for the applicant is: _____

NOTE: Proof of Committee, Power of Attorney, Litigation Guardian, Representation Agreement Representative or Guardian status must accompany this consent.