



Consent to Disclosure of Information and Service Authorization

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*. You have the right to cancel this consent at any time. Any questions regarding this form, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Client Name		
Other Identifying Information (DOB/PHN/Etc.)	Case Number (if applicable)	SR Number (if applicable)

Authorization

This form contains two types of authorization: (1) Disclosure of Information (2) Service Authorization. You can give authorization for one or both to your representative. By indicating the type of authorization, you control the type of access we provide or the information we disclose to your representative. Either authorization can be cancelled at any time by calling the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Section 1 – Consent to Disclosure

An agent/representative may receive or disclose information related to your application and eligibility for assistance under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

Such information may include:

- Amount of assistance for current and previous months
- Reason for signalled payment
- Status of any application, such as Income Assistance (IA), Persons with Disabilities (PWD) or Persons with Persistent Multiple Barriers (PPMB)
- Status of Medical Transportation, Supplies, Devices
- Status of Request for Reconsiderations

This consent to disclosure (Section 1) is effective on the date it is signed and will remain valid until you request that it be cancelled.

I consent to the disclosure to an agent/representative within Canada of any personal information about me currently held under the custody and control of the Ministry of Social Development and Poverty Reduction subject to the following limitations (if any):

1. The following specific information only. (If more space is required, please attach an additional page)

2. All information relevant to the Ministry's determination of my eligibility for the provision of:

- | | |
|--|---|
| <input type="checkbox"/> Income Assistance (Includes PPMB) | <input type="checkbox"/> Hardship Assistance |
| <input type="checkbox"/> Disability Assistance (PWD) | <input type="checkbox"/> Supplements (e.g. Crisis/Moving/Transportation/Health) |

This information may be disclosed to an agency and/or individual named below for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

Name of Person Giving Consent	Signature	Date (YYYY MMM DD)	Phone Number
Other Identifying Information (DOB/PHN/Etc.)			



Consent to Disclosure of Information and Service Authorization

Section 2 – Service Authorization

You may authorize an agent/representative to ask for service from the Ministry of Social Development and Poverty Reduction on your behalf.

This service authorization (Section 2) is effective for (select one box):

- 3 months
- 6 months
- 9 months
- One year

This service authorization (Section 2) is effective from the date it is signed and will remain valid for the period chosen above. **If no box has been selected, the ministry will default to the consent being effective for a 3-month period.**

Please select which types of service request the agency and/or representative named below is authorized to make with your knowledge and on your behalf (select all relevant types of service request):

- All of the Following
- Address Update
- Security Deposit
- Apply for PPMB
- Apply for PWD
- Medical Supplies or Devices, Medical Device Repairs
- Bus Pass
- Request for Reconsideration
- Crisis Supplement
- Medical Transportation
- Amendment to Employment Plan Terms
- Diet Allowance
- Other (must specify a specific service) _____

*Please note that service delivery standards are the same for requests submitted through an authorized agency, individual, applicant or recipient (Service Standards: 3 to 5 business days). Your authorized agency/individual **will not be allowed** to change your: Direct deposit information; Landlord information (until verified); Pick up your cheque (cheques will only be released to authorized individuals with a separate authorization letter).

Access and information may be provided to the following agency and/or representative that you identify below.

Agency Name (if applicable)		Individual Name (if applicable)	
Address			
City / Town	Postal Code	Telephone Number	Fax Number

Name of Person Giving Consent	Signature	Date (YYYY MMM DD)	Phone Number
Other Identifying Information (DOB/PHN/Etc.)			

NOTE: If you are signing on behalf of the Ministry Client, you must attach proof of your legal authority to do so. (for example, a copy of the court order naming you as Committee)

Advocates: If this form is being submitted on its own, please fax it to our Advocate Client Enquiry Line at 1-855-771-8704.