

Today's Date

SR#: Click here to enter Case #: Click here to enter MIS Case #: Click here to enter

Client Name Address

Dear Client Name:

You have been found eligible for income assistance. We want to give you some information about our services.

**Direct deposit:** We use direct deposit to issue income assistance payments. If you need a Direct Deposit application form, or help in opening a bank account, please let us know.

**Cheque stub:** Your next cheque will be sent on Date. This cheque will have a stub attached, which is called a Monthly Report HR0081. Under ministry legislation, you are required to accurately complete the stub every month and tell us of any changes in your information or circumstances.

Please complete this form and return it to us by the 5<sup>th</sup> of each month.

**Medical Services Plan (MSP):** You are now eligible for medical coverage. Coverage may vary, so please ask us what you are eligible for.

**Child Care:** The Ministry of Children and Family Development is responsible for child care subsidies. If you need help paying for child care, please call 1 888 338-6622 for more information.

**Waiting for other income:** If you are waiting for Employment Insurance, WorkSafe BC, Canada Pension Plan or other income, you may need to sign a form before getting assistance. The form is called an Assignment of Benefits or a Repayment Agreement. These forms let us recover money we give you for any time period that another agency would have paid you. Please contact us at the number below for more information.

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.

If you have any questions, please call the Ministry of Social Development and Social Innovation Choose an item

Sincerely,

Enter Name Ministry Choose an item

HR3219 (13/12/04) Security Classification: MEDIUM

Enclosure(s) [Direct Deposit Brochure] [How to Complete the "Monthly Report Form" Brochure] [A Guide to the Employment Plan brochure] [Your Rights and Responsibilities brochure] Other

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Ministry of Social Development and Social Innovation Office Name

Mailing Address Enter address Telephone: (###) ###-#### Facsimile: (###) ###-####