



[date]

Case #
SR #

Dear _____ :

We are pleased to inform you that you have been approved for the Persons with Persistent Multiple Barriers (PPMB) category.

Starting on [month] 1st, you will be eligible for:

- your current shelter assistance of \$ _____ ,
- support assistance of \$ _____ ,
- an earnings exemption of \$500 per month per family unit on any work income,
- dental coverage of \$1,000 every two calendar years, and
- additional health supplements such as medical supplies and services.

Health coverage for your children, including \$1,400 every two years for dental, will continue.

Your approval for the PPMB category will be reviewed within two years.

If you have any questions, please contact the Ministry of Social Development and Social Innovation [choose one]

Sincerely,

Ministry Worker

HR3242(15/07/30)

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