



[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, your family will be eligible for:

- your current shelter assistance of \$ _____ ;
- support allowance of \$ _____ ;
- an earnings exemption of \$500 per month per family unit on any work income;
- dental coverage of \$1000 every two calendar years for each adult; 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 [choose one]

Sincerely,

Ministry Worker

HR3243(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.

**Ministry of
Social Development
and Social Innovation**

[Office Name here]

Mailing Address:
[address here]

Telephone: ### ### ####
Facsimile: ### ### ####