

[date]

Our File: GA

Dear _____ :

Please be aware that you no longer meet the criteria for the Persons with Persistent Multiple Barriers (PPMB) category. The reasons are listed below.

[Insert decision - include the specific reasons for the denial, and cite the part of the Employment and Assistance Regulation section 2 that applies]

You will still receive higher support assistance, the monthly earnings exemption, and still have access to general health supplements for the next three months. These benefits will stay in place so you can plan for the lower rate. The change will take effect on your cheque sent at the end of [insert month].

You can ask the ministry to reconsider its decision if you do not agree with it. You have 20 business days from the day you receive this letter to hand in a completed Request for Reconsideration form. You can get this form, and all the information that we considered to make this decision, from your Employment and Assistance office. You can also get the same information by phoning the ministry. We have included a brochure to give you more details about the reconsideration process.

As you no longer meet the PPMB requirements, you will be expected to find work. The ministry will work with you to [choose one] your Employment Plan. An Employment Plan is the tool the ministry uses to record the steps you take towards finding work.

Please call us to set up an appointment to [choose one] your Employment Plan at [phone number].

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

Sincerely,

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 Worker

HSD3246 (10/12/08)

Enclosure(s): [Reconsideration and Appeals brochure]
[attach applicable legislation]
[Employment Plan brochure]