



July 31, 2014

SR #: Number (if applicable)

Case #: Number (if applicable)

MIS Case #: Number (if applicable)

Client Name  
Street Address  
City, BC X1X 1X1

Dear Client Name:

This will confirm that you must attend appointments and submit documentation to the ministry when you are requested to do so. This requirement is set out in the terms of the Assignment of Maintenance Rights, which you signed.

This is to remind you that you were asked to provide the information identified below. In order to prevent a delay in receiving your next cheque, this information must be received as soon as possible.

The following is required:

- List of Payments Form
- Payment History Form
- Direct Deposit Application Form
- Information about the respondent: Example
- Identification for: Name
- Copy of Court Order: Name
- Other: Specify

If you have any questions, please call me at Worker Phone Number.

Sincerely,

Worker Name  
Family Maintenance Worker

HR3276 (14/07/31)

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.

**Ministry of Social  
Development and  
Social Innovation**

**Office Name**

**Mailing Address**  
Office Mailing Address

**Telephone:** Office Phone  
**Facsimile:** Office Fax