



September 01, 2016

SR #: Number (if applicable)
Case #: Number (if applicable)
MIS Case #: Number (if applicable)

CLIENT NAME
1010 STREET ADDRESS
CITY, BC V8V 8V8

Dear Client Name:

The ministry has received your application for assistance under the BC Employment and Assistance for Persons with Disabilities program. Someone from the ministry may have already contacted you to discuss your application and information that will be required in order to assess your eligibility. The enclosed **Information/Documentation Checklist (HR3034)** outlines the information we will need from you.

We have also enclosed the following documents that require your signature:

- Application for Assistance/Disability Assistance Part 1 (HR0080A)
- Application for Income/Disability Assistance Part 2 (HR0080)
- Youth Transition Consent: Youth with Intellectual Disabilities (HR3183)
- Application for Direct Deposit Request Form (HR2648): an application that can be submitted for applicants who wish to have credit payments directly deposited into a designated bank account
- BC Bus Pass Program Consent (HR3500): a lifetime consent for clients who may be eligible to apply for a reduced cost, annual bus pass from the Province of BC
- Consent to Disclosure of Information (HR3189): a one year consent that can be submitted for applicants/clients who are 18 and wish to have a person or persons advocate on their behalf
- Persons With Disabilities Designation Application - Prescribed Class (HR3642): an application that can be submitted to apply for the Persons with Disabilities Designation as a member of a prescribed class of persons. The form also provides the ministry with consent to confirm program eligibility.

In order to ensure that your application for disability assistance is processed, please submit the information to this ministry office by September 30, 2016.

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
City, BC V9V 0V0

Telephone: Office Phone
Facsimile: Office Fax

Mail: Youth Transition
Ministry of Social Development & Social Innovation
PO Box 790 Station Main
Kamloops BC V2C 5M4

Fax: 1-844-371-8893

A decision regarding your eligibility to apply for disability assistance will be made once all documentation is submitted. Please note that failure to submit this information by September 30, 2016 may result in delays in determining your eligibility for assistance. If the ministry determines that you are not financially eligible to apply for disability assistance, you will be notified by mail. You may request reconsideration of any decision that is made regarding your eligibility for assistance

If approved for disability assistance, you will receive a letter confirming your Persons with Disabilities designation and your first cheque will arrive by mail in the month indicated in your eligibility letter. Subsequent assistance payments will be provided monthly and will be deposited directly into your bank account.

You may be eligible for medical coverage, including: premium-free Medical Services Plan and PharmaCare coverage without a deductible as of the month indicated in your eligibility letter.

If you require further information about your application for disability assistance, please contact our office at 1-866-866-0800.

Sincerely,

Worker Name
Ministry Worker

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
City, BC V9V 0V0

Telephone: Office Phone
Facsimile: Office Fax