



Today's Date

SR#: [Click here to enter](#)
Case #: [Click here to enter](#)
MIS Case #: [Click here to enter](#)

Client Name
Address

Dear Client Name:

We have received your request for Specify Type.

The following additional information is required before this request can proceed:

[Specify what information or documents are required]

Please return this information by [Click here to enter a date](#). You can mail it to us or drop it off at our office at [Enter local office address](#). You can also fax it to us at [Enter local office fax number](#).

We are unable to continue with processing your request until this information is received.

If you have any questions or require clarification, please contact the ministry at 1-866-866-0800.

Sincerely,

[Enter Name](#)
Ministry [Choose an item](#)

HR3555(15/07/14)

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.