Request for Verification of Income Assistance

To: Ministry of Social Development and Poverty Reduction
Service Delivery Division
FAX: 1-855-771-8722 1-866-455-0855

ADMINISTERING AUTHORITY INFORMATION

The Soda Creek Indian Band First Nation at 3405 Mountain House Rd Williams Lake, BC V3G 5L5

(250) 989-2323 Ext.#102
(Phone Number)

(250) 989-2301
(Fax Number)

The Band Social Development Worker on behalf of the Administering Authority will use this information provided by the Ministry of Social Development and Poverty Reduction to the noted Administering Authority for determining eligibility for the on-reserve Income Assistance.

_____ _____
(Band Social Development Worker Signature) (Date)

Jennifer Stinson
(Band Social Development Worker Name)

APPLICANT/CLIENT CONSENT TO RELEASE OF INFORMATION

I, _____
(Name) (Date of Birth) (Social Insurance Number)

Consent to the release of information concerning Income Assistance verification by the Ministry of Social Development and Poverty Reduction to the noted Administering Authority for the purposes of determining eligibility of on-reserve income assistance.

_____ _____
(Applicant Signature) (Date)

To be completed by the Ministry of Social Development and Poverty Reduction

Has the above individual received Income Assistance from the Ministry of Social Development and Poverty Reduction?

YES _____ NO _____

Date of First Cheque Issue: _____ Date of Last Issue: _____

Amount: $ _____ Not Applicable _____

Completed by: _____ 1-866-866-0800
(Name) (Phone Number)

Additional Comments (e.g. Client was a person with Disabilities, Persons with Persistent Multiple Barriers, etc.):