

PROVINCE OF BRITISH COLUMBIA
REGULATION OF THE MINISTER
 - M 84
BC Benefits (Income Assistance) Act

I, Murray Coell, Minister of Human Resources, order that, effective April 1, 2002, the Forms Regulation, B.C. Reg. 115/97, is repealed and the following regulation substituted.

FORMS REGULATION

Forms prescribed

- 1** The attached forms are prescribed under section 19 (2) of the *BC Benefits (Income Assistance) Act*:
- (a) BC Benefits Application Form;
 - (b) Appointment and Enquiry Form
 - (c) Change of Circumstance Form;
 - (d) BC Benefits Eligibility Review Form;
 - (e) Application for Income Assistance for Child in Home of Relative Form.

MAR 27 2002

Date



Minister of Human Resources

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section:- BC Benefits (Income Assistance) Act, R.S.B.C. 1996, c. 27, section 19 (2)

Other (specify):- M148/97

March 22, 2002

/2002/13

BC BENEFITS APPLICATION FORM

British Columbia Ministry of Human Resources **BC BENEFITS APPLICATION**

LAST NAME: _____ FIRST NAME: _____ SIN: _____ BIRTHDATE: (YY MM DD) _____ TELEPHONE: _____

ADDRESS: _____ POSTAL CODE: _____ MARITAL STATUS: (M, S, D, W, O) _____
 DATE SEPARATED/DIVORCED (IF APPLICABLE): _____

IF SEPARATED OR DIVORCED, HAVE YOU APPLIED FOR FINANCIAL SUPPORT FROM YOUR SPOUSE? YES, STATE AMOUNT \$ _____ NO, GIVE REASON _____

ALL OTHER PERSONS LIVING IN HOUSEHOLD (EXCLUDING APPLICANT)

LAST NAME	FIRST NAME(S)	RELATIONSHIP	DEPENDENTS		DATE MOVED TO CANADA (YYYY MM DD)	DATE MOVED TO B.C. (YYYY MM DD)	DATE MOVED FROM PROVINCE/COUNTRY (YYYY MM DD)	CANADIAN CITIZEN (Yes/No)	SEEKING EMPLOYMENT (Yes/No)	ELIGIBLE UNDER LMNAT (Yes/No)
			YES	NO						

EXPLANATION FOR NOT SEEKING EMPLOYMENT: _____

ALL MONTHLY FAMILY INCOMES RECEIVED BY:

	APPLICANT	SPOUSE	DEPENDENT
TAKE HOME PAY (NET EARNINGS)	\$	\$	\$
SUPPORT OR MAINTENANCE	\$	\$	\$
ROOMER	\$	\$	\$
BOARDER	\$	\$	\$
RENTAL INCOME	\$	\$	\$
INTEREST/DIVIDENDS/MORTGAGE	\$	\$	\$
EXEMPT TRAINING	\$	\$	\$
NON EXEMPT TRAINING	\$	\$	\$
EMPLOYMENT INSURANCE	\$	\$	\$
CPP	\$	\$	\$
WVA	\$	\$	\$
QAS/QIS	\$	\$	\$
GFSS	\$	\$	\$
WORKERS' COMPENSATION	\$	\$	\$
PRIVATE RETIREMENT PENSION	\$	\$	\$
PRIVATE DISABILITY PENSION	\$	\$	\$
OTHER EARNED	\$	\$	\$
OTHER UNEARNED - CODE:	\$	\$	\$
BASIC CHILD TAX BENEFIT	\$	\$	\$
FAMILY BONUS	\$	\$	\$
BC EARNED INCOME BENEFIT	\$	\$	\$

ALL FAMILY ASSETS AND THEIR CURRENT VALUE OWED BY:

	APPLICANT	SPOUSE	DEPENDENT
CASH ON HAND	\$	\$	\$
1ST VEHICLE	\$	\$	\$
2ND VEHICLE	\$	\$	\$
RECREATIONAL VEHICLE	\$	\$	\$
PROPERTY (NOT INCLUDING P.W.M.)	\$	\$	\$
LIFE INSURANCE (CASH SURRENDER)	\$	\$	\$
TRUST FUNDS	\$	\$	\$
STOCKS/BONDS	\$	\$	\$
RRSP	\$	\$	\$
OTHER	\$	\$	\$
BANK NAME/ACCOUNT NO.	\$	\$	\$
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$
8.	\$	\$	\$
9.	\$	\$	\$
10.	\$	\$	\$
11.	\$	\$	\$
12.	\$	\$	\$
13.	\$	\$	\$
14.	\$	\$	\$
15.	\$	\$	\$
16.	\$	\$	\$
17.	\$	\$	\$
18.	\$	\$	\$
19.	\$	\$	\$
20.	\$	\$	\$
21.	\$	\$	\$
22.	\$	\$	\$
23.	\$	\$	\$
24.	\$	\$	\$
25.	\$	\$	\$
26.	\$	\$	\$
27.	\$	\$	\$
28.	\$	\$	\$
29.	\$	\$	\$
30.	\$	\$	\$
31.	\$	\$	\$
32.	\$	\$	\$
33.	\$	\$	\$
34.	\$	\$	\$
35.	\$	\$	\$
36.	\$	\$	\$
37.	\$	\$	\$
38.	\$	\$	\$
39.	\$	\$	\$
40.	\$	\$	\$
41.	\$	\$	\$
42.	\$	\$	\$
43.	\$	\$	\$
44.	\$	\$	\$
45.	\$	\$	\$
46.	\$	\$	\$
47.	\$	\$	\$
48.	\$	\$	\$
49.	\$	\$	\$
50.	\$	\$	\$
51.	\$	\$	\$
52.	\$	\$	\$
53.	\$	\$	\$
54.	\$	\$	\$
55.	\$	\$	\$
56.	\$	\$	\$
57.	\$	\$	\$
58.	\$	\$	\$
59.	\$	\$	\$
60.	\$	\$	\$
61.	\$	\$	\$
62.	\$	\$	\$
63.	\$	\$	\$
64.	\$	\$	\$
65.	\$	\$	\$
66.	\$	\$	\$
67.	\$	\$	\$
68.	\$	\$	\$
69.	\$	\$	\$
70.	\$	\$	\$
71.	\$	\$	\$
72.	\$	\$	\$
73.	\$	\$	\$
74.	\$	\$	\$
75.	\$	\$	\$
76.	\$	\$	\$
77.	\$	\$	\$
78.	\$	\$	\$
79.	\$	\$	\$
80.	\$	\$	\$
81.	\$	\$	\$
82.	\$	\$	\$
83.	\$	\$	\$
84.	\$	\$	\$
85.	\$	\$	\$
86.	\$	\$	\$
87.	\$	\$	\$
88.	\$	\$	\$
89.	\$	\$	\$
90.	\$	\$	\$
91.	\$	\$	\$
92.	\$	\$	\$
93.	\$	\$	\$
94.	\$	\$	\$
95.	\$	\$	\$
96.	\$	\$	\$
97.	\$	\$	\$
98.	\$	\$	\$
99.	\$	\$	\$
100.	\$	\$	\$

COMMENTS ON ABOVE ASSETS: _____

ASSETS DISPOSED OF: _____

MONTHLY SHELTER EXPENSES

	AMOUNT		AMOUNT		AMOUNT		AMOUNT
ROOM & BOARD PRIVATE	\$	RENT SHARED	\$	HEAT	\$	TAXES	\$
ROOM & BOARD PARENT/CHILD	\$	NET MORTGAGES	\$	PAYEE (BASIC RATE)	\$	PROPERTY INSURANCE	\$
RENT	\$	HYDRO	\$	OTHER UTILITIES	\$	TOTAL	\$

ARE YOU RECEIVING HELP WITH THE ABOVE EXPENSES? IF SO FROM WHOM? _____

DOCUMENTS SEEN: _____ FACILITY NAME: _____ FACILITY NUMBER: _____

INITIALS OF APPLICANT(S): _____ DATE: _____ INITIALS OF WITNESS: _____ DATE: _____

HRB(01/06) 783000001 (25/14) DISTRIBUTION: COPY 1 - FILE COPY 2 - CLIENT Page 1 of 3



Ministry of
Human Resources

BC BENEFITS APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
FILE ID (FOR OFFICE USE ONLY)			

PRIVACY: The collection, use and disclosure of this information are authorized under the *BC Benefits (Income Assistance) Act*, the *BC Benefits (Youth Works) Act* and the *Disability Benefits Program Act* and are permitted under the *Freedom of Information and Protection of Privacy Act*.

The *Freedom of Information and Protection of Privacy Act* has rules about:

- how personal information is collected, stored and secured;
- how to access personal information and how to ask for corrections;
- limits on how personal information is used; and
- limits on the disclosure of personal information.

THE BC GOVERNMENT'S RESPONSIBILITIES

The BC government is responsible for making sure assistance goes only to people who are eligible. For this reason, the BC government must check and make sure people who have applied for, or are receiving assistance, are eligible. Information provided may be disclosed to other agencies only for this purpose.

The BC government must abide by the *Freedom of Information and Protection of Privacy Act* in the collection, use and disclosure of any personal information.

MY RIGHTS

I have the right to the protection of my personal information, as well as the right to know what personal information the BC government has collected about me, as described in the *Freedom of Information and Protection of Privacy Act*.

I can receive more information about the collection, use and disclosure of my personal information by contacting my local Ministry of Human Resources district office.

I may appeal if I disagree with a decision to refuse, discontinue or reduce assistance to me.

I also have the right to make a complaint if I believe my personal information is not being collected, used or disclosed appropriately.

I will continue to receive assistance only as long as I continue to be eligible.

MY RESPONSIBILITIES

It is necessary for me to sign this form if I want to receive assistance.

It is my responsibility to provide accurate and complete information when I apply for, or continue to receive assistance.

I must report all money that I receive each month.

I must make every effort to receive income from other sources such as pensions or Employment Insurance before applying for, or receiving assistance from, the British Columbia government.

I must report all changes in my circumstances that might affect my eligibility for assistance to the Ministry of Human Resources. I will also report any changes to the circumstances of my spouse (includes marriage-like relationships) or dependants that might affect eligibility.

PLEASE INITIAL THAT YOU HAVE READ THIS PAGE

HR80(0106) 780003051 (25P)

DISTRIBUTION: COPY 1 - FILE COPY 2 - CLIENT

Page 2 of 3



Ministry of
Human Resources

BC BENEFITS APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
FILE ID (FOR OFFICE USE ONLY)			

DECLARATION: I declare that all the information I have provided in this application is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents.

NOTIFICATION: Person(s) having information or documents relevant to my eligibility for assistance may release them to employees of MHR. Examples may include:

- Human Resources Development Canada (Old Age Security, Employment Insurance, Employment and Training programs and Canada Pension Plan);
- BC Student Assistance Program;
- Citizenship and Immigration Canada;
- Other federal, provincial and municipal departments;
- BC Online information such as: BC Assessment; Land Titles; Registrar of Companies;
- Employers (to verify income); and
- Landlords (to verify an address and amount of rent).

CONSENTS: The following organizations require your written permission before they will provide verification of your personal information:

- Workers' Compensation Board (WCB);
- Any financial institution, such as: banks, credit unions and trust companies;
- Vital Statistics;
- Insurance Corporation of BC (includes the former Motor Vehicle Branch);
- Canada Customs and Revenue Agency (see below);
- Lottery Corporation of BC;
- Cheque cashing services; and
- Credit Bureaus.

CANADA CUSTOMS AND REVENUE AGENCY CONSENT - C.C.R.A. requires a separate signature to authorize release of relevant information

I authorize C.C.R.A. to release to MHR, information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for, the purpose of determining and verifying eligibility for and for the general administration and enforcement of the programs under the <i>BC Benefits (Income Assistance) Act</i> , the <i>BC Benefits (Youth Works) Act</i> and the <i>Disability Benefits Program Act</i> . The authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is required.		
SIGNATURE(S) OF APPLICANTS	DATE: YY MM DD	

I give permission to the organizations listed above to release information relevant to my eligibility for assistance to employees of MHR:

SIGNATURE OF APPLICANT(S):	SIGNED AT: IN THE PROVINCE OF B.C.	DATE: YY MM DD	SIGNATURE OF WITNESS:	SIGNED AT: IN THE PROVINCE OF B.C.	DATE: YY MM DD
	IN THE PROVINCE OF B.C.	YY MM DD		IN THE PROVINCE OF B.C.	YY MM DD

APPOINTMENT AND ENQUIRY FORM



BRITISH COLUMBIA

Ministry of Human Resources

APPOINTMENT and ENQUIRY

NOTE:
 TO PROCESS YOUR INFORMATION QUICKLY, THE MINISTRY REQUIRES SOME INFORMATION FROM YOU. AN APPOINTMENT WILL BE MADE TO SEE YOU, AS SOON AS POSSIBLE.
 PLEASE RETURN THIS FORM TO THE RECEPTIONIST WHEN COMPLETED.
 PLEASE PRINT.

MINISTRY USE ONLY	
APPOINTMENT DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	PRE-APPLICATION NUMBER DATA ENTRY INITIALS
RE-OPEN FILE ID G I A	ASSIGNED WORKER

LAST NAME	GIVEN NAME	OTHER NAMES YOU HAVE USED
ADDRESS		
POSTAL CODE	SOCIAL INSURANCE NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (YYYY MMM DD)		TELEPHONE

ALL OTHER PERSONS LIVING IN HOUSEHOLD (EXCEPT APPLICANT)						
SURNAME	GIVEN NAME(S)	ALSO KNOWN AS (IF APPLICABLE)	SOCIAL INSURANCE NUMBER	SEX M/F	BIRTHDATE YYYY MM DD	RELATIONSHIP

EMPLOYMENT INFORMATION	APPLICANT	SPOUSE
NAME OF LAST EMPLOYER	YYYYMMDD <input type="checkbox"/> FREQ. <input type="checkbox"/> OUIT. <input type="checkbox"/> LAID OFF	YYYYMMDD <input type="checkbox"/> FREQ. <input type="checkbox"/> OUIT. <input type="checkbox"/> LAID OFF
LAST DAY WORKED	YYYYMMDD	YYYYMMDD
Have you or your spouse applied for Employment Insurance Benefits?	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE OF APPLICATION: YYYYMMDD	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE OF APPLICATION: YYYYMMDD
Are you or were you or your spouse a member of the Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Are you or your spouse awaiting/receiving any other income?	<input type="checkbox"/> NO <input type="checkbox"/> YES FROM: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES FROM: _____
Have you or your spouse ever received Income Assistance in British Columbia or Canada?	<input type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT RECEIVED \$ _____ WHERE: _____ DATE: YYYYMMDD	<input type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT RECEIVED \$ _____ WHERE: _____ DATE: YYYYMMDD
Have you or your spouse received income from an Indian Band or the Dept. of Aboriginal Affairs?	<input type="checkbox"/> NO <input type="checkbox"/> YES BAND NAME: _____ AMOUNT RECEIVED \$ _____ DATE LAST RECEIVED: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES BAND NAME: _____ AMOUNT RECEIVED \$ _____ DATE LAST RECEIVED: _____

APPLICANT SIGNATURE	DATE: YYYYMMDD
IF YOU ARE UNDER 19 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:	
PARENT'S NAME	PARENT'S PHONE
PARENT'S ADDRESS	

COMMENTS

HR20A(01/00) 7530003002 (80P-0)

CHANGE OF CIRCUMSTANCE FORM



Ministry of
Human Resources

REQUEST FOR CONTINUED ASSISTANCE

- ARE YOU STILL IN NEED OF ASSISTANCE?
SINCE YOUR LAST DECLARATION:
- 1. HAS YOUR FAMILY RECEIVED OR DISPOSED OF ANY ASSETS? YES NO
 - 2. ANY CHANGES IN THE NUMBER OF DEPENDANTS OR OTHER PERSONS LIVING IN THE HOME?
 - 3. ANY MARITAL CHANGES?

- | | APPLICANT | | SPOUSE | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | YES | NO |
| 4. ANY EMPLOYMENT CHANGES? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ATTENDING SCHOOL/TRAINING? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ARE YOU LOOKING FOR WORK?
<small>(SINGLE PARENTS WITH A CHILD UNDER 3 YEARS OR PERSONS WITH DISABILITIES, NEED NOT COMPLETE QUESTION #6)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE EXPLAIN ANY CHANGES INDICATED ABOVE:

DECLARE ALL INCOME (Attach proof) ENTER "0" IF NONE

INCOME DESCRIPTION	AMOUNT			
	APPLICANT		SPOUSE	
NET EARNINGS				
INCOME TAX REFUNDS				
MAINTENANCE/ALIMONY/SUPPORT				
ROOMERS (Lodging)				
BOARDERS (Food and Lodging)				
RENTAL INCOME				
TRAINING ALLOWANCE/STUDENT LOANS				
EMPLOYMENT INSURANCE				
WORKERS COMPENSATION				
PENSIONS (eg. CPP, OAS, Private)				
INTEREST INCOME (eg. Bonds, Banks, etc.)				
TRUST INSURANCE (eg. CBC payments)				
BASIC CHILD TAX BENEFIT				
NATIONAL CHILD BENEFIT SUPPLEMENT				
B.C. BASIC FAMILY BONUS				
B.C. EARNED INCOME BENEFIT				
FINANCIAL CONTRIBUTION (Sponsor)				
ALL OTHER INCOME/MONIES E.G. GST CREDIT (DESCRIBE)				
INCOME OF DEPENDENT CHILDREN				

TO RECEIVE FURTHER ASSISTANCE: COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO YOUR DISTRICT OFFICE BY THE 5TH OF THE NEXT MONTH.

Declaration: We declare that all of the information provided on this form to the Ministry of Human Resources is true and complete. Relevant information may be disclosed for verification of continuing eligibility for assistance under the *BC Benefits (Income Assistance) Act*, *BC Benefits (Youth Works) Act* and the *Disability Benefits Program Act* and regulations. **Notice:** Information on this form is collected under the authority of the above Acts and Regulations and will be used for verification of continuing eligibility for assistance. The accuracy of the information provided on this form will be checked by comparing it against information held by other provincial, federal and private agencies. Collection, use and disclosure of the information is as authorized by the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of this information, contact your local District Office.

APPLICANT SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
PRINT NAME		PRINT NAME	
SOCIAL INSURANCE NUMBER		TELEPHONE	
SOCIAL INSURANCE NUMBER		SOCIAL INSURANCE NUMBER	

NEXT DISTRICT OFFICE
 RETURN

BENEFIT MONTH	TOTAL ALLOWANCE	SHELTER PORTION	INCOME DECLARED	INCOME DEDUCTED	OTHER DEDUCTIONS	TOTAL CHEQUE
---------------	-----------------	-----------------	-----------------	-----------------	------------------	--------------

COMPLETE THIS SECTION ONLY IF YOUR ADDRESS OR SHELTER COST CHANGED

EFFECTIVE DATE	APT. NO.	STREET NUMBER AND NAME	CITY/TOWN	MONTHLY RENT/BOARD MORT. \$	RENT RECEIPT
		MAILING ADDRESS (IF DIFFERENT)	POSTAL CODE	TELEPHONE	UTILITIES \$
					RENT RECEIPT

OFFICE USE ONLY

QA	FILED	CARELOAD	CLASS/OT	INT	WORKER	ADMIN
----	-------	----------	----------	-----	--------	-------

BRITISH COLUMBIA Ministry of Human Resources **BC BENEFITS ELIGIBILITY REVIEW**

LAST NAME: _____ FIRST NAME: _____ SIN: _____ BIRTH DATE: _____ TELEPHONE: _____
 (YYYY MM DD)

ADDRESS: _____ POSTAL CODE: _____ MARITAL STATUS: _____
 DATE SEPARATED/DIVORCED (IF APPLICABLE): _____

IF SEPARATED OR DIVORCED, HAVE YOU APPLIED FOR FINANCIAL SUPPORT FROM YOUR SPOUSE? YES, STATE AMOUNT \$ _____ NO, GIVE REASON _____

ALL OTHER PERSONS LIVING IN HOUSEHOLD (EXCLUDING APPLICANT)

LAST NAME	FIRST NAME(S)	RELATIONSHIP	DEPENDENT	BIRTH DATE	APPLICANT'S SPOUSE	
					DATE MOVED TO CANADA	DATE MOVED TO BC
			YES NO	YYYY MM DD	YYYY MM DD	YYYY MM DD
				YYYY MM DD	YYYY MM DD	YYYY MM DD
				YYYY MM DD	YYYY MM DD	YYYY MM DD
				YYYY MM DD	YYYY MM DD	YYYY MM DD
				YYYY MM DD	YYYY MM DD	YYYY MM DD
				YYYY MM DD	YYYY MM DD	YYYY MM DD

EXPLANATION FOR NOT SEEKING EMPLOYMENT: _____

ALL MONTHLY FAMILY INCOMES				ALL FAMILY ASSETS AND THEIR CURRENT VALUES			
	APPLICANT	SPOUSE	DEPENDENT		APPLICANT	SPOUSE	DEPENDENT
WAGES	\$	\$	\$	REAL ESTATE	\$	\$	\$
SUPPORT MAINTENANCE	\$	\$	\$	SOURCES	\$	\$	\$
RENT	\$	\$	\$	INVESTMENT	\$	\$	\$
DIVIDENDS	\$	\$	\$	PROFESSIONAL FEES	\$	\$	\$
PENSIONS	\$	\$	\$	PROPERTY INCLUDING DEEDS	\$	\$	\$
INTEREST ON DEBTS/MORTGAGES	\$	\$	\$	LIFE INSURANCE (SURRENDER)	\$	\$	\$
RENTAL INCOME	\$	\$	\$	OTHER	\$	\$	\$
EMPLOYMENT INSURANCE	\$	\$	\$				
DISABILITY BENEFITS	\$	\$	\$				
WVA	\$	\$	\$				
GRANTS	\$	\$	\$				
ASSISTANCE	\$	\$	\$				
WORKERS COMPENSATION	\$	\$	\$				
PRIVATE PENSION	\$	\$	\$				
PRIVATE DISABILITY PENSION	\$	\$	\$				
OTHER PENSIONS	\$	\$	\$				
OTHER BENEFITS	\$	\$	\$				
DISABILITY BENEFIT	\$	\$	\$				
FAMILY BONUSES	\$	\$	\$				
RECEIVED IN SURRENDER	\$	\$	\$				

COMMENTS ON ABOVE ASSETS: _____

ASSETS DISPOSED OF: _____

MONTHLY SHELTER EXPENSES				TOTAL			
ROOM & BOARD PRIVATE	\$	\$	\$	ROOM & BOARD PRIVATE	\$	\$	\$
ROOM & BOARD PARENT/GRIED	\$	\$	\$	ROOM & BOARD PARENT/GRIED	\$	\$	\$
RENT	\$	\$	\$	RENT	\$	\$	\$
UTILITIES	\$	\$	\$	UTILITIES	\$	\$	\$
PROPERTY TAXES	\$	\$	\$	PROPERTY TAXES	\$	\$	\$
OTHER	\$	\$	\$	OTHER	\$	\$	\$
TOTAL				TOTAL			

DOCUMENTS SEEN: _____ FACILITY NAME: _____ FACILITY NUMBER: _____

INITIALS OF APPLICANT(S): _____ DATE (YYYY MM DD): _____ INITIALS OF WITNESS: _____ DATE (YYYY MM DD): _____



Ministry of
Human Resources

BC BENEFITS ELIGIBILITY REVIEW

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
FILE ID (FOR OFFICE USE ONLY)			

PRIVACY: The collection, use and disclosure of this information are authorized under the *BC Benefits (Income Assistance) Act*, the *BC Benefits (Youth Works) Act* and the *Disability Benefits Program Act* and are permitted under the *Freedom of Information and Protection of Privacy Act*.

The *Freedom of Information and Protection of Privacy Act* has rules about:

- how personal information is collected, stored and secured;
- how to access personal information and how to ask for corrections;
- limits on how personal information is used; and
- limits on the disclosure of personal information.

THE BC GOVERNMENT'S RESPONSIBILITIES

The BC government is responsible for making sure assistance goes only to people who are eligible. For this reason, the BC government must check and make sure people who have applied for, or are receiving assistance, are eligible. Information provided may be disclosed to other agencies only for this purpose.

The BC government must abide by the *Freedom of Information and Protection of Privacy Act* in the collection, use and disclosure of any personal information.

MY RIGHTS

I have the right to the protection of my personal information, as well as the right to know what personal information the BC government has collected about me, as described in the *Freedom of Information and Protection of Privacy Act*.

I can receive more information about the collection, use and disclosure of my personal information by contacting my local Ministry of Human Resources district office.

I may appeal if I disagree with a decision to refuse, discontinue or reduce assistance to me.

I also have the right to make a complaint if I believe my personal information is not being collected, used or disclosed appropriately.

I will continue to receive assistance only as long as I continue to be eligible.

MY RESPONSIBILITIES

It is necessary for me to sign this form if I want to receive assistance.

It is my responsibility to provide accurate and complete information when I apply for, or continue to receive assistance.

I must report all money that I receive each month.

I must make every effort to receive income from other sources such as pensions or Employment Insurance before applying for, or receiving assistance from, the British Columbia government.

I must report all changes in my circumstances that might affect my eligibility for assistance to the Ministry of Human Resources.

I will also report any changes to the circumstances of my spouse (includes marriage-like relationships) or dependants that might affect eligibility.

PLEASE INITIAL THAT YOU HAVE READ THIS PAGE

HR80R(02/03)

DISTRIBUTION: COPY 1 - FILE COPY 2 - CLIENT

Page 2 of 3



Ministry of
Human Resources

BC BENEFITS ELIGIBILITY REVIEW

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL INSURANCE NUMBER (SIN)
FILE ID (FOR OFFICE USE ONLY)			

DECLARATION: I declare that all the information I have provided in this application is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents.

NOTIFICATION: Person(s) having information or documents relevant to my eligibility for assistance may release them to employees of MHR. Examples may include:

- Human Resources Development Canada (Old Age Security, Employment Insurance, Employment and Training programs and Canada Pension Plan);
- BC Student Assistance Program;
- Citizenship and Immigration Canada;
- Other federal, provincial and municipal departments;
- BC Online information such as: BC Assessment; Land Titles; Registrar of Companies;
- Employers (to verify income); and
- Landlords (to verify an address and amount of rent).

CONSENTS: The following organizations require your written permission before they will provide verification of your personal information:

- Workers' Compensation Board (WCB);
- Any financial institution, such as: banks, credit unions and trust companies;
- Vital Statistics;
- Insurance Corporation of BC (includes the former Motor Vehicle Branch);
- Canada Customs and Revenue Agency (see below);
- Lottery Corporation of BC;
- Cheque cashing services; and
- Credit Bureaus.

CANADA CUSTOMS AND REVENUE AGENCY CONSENT - C.C.R.A. requires a separate signature to authorize release of relevant information

I authorize C.C.R.A. to release to MHR, information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for, the purpose of determining and verifying eligibility for and for the general administration and enforcement of the programs under the <i>BC Benefits (Income Assistance) Act</i> , the <i>BC Benefits (Youth Works) Act</i> and the <i>Disability Benefits Program Act</i> . The authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is required.		
SIGNATURE(S) OF APPLICANTS	DATE: YY MM DD	

I give permission to the organizations listed above to release information relevant to my eligibility for assistance to employees of MHR:

SIGNATURE OF APPLICANT(S)	SIGNED AT: IN THE PROVINCE OF B.C.	DATE: YY MM DD	SIGNATURE OF WITNESS:	SIGNED AT: IN THE PROVINCE OF B.C.	DATE: YY MM DD
	IN THE PROVINCE OF B.C.	YY MM DD			

HR60R(02/03)

DISTRIBUTION: COPY 1 - FILE COPY 2 - CLIENT

Page 3 of 3

APPLICATION FOR INCOME ASSISTANCE FOR CHILD IN HOME OF RELATIVE FORM



BRITISH COLUMBIA

Ministry of
Human Resources

APPLICATION FOR INCOME ASSISTANCE FOR CHILD IN HOME OF RELATIVE

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the BC Benefits Acts. The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about this information should be directed to your local BC Benefits Centre.

1. CHILD

SURNAME	GIVEN	BIRTHDATE (YYYY MM DD)	CITIZENSHIP/MIGRATION STATUS
CHILD'S INCOME		AMOUNT	<input type="checkbox"/> CANADIAN <input type="checkbox"/> SPONSORED <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> OTHER

2. RELATIVE CARING FOR CHILD

SURNAME	GIVEN	SOCIAL INSURANCE NUMBER
ADDRESS		
MAILING ADDRESS (if different)		TELEPHONE ()
RELATIONSHIP TO THE CHILD	ESTIMATED LENGTH OF PLACEMENT	
REASON FOR PLACEMENT OF CHILD WITH RELATIVES	DO YOU HAVE LEGAL CUSTODY OR GUARDIANSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	

3. DECLARATION (Relative)

I agree to accept this child into my home and undertake to inform the Ministry of Human Resources if CHILD'S NAME
leaves my home, or of any changes concerning the information I have provided.

SIGNATURE OF RELATIVE	NAME AND SIGNATURE OF WITNESS	DATE SIGNED (YYYY MM DD)
-----------------------	-------------------------------	--------------------------

4. PARENT(S)

SURNAME	GIVEN	BIRTHDATE (YYYY MM DD)	TELEPHONE ()
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD	IS THERE A CHILD SUPPORT AGREEMENT OR COURT REGISTERED MAINTENANCE ORDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
SURNAME	GIVEN	BIRTHDATE (YYYY MM DD)	TELEPHONE ()
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD	IS THERE A CHILD SUPPORT AGREEMENT OR COURT REGISTERED MAINTENANCE ORDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		

5. ADDITIONAL INFORMATION

NAME OF PERSON RECEIVING CHILD TAX BENEFIT / FAMILY BONUS	WHO IS THE CUSTODIAL PARENT <input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER
---	--

6. DECLARATION (Parents)

THIS IS TO ADVISE THAT I, FATHER'S/MOTHER'S NAME
OF ADDRESS
OF ADDRESS
HAVE PLACED MY CHILD CHILD'S NAME **BORN** CHILD'S BIRTHDATE (YYYY MM DD)
IN THE HOME OF MY RELATIONSHIP RELATIVE'S NAME
AT ADDRESS
AND I HAVE ASKED RELATIVE'S NAME **TO TAKE RESPONSIBILITY FOR** CHILD'S NAME
FOR AN APPROXIMATE PERIOD OF MONTHS

PARENT'S SIGNATURE	PARENT'S NAME (please print)	DATE SIGNED (YYYY MM DD)
PARENT'S SIGNATURE (if applicable)	PARENT'S NAME (please print)	DATE SIGNED (YYYY MM DD)