

PROVINCE OF BRITISH COLUMBIA
REGULATION OF THE MINISTER
M 86
Disability Benefits Program Act

I, Murray Coell, Minister of Human Resources, order that, effective April 1, 2002, the Forms Regulation, B.C. Reg. 117/97, is repealed and the following regulation substituted.

FORMS REGULATION

Forms prescribed

- 1** The attached forms are prescribed under section 14 of the *Disability Benefits Program Act*:
- (a) BC Benefits Application Form;
 - (b) Appointment and Enquiry Form
 - (c) Change of Circumstance Form;
 - (d) BC Benefits Eligibility Review Form.

Date

MAR 22 2002



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:- Disability Benefits Program Act, R.S.B.C. 1996, c. 97, section 14

Other (specify):- M149/97

March 22, 2002

/2002/13

BC BENEFITS APPLICATION FORM



Ministry of Human Resources

BC BENEFITS APPLICATION

LAST NAME	FIRST NAME	SIN	BIRTH DATE	TELEPHONE
ADDRESS		POSTAL CODE	MARRITAL STATUS	
IF SEPARATED OR DIVORCED, HAVE YOU APPLIED FOR FINANCIAL SUPPORT FROM YOUR SPOUSE?		DATE SEPARATED/DIVORCED (IF APPLICABLE)		
<input type="checkbox"/> YES, STATE AMOUNT		<input type="checkbox"/> NO, GIVE REASON		

ALL OTHER PERSONS LIVING IN HOUSEHOLD (EXCLUDING APPLICANT)				APPLICANT	SPOUSE
LAST NAME	FIRST NAME(S)	RELATIONSHIP	DEP	DEPENDENT IS	DATE MOVED TO CANADA
			YES NO	DATE	YYYY MM DD YYYY MM DD
				YYYY MM DD	DATE MOVED TO B.C.
				YYYY MM DD	MOVED FROM PROVINCE/COUNTRY
				YYYY MM DD	CANADIAN CITIZEN
				YYYY MM DD	SEEKING EMPLOYMENT
				YYYY MM DD	ELIGIBLE UNDER LMA/AT
				YYYY MM DD	

EXPLANATION FOR NOT SEEKING EMPLOYMENT

ALL MONTHLY FAMILY INCOMES				ALL FAMILY ASSETS AND THEIR CURRENT VALUE			
	APPLICANT	SPOUSE	DEPENDENT		APPLICANT	SPOUSE	DEPENDENT
TAKE HOME PAY (NET EARNINGS)	\$	\$	\$	CASH ON HAND	\$	\$	\$
SUPPORT OR MAINTENANCE	\$	\$	\$	1ST VEHICLE	\$	\$	\$
ROOMER	\$	\$	\$	2ND VEHICLE	\$	\$	\$
BOARDER	\$	\$	\$	RECREATIONAL VEHICLE	\$	\$	\$
RENTAL INCOME	\$	\$	\$	PROPERTY (NOT INCLUDING HOME)	\$	\$	\$
INTEREST/DIVIDENDS/MORTGAGE	\$	\$	\$	LIFE INSURANCE (CASH SURRENDER)	\$	\$	\$
EXEMPT TRAINING	\$	\$	\$	TRUST FUNDS	\$	\$	\$
NON EXEMPT TRAINING	\$	\$	\$	STOCKS/BONDS	\$	\$	\$
EMPLOYMENT INSURANCE	\$	\$	\$	RRSP	\$	\$	\$
CPP	\$	\$	\$	OTHER	\$	\$	\$
WVA	\$	\$	\$	BANK/INVESTMENT ACCT NO.	\$	\$	\$
OAS/GIS	\$	\$	\$		\$	\$	\$
GFSS	\$	\$	\$		\$	\$	\$
WORKERS' COMPENSATION	\$	\$	\$		\$	\$	\$
PRIVATE RETIREMENT PENSION	\$	\$	\$	COMMENTS ON ABOVE ASSETS			
PRIVATE DISABILITY PENSION	\$	\$	\$				
OTHER EARNED	\$	\$	\$	ASSETS DISPOSED OF:			
OTHER UNEARNED - CODE:	\$	\$	\$				
BASIC CHILD TAX BENEFIT	\$	\$	\$				
FAMILY BONUS	\$	\$	\$				
BC EARNED INCOME BENEFIT	\$	\$	\$				

MONTHLY SHELTER EXPENSES			
ROOM & BOARD PRIVATE	\$	RENT SHARED	\$
ROOM & BOARD PARENT/CHILD	\$	NET MORTGAGES	\$
RENT	\$	HYDRO	\$
		HEAT	\$
		PHONE (BASIC RATE)	\$
		OTHER UTILITIES	\$
		TOTAL	\$

ARE YOU RECEIVING HELP WITH THE ABOVE EXPENSES? IF SO FROM WHOM? AMOUNT \$

DOCUMENTS SEEN: FACILITY NAME: FACILITY NUMBER:

INITIALS OF APPLICANT(S) DATE INITIALS OF WITNESS DATE

HR82(11/04) 783003201 (25/04) 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(01/04) 753002001 (25/11)

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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.

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

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

ALL OTHER PERSONS LIVING IN HOUSEHOLD (EXCEPT APPLICANT)

SURNAME	GIVEN NAME(S)	ALSO KNOWN AS (IF APPLICABLE)	SOCIAL INSURANCE NUMBER	SEX MF	BIRTHDATE (YYYY MMM DD)	RELATIONSHIP


EMPLOYMENT INFORMATION	APPLICANT	SPOUSE
NAME OF LAST EMPLOYER		
LAST DAY WORKED	YYYYMM/DD <input type="checkbox"/> FREQ. <input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF	YYYYMM/DD <input type="checkbox"/> FREQ. <input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF
Have you or your spouse applied for Employment Insurance Benefits?	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE OF APPLICATION: YYYYMM/DD	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE OF APPLICATION: YYYYMM/DD
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: YYYYMM/DD	<input type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT RECEIVED: \$ WHERE: DATE: YYYYMM/DD
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: YYYYMM/DD
IF YOU ARE UNDER 19 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:	
PARENT'S NAME	PARENT'S PHONE
PARENT'S ADDRESS	

COMMENTS

HR80A(01/04) 7530603052 (50Pg)

CHANGE OF CIRCUMSTANCE FORM



BRITISH COLUMBIA
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?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY MARITAL CHANGES?	<input type="checkbox"/>	<input type="checkbox"/>

	APPLICANT		SPOUSE	
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/MONEY SUPPORT		
ROOMERS (Lodging)		
BOARDERS (Food and Lodging)		
RENTAL INCOME		
TRAINING ALLOWANCE/STUDENT LOANS		
EMPLOYMENT INSURANCE		
WORKER'S COMPENSATION		
PENSIONS (eg. CPP, OAS, Private)		
INTEREST INCOME (eg. Bonds, Banks, etc.)		
TRUST INSURANCE (eg. ICBC 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: I/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	

NEW CHECKS ISSUE

BENEFIT MONTH	TOTAL ALLOWANCE	SHelter PORTION	INCOME DECLARED	INCOME DEDUCTED	OTHER DEDUCTIONS	TOTAL CHECKS
---------------	-----------------	-----------------	-----------------	-----------------	------------------	--------------

COMPLETE THIS SECTION ONLY IF YOUR ADDRESS OR SHELTER COST CHANGED

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

OFFICE USE ONLY

QA	FILED	DATELOAD	CLASSIFY	HT	WORKER	ADMIN.
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BRITISH COLUMBIA Ministry of Human Resources **BC BENEFITS ELIGIBILITY REVIEW**

LAST NAME: _____ FIRST NAME: _____ SIN: _____ BIRTH DATE: _____ TELEPHONE: _____
 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 _____

ARE OTHER PERSONS LIVING IN HOUSEHOLD (EXCLUDING APPLICANT)? YES NO

LAST NAME	FIRST NAME(S)	AGE	RELATIONSHIP	DEPENDENT		BIRTH DATE	DATE MOVED TO CANADA		CANADIAN CITIZENSHIP	SEEKING EMPLOYMENT
				YES	NO		YYYY MM DD	YYYY MM DD		

EXPLANATION FOR NOT SEEKING EMPLOYMENT: _____

ALL MONTHLY FAMILY INCOMES	RECEIVED BY			ALL FAMILY ASSETS AND THEIR CURRENT VALUE	OWNED BY		
	APPLICANT	SPOUSE	DEPENDENT		APPLICANT	SPOUSE	DEPENDENT
WAGE/EMPLOYMENT EARNINGS	\$	\$	\$	REAL ESTATE	\$	\$	\$
SUPPORT MAINTENANCE	\$	\$	\$	AS VEHICLE	\$	\$	\$
ROOMER	\$	\$	\$	MOVABLE	\$	\$	\$
BOARDER	\$	\$	\$	RECREATION VEHICLE	\$	\$	\$
PENALTY INCOME	\$	\$	\$	PROPERTY NOT INCLUDING HOME	\$	\$	\$
INTEREST/DEPENDENT MORTGAGE	\$	\$	\$	LIFE INSURANCE CASH VALUE	\$	\$	\$
EXEMPT TRAINING	\$	\$	\$	STOCKS/BONDS	\$	\$	\$
NON-EXEMPT TRAINING	\$	\$	\$	OTHER:	\$	\$	\$
EMPLOYMENT SUBSIDY	\$	\$	\$	BANK NAME/A ACCOUNT NO.	\$	\$	\$
WV	\$	\$	\$		\$	\$	\$
ROASTS	\$	\$	\$		\$	\$	\$
GPSS	\$	\$	\$		\$	\$	\$
WORKER'S COMPENSATION	\$	\$	\$		\$	\$	\$
PRIVATE RETIREMENT PENSION	\$	\$	\$		\$	\$	\$
PRIVATE DISABILITY PENSION	\$	\$	\$		\$	\$	\$
BUTLER EARNED	\$	\$	\$		\$	\$	\$
OTHER UNEMPLOYED SPOUSE	\$	\$	\$		\$	\$	\$
BASIC CHILDREN'S ENTITLEMENT	\$	\$	\$		\$	\$	\$
FAMILY SUPPORT	\$	\$	\$		\$	\$	\$
EX-CERNO UNEMPLOYED	\$	\$	\$		\$	\$	\$

COMMENTS ON ABOVE ASSETS: _____

ASSETS DISPOSED OF: _____

MONTHLY RESPECTIVE EXPENSES				AMOUNT			
ROOM & BOARD PRIVATE	\$	RENT SHARE	\$	EXERCISE	\$	TAXES	\$
ROOM & BOARD PARENT HOME	\$	NEED MORTGAGE	\$	PHONE/BASIC RATE	\$	PROPERTY INSURANCE	\$
RENT	\$	HYDRO	\$	OTHER DUTIES	\$	TOTAL	\$

ARE YOU CURRENTLY BEING HELD IN THE ABOVE FACILITY? YES NO

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

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

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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)			

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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)

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Ministry of
Human Resources

BC BENEFITS ELIGIBILITY REVIEW

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

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

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

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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