

PROVINCE OF BRITISH COLUMBIA
M 283 MINISTER'S REGULATION

**Employment and Assistance Act
 Employment and Assistance for Persons with Disabilities Act**

FORMS REGULATION

Forms prescribed

1 Effective September 30, 2002,

- (a) the attached forms are prescribed for the purposes of the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*:
- (i) Enquiry;
 - (ii) Application;
 - (iii) Monthly Report;
 - (iv) Review,
- (b) the attached Application for Income Assistance for Child in the Home of a Relative is prescribed for the purposes of the *Employment and Assistance Act*, and
- (c) the following regulations are repealed:
- (i) the *BC Benefits (Income Assistance) Act* Forms Regulation, B.C. Reg. 59/2002;
 - (ii) the *BC Benefits (Youth Works) Act* Forms Regulation, B.C. Reg. 60/2002;
 - (iii) the *Disability Benefits Program Act* Forms Regulation, B.C. Reg. 63/2002.

Date

Sept 25 / 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:- *Employment and Assistance Act*, section 33 (3) (a);
Employment and Assistance for Persons with Disabilities Act, section 24 (3) (a)

Other (specify):- M84/2002, M85/2002, M86/2002

September 23, 2002

1053 /2002/9



Ministry of
Human Resources

ENQUIRY

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. 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 Employment and Assistance Centre

(For Office Use Only)

APPOINTMENT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	P A	DATA ENTRY INITIALS	ASSIGNED WORKER
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LAST NAME		GIVEN NAME			
ADDRESS					
POSTAL CODE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (YYYY MMM DD)	TELEPHONE		

Do you have a spouse? Yes (If yes your Spouse must also complete an Enquiry Form) No

SEARCH FOR EMPLOYMENT

- It is a requirement for all enquirers to conduct a search for employment as directed by the Minister for the 3 week period after signing this form.
- Your work search should demonstrate regular and ongoing attempts to secure employment not restricted to a particular job or wage range.
- Your work search should indicate, at a minimum, the following kinds of information: date, type and location of activity, contact names and phone numbers, and the results of your work search.
- Examples of effective work search activities include telephone inquiries, fact finding interviews, cold calling, and submitting job applications.
- It is a requirement to use the Work Search Activities Record (HR77) and return it at the time of your application appointment.
- If you have a spouse they must also meet these work search requirements and guidelines.

DECLARATION

I declare that all the information I have provided 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, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility to apply. **I have read and understand the Work Search Guidelines provided by the Minister.**

SIGNATURE	Date (YYYY MMM DD)
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NOTIFICATION (The personal information provided will be used for MHR program research and evaluation purposes.)

Further, the ministry may wish to contact you at a later date to participate in a research survey project. Survey questions will concern your employment history and earnings and any training received. Your participation in a future survey would be voluntary and your eligibility for assistance is not dependent on your participation.

VOLUNTARY CONSENT

I CONSENT TO BEING CONTACTED IN THE FUTURE FOR THE EMPLOYMENT SURVEY RESEARCH PURPOSE.
(THIS CONSENT VALID FOR THREE YEARS FROM THE DATE SIGNED.)

SIGNATURE	SIGNED AT IN THE PROVINCE OF B C	DATE YYYY MMM DD	SIGNATURE OF WITNESS	SIGNED AT IN THE PROVINCE OF B C	DATE YYYY MMM DD
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Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE APPLICATION
 EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES APPLICATION

LAST NAME	FIRST NAME	SIN	BIRTHDATE	TELEPHONE
			YYYY MMM 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)						APPLICANT	SPOUSE
LAST NAME	FIRST NAME(S)	RELATIONSHIP	DEP	DEPENDANTS		DATE MOVED TO CANADA	
			YES NO	BIRTHDATE		YYYY MMM DD	YYYY MMM DD
				YYYY MMM DD		DATE MOVED TO B C	YYYY MMM DD
				YYYY MMM DD		MOVED FROM (PROVINCE/COUNTRY)	
				YYYY MMM DD		CANADIAN CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
				YYYY MMM DD		SEEKING EMPLOYMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
				YYYY MMM DD		ELIGIBLE UNDER LMDA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
				YYYY MMM DD			<input type="checkbox"/> YES <input type="checkbox"/> NO

EXPLANATION FOR NOT SEEKING EMPLOYMENT

ALL MONTHLY FAMILY INCOMES				ALL FAMILY ASSETS AND THEIR CURRENT VALUE			
	APPLICANT	SPOUSE	DEPENDANT		APPLICANT	SPOUSE	DEPENDANT
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	\$	\$	\$	BANKS NAME/ACCOUNT NO	\$	\$	\$
OAS/GIS	\$	\$	\$	1.	\$	\$	\$
GFSS	\$	\$	\$	2.	\$	\$	\$
WORKERS' COMPENSATION	\$	\$	\$	3.	\$	\$	\$
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	\$	HEAT	\$	TAXES	\$
ROOM & BOARD PARENT/CHILD	\$	NET MORTGAGES	\$	PHONE (BASIC RATE)	\$	PROPERTY INSURANCE	\$
RENT	\$	HYDRO	\$	OTHER UTILITIES	\$	TOTAL	\$

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

DOCUMENTS SEEN	FACILITY NAME	FACILITY NUMBER
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INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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BRITISH COLUMBIA

Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE APPLICATION

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES APPLICATION

Applicant	Last Name		First Name		Attending School Full Time or registered?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Spouse	Last Name		First Name		Attending School Full Time or registered?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dependant	Last Name	First Name	Relationship	Birthdate (YYYY MMM DD)	% of Time Residing with Parent	Primary Parent
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL ELIGIBILITY INFORMATION (*PERSONS WHO HAVE BEEN DESIGNATED AS A PERSON WITH DISABILITIES ARE NOT REQUIRED TO COMPLETE THIS SECTION)

Past Employment	APPLICANT	SPOUSE
1. Were you employed for 840 hours in each year of any consecutive two-year period?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Was your income from employment at least \$7,000 in each year of any consecutive two-year period?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. If you were employed and paid for work performed only for a portion of a consecutive two-year period, for the remaining balance: a) were you waiting for or receiving benefits under the <i>Employment Insurance Act (Canada)</i> ? Or b) were you receiving income under a private or public income replacement plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Complete only if all answers to questions 1 – 3 are NO)	APPLICANT	SPOUSE
4. Are you pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. a) Do you have a medical condition? b) Describe your medical condition: _____ c) If your medical condition prevents you from working, explain how it does this? _____ d) How long have you been prevented from working? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you been supported by a employed spouse for a consecutive two-year period? If for less than two years, for the remaining balance: a) Were you working? Please specify hours worked _____ and income received _____ Or b) Were you waiting for or receiving benefits under the <i>Employment Insurance Act (Canada)</i> ? Or c) Were you receiving income under a private or public income replacement plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
7. In the past two years, were you incarcerated in a lawful place of confinement for a total of at least six months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. When you turned 19 years of age a) Were you in the care of the Ministry of Children and Family Development? Or b) Had you entered into a Youth Agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
9. In the past six months, from the date of this application, did you separate from an abusive spouse, or leave an abusive relative? If this has impaired your ability to work, please indicate how _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you been granted a two-year certificate or diploma, or a bachelors degree (or higher) from a post secondary institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you providing care for a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you receiving assistance for a child who resides with you under the Child in the Home of a Relative Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE APPLICATION

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES 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 *Employment and Assistance and Employment and Assistance for Persons with Disabilities Acts* 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 Employment and Assistance Centre.

I may appeal most decisions involving me that result in a refusal to provide a form of assistance or in the reduction or discontinuance of income assistance, disability assistance or a supplement.

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. I understand that assistance may be time limited. Time limits do not apply to persons eligible under *Employment and Assistance for Persons with Disabilities Act*.

MY RESPONSIBILITIES

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

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

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

I must enter into an Employment Plan when required to do so by the Minister.

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE



Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE APPLICATION

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES 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, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependants.

NOTIFICATION: Person(s) having information or documents relevant to my eligibility for assistance may release them to employees of the ministry. 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;
- Canada Customs and Revenue Agency (see below);
- 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 the ministry, 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>Employment and Assistance</i> and <i>Employment and Assistance for Persons with Disabilities Acts</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 APPLICANT(S)	DATE YYYY MMM DD
SIGNATURE(S) OF APPLICANT(S)	DATE YYYY MMM DD

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

SIGNATURE OF APPLICANT(S)	SIGNED AT IN THE PROVINCE OF B C	DATE YYYY MMM DD	SIGNATURE OF WITNESS	SIGNED AT IN THE PROVINCE OF B C	DATE YYYY MMM DD
	IN THE PROVINCE OF B C	YYYY MMM DD			



MONTHLY REPORT

ARE YOU STILL IN NEED OF ASSISTANCE?

YES NO

SINCE YOUR LAST DECLARATION:

1. HAS YOUR FAMILY UNIT RECEIVED OR DISPOSED OF ANY ASSETS?
2. ANY CHANGES IN THE NUMBER OF DEPENDANTS OR OTHER PERSONS LIVING IN THE HOME?
3. ANY MARITAL/SPOUSAL CHANGES?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT		SPOUSE	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. ANY EMPLOYMENT CHANGES?
5. ATTENDING SCHOOL/TRAINING?
6. ARE YOU LOOKING FOR WORK?

PLEASE EXPLAIN ANY CHANGES INDICATED ABOVE

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

INCOME DESCRIPTION	AMOUNT			
	APPLICANT		SPOUSE	
EMPLOYMENT INCOME				
INCOME TAX REFUNDS				
MAINTENANCE/ALIMONY/SUPPORT				
ROOMERS (Lodging)				
ROOM AND BOARD (Food and Lodging)				
RENTAL INCOME				
TRAINING ALLOWANCE/STUDENT LOANS				
EMPLOYMENT INSURANCE				
WORKER'S COMPENSATION				
PENSIONS (e.g. CPP, OAS, Private)				
INTEREST INCOME (e.g. Bonds, Banks, etc.)				
TRUST/INSURANCE (e.g. 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 e.g. ADDITIONAL MONEY, GST CREDIT (describe)				
INCOME OF DEPENDENT CHILDREN				

HRB1(02/08) 7530903053 (25/07PK)

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

Notice: Information on this form is collected under the authority of the *Employment and Assistance Act* and Regulation and the *Employment and Assistance for Persons with Disabilities Act* and Regulation 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 Employment and Assistance Centre.

Declaration: I understand that the ministry may disclose this information to verify continuing eligibility for assistance under the above Acts and Regulations. I declare that all of the information provided on this form to the Ministry of Human Resources is true and complete.

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

NEXT CHEQUE
ISSUE 

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

COMPLETE THIS SECTION ONLY IF YOUR ADDRESS OR SHELTER COSTS HAS CHANGED

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

OFFICE USE ONLY

GA FILE ID CASELOAD CLASS/CAT INT WORKER ADMIN



BRITISH COLUMBIA

Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE REVIEW

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES REVIEW

LAST NAME		FIRST NAME		SIN		BIRTHDATE YYYY MMM DD		TELEPHONE			
ADDRESS				POSTAL CODE		MARITAL STATUS DATE SEPARATED/DIVORCED (IF APPLICABLE)					
IF SEPARATED OR DIVORCED, HAVE YOU APPLIED FOR FINANCIAL SUPPORT FROM YOUR SPOUSE? <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 YES NO		DEPENDANTS BIRTHDATE YYYY MMM DD		DATE MOVED TO CANADA YYYY MMM DD	
								YYYY MMM DD		DATE MOVED TO B.C. YYYY MMM DD	
								YYYY MMM DD		MOVED FROM (PROVINCE/COUNTRY)	
								YYYY MMM DD		CANADIAN CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
								YYYY MMM DD		SEEKING EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
								YYYY MMM DD		ELIGIBLE UNDER LMDA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
								YYYY MMM DD			

EXPLANATION FOR NOT SEEKING EMPLOYMENT

ALL MONTHLY FAMILY INCOMES				RECEIVED BY:				ALL FAMILY ASSETS AND THEIR CURRENT VALUE				OWNED BY:			
	\$	APPLICANT	SPOUSE	DEPENDANT		\$	APPLICANT	SPOUSE	DEPENDANT		\$	APPLICANT	SPOUSE	DEPENDANT	
TAKE HOME PAY (NET EARNINGS)	\$				CASH ON HAND	\$				1ST VEHICLE	\$				
SUPPORT OR MAINTENANCE	\$				2ND VEHICLE	\$				RECREATIONAL VEHICLE	\$				
ROOMER	\$				PROPERTY (NOT INCLUDING HOME)	\$				LIFE INSURANCE (CASH SURRENDER)	\$				
BOARDER	\$				TRUST FUNDS	\$				STOCKS/BONDS	\$				
RENTAL INCOME	\$				RRSP	\$				OTHER	\$				
INTEREST/DIVIDENDS/MORTGAGE	\$				BANKS NAME/ACCOUNT NO	\$				1.	\$				
EXEMPT TRAINING	\$				2.	\$				3.	\$				
NON EXEMPT TRAINING	\$				COMMENTS ON ABOVE ASSETS										
EMPLOYMENT INSURANCE	\$				ASSETS DISPOSED OF										
CPP	\$														
WVA	\$														
OAS/GIS	\$														
GFSS	\$														
WORKERS' COMPENSATION	\$														
PRIVATE RETIREMENT PENSION	\$														
PRIVATE DISABILITY PENSION	\$														
OTHER EARNED	\$														
OTHER UNEARNED - CODE	\$														
BASIC CHILD TAX BENEFIT	\$														
FAMILY BONUS	\$														
BC EARNED INCOME BENEFIT	\$														

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

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

DOCUMENTS SEEN	FACILITY NAME	FACILITY NUMBER
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INITIALS OF APPLICANT(S)	DATE (YYYY MMM DD)	INITIALS OF WITNESS	DATE (YYYY MMM DD)
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Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE REVIEW

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES REVIEW

Applicant	Last name	First name	Attending School Full Time or registered?
(Applicant)			<input type="checkbox"/> YES <input type="checkbox"/> NO
(Spouse)			<input type="checkbox"/> YES <input type="checkbox"/> NO

Dependant	Last Name	First Name	Relationship	Birthdate (YYYY MMM DD)	% of Time Residing with Parent	Primary Parent	
						Yes	No

Draft

INITIALS OF APPLICANT(S)	DATE	INITIALS OF WITNESS	DATE
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BRITISH COLUMBIA

Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE REVIEW

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES 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 report all money and assets 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. I will also report to the Ministry of Human Resources any changes to the circumstances of my spouse (includes marriage-like relationships) or dependants that might affect eligibility.

I must enter into an Employment Plan when required to do so by the Minister.

INITIALS OF APPLICANT(S)	DATE (YYYY MMM DD)	INITIALS OF WITNESS	DATE (YYYY MMM DD)
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BRITISH COLUMBIA

Ministry of
Human Resources

EMPLOYMENT AND ASSISTANCE REVIEW

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES 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, public bodies, 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 the ministry. 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;
- Canada Customs and Revenue Agency (see below);
- 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 the ministry, 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>Employment and Assistance and Employment and Assistance for Persons with Disabilities Acts</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 APPLICANT(S)	DATE: YYYY MMM DD
SIGNATURE(S) OF APPLICANT(S)	DATE: YYYY MMM DD

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

SIGNATURE OF APPLICANT(S)	SIGNED AT IN THE PROVINCE OF B C	DATE. YYYY MMM DD	SIGNATURE OF WITNESS	SIGNED AT IN THE PROVINCE OF B.C.	DATE YYYY MMM DD
	IN THE PROVINCE OF B C	YYYY MMM DD			



BRITISH COLUMBIA

Ministry of
Human Resources

**APPLICATION FOR INCOME ASSISTANCE
FOR CHILD IN THE HOME OF A RELATIVE**

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*, *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. 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 Employment and Assistance Centre.

1. CHILD

SURNAME		GIVEN	BIRTHDATE (YYYY MMM DD)	CITIZENSHIP/IMMIGRATION STATUS	
CHILD'S INCOME		SOURCE	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 MMM DD)	

4. PARENT(S)

SURNAME		GIVEN	BIRTHDATE (YYYY MMM DD)	TELEPHONE ()
ADDRESS				
AMOUNT OF CONTRIBUTION TO CHILD		IS THERE A CHILD SUPPORT AGREEMENT OR COURT REGISTERED MAINTENANCE ORDER		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
SURNAME		GIVEN	BIRTHDATE (YYYY MMM DD)	TELEPHONE ()
ADDRESS				
AMOUNT OF CONTRIBUTION TO CHILD		IS THERE A CHILD SUPPORT AGREEMENT OR COURT REGISTERED MAINTENANCE ORDER		
		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, <small>FATHER'S / MOTHER'S NAME</small>		
OF <small>ADDRESS</small>		
HAVE PLACED MY CHILD <small>CHILD'S NAME</small>		BORN <small>CHILD'S BIRTHDATE (YYYY MMM DD)</small>
IN THE HOME OF MY <small>RELATIONSHIP</small>		RELATIVE'S NAME
AT <small>ADDRESS</small>		
AND I HAVE ASKED <small>RELATIVE'S NAME</small>		TO TAKE RESPONSIBILITY FOR <small>CHILD'S NAME</small>
FOR AN APPROXIMATE PERIOD OF <small>MONTHS</small>		
PARENT'S SIGNATURE	PARENT'S NAME (please print)	DATE SIGNED (YYYY MMM DD)
PARENT'S SIGNATURE (if applicable)	PARENT'S NAME (please print)	DATE SIGNED (YYYY MMM DD)