Request for Verification of Income Assistance

To: Employment and Social Development Canada
Email: W-T-PPSB-STP-EI-AE-SERVICES-PRESTATIONS-DE-SERVICE-GD@servicecanada.gc.ca

ADMINISTERING AUTHORITY INFORMATION

The T'Sou-ke First Nation (Band Name) at Box 307 Sooke BC V9Z 1G1 (Mailing Address) 250-642-3957ext249 (Phone Number) 250-642-7808 (Fax Number)

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

_____ (Band Social Development Worker Signature) _____ (Date) Yvonne St. Pierre (Hale) (Band Social Development Worker Name)

APPLICANT/CLIENT INFORMATION

	Last Name	First Name	Date of Birth	M/F	Social Insurance Number
Applicant					
Spouse/Partner					

APPLICANT/CLIENT CONSENT TO RELEASE OF INFORMATION

I, _____ (Applicant/Client), and/or _____ (Spouse/Partner of Applicant/Client),

Consent to the release of information concerning Employment Insurance verification by Employment Canada/HRDC to the noted Administering Authority for the purposes of determining eligibility for on-reserve income assistance.

_____ (Applicant/Client Signature) _____ (Date)

_____ (Spouse/Partner of Applicant/Client Signature) _____ (Date)

To be completed by Employment Canada

	Applicant	Spouse/Partner
1. Has a benefit period been established?		
2. If so, at what weekly rate?		
3. Claim filed and pending as of;		
4. When is/was the first cheque issued?		
5. Reach back?		

Additional Comments:

Local Office Manager:

_____ (Signature) _____ (Date)