# Request for Verification of Income Assistance

**To: Ministry of Social Development and Poverty Reduction**
Service Delivery Division

**Fax: 1-866-455-0855**

## ADMINISTERING AUTHORITY INFORMATION

The T'Sou-ke First Nation (Band Name) First Nation at PO Box 307 Sooke BC V9Z 1G1 (Mailing Address)

250-642-3957 ext 249 (Phone Number)

250-642-7808 (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 on-reserve Income Assistance.

_____ (Band Social Development Worker Signature)

_____ (Date)

Yvonne St. Pierre (Hale)
(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/Client 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 ☐
(Office Contact Information)

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

Amount: _____ Not applicable ☐

Employment and Assistance Worker Information:

_____ (Name)

_____ (Phone Number)

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