



Consent to Release of Persons With Disabilities and Health Supplements Information by the BC Ministry of Social Development and Poverty Reduction (MSDPR)

PROTECTED B (when completed)

Privacy Statement: Information collected on, and disclosed pursuant to, this document is collected pursuant to Indigenous Services Canada's Social Development Policy and Procedures Manual, BC Region for the purpose of determining eligibility for assistance and will be maintained pursuant to the Privacy Act and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency.

APPLICANT INFORMATION

Form with fields: Last Name, First Name, Middle Name, Date of Birth (YYYY-MMM-DD)

Please provide one of the following: Personal Health Number, Social Insurance Number, FN Status Number, Tel. No., Email

Form with fields: Street Address, City, Postal Code

Mailing Address (if different from Street Address)

Form with fields: Administering Authority Name, Administering Authority Number, Band Social Development Worker (Print Name)

Persons with Disabilities and Health Supplements (includes monthly nutritional supplement)

Client Initial box with authorization text: I authorize and consent to the release, by the BC Ministry of Social Development and Poverty Reduction, of information concerning my Persons with Disabilities (PWD) designation and my health supplements...

The information released and provided will be used solely for the purpose of determining my eligibility for Persons with Disabilities benefits and Health Supplements, if applicable, in accordance with the Indigenous Services Canada, Social Development Policy and Procedures Manual, BC Region.

Signature of Applicant

Date (YYYY-MMM-DD)

Signature of Band Social Development Worker

Date (YYYY-MMM-DD)

Band Social Development Worker – Please forward this completed form to the Ministry of Social Development and Poverty Reduction (MSDPR) Health Assistance Branch. Health Assistance Branch, PO Box 9971 Stn. Prov Govt., Victoria, British Columbia – V8W 9R5. Fax: 1-855-771-8785