Indigenous Services Canada

PERSONS WITH DISABILITIES AND / OR MONTHLY NUTRITIONAL SUPPLEMENT ENQUIRY

PROTECTED B (WHEN COMPLETED)

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Please complete in full. Please print clearly.

	Administering Authority Name:	**Administering Authority Number:**

Section A - REQUEST FOR APPLICATION – TO BE COMPLETED BY A BAND SOCIAL DEVELOPMENT WORKER (BSDW)

ADMINISTERING AUTHORITY INFORMATION

Name of Band Social Development Worker (BSDW)	Telephone Number
Administering Authority's Mailing Address City / Town Postal Code	Fax Number _____ BSDW Email

APPLICANT INFORMATION

Last Name	First Name	Middle Name
PWD Application Number	MNS Application Number	PWD File Number (optional)

NATURE OF ENQUIRY

* Please Note - As of December 2016, a five-year review of PWD / MNS designation is no longer required. However, ISC and BCANDS may review any PWD / MNS designation and rescind the PWD / or MNS designation as warranted or, designate a review on any PWD / MNS designation. Please refer to ISC SA Policy 8.1 for further information.

Person with Disabilities (PWD)

- ☐ Date PWD application received by BCANDS
- ☐ Reason or date PWD application returned
- ☐ Date PWD application to be adjudicated
- ☐ Confirmation of completed PWD application
- ☐ Other : _____

Monthly Nutritional Supplement (MNS)

- ☐ Date MNS application received by BCANDS
- ☐ Reason or date MNS application returned
- ☐ Date MNS application to be adjudicated
- ☐ Confirmation of completed MNS application
- ☐ Other: _____

_____ **Signature of Band Social Development Worker**

_____ **Date Signed (YYYY / MMM / DD)**

SECTION B – RESPONSE TO ENQUIRY – TO BE COMPLETED BY BCANDS PWD PROGRAM

Response(s) provided:		
Date Request Received	Name of BSDW Contacted	Date Contacted
PWD File Number 6615-6-2-		Initials

Once fully completed, please email, fax or mail this form to the BCANDS' Persons with Disabilities (PWD) Program

British Columbia Aboriginal Network on Disability Society
#6 – 1610 Island Highway – Victoria, British Columbia – V9B 1HB
PWD Program confidential Fax: (250) 381 7343 **PWD Program email**: **pwd@bcands.bc.ca**