Indigenous Services Canada

PERSONS WITH DISABILITIES REQUEST FOR APPLICATION

PROTECTED B (WHEN COMPLETED)

Privacy Statement: The personal information collected on, and disclosed pursuant to, this document is collected pursuant to Indigenous Services Canada's *Social Development Policy and Procedures Manual, Volume 1, 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

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

REASON FOR REQUEST

☐ New **PWD Application –** Form **SA 301** (Standard Application – Long Form)

☐ New **CLBC Prescribed Classes PWD Application –** Form **SA 301 B** (see ISC SD Policy Section 8.1 for eligibility)

☐ New **CPP-D Prescribed Classes PWD Application -** Form **SA 301 C** (see ISC SD Policy Section 8.1 for eligibility)

☐ New **MCFD At Home Program PWD Prescribed PWD Application** - Form **SA 301 D** (see ISC SD Policy Section 8.1 for eligibility)

☐ New **MoH PharmaCare Plan P Prescribed Classes PWD Application -** Form **SA 301 E** (see ISC SD Policy Section 8.1 for eligibility)

☐ New **Youth Transitional Consent – Youth with Intellectual Disabilities** – Form **SA 301 F** (see ISC SD Policy Section 8.1 for eligibility)

APPLICANT INFORMATION

Last Name	First Name	Middle Name
Applicant's Mailing Address / City / Town / Postal Code		Applicant's Telephone Number

I am requesting the above noted Persons with Disabilities Designation Application form for the above-mentioned applicant.

The applicant is in receipt of disability assistance or would qualify for disability assistance in accordance with ISC's Social Development Policy and Procedures Manual, Volume 1, BC Region, if found eligible for the Persons with Disabilities (PWD) designation

_____ _____

Signature of Administering Authority's (BSDW) Date Signed (YYYY MMM DD)

SECTION B – RECEIPT OF REQUEST – TO BE COMPLETED BY BCANDS PWD PROGRAM

Date Request Received	Initials	Date Request Completed	Initials
PWD Application Number		PWD Application Number (optional)	

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

PWD / MNS Program - British Columbia Aboriginal Network on Disability Society
1179 Kosapsum Crescent – Victoria, British Columbia – V9A 7K7

BCANDS PWD / MNS confidential Fax: (250) 381-7343 **BCANDS PWD / MNS email**: **pwd@bcands.bc.ca**