



**PERSONS WITH DISABILITIES
REQUEST FOR APPLICATION
PROTECTED B (WHEN COMPLETED)**

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Please complete in full. Please print clearly.

Administering Authority Name:	Administering Authority Number:
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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 INAC SD Policy Section 8.1 for eligibility)

New CPP-D Prescribed Classes PWD Application - Form SA 301 C (see INAC SD Policy Section 8.1 for eligibility)
 New MCFD At Home Program PWD Prescribed PWD Application - Form SA 301 D (see INAC SD Policy Section 8.1 for eligibility)

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

New Youth Transitional Consent – Youth with Intellectual Disabilities – Form SA 301 F (see INAC 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 INAC'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
 #6 – 1610 Island Highway – Victoria, British Columbia – V9B 1H8

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