

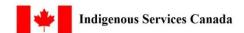
ADMINISTRATIVE REVIEW DECISION AND REQUEST FOR APPEALS COMMITTEE HEARING

Provision of the information in this document is collected pursuant to the <i>BC Social Development</i>	
Policy and Procedures Manual for the purposes of determining eligibility for assistance and will be	
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The accuracy of the information in this document may be checked by comparing it against	
nformation held by any federal or provincial departments or agencies or any private agencies.	

Administering Authority Name	Administering Authority Number

•	ase print clearly ssistance may appeal the followin	ng decisions upheld by administrative revi	ew:
Refusal to grant an allowa	nce or service	Suspension of an allowance or service	
Cancellation of an allowand	ce or service	Reduction of an allowance or service	
DECISION TO BE REVIEWED - REVIEWE	R TO COMPLETE THIS SECTION		
pplicant's / Recipient's Name:	Date that th	he Applicant / Recipient was notified of the Decision	(YYYY/ MMM / DD):
STATEMENT OF DECISION [Quote from	Section 1 of the Request for Administ	trative Review (SA 340) form]:	
Date that Applicant or Recipient submitted	d the Request for Administrative Review Fo	Form : (YYYY / MMM / DD)	
ADMINISTRATIVE REVIEW DECISION -		(YYYY / MMM / DD) ECTION WITHIN 20 BUSINESS DAYS FOLLOWING	RECEIPT OF THE
ADMINISTRATIVE REVIEW DECISION -	REVIEWER MUST COMPLETE THIS SE EQUEST FOR ADMINISTRATIVE REVIE	(YYYY / MMM / DD) ECTION WITHIN 20 BUSINESS DAYS FOLLOWING EW (SA 340) FORM	RECEIPT OF THE
ADMINISTRATIVE REVIEW DECISION - R	REVIEWER MUST COMPLETE THIS SE EQUEST FOR ADMINISTRATIVE REVIENISTRATIVE REVIE	(YYYY / MMM / DD) ECTION WITHIN 20 BUSINESS DAYS FOLLOWING EW (SA 340) FORM eect to the foregoing matter.	RECEIPT OF THE
ADMINISTRATIVE REVIEW DECISION - R	REVIEWER MUST COMPLETE THIS SE EQUEST FOR ADMINISTRATIVE REVIENISTRATIVE REVIE	(YYYY / MMM / DD) ECTION WITHIN 20 BUSINESS DAYS FOLLOWING EW (SA 340) FORM eect to the foregoing matter.	
ADMINISTRATIVE REVIEW DECISION - R I certify that I have conducted an admir The decision of the Administrative Author	REVIEWER MUST COMPLETE THIS SE EQUEST FOR ADMINISTRATIVE REVIENISTRATIVE REVIE	(YYYY / MMM / DD) ECTION WITHIN 20 BUSINESS DAYS FOLLOWING EW (SA 340) FORM eect to the foregoing matter.	
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ADMINISTRATIVE REVIEW DECISION AND REQUEST FOR APPEALS COMMITTEE HEARING

3. KEQUE	313 FOR AFFEALS COMMITTEE HEARING - AFFLIC	ANT COMPLETES THIS SECTION
l,		
	(Name)	
of	(Address)	
	(, (dd, 655)	
Request th	at my case be heard by an Appeals Committee	e as provided in the ISC Social development Policy and Procedure
Manual, B0	C Region.	
I nominate,	,(Name)	, who is not related to me.
	(Name)	
of	(4.11	
	(Address)	
telephone i	number: _()	_ to be a member of the Appeals Committee which will hear my case.
	(Area Code)	
	Signature of Applicant or Recipient	Date (YYYY MMM DD)
Note to	o Applicant/Recipient:	
You will	be notified of the date and place of hearing.	
		mmittee may only consider, call for and examine information, records or
	hat were attached to and included in the Requivas recorded in Section 1 of this form to suppo	est for Administrative Review Form which you have submitted on the ort your case.