



PROTECTED B (when completed)

Privacy Statement: Information collected on, and disclosed pursuant to, this document is collected pursuant to Indigenous Services Canada 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

Last Name, First Name, Middle Name, Date of Birth (YYYY-MMM-DD)

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

Street Address, City, Postal Code

Mailing Address (if different from Street Address)

Administering Authority Name, Administering Authority Number, Band Social Development Worker (Print Name)

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

Client Initial, 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, if applicable, under the BC Employment and Assistance for Persons with Disabilities Act to the Administering Authority listed above; and I authorize and consent to the British Columbia Ministry of Social Development and Poverty Reduction, providing: (a) one certified copy of my Persons with Disabilities Designation Application; and (b) any information, including documents, related to my Application for designation as a Person with Disabilities to Indigenous Services Canada (ISC) and the British Columbia Aboriginal Network on Disabilities Society (BCANDS).

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. Fax or mail form to: Health Assistance Branch, PO Box 9971 Stn. Prov Govt., Victoria, British Columbia - V8W 9R5. Fax: 1-855-771-8785. Health Assistance Branch - please forward authorized information to the: British Columbia Aboriginal Network on Disability Society (BCANDS), PWD / MNS Program, #6 - 1610 - Island Highway - Victoria - British Columbia - V9B 1H8. PWD / MNS Confidential Fax: (250) 381 - 7343. PWD / MNS email pwd@bcands.bc.ca