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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 |

REASON FOR REQUEST

- | | |
|--|--|
| <input type="checkbox"/> PWD Application – Form SA 301 (Standard Application – Long Form) | <input type="checkbox"/> CLBC Prescribed Classes PWD Application – Form SA 301 B (see ISC SD Policy Section 8.1 for eligibility) |
| <input type="checkbox"/> CPP-D Prescribed Classes PWD Application - Form SA 301 C (see ISC SD Policy Section 8.1 for eligibility) | <input type="checkbox"/> MCFD At Home Program PWD Prescribed PWD Application - Form SA 301 D (see ISC SD Policy Section 8.1 for eligibility) |
| <input type="checkbox"/> MoH PharmaCare Plan P Prescribed Classes PWD Application - Form SA 301 E (see ISC SD Policy Section 8.1 for eligibility) | |
| <input type="checkbox"/> 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.
I have determined that the applicant qualifies to apply for disability assistance through the completion of income and asset testing in accordance with ISC’s Social Development Policy and Procedures Handbook, Volume 1, BC Region.

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) | |