



Laxgalts'ap Village Government

"Dwelling Place, Comprised of Dwelling Places"

3110

Request for Verification of Income Assistance

To: Ministry of Social Development and Poverty Reduction

Service Delivery Division

FAX: 1-855-771-8722

ADMINISTERING AUTHORITY INFORMATION

The **Laxgalts'ap Village Government**, at **416 North Road Laxgalts'ap B.C. V0J1X0**

Phone number: 250-621-3212 Fax number: 250-621-3230

The Village Social Development Worker on behalf of the Administering Authority will use this information provided by the Ministry of Social Development and Poverty Reduction to the noted Administering Authority for determining eligibility for the On-Village Income Assistance.

Village Social Development Worker Signature

Date

Village Social Development Worker Name

APPLICANT/CLIENT CONSENT TO RELEASE OF INFORMATION

I, _____
Name *Date of Birth* *Social Insurance Number*

Consent to the release of information concerning Income Assistance verification by the Ministry of Social Development and Poverty Reduction to the noted Administering Authority for the purposes of determining eligibility of on-Village Income Assistance.

Applicant Signature

Date

TO BE COMPLETED BY THE MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

Has the above individual received Income Assistance form the Ministry of Social Development and Poverty Reduction?

YES _____

NO _____

Date of First Cheque issue: _____ Last issue Date: _____

Amount: \$ _____

Not Applicable _____

Completed by: _____
Name

1-866-866-0800
Phone Number

Additional Comments (e.g. Client was a person with Disabilities, Persons with Persistent Multiple Barriers, etc.):