

To: _____
(Indicate name of person or agency)

For the purpose of: _____
(i.e., a court case, a tribunal hearing, etc.)

I, _____ give my consent to the

Ministry of Social Development and Social Innovation to release my personal information regarding the following:

(Client to check off appropriate category(ies))

Amount of Assistance: _____

Period of Time From: _____ To: _____

Type of Assistance: _____

Client Signature _____ Date Signed (YYYY MMM DD) _____

The collection, use and disclosure of the personal information collected on this form is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this form should be directed to your local Employment and Assistance Office.

FOR OFFICE USE ONLY

(Complete only as authorized above)

For the time period specified above (or alternatively if more than 12 months is specified - During the past 12 months.), the above-noted signatory(ies) received:

- Income Assistance under the *Employment and Assistance Act* (regular assistance or hardship assistance)
- Income Assistance under the *Employment and Assistance Act* as a person who has persistent multiple barriers to employment
- Disability Assistance under the *Employment and Assistance for Persons with Disabilities Act*.
- Health Supplements under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*.
- Other: _____

Signature of Ministry Staff

Print Name of Ministry Staff

Date (YYYY MMM DD)

MINISTRY OFFICE ADDRESS