



Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA / P-PU-020 and is protected under the provisions of the *Privacy Act*.

CLIENT INFORMATION			
Last Name	First Name	Middle Name	Date of Birth (Year Month Day)
Personal Health Number		Social Insurance Number (optional)	Telephone Number
Street Address		City	Postal Code

I **authorize and consent** to the release, by the British Columbia Ministry of Human Resources, of information concerning my Persons With Disabilities designation under the *BC Employment and Assistance for Persons with Disabilities Act* to the following Administering Authority:

Administering Authority Name and Number

Band Social Development Worker (Print Name)

I **further authorize and consent** to the British Columbia Ministry of Human Resources, providing a certified copy of my **Persons with Disabilities Designation Application** to Indian and Northern Affairs Canada at the following address:

"PROTECTED B"
PWD - Social Development Program
Indian and Northern Affairs Canada, BC Region
600-1138 Melville Street
Vancouver, BC V6E 4S3

The information released and provided will be used solely for the purpose of determining my eligibility for Social Assistance for Persons with Disabilities in accordance with the *Indian and Northern Affairs Canada Social Development Program Policy and Procedure Manual, BC Region*.

Signature of Applicant

Date (Year Month Day)