



ADMINISTRATIVE REVIEW DECISION AND REQUEST FOR APPEALS COMMITTEE HEARING

Administering Authority	Number
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PRIVACY ACT STATEMENT

Provision of the information in this document is collected pursuant to the *BC Social Development Policy and Procedures Manual* for the purposes of determining eligibility for assistance and will be maintained pursuant to the *Privacy Act* and stored in personal information bank INA / P-PU-020. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial departments or agencies or any private agencies.

- Please complete in full
- Please print clearly

An applicant or recipient of Social Assistance may appeal the following decisions upheld by Administrative Review:

- | | |
|---|--|
| <input type="checkbox"/> Refusal to grant an allowance or service | <input type="checkbox"/> Suspension of an allowance or service |
| <input type="checkbox"/> Cancellation of an allowance or service | <input type="checkbox"/> Reduction of an allowance or service |

1. DECISION TO BE REVIEWED – REVIEWER TO COMPLETE THIS SECTION

Applicant's Name:	Date that the Applicant was notified of the decision (year/month/day): / /
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STATEMENT OF DECISION [Quote from Section 1 of the Request for Administrative Review (SA 140) form]:

Date that Applicant or Recipient submitted the Request for Administrative Review form: _____ / ____ / ____
(year/month/day)

2. ADMINISTRATIVE REVIEW DECISION – REVIEWER MUST COMPLETE THIS SECTION WITHIN 20 BUSINESS DAYS FOLLOWING RECEIPT OF THE REQUEST FOR ADMINISTRATIVE REVIEW (SA 140) FORM

I certify that I have conducted an Administrative Review of the decision in respect of the foregoing matter.

The decision of the Administrative Authority or Persons with Disabilities Designation Adjudicator has been upheld: YES NO

Reason(s) for the decision:

Reviewer's Name	Signature of Reviewer	Decision Date (year/month/day) / /
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► **Note to Applicant or Recipient:** If you are dissatisfied with the administrative review decision, you may request an Appeals Committee Hearing to the Appeals Committee. To initiate such an appeal, complete Section (3) on the next page and return the completed form to your Band Social Development Worker within 7 business days after you received the notification of the Administrative Review Decision.





**ADMINISTRATIVE REVIEW DECISION AND
REQUEST FOR APPEALS COMMITTEE HEARING**

3. REQUEST FOR APPEALS COMMITTEE HEARING – APPLICANT/RECIPIENT COMPLETES THIS SECTION

I, _____
(Name)

of _____
(Address)

hereby request that my case be heard by an Appeals Committee as provided for in the INAC Social Development Policy and Procedures Manual, B.C. Region.

I nominate, _____
(Name)

of _____
(Address)

(_____) _____, who is not related to me, to be a member of the Appeals Committee which will hear my case.
(Area code) Telephone Number

Signature of Applicant or Recipient

Date

► **Note to Applicant/Recipient:**

You will be notified of the date and place of hearing.

During the Appeals Hearing, members of the Appeals Committee may only consider, call for and examine information, records or testimony that were attached to and included with the *Request for Administrative Review (SA 140)* Form submitted on the date that was recorded in Section 1 of this form to support your case.