

Rights and Responsibilities of Applicants and Recipients

General Principle

Every person applying for or receiving social assistance has certain rights and responsibilities.

Rights

Applicants and recipients have the following rights:

- to make application when they believe they are in need
- to be given the information and assistance needed for them to make proper application for the program
- to have all personal information treated as private and confidential
- to be free of any consideration of race, gender, colour, creed, or political affiliation in the administration of this program
- to receive prompt, courteous, efficient, and fair treatment
- to have their eligibility determined on the basis of objective evidence as required by program policy
- to receive all assistance and benefits for which they qualify under the policy and procedures established in this handbook
- to be informed of eligibility entitlement in writing if they so request
- to appeal decisions concerning an application for, or provision of a benefit
- to be informed of their responsibilities regarding initial and continuing eligibility

Responsibilities

The responsibilities of applicants and recipients are:

- to disclose any information that is required under the policy and procedures established in this handbook
- to complete all required eligibility forms in a proper manner
- to take maximum personal responsibility for achieving increased or complete independence
- to, if required by policy, seek work at all times, and to be available for all work for which they are qualified
- to, if employable, participate in employability programs that may be available
- to use all available resources and income to support themselves as the preferred alternative to social assistance
- to inform the administering authority promptly of changes in their circumstances that may affect eligibility
- and recipients must meet all eligibility requirements (i.e., residency, citizenship, etc.).

The following approved forms must be completed signed and dated:

- *Application for Social Assistance* (901-27) – required every time there is a change
- *Budget and Decision Form* (901-25) - required every time there is a change
- *Employment Insurance Information Form* (BCSA 11)
- *Consent to Release Information* (901-23)
- *Social Assistance Monthly Renewal Declaration* (901-28) - required monthly
- All other required forms per the Social Development Policy and Procedure Handbook

The following documentation must be made available upon request:

- Primary and Secondary Identification
- Income and Asset Verification
- All other required documentation per the Social Development Policy and Procedure Handbook

By signing my name below, I certify that I have read the above information.

Client signature _____ Date _____

EMPLOYABLE SINGLE

INCOME ASSISTANCE CHECKLIST

CLIENT INFORMATION

Name: _____ Birthdate (YYYY/MM/DD): _____

Annual Renewal Date (YYYY/MM/DD): _____ Lives on Reserve: Y N

ESSENTIAL DOCUMENTATION

- One Piece of Photo ID (Primary) - Driver's License, BC Services or ID Card, Passport, Status Card, Citizenship, or Immigration Documents (with photo), CSC Offender ID Card
- One Piece of Non-Photo ID (Secondary) – Another piece of Primary ID, BC Services Card, Birth Certificate, bank or credit card, Citizenship, or Immigration documents
- All applicants and adult dependents must have a verified and valid Social Insurance Number (SIN)
- Income Verification (bank statement, tax assessment, IE cheque stub)
- Asset Verification (vehicle registration, bank/stock profile)
- Shelter Documentation
 - Utility Bills (Hydro, residential phone, gas, wood fuel, homeowners insurance, garbage pickup)
 - Band/Private Rental Documentation (Tenancy Agreement, Rent receipt)
 - Homeowner (ownership documents i.e. CP, custom holdings, Cardex holding, mortgage documents)

ESSENTIAL FORMS TO BE FILLED OUT IN FULL

- Application for Social Assistance (901-27)*
- Budget and Decision Form (901-25)*
- Request for Verification of Income Assistance Form - Service Canada*
- Request for Verification of Income Assistance Form - Ministry of Social Development and Poverty Reduction*
- Consent to Release Information (901-23)*
- Social Assistance Monthly Renewal Declaration (901-28) (1 Per Month)*

ADDITIONAL DOCUMENTATION (IF APPLICABLE)

- *** Case Notes Required with explanation of decision where standard documentation not available***
- Third Party Administration Agreement (901-19)*
- Any documents related to client's ability to work exemption
- Special Diet / Natal Supplements Allowance
- If Emergency IA is required, any documentation showing an urgent need / time constraints by the Client
- Community Volunteer Supplement Contract (SA135)
- Any other financial documents (loan information, inheritance, family support)
- Any skilled training certificates, degrees, certificates for special skills (First Aid, skills training)
- Job Search Documentation (resume, work search printout)*
- Record of Employment *

*DETAILED CASE NOTES CAN SUFFICE AS DOCUMENTATION WHEN IT COMES TO WORK RELATED ITEMS (SUCH AS EXPLAINING THAT THERE IS NO WORK IN AREA AND CLIENT DOESN'T HAVE A VEHICLE TO TRAVEL OFF RESERVE).



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.

Department or Band Administering Authority

Section 1

Form section 1 containing fields for Applicant name, Band Name and Status No., Province of Membership, Address, Postal Code, E-Mail Address, On Reserve, Telephone No., Marital Status, Date of Birth, S.I.N., Health Insurance No., Occupation, Date of Birth (YYMMDD), Are you a Canadian Citizen?, Date of arrival in Canada, Date last Social Assistance received, Administering Authority, Amount \$, Are you or your spouse awaiting other benefits, If yes, when was benefit applied for?, Date, Are you seeking employment, If no, explain, Date of last employment, Reason for termination, If separated / divorced / deserted, have you applied for financial support?, Spouse's Name, Band Name and Status No., Province of Membership, Address, Postal Code, On Reserve, Yes/No, Occupation.

Section 2

Table section 2 with columns for Applicant's Previous Address(es), Most Recent/Present Education or Training Program, Name & Address of Previous/Present Employer, and sub-columns for From/To (Month/Year).

Section 3

Table section 3 with columns for Dependent(s) In Home Names, Relationship, Date of Birth, Band Name and Status No., Education, Other Persons in Home Names, Relationship, Age, Source of Income.

Section 4

Assets			
Money Owning from Other Persons <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Savings <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Equipment / Trapping Gear <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$	
In Trust <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	1 st Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Make & Year	Livestock <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$	
Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	2 nd Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Make & Year	Other Assets (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$	

Section 5

Previous Month's Income	Applicant				Spouse and Dependant(s)			
	Yes	No	Amount	Date Received	Yes	No	Amount	Date Received
Wages - Including Severance and Holiday Pay			\$				\$	
Pension (State Type)			\$				\$	
Workers Compensation			\$				\$	
Unemployment Insurance			\$				\$	
Education and Training Allowance			\$				\$	
Fur & Fish Sales, Farming and Small Business			\$				\$	
Band Distribution			\$				\$	
Rental or Land Lease			\$				\$	
Family Support Payments			\$				\$	
Other Income			\$				\$	
Lump Sum Payment or Settlement within the Past Year			\$				\$	
Total earnings in the past 1 month	\$ _____							

Section 6

Is Accommodation Shared? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is Responsible for Shelter Costs?
Rented or Owned	CMHC Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Costs:	
Rent / Housing Payment \$ _____	Utilities \$ _____
Fuel \$ _____	Maintenance \$ _____
	Garbage, Water, Sewer \$ _____
	Home Insurance \$ _____
	Basic Telephone Rental \$ _____

Section 7

I declare and affirm that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement to Social Assistance. I agree to advise the Administering Authority of any change in my financial status, income, marital status, family size, or other circumstances that may affect my eligibility for benefits. I further consent to the Administering Authority disclosing any information in this application to any such source or any such reporting agency, in order to verify or confirm the information, and further consent to any such source disclosing information to the Administering Authority in order that it can verify or confirm the information in this application.

***Social Assistance benefits obtained under false pretense or misrepresentation may lead to prosecution under the Criminal Code of Canada**

_____ Signature of Applicant Date (YY/MM/DD)

_____ Signature of Spouse (if applicable) Date (YY/MM/DD)

_____ Signature of Witness Date (YY/MM/DD)

Information contained in this application has been verified by:

_____ Name of Administering Authority Date (YY/MM/DD)

_____ Signature of Administering Authority Date (YY/MM/DD)

Comments (Administering Authority):



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I, _____, Family No. and Band Name We Wai Kai 623

consent to the release by Ministry of Social Development of information concerning My verification of Income Assistance
(Agency, Company or Individual)

_____ to the under-noted Administrative Authority for the purpose of determining my eligibility for social assistance.

Signature of Applicant

Date

The Administrative Authority will use information provided by the above-named Agency, Company or Individual for the sole purpose of determining the eligibility of the applicant for social assistance

Administrative Authority

Date

Original to ► Administrative Authority Copies to ► Client File, Agency/Company or individual



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 We Wai Kai First Nation at 690 Headstart Cres., Campbell River, BC V9H 1P9
(Band Name) (Mailing Address)
250-914-1890 ext 106 250-914-1890
(Phone Number) (Fax Number)

The Band Social Development Worker on behalf of the Administering Authority will use this information provided by the Ministry of Social Development and Social Innovation to the noted Administering Authority for determining eligibility for on-reserve Income Assistance.

(Band Social Development Worker Signature) (Date)

Michelle Billy
(Band 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 Social Innovation to the noted Administering Authority for the purposes of determining eligibility of on-reserve income assistance.

(Applicant/Client Signature) (Date)

To be completed by the Ministry of Social Development and Social Innovation

Has the above individual received Income Assistance from the Ministry of Social Development and Social Innovation?

Yes _____ No
(Office Contact Information)

Date of First Cheque Issue: _____ Last Issue Date: _____

Amount: _____ Not applicable

Employment and Assistance Worker Information:

(Name) (Phone Number)

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



Indigenous Services
Canada

Services aux
Autochtones Canada

CONSENT TO RELEASE OF INFORMATION

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.

I, _____, Family No. and Band Name We Wai Kai Nation 623

consent to the release by Service Canada of information concerning my employment benefits & entitlement
(Agency, Company or Individual)

_____ to the under-noted Administrative Authority for the
purpose of determining my eligibility for social assistance.

Signature of Applicant

Date

The Administrative Authority will use information provided by the above-named Agency, Company or Individual for the sole purpose of determining the eligibility of the applicant for social assistance

Administrative Authority

Date

Original to ➤ Administrative Authority Copies to ➤ Client File, Agency/Company or individual



Request for Verification of Employment Insurance

To: Employment and Social Development Canada
Email: W-T-PPSB-STP-EI-AE-SERVICES-PRESTATIONS-DE-SERVICE-GD@servicecanada.gc.ca

ADMINISTERING AUTHORITY INFORMATION

The WE WAI KAI First Nation at 690 HEADTSART CRES., CAMPBELL RIVER, BC, V9H 1P9
 Band Name Mailing Address
250-914-1890 250-914-1891
 Phone Number Fax Number

The Band Social Development Worker on behalf of the Administering Authority will use this information provided by Employment Canada to the noted Administering Authority for determining eligibility for on-reserve Income Assistance.

 Band Social Development Worker (Signature) 2025/ _____
 Date (YYYY-MM-DD)
MICHELLE BILLY
 Band Social Development Worker (Printed Name)

APPLICANT/CLIENT INFORMATION

	Last Name	First Name	Date of Birth (YYYY-MM-DD)	M/F	Social Insurance Number
Applicant					
Spouse/Partner					

APPLICANT/CLIENT CONSENT TO RELEASE OF INFORMATION

I, _____, and/or _____,
 Applicant/Client Spouse/Partner of Applicant/Client

Consent to the release of information concerning Employment Insurance verification by Employment Canada/ESDC to the noted Administering Authority for the purposes of determining eligibility for on-reserve income assistance.

 Applicant/Client Signature _____
 Date(YYYY-MM-DD)

 Spouse/Partner of Applicant/Client Signature _____
 Date (YYYY-MM-DD)

To be completed by Employment Canada

	Applicant	Spouse/Partner
1. Has a benefit period been established?	_____	_____
2. If so, at what weekly rate?	_____	_____
3. Claim filed and pending as of;	_____	_____
4. When is/was the first cheque issued?	_____	_____
5. EI Reach back?	_____	_____

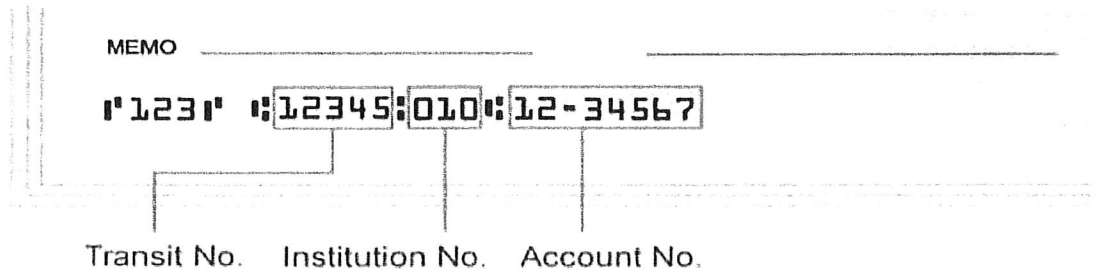
Additional Comments:

WeWaiKai Nation
690 Headstart Cres
Campbell River, BC
V9H 1P9
 email to: payables@wewaikai.com

DIRECT DEPOSIT AUTHORIZATION FORM

This form provides account information in place of a voided cheque and is used when arranging for direct deposits.

How to find your banking information on a personal cheque:



Your Information			
First Name		Last Name	
Address			
City		Province	Postal Code
Banking Information			
Branch Address			
City		Province	Postal Code
Transit	Institution Number	Account Number	
X			
Customer Signature		Date	

Email address for sending payment advice to: _____

Phone number: _____