

**Children Out of the Parental Home (COPH) Assistance – No Evidence of Risk**

**SAMPLE LETTER – Approve COPH**

*Administering Authority Letter Head*

Date

COPH Relative's Name

Street Address

CITY PROVINCE POSTAL CODE

Dear [Relative]:

RE: [COPH Child Applicant]

The administering authority appreciates the efforts taken by relatives to care for children when their parents are unable to do so. This letter is to confirm that the above child is eligible to receive Children Out of the Parent Home (COPH) assistances.

Please note the following important information about COPH:

- Each month, a *Children Out of the Parental Home Monthly Renewal Declaration* (COPH-007) will be attached to the cheque. You must complete this form on behalf of the child and report any changes in the child's circumstances, sign it, and return it to the administering authority [insert the AA's specified time-line, for example: on or before 15<sup>th</sup> day of the month].
- You must also report changes of people living in the household on the *Children Out of the Parental Home Monthly Renewal Declaration* form. If any person age 18 or over begins living in the household either full-time or part-time, they will be required to consent to a screening process. Failure to report changes could result in the cancellation of assistance for all COPH children in the home.
- As the relative caregiver, you can apply for the Canada Child Tax Benefit and BC Family Bonus by contacting Canada Revenue Agency. Eligibility for these benefits is based on your income.
- All income, including the Canada Child Tax Benefit, BC Family Bonus and any payments from the child's parent(s), must be declared on the *Children Out of the Parental Home Monthly Renewal Declaration* form. However, only financial contributions from the child's parent(s) will be deducted from the COPH IA payment.

Please advise the administering authority should the above child leave your care, or if the parent(s) resume responsibility for the child.

Please contact me if you have any questions.

**Yours truly,**

(Worker's Name)  
(Administering Authority)  
(Street Address)  
CITY BC (Postal Code)