

**Children Out of the Parental Home (COPH) – Not Screening Related**

**SAMPLE LETTER - Inform Deny/Discontinue/Reduce COPH**

*Administering Authority Letter Head*

Date

COPH Relative's Name  
Street Address  
CITY PROVINCE POSTAL CODE

Dear [Relative]:

RE: [COPH Assistance Child Applicant or Recipient]

The administering authority appreciates your effort to provide a safe and caring home for [name of child] when (his or her) parents are unable to do so. This letter is to confirm that we have reviewed [name of child]'s eligibility for Children Out of the Parental Home (COPH) assistance, formerly known as Guardian Financial Assistance (GFA), and have determined that (he or she) is (not or no longer) eligible for COPH assistance.

COPH assistance may only be provided when all eligibility criteria under Chapter 6.1 of the Social Development Policy and Procedures Manual, BC Region are met. Please see attached copy of Chapter 6.1 "Eligibility for Children Out of the Parental Home (COPH) Assistance" for detail information on the COPH policy.

After reviewing all relevant information regarding the child, the administering authority has determined that the child is [not / no longer eligible for / will receive a reduction of] COPH assistance for the following reason(s): [delete non applicable bullets or add appropriate ones]

- you are not a relative of the child.
- the child does not reside in your home.
- the child's parent did not place the child with you.
- the child's parent resides with the you.
- you have entered into an agreement under section 8 of *the Child, Family and Community Service Act* in relation to the child.
- you or the parent of the child have/has not provided accurate and complete information on an existing COPH assistance child
- either you or any of the person age 18 or older and residing in your household with the child have/has not provided a written consent for MCFD to conduct a CORNET check and a PCC on you or the person.
- you and/or the parent of the child have/has failed to attend, in person at the administering authority office, an annual review.
- specific eligibility criterion (from eligibility rules outlined in Chapter 3, and Chapter 4) not met.

If you are dissatisfied with the decision to [deny / discontinue / or reduce the amount of] COPH assistance, you or another person on behalf of the child have the right to request that an administrative review be conducted on the decision. To initiate this process, you must complete and return the Request for Administrative Review (SA140) form to me within 20 business days from the day you receive this letter. You can obtain this form and the information that we considered to make this decision by contacting me.

Yours truly,

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

**Enclosures** (include a copy of Chapter 6.1 and all relevant chapters of the Social Development Policy and Procedures Manual, BC Region highlighting the applicable policy section(s) relating to the worker's decision to deny/discontinue/reduce COPH assistance with this letter)