



PRIVACY ACT STATEMENT

Information in this document is collected pursuant to the *BC Social Development Policy and Procedures Manual* for the purpose of determining eligibility for assistance and will be maintained pursuant to the *Privacy Act* and stored in personal information bank INAP/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.

Administering Authority	Number
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Applicant's Last Name	Applicant's First Name
Date of Birth (DD/MM/YYYY)	Personal Health Number
PWD Application Number	Date PWD Application mailed (DD/MM/YYYY)

Question(s) concerning the PWD Application for your client:

Signature of Band Social Development Worker	Band Social Development Worker (print name)	Phone Number	Date Requested
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FAX ENQUIRY TO:	FNSDS - PWD (604) 926-4152	Date Fax received
<i>Please note that a response will be provided to the BSDW directly within 5 working days of Date Faxed received. (If necessary, BSDW should provide time and date to be contacted)</i>		

RESPONSE TO:	Name of BSDW Contacted	Date Contacted	Time
	Answer (s) provided:		

Staff Initials	PWD File Number 6615-6-2-	Date PA'd	Staff Initials
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