



BUDGET AND DECISION FORM

Privacy Act Statement

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 Administrative Authority

Classification of Need [ ] Employable [ ] Unemployable [ ] G.F.A. Supplement to B&D number

Applicant's Name S.I.N. Band Name and Family No.

Address Postal Code

Spouse's Name S.I.N. Band Name and Family No.

Head of Household Where Residing on Reserve [ ] off Reserve [ ]

Table with columns: Family Composition (Status, Child, Adult), Guardian Financial Assistance (Name of Child, Birth date, Family No. and Band Name). Rows include Indian, Non-Indian, Total Number.

Resources Monthly Requirements

Main financial calculation section. Includes Income of Applicant, Spouse and Dependents during previous month (Earned Income, Income from Self-employment, Unearned Income & Property Revenue, Recovery). Monthly Requirements table with categories: Basic Needs, Shelter, Guardian Financial, Special, etc.

Comment Temporary Allowance Issued by Administrative Authority

Temporary Allowance Issued by Administrative Authority section. Includes 3 rows for Voucher/Cheque with fields for Number, Amount, From, To, and Units.

Continuing Allowance

Continuing Allowance section. Includes Transfer to Band Work Project, For Review (B/F on Y M D), Initial of Clerk (after posting), and Authorized by (Officer of Administrative Authority, Date, Signature of Applicant, Date).

APPEAL INSTRUCTION

CLIENT RESPONSIBILITY

As conditions of continuing eligibility for Social Assistance, a recipient is required:

1. To demonstrate in a manner prescribed by the Administrative Authority that he/she has explored within the limits of his/her ability and circumstances all resources of self-support and to provide evidence in support of his/her application.
2. To declare all income for self, spouse, and other dependents when applying or reapplying for Social Assistance.
3. To cooperate in determining eligibility for Social Assistance benefits by providing necessary information.
4. To use the Social Assistance benefits for the intended purpose and in the best interest of himself/herself and dependents.
5. To report immediately to the Administrative Authority any change in income, composition of family, personal or real assets, and any other circumstances which would require adjustment in Social Assistance entitlement.
6. To accept reasonable employment, vocational training, or rehabilitation services leading towards self-support.

ADMINISTRATIVE REVIEW AND APPEAL

An applicant or recipient of Social Assistance may appeal on the grounds of:

- |                                 |                        |
|---------------------------------|------------------------|
| 1. Refusal to grant assistance  | 5. Incorrect allowance |
| 2. Cancellation of an allowance | 6. Method of payment   |
| 3. Suspension of an allowance   |                        |
| 4. Reduction of an allowance    |                        |

If you wish to appeal, obtain a form from the Administrative Authority, complete and submit to Administrative Authority within 30 calendar days from date of decision.