



REQUEST FOR ADMINISTRATIVE REVIEW

PRIVACY ACT STATEMENT

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

Administering Authority	Number
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- Please complete in full
- Please print clearly

An applicant or recipient of Social Assistance may request an Administrative Review of the following decisions:

- | | |
|---|--|
| <input type="checkbox"/> Refusal to grant an allowance or service | <input type="checkbox"/> Suspension of an allowance or service |
| <input type="checkbox"/> Cancellation of an allowance or service | <input type="checkbox"/> Reduction of an allowance or service |

1. DECISION TO BE REVIEWED - ADMINISTERING AUTHORITY TO COMPLETE THIS SECTION

Applicant's/Recipient's Name:	Date that the Applicant/Recipient was notified of the decision (year/month/day):
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STATEMENT OF DECISION (including the relevant section of policy; for Persons with Disabilities (PWD) Designation - quoting the reason(s) to deny from the decision letter signed by the PWD Adjudicator)

Worker's Name (Please Print)	Signature of Worker	Date
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2. REQUEST FOR ADMINISTRATIVE REVIEW AND REASONS FOR REQUEST - APPLICANT OR RECIPIENT TO COMPLETE THIS SECTION

Note to Applicant/Recipient: You must complete this section and submit the completed form to your worker within 20 business days from the date of notification of the decision if you wish to request for an Administrative Review. You may also attach new information and documents that you wish to have considered with this request.

I am dissatisfied with the above decision and wish to request an administrative review of the decision for the following reasons:

I have attached new documents I wish to have considered Yes No

Signature of Applicant/Recipient	Date
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Address	Postal Code	Telephone No.
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Within 20 business days following receipt of a request for a review, the designated Funding Services Officer or, in case of denial of PWD designation, the Indian and Northern Affairs Canada PWD reviewer, shall conduct a review.

