



2000 DISABILITY BENEFITS LEVEL II REPORT

Administrative Authority

PART A (To be completed by applicant, please print clearly)

Applicant's Name

D.O.B. (Y/M/D)

S.I.N.

Band No.

General Delivery, Post Box, Rural Route, Site or Comp. Number

City/Town

Province

Postal Code

Applicant's Signature

PLEASE MARK ONE BOX BELOW:

- I confirm that I am receiving the DBL II from a First Nation Administering Authority.
- I confirm that I am receiving social assistance from a First Nation Administering Authority.

Telephone Number

Date Signed (Y/M/D)

PART B (To be completed by Administering Authority, please print clearly)

I confirm that the applicant is my client and
receiving the monthly amount of: \$

Name - Please Print

General Delivery, Post Box, Rural Route, Site or Comp. Number

City/Town

Province

Postal Code

Administering Authorities Signature

PLEASE MARK ONE BOX BELOW:

- I confirm that the applicant is receiving Disability Benefits Level II as the amount shown above.
- I confirm that the applicant is receiving Social Assistance as the amount shown above.

Telephone No.

Date Signed (Y/M/D)

Bus Pass Telephone Inquires:

Vancouver (604) 682-0391
 Victoria (250) 387-4331
 Else where in BC 1-888-661-1566

Mailing address for Bus Pass Program:

Ministry of Social Development & Economic Security
 P.O. Box 9430 Stn Prov Govt
 Victoria BC V8W 9V2