



### CONSENT FOR BC MHSD TO RELEASE OF PERSONS WITH DISABILITIES INFORMATION

Privacy Statement: Information collected on, and disclosed pursuant to, this document is collected pursuant to Indian and Northern Affairs Canada's *Social Development Policy and Procedures Manual, BC Region* for the purpose of determining eligibility for assistance and will be maintained pursuant to the *Privacy Act* and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency.

#### APPLICANT INFORMATION

Last Name	First Name	Middle Name	Date of Birth (YYYY-MMM-DD)
Personal Health Number		Social Insurance Number (optional)	Telephone Number
Street Address		City	Postal Code

I **authorize and consent** to the release, by the British Columbia Ministry of Housing and Social Development, of information concerning my Persons with Disabilities designation under the *BC Employment and Assistance for Persons with Disabilities Act* to the following Administering Authority:

\_\_\_\_\_

Administering Authority Name and Number

\_\_\_\_\_

Band Social Development Worker (Print Name)

\_\_\_\_\_

Signature of Band Social Development Worker

\_\_\_\_\_

Date (YYYY-MMM-DD)

I **further authorize and consent** to the British Columbia Ministry of Housing and Social Development, providing:

- 1) a certified copy of my *Persons with Disabilities Designation Application*; and
- 2) any information, including documents, related to my Application for designation as a Person with Disabilities to Indian and Northern Affairs Canada and the First Nations Social Development Society.

The information released and provided will be used solely for the purpose of determining my eligibility for Persons with Disabilities benefits in accordance with the *Indian and Northern Affairs Canada Social Development Policy and Procedures Manual, BC Region*.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date (YYYY-MMM-DD)

**Band Social Development Worker** please forward completed form to:

Health Assistance Branch  
 Fax: 250-356-7290 or mail to:  
 Health Assistance Branch - Ministry of Housing and Social Development  
 PO Box 9971 Stn Prov Govt  
 Victoria, BC V8W 9R5  
 Tel: 1-888-221-7711

**Health Assistance Branch** please forward authorized information to:

First Nations Social Development Society (FNSDS)  
 PWD - Social Development Program  
 #704, 718-333 Brooksbank Avenue  
 North Vancouver, BC V7J 3V8  
 Tel: 604-913-4152 (Local) or 1-877-985-5565 (Toll-free)