



BUS PASS ELIGIBILITY

PRIVACY ACT STATEMENT

Information collected on, and disclosed pursuant to, this document is collected pursuant to the Indian and Northern Affairs Canada (INAC) *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.

Band Social Development Worker please fax completed form to the Bus Pass Program, Ministry of Social Development at: Fax: 250-356-7751(Victoria). For general inquires, please call: 1-866-866-0800.

Please complete in full. Please print clearly.

Administering Authority:

Number:

SECTION A: APPLICANT INFORMATION – TO BE COMPLETED BY APPLICANT

Applicant's Last Name	Applicant's First Name	Date of Birth
Address		Postal Code
Telephone Number	Social Insurance Number	Indian Registry Number

(√) **ONE** of the following:

- PWD Disability recipient and receive disability benefit in the amount of \$ _____.
- Income Assistance recipient, 60-64 years of age and receive assistance in the amount of \$ _____.
- Recipient in Special Care Facility and receive comforts allowance in the amount of \$ _____.
- Pensioner with CPP (OAS/GIS/Spousal) Benefits in the amount of \$ _____.

SECTION B: INFORMATION – TO BE COMPLETED BY BAND SOCIAL DEVELOPMENT WORKER

Band Social Development Worker's Name	Telephone Number
Address	Postal Code Fax Number

(√) **ONE** of the following:

- Income Assistance recipient of PWD Disability assistance and the amount of disability assistance being issued in accordance to the INAC *Social Development Policy and Procedures Manual, BC Region* is \$ _____.
- Income Assistance recipient and between the age of 60-64 and the amount of income assistance being issued in accordance to the INAC *Social Development Policy and Procedures Manual, BC Region* is \$ _____.
- Recipient in Special Care Facility and the amount of comforts allowance being issued in accordance to the INAC *Social Development Policy and Procedures Manual, BC Region* is \$ _____.
- Pensioner with CPP Benefits \$ _____ and circle type: OAS/GIS/Spousal.

Band Social Development Worker's Signature	Date Signed
--	-------------