



## REQUEST FOR THE MONTHLY NUTRITIONAL SUPPLEMENT APPLICATION

### 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.

Please complete in full. Please print clearly.

Administering Authority:

Number:

### SECTION A – REQUEST FOR APPLICATION – TO BE COMPLETED BY BAND SOCIAL DEVELOPMENT WORKER

#### ADMINISTERING AUTHORITY INFORMATION

Name of Band Social Development Worker

Telephone Number

Mailing Address

City

Postal Code

Fax Number

#### REASON FOR REQUEST

New Monthly Nutritional Supplement (MNS) Application

Monthly Nutritional Supplement (MNS) Review

#### APPLICANT INFORMATION

Last Name

First Name

Middle Name

Mailing Address

City

Postal Code

Telephone Number

I am requesting a *Monthly Nutritional Supplement Application* (SA 401) form for the above mentioned applicant.

The applicant has a Persons with Disabilities (PWD) designation and is in receipt of disability assistance in accordance with INAC's *Social Development Policy and Procedures Manual, Volume 1, BC Region*.

Signature of Band Social Development Worker

Date Signed (year/month/day)

### SECTION B – REQUEST TO BE COMPLETED BY FNSDS PWD/MNS OFFICER

Date Fax Received

Initials

Date Request Completed

Initials

MNS Application Number

PWD File Number (optional)



Fax this form to:

**First Nations Social Development Society  
PWD/MNS – Social Development Program  
Fax: 604-926-4152 (Lower Mainland)**