



## PERSONS WITH DISABILITIES AND/OR MONTHLY NUTRITIONAL SUPPLEMENT ENQUIRY

**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 – APPLICATION ENQUIRY – 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

**APPLICANT INFORMATION**

Last Name	First Name	Middle Name
PWD Application Number	MNS Application Number	PWD File Number (optional)

**NATURE OF ENQUIRY**

<p>Persons with Disabilities (PWD)</p> <p><input type="checkbox"/> Date PWD application received by FNSDS</p> <p><input type="checkbox"/> Reason or date PWD application returned</p> <p><input type="checkbox"/> Date PWD application to be adjudicated</p> <p><input type="checkbox"/> Confirmation of completed PWD application</p> <p><input type="checkbox"/> Other:</p>	<p>Monthly Nutritional Supplement (MNS)</p> <p><input type="checkbox"/> Date MNS application received by FNSDS</p> <p><input type="checkbox"/> Reason or date MNS application returned</p> <p><input type="checkbox"/> Date MNS application to be adjudicated</p> <p><input type="checkbox"/> Confirmation of completed MNS application</p> <p><input type="checkbox"/> Other:</p>
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\_\_\_\_\_  
Signature of Band Social Development Worker

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Date Signed (year/month/day)

**SECTION B – RESPONSE TO ENQUIRY – TO BE COMPLETED BY PERSONS WITH DISABILITIES OFFICER**

Response(s) provided:

Date Fax Received	Name of BSDW Contacted	Date Contacted	Time	Initials
	PWD File Number 6615-6-2-	Date PA'd		Initials



**FAX ENQUIRY TO:**

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