



SOCIAL DEVELOPMENT FINANCIAL AND STATISTICAL REPORT

The information you provide in this document is collected under the 2003 Income Assistance Funding Authority for Social Development for the purpose of policy and program management. Information on individuals is used by Indian and Northern Affairs Canada's Social Policy and Program Branch employees who need to know the information in order to respond to your request and/or the program requirements. We do not share the personal information with other government departments. The personal information will be kept for a period of 5 years. Individuals have the right to the protection of and access to their personal information under the Privacy Act (Justice Privacy Act <http://justice.gc.ca/en>). The information collected is described under the Treasury Board Personal Information Bank Program Records Number: INA SEP 504 which is detailed at www.infosource.gc.ca.

Administering Authority name	Administering Authority No.	Period (YYYYMM)
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If an Amendment to an original or a previous amendment, identify Amendment No.	
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Income Assistance Client Caseloads	No. of Heads of Households (Applicants)	No. of Dependants of Heads of Households (Spouses and/or Children only)	Expenditures \$
Employable			
One Parent Families			
Two Parent Families			
Childless Couples			
Singles		N/A	
Persons with Persistent Multiple Barriers (PPMB)			
One Parent Families			
Two Parent Families			
Childless Couples			
Singles		N/A	
Persons with Disabilities (PWD)			
One Parent Families			
Two Parent Families			
Childless Couples			
Singles		N/A	
WOP/ASARET/(SA Transfers)			
One Parent Families			
Two Parent Families			
Childless Couples			
Singles		N/A	
Total Income Assistance Expenditures (A)			

No of WOP Projects (since April of the fiscal year, cumulative total)	
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Shelter – Regular Clients			Shelter – WOP / ASARET Clients		
	No. of Housing Units	Expenditures \$		No. of Housing Units	Expenditures \$
Rent CMHC			Rent CMHC		
Rent Non-CMHC			Rent Non-CMHC		
Rent Privately Owned			Rent Privately Owned		
Fuel/Utilities/Other			Fuel/Utilities/Other		
Total Shelter Expenditures (B)					

Health Benefits and Burials			Assessment Fees		
	No. of Clients	Expenditures \$		No. of Assessments	Expenditures \$
Health Benefits (Non-Status)			PPMB		
Burials			PWD		
Total Health, Burials and Assessment Expenditures (C)					

Total Basic Needs Expenditures (A + B + C = D)	
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Guardian Financial Assistance	No. of Children	Expenditures \$	Special Needs	Expenditures \$
		(E)		(F)

	No. of People	No. of Hours	Expenditures \$
Adult In-Home Care			
Homemakers			
Personal Care			
Meal Program		N/A	
Adult Day Program		N/A	
Other In-Home Program		N/A	
Total In-Home Care Expenditures (G)			

Total of All Expenditures for the Month (D + E + F + G)	
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The information provided is accurate to the best of my knowledge

Given name	Family Name	
Title	Telephone No.	Date (YYYYMMDD)