



Consent to Disclosure of Information Service Authorization

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. You have the right to revoke this consent at any time. Any questions regarding this form, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Client Name	
SR Number (if applicable)	Case Number (if applicable)

Section 1 – Consent to Disclosure

I consent to the disclosure within Canada of any personal information about me currently held under the custody and control of the Ministry of Social Development and Poverty Reduction subject to the following limitations:

1. The following specific information only. (If more space is required, please attach an additional page)

2. All information relevant to the Ministry's determination of my eligibility for the Ministry's provision to me of:

- | | |
|--|--|
| <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Hardship Assistance |
| <input type="checkbox"/> Disability Assistance | <input type="checkbox"/> Supplements |

This information may be disclosed to an agency and/or an individual named below for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

Section 2 – Service Authorization

Please select which types of service requests the agency and/or individual named below is authorized to make with your knowledge and on your behalf (select all relevant types of service request):

- All of the following
- Change of your address
- Request for security deposit
- Apply for Persons with Persistent Multiple Barriers (PPMB)
- Request a Persons with Disabilities (PWD) Application
- Request for Special Diet Needs
- Requests for Medical Supplies or Devices, Medical Device Repairs
- Bus Pass
- Request for Reconsideration
- Crisis supplement (i.e., food, shelter, clothing, utilities etc) and I accept this could impact the 12 months limitation rule
- Medical Transportation
- Amendment to Employment Plan Terms
- Other (must specify a specific service) _____

This information may be disclosed to the following agency and/or individual that you identify below.

Agency Name (if applicable)		Individual Name (if applicable)	
Address			
City / Town	Postal Code	Telephone Number	Fax Number



Consent to Disclosure of Information Service Authorization

Agency Name (if applicable)		Individual Name (if applicable)	
Address			
City / Town	Postal Code	Telephone Number	Fax Number

This authorization is effective for (select one box):

- 3 months
 6 months
 9 months
 One year

This authorization is effective starting from the date it is signed and will remain valid for the period chosen. If no box has been selected, the ministry will default to the consent being effective for a 3 month period. Authorization can be cancelled at any time by calling the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Name of Person Giving Consent	Signature	Date (YYYY MMM DD)	Phone Number
Name of Witness	Signature	Phone Number	

NOTE: If you are signing on behalf of the Ministry Client, you must attach proof of that legal authority (for example, a copy of the court order naming you as Committee) to this Consent.

Authorization

There are two types of authorization: Disclosure of Information and Service authorization. You can give one or both to your representative. By specifying the type of authorization, you control the type of access or information we disclose to your representative.

Section 1 – Consent to Disclosure

An agent/representative may receive any information related to the applicant's/recipient's application for and eligibility for assistance under the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act. Such information may include:

- Amount of assistance for current and previous months
- Reason for signalled payment
- Status of IA applications
- Status of PPMB applications
- Status of PWD applications
- Status of Medical Transportation, Supplies, Devices
- Status of Request for Reconsiderations

Section 2 – Service Authorization*

We may disclose the information listed in **Section 1 – Consent to Disclosure** to your authorized individual or agency and, under **Section 2 – Service Authorization**, you may provide your consent to authorize them to initiate a request for service on your behalf.

Such service requests may include:

- Request for security deposit
- Change of address
- Apply for Persons with Persistent Multiple Barriers
- Persons with Disabilities Application
- Crisis supplement (i.e., food, shelter, clothing, utilities etc) and I accept this could impact the 12 months limitation rule
- Bus Pass
- Request for Reconsideration
- Request for Special Diet Needs
- Medical Transportation
- Amendment to Employment Plan Terms

*Please note that service delivery standards are the same for requests submitted through an authorized agency, individual, applicant or recipient.

Your authorized agency/individual **will not be allowed** to change your:

- Direct deposit information;
- Change landlord information.