

CONFIRMATION OF INCOME

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 information will be used for eligibility purposes. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection, use, and disclosure of personal information can be directed to an Employment and Assistance Worker by phone at 1-866-866-0800.

Service Provider Name Bridgeway Intensive Live-In Treatment Centre			Fax Number 1-236-766-5085
Address 265 Gray Road, Kelowna BC OR 1893 Ethel Street, Kelowna BC			
Clients receiving assistance from the Ministry of Social Development and Poverty Reduction must inform the Ministry of their request to enter residential care/treatment prior to funding. The Ministry will process applications for funding once notified of the client's arrival on the date of admittance by the facility faxing the HR3319 to the Ministry of Social Development and Poverty Reduction.			
Client Full Name			
Phone Number Date of Birth	Number Date of Birth		
I hereby authorize the staff from the Ministry of Social Development and Poverty Reduction to release information from my file required to establish eligibility for funding. This includes any income received or pending, and any missing documents that might affect my eligibility.			
Client Signature			Date Signed
To be completed by ministry staff			
Does the client have an open file?	○Yes	○No	
Is the client receiving any other income? Source of income	○Yes	○No	
Amount of income			
Is the client pending any other income? Source of pending income	○ Yes	○No	
Notes			
*Be advised information is accurate as declared to the Ministry as of the date signed.			

Security Classification: MEDIUM SENSITIVITY