



Department of Human Resources, Labour and Employment

Information for Applicants

Please complete the “Application for Income Support” and “Reporting Requirements and Release of Information” forms in **Black** or **Blue ink only**.

You also have the option of completing an application by telephone. You must contact the number applicable to your region:

Avalon:	1-877-729-7888; local 729-7888; TTY: 1-888-380-2299;
Central:	1-888-632-4555; TTY: 1-877-292-4205
Western:	1-866-417-4753; TTY: 1-866-445-8585
Labrador:	1-866-449-3144; TTY: 1-866-443-4046

If you apply by telephone, a copy of the completed application will be sent to you for your signature.

Please ensure that you (and spouse, if applicable) complete and sign the “Application for Income Support” and “Reporting Requirements and Release of Information” forms. You should read the Release Form carefully. When you sign this Form, you are giving consent to the Department of Human Resources, Labour and Employment to contact other agencies in order to verify information on your application.

Please ensure that you attach all the necessary documentation with your application. Your application is valid for a 30 day time period. Any delays may result in having to complete a new application.

You may be requested to provide additional information or to visit the District Office for a personal interview.

You can normally expect a decision on eligibility for benefits within five (5) working days upon receipt of the Application and all required documentation at the address noted below.

To ensure your application is processed in a timely manner, please mail the “Application for Income Support” and “Reporting Requirements and Release of Information” forms and all necessary documentation to the address below:

Document Processing Unit
Department of Human Resources, Labour and Employment
P.O. Box 8790
St. John's, NL
A1B 5E4

CASE # : _____ Date _____

Received: _____

Form# 14-857
Revised Nov 9, 09



APPLICATION FOR INCOME SUPPORT

Please print clearly and complete the application with a pen. If you have any questions regarding the completion of this form, or if you wish to make an appointment to discuss your application, please contact the office for your region.

All questions must be answered to prevent delays in processing your application.

A. PERSONAL INFORMATION

APPLICANT		SPOUSE (If Applicable)	
Name : _____		Name : _____	
SIN _____		SIN _____	
MCP # _____		MCP # _____	
Date of Birth (year/month/day): _____		Date Of Birth (year/month/day): _____	
Canadian Citizen: Yes <input type="radio"/> No <input type="radio"/>		Canadian Citizen: Yes <input type="radio"/> No <input type="radio"/>	
Gender: Male <input type="radio"/> Female <input type="radio"/>		Gender: Male <input type="radio"/> Female <input type="radio"/>	
Residential Address: _____		Mailing Address: _____	
Town: _____		Town: _____	
Home Phone Number or number where you can be reached: _____		Postal Code: _____	
Family Status: <input type="radio"/> Married	<input type="radio"/> Single	<input type="radio"/> Single Parent	<input type="radio"/> Separated
<input type="radio"/> Common Law	<input type="radio"/> Divorced	<input type="radio"/> Widow/Widower	Date of Separation: _____

B. FAMILY INFORMATION

DEPENDENT CHILDREN LIVING WITH YOU FULL TIME - include all children under 18 years and those over 18 years who are attending high school. (Attach a letter from the school to verify attendance for children over 18 years of age.)					
First Name	Surname	Male	Female	MCP Number	Date of Birth(Y/M/D)

1. Do you currently receive the **maximum Newfoundland and Labrador Child Tax Benefit?** Yes No
 If no, please indicate reason why: _____

C. ACCOMMODATIONS (Please complete ONLY the section which best describes your living arrangements)

INSTITUTION/RESIDENTIAL FACILITY: I live in an institution or residential facility.

2. Please identify name of institution or residential facility: _____
 3. How long have you lived at this address? _____

BOARD AND LODGING: I am boarding with relatives I am boarding with non-relatives

Please provide confirmation if boarding with non-relatives

4. Name of Owner of Residence: _____
 5. Relationship to applicant and/or spouse: _____
 6. How long have you lived at this address? _____

RENTAL ACCOMMODATIONS:

I am renting a House I am renting an Apartment I am renting a Bedsitting Room.

7. Name, Address, and Phone Number of Landlord/Landlady: _____

8. Relationship of the Landlord/Landlady to you or spouse: _____

9. Monthly rental payment \$ _____ **Please attach most recent rental receipt and copy of lease agreement**

10. Indicate if either utility is included in your rent: Heat Light

11. Are you sharing these accommodations? Yes No

(A) Your share of the rent is \$ _____

(B) Name and relationship of person with whom you are sharing: _____

12. How long have you been at this address? _____

HOMEOWNER: I live in my own home

13. Do you have a Rent-to-Own Agreement on your home? Yes No

(A) What is your monthly Rent-To-Own payment? \$_____

14. Do you have a mortgage on your home? Yes No

(A) What is your monthly mortgage payment? \$_____

(B) Which municipal taxes are included in your payment? Property Water None

(Please attach a copy of your official mortgage plus the most recent annual statement and receipt of payment or a copy of your Rent-to-Own agreement documentation plus a recent receipt for payment)

(C) Have you made this month's payment? Yes No

(D) Is there disability/life insurance on your mortgage? Yes No

List all other persons over 18 years old, not included in Section A or B of this Application, who are living with you:

Name	Relationship to You	Amount of Board You Receive

D. REASON FOR ASSISTANCE

15. Have you or your spouse received Income Support/Assistance before? No Yes, last date received _____

(A) Who received this assistance? Applicant Spouse Both

(B) Where was this assistance received? (Province/City/Town/Community) _____

(C) Under whose name would these services have been provided? _____

16. Which services are you applying for at this time? Income Support Benefits

Medical Supplies or Equipment Other: _____

17. What is the reason for your application at this time?

E. FINANCIAL INFORMATION

18. How have you supported yourself in the last 60 days? (Please provide verification of income)

19. Where have you lived during the last 60 days? (Please specify type and location of accommodations) _____

Please answer the following for yourself and spouse:	Applicant	Spouse (If Applicable)
20. Are you currently employed? If Yes: Please indicate payment periods. Provide pay stubs for the past 60 days	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly

Please answer the following for yourself, spouse, and dependents:	Applicant	Spouse (If Applicable)	Dependent (s) (If Applicable)
21. Have you applied for Student Aid?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
22. Are you in receipt of Student Aid?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
23. Name the school attending or planning to attend.	_____	_____	_____
24. Are you in receipt of a scholarship/bursary? If yes, indicate value of scholarship.	<input type="radio"/> Yes <input type="radio"/> No \$ _____	<input type="radio"/> Yes <input type="radio"/> No \$ _____	<input type="radio"/> Yes <input type="radio"/> No \$ _____
25. Are you in receipt of a training allowance? If yes, indicate weekly rate.	<input type="radio"/> Yes <input type="radio"/> No \$ _____/week	<input type="radio"/> Yes <input type="radio"/> No \$ _____/week	<input type="radio"/> Yes <input type="radio"/> No \$ _____/week
Please provide verification			

E. FINANCIAL INFORMATION (CONT'D)

26. Do you have any medical insurance coverage? Yes No
If yes, type of coverage: _____

27. Does your spouse or any of your dependents have medical insurance coverage? Yes No
If yes, which dependent? _____
Type of coverage: _____

28. Are you involved in an appeal or a legal process where a cash settlement may be pending? Yes No

29. Is your spouse involved in an appeal or a legal process where a cash settlement may be pending? Yes No

If you answered 'Yes' to either question 28 and/or question 29, please provide details:

30. Name of your bank or financial institution: _____

Account Number: # _____ Branch : _____ Balance : _____

Account Number: # _____ Branch : _____ Balance : _____

Account Number: # _____ Branch : _____ Balance : _____

Please provide verification of your liquid assets, either an up-to-date bank book or your most recent bank statement.

31. Do you or your spouse have other liquid assets such as savings on hand, RRSP's, Mutual Funds, Stocks or Bonds?

Yes, **Provide verification** No

F. CHILD SUPPORT/MAINTENANCE (ALIMONY)

32. Do you receive child support/maintenance (alimony)? Yes, Amount \$_____ No

If yes, is the amount received Weekly Bi-Weekly Monthly **(Provide receipt/verification)**

33. Have you applied for child support/maintenance (alimony)? Yes No

The Department employs **Support Application Social Workers** to assist individuals in seeking child support orders or agreements and can assist you in this process. It is required that all single parents seek such support where available. If there is a reason why you are not receiving or have not sought support, please identify in the space provided.

34. Please indicate if this section does not apply to you. Does not apply to me

G. INCOME SOURCES

35. Have you or your spouse **applied for** or **received** any of the following sources of income in the past 60 days?
Provide verification.

	Applicant			Spouse (If Applicable)		
	Applied for	Received	Amt. rec'd in last 60 days	Applied for	Received	Amt. rec'd in last 60 days
Employment Insurance	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Canada Pension	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
OAS/GIS	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
V.A.C. Pension	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
V.A.C. Allowance(Widow/Orphan)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
TAGS/Post TAGS Program	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
License Buy Back Program	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Severance Pay	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Spouse's Allowance	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Income from Boarders	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Workers' Compensation	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Child Support/Maintenance	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Insurance Settlements	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Private Pension	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Income Tax Refund	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Payment from an Estate	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Income from RRSP's	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Government Pensions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Foreign Pensions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Income from Rental property	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Sale of Property	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Winnings/Games of Chance	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Business Income *	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Fishing Income *	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____
Any Other Income	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	\$_____

* Please include verification of any expenses incurred while earning this income

H. CHILD CARE INFORMATION

Only complete this section, if you or your spouse are currently working or in full-time attendance at school and have dependent children under 14 years of age.

36. Do you have child care expenses? Yes No
(A) Cost of child care per month? \$ _____ **(Please attach verification)**
(B) Name of child care provider: _____ Relationship to you _____
of Hours of care provided per week: _____
37. Do you have a child(ren) in a licensed Child Care Centre? Yes No
(A) Cost of child care per month? \$ _____ **(Please attach verification)**

I. SPECIAL NEEDS

38. If you have any additional information not previously covered in this application, which would require special expenses or circumstances being considered in assessing your application i.e., disability, pregnancy, diabetes, please provide details below:

Please provide verification if applicable

J. DOCUMENTATION TO SUBMIT

This documentation is necessary to prevent delays in processing your application. Have you remembered to include:

Verification of attendance in school if dependent child living with you is over 18 years of age

Verification of mortgage or rental receipts (plus mortgage/rent to own documents, if applicable)

Pay stubs for the last 60 days for you and spouse (if applicable)

Verification of income from any source, within past 60 days, for you and spouse (if applicable)

Verification of allowances/pensions applied for or received by you and spouse (if applicable)

Verification of bank account or other liquid assets

Receipts or verification of payments to child care providers or licensed Child Care Centres (if applicable)

Receipts or verifications of Child Support or Maintenance payments (if applicable)

Verification of special needs

Signed and completed Release of Information.

Verification of expenses incurred while earning business or fishery income

Income Tax Assessment form

If not previously submitted to a HRLE Office, please include:

Copy of Birth Verification (**one of the following** - birth or baptismal certificate, drivers license, passport, MCP with D.O.B., Citizenship, Immigration, Naturalization or Canadian Landed Resident papers)

Copy of Social Insurance Number Card for you and spouse (if applicable)

K. EDUCATION

Please answer the following for yourself and spouse	Applicant	Spouse (If Applicable)
	Grade _____	Grade _____
39. Please indicate highest grade completed in school	<input type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Complete <input type="radio"/> Incomplete	<input type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Complete <input type="radio"/> Incomplete
	College/Technical Institution	
	University Apprenticeship	
40. Indicate any degrees/diplomas/certificates received	Applicant	Spouse (If Applicable)
41. If you or your spouse are interested in or planning to take part in training, please identify program and length of course:	<input type="radio"/> less than 13 weeks <input type="radio"/> 13 -52 weeks <input type="radio"/> 52 weeks or more Program: _____	<input type="radio"/> less than 13 weeks <input type="radio"/> 13 -52 weeks <input type="radio"/> 52 weeks or more Program: _____

L. EMPLOYMENT HISTORY

	Applicant	Spouse (If Applicable)
42. What is your main occupation?		
43. Who was your last employer?		
44. Where was this employment located?		
45. When did this employment end?		
46. Why did the employment end?		
47. Have you received E.I. benefits in the last 3 years (Or 5 years for maternity or parental benefits)? If so, you may be eligible for employment benefits & support measures.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
48. Are you interested in being referred to an Employment Assistance Services Office?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

M. CAREER, EMPLOYMENT AND YOUTH SERVICES

The assessment of your application for Income Support will not be affected by how you answer the following questions:		
The Career, Employment and Youth Services Division have a range of employment and career services.		
49. Where services are available, would you like to be referred for the following assistance:	APPLICANT	SPOUSE
Deciding on a career	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Job search	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Exploring additional education and training	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Employability assistance for persons with disabilities	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
50. Do you have dependents between the ages of 16-21 who may be interested in these services? 51.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are there any issues which may prevent you from going to work at this time?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
You may specify these issues if you wish:		

**For information and services currently available, call Labour Market and Career Information Hotline
Toll free 1-800-563-6600.**

N. DECLARATION AND SIGNATURE

I/we declare that the information and answers given to the questions on this Application are true to the best of my/our knowledge. I/we understand that this information will be used to determine eligibility for Income Support and/or to obtain Employment Services, and may be subject to verification by Departmental staff.

I/we agree that all changes in circumstances are to be reported to a Client Services Officer at the HRLE Office for my region immediately, including changes in income, family size, living arrangements, etc.

I/we understand that knowingly making false and misleading statements is an offence. **Persons making false declarations may be subject to prosecution.**

_____	_____	_____
Signature of Applicant or Trustee	Date	Witness(for those applicants who sign with an X)
_____	_____	
Signature of Spouse	Date	

ALL QUESTIONS MUST BE ANSWERED TO PREVENT DELAYS IN PROCESSING YOUR APPLICATION.

O. OFFICE USE ONLY

Referral to:

Support Applications Social Worker Career, Employment and Youth Services Services Canada

EDP

Other: _____

Comments:

Case Number : _____ Assigned to : _____

Comments: _____

Signature: _____ Date Reviewed: _____

RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

Name of Client

Name of Spouse (if applicable)

Revised: 03 Feb 2010

Form # XF0010

File #

Address

All new and re-opened applicants for income support benefits must complete this form upon application for services and during the regular review process.

Your personal information will be used to assess your household's eligibility for income support benefits; to determine the amount of assistance; to identify your employment, medical and other service needs; and to prevent and detect fraud.

Rights

The Department of Human Resources, Labour and Employment (HRLE) respects your rights for privacy. As stated in the *Access to Information and Protection of Privacy Act (ATIPPA)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

Responsibilities

I agree to report to HRLE any changes in my circumstances, or the circumstances of my family (spouse, common-law spouse, children or dependent students) as this may affect eligibility and rates of assistance.

I understand that excess payments can result from a failure to report changes in circumstance. This failure to report could mean that I will not get increases in my benefits or I might have to pay back money I received over the allowable amount. If I am in doubt as to whether a change in circumstance will affect eligibility, I agree to notify an employee of HRLE. Some examples of changes in circumstances are: change in address; the receipt or expected receipt of money, goods or other assets from any source; increases or decreases in the number of dependants; a child turning 18; changes in health status; changes in marital status or changes in living arrangements.

Client Consent to Release and Exchange Personal Information

I give consent to HRLE to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependant students), for income support services.

I give consent to any department, agency or person having such information or documents to release them to HRLE employees. This information may be about individual needs, income, assets, employment (including

Return with your application

Record of Employment documents), marital status or any entitlement I may have to benefits under other programs. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada - Service Canada; provincial departments of Education, Justice, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; the Workplace, Health, Safety and Compensation Commission; regional health authorities; governments and agencies in other provinces and territories; financial institutions such as banks, mortgage companies, credit unions, credit bureaus and insurance companies; employers; or other organizations or individuals that may have information that is deemed necessary for HRLE to verify eligibility for income support benefits and services.

I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by HRLE.

Consent for Canada Revenue Agency to Release Taxpayer Information

I authorize the Canada Revenue Agency to release information from my income tax records and other relevant taxpayer information to an official of HRLE. The information will be used solely for the purpose of verifying my eligibility, determining my entitlement for income support benefits and for the general administration and enforcement of the Income Support Program under the *Income and Employment Support Act*. This information will not be disclosed to any other person or organization without my approval. This authorization is valid for:

- (a) the most recently available of the two taxation years prior to the year of signing this form,
- (b) the current taxation year and,
- (c) each subsequent consecutive taxation year for which we require income support benefits.

I understand that my consent to release personal information is required to apply for or receive benefits from the Income Support Program. The failure to provide this consent or the withdrawal of my consent will make me ineligible for income support benefits.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of Human Resources Labour and Employment.

Signature of Applicant/Client

Social Insurance Number of Applicant

Current Date

Signature of Power of Attorney or Trustee for Applicant (if applicable)

Current Date

Signature of Spouse

Social Insurance Number of Spouse

Current Date

Signature of Power of Attorney/Trustee for Spouse (if applicable)

Current Date

Return with your application

RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

Name of Client

Name of Spouse (if applicable)

Revised: 03 Feb 2010

Form # XF0010

File #

Address

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Your personal information will be used to assess your household's eligibility for income support benefits; to determine the amount of assistance; to identify your employment, medical and other service needs; and to prevent and detect fraud.

Rights

The Department of Human Resources, Labour and Employment (HRLE) respects your rights for privacy. As stated in the *Access to Information and Protection of Privacy Act (ATIPPA)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

Responsibilities

I agree to report to HRLE any changes in my circumstances, or the circumstances of my family (spouse, common-law spouse, children or dependent students) as this may affect eligibility and rates of assistance.

I understand that excess payments can result from a failure to report changes in circumstance. This failure to report could mean that I will not get increases in my benefits or I might have to pay back money I received over the allowable amount. If I am in doubt as to whether a change in circumstance will affect eligibility, I agree to notify an employee of HRLE. Some examples of changes in circumstances are: change in address; the receipt or expected receipt of money, goods or other assets from any source; increases or decreases in the number of dependants; a child turning 18; changes in health status; changes in marital status or changes in living arrangements.

Client Consent to Release and Exchange Personal Information

I give consent to HRLE to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependant students), for income support services.

I give consent to any department, agency or person having such information or documents to release them to HRLE employees. This information may be about individual needs, income, assets, employment (including

Keep for your records



Record of Employment documents), marital status or any entitlement I may have to benefits under other programs. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada - Service Canada; provincial departments of Education, Justice, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; the Workplace, Health, Safety and Compensation Commission; regional health authorities; governments and agencies in other provinces and territories; financial institutions such as banks, mortgage companies, credit unions, credit bureaus and insurance companies; employers; or other organizations or individuals that may have information that is deemed necessary for HRLE to verify eligibility for income support benefits and services.

I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by HRLE.

Consent for Canada Revenue Agency to Release Taxpayer Information

I authorize the Canada Revenue Agency to release information from my income tax records and other relevant taxpayer information to an official of HRLE. The information will be used solely for the purpose of verifying my eligibility, determining my entitlement for income support benefits and for the general administration and enforcement of the Income Support Program under the *Income and Employment Support Act*. This information will not be disclosed to any other person or organization without my approval. This authorization is valid for:

- (a) the most recently available of the two taxation years prior to the year of signing this form,
- (b) the current taxation year and,
- (c) each subsequent consecutive taxation year for which we require income support benefits.

I understand that my consent to release personal information is required to apply for or receive benefits from the Income Support Program. The failure to provide this consent or the withdrawal of my consent will make me ineligible for income support benefits.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of Human Resources Labour and Employment.

Signature of Applicant/Client

Social Insurance Number of Applicant

Current Date

Signature of Power of Attorney or Trustee for Applicant (if applicable)

Current Date

Signature of Spouse

Social Insurance Number of Spouse

Current Date

Signature of Power of Attorney/Trustee for Spouse (if applicable)

Current Date



REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Payee Name:
Mailing Address:

Telephone #:

Information for Direct Deposit

I wish to have my payment deposited electronically into a bank account designated by me.

Signature Date

Please attach a personal cheque marked "VOID" to support the information. If this is not possible, have an official from your financial institution verify by stamping and signing.

Bank or Financial Institution:
Branch Address:

Bank Telephone #:

TRANSIT # [] [] [] [] [] ID # [] [] []

ACCOUNT # [] [] [] [] [] [] [] [] [] [] [] []

Signature of Official Date

CLIENT INFORMATION

Name: Case #:
Residential Address: District Office:

Please return this form to:

Department of Human Resources, Labour and Employment
Document Processing Unit
P.O. Box 8790, Confederation Building
St. John's, NL A1B 5E4