



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: Kinghaven Treatment Centre; Fax Number: 1-604-864-9420; Address: 31250 King Road, Abbotsford, BC V2T 6C2

Clients receiving assistance from the Ministry of Social Development and Social Innovation 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 Social Innovation.

Client Full Name; Phone Number; Date of Birth; SIN Number

I hereby authorize the staff from the Ministry of Social Development and Social Innovation 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?; Is the client receiving any other income?; Source of income; Amount of income; Is the client pending any other income?; Source of pending income; Notes; GA NUMBER

Ministry Staff Signature; Date Signed

*Be advised information is accurate as declared to the Ministry as of the date signed.