



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 A New Tomorrow Treatment Solutions Ltd.	Fax Number 250 9009841
Address 1607 Greenfield Ave Kamloops, BC V2B 4N4	

the facility faxing the HR3319 to the Ministry of Social Development and Poverty Reduction. will process applications for funding once notified of the client's arrival on the date of admittance by inform the Ministry of their request to enter residential care/treatment prior to funding. The Ministry Clients receiving assistance from the Ministry of Social Development and Poverty Reduction must

Client Full Name		
Phone Number	Date of Birth	SIN Number

received or pending, and any missing documents that might affect my eligibility. release information from my file required to establish eligibility for funding. This includes any income I hereby authorize the staff from the Ministry of Social Development and Poverty Reduction to

Client Signature _____ Date Signed _____

To be completed by ministry staff	
Does the client have an open file?	<input type="radio"/> Yes <input type="radio"/> No
Is the client receiving any other income?	<input type="radio"/> Yes <input type="radio"/> No
Source of income	_____
Amount of income	_____
Is the client pending any other income?	<input type="radio"/> Yes <input type="radio"/> No
Source of pending income	_____
Notes	
Ministry Staff Signature _____ Date Signed _____	
*Be advised information is accurate as declared to the Ministry as of the date signed.	