



Social Assistance Pre-Application Check-List

Applicants must submit the following approved forms:
(Applicant and spouse, if applicable)

- **Complete and signed Application Form with SIN number**
- **Bank Statements (2 months)**
- **Paystubs if applicable**
- **Income Tax Assessment**
- **Consent to Release Information forms signed (various agencies)**
- **Confirmation of Residency and Occupancy List**
(Either: Rental Agreement/CMHC Social Housing Form/CP Proof of ownership/Mortgage documents/Occupancy List + Shared Shelter calculation)
- **Utility Bills – Originals (BC Hydro, Gas, Wood voucher, Telus, etc.)**
- **2 Valid Pieces of ID – Primary with PHOTO + Secondary**

If applicable the following approved forms must also be submitted

- **Child Tax Benefits Assessment**
- **Family Maintenance Payments**
- **PPMB Application and Physician Report**
- **PWD Designation Letter**
- **Diet or Natal supplements physician confirmation**
- **Employment Action Plan – Job Search record sheet - Resume**



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Section 1

Applicant's name		Band Name & Status Number		Province of Membership	
Street Address		Mailing Address	Postal Code	On Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No	Home phone No.
Email address		Cell phone No.		Facebook user <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Single Parent <input type="checkbox"/> Common Law		Date of Birth S.I.N. Health Insurance No. (if non Status)			
Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of arrival in Canada?			
Date last Social Assistance received		Administering Authority		Amount \$	
Are you/ your spouse awaiting other benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify benefit applied for		Date of application	
Are you seeking employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain:			
Date of last employment		Reason for termination		Type of employment / field	
If separated/divorced, deserted, have you applied for financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain					
Spouse's Name		Band name & Status Number		Province of Membership	
Spouse's Date of Birth		Spouse's S.I.N		Spouse's Occupation	
Section 2					
1		Applicant previous Address (es)		From	
		Month	Year	Month	Year
2		Applicant previous Address (es)		From	
		Month	Year	Month	Year
Applicant ⇨		Most Recent/Present Education level or Training Program		From	
Spouse ⇨		High School Y N		Month Year	
Spouse ⇨		High School Y N		Month Year	
Applicant ⇨		Name & Address of Previous/Present Employer		From	
Spouse ⇨				Month Year	



Section 3

Dependent (s) in Home - Full Names	Relationship	Date of Birth	Band Name & Status No	Education level
Other Persons in Home—Full Names	Relationship	Age	Source of Income	

Section 4 Assets

Money owing from Other Persons

Yes No Amount \$ Yes No Amount \$ Yes No Amount \$ Yes No Amount \$ Yes No Value \$ Yes No Value \$

In Trust

Yes No Amount \$ Yes No Make & Year Yes No Value \$

Life Insurance

Yes No Amount \$ Yes No Make & Year Yes No Value \$

Section 5 Earnings / Income

Previous Month's Income	Applicant		Spouse and Dependent (s)	
	Yes	No	Yes	No
Wages—including Severance and Holiday Pay				
Pension (State which type)				
Workers Compensation				
Unemployment Insurance				
Education and Training Allowance				
Fur & Fish Sales, Farming and Small Business				
Band Distribution				
Rental or Land Lease				
Family Support Payments				
Other Income				
Lump Sum Payment or Settlement within the Past Year				
Total earning's in the past 12 months: \$				

Section 6 Shelter

Is Accommodation Shared? Yes No Who is responsible for Shelter Costs?

Rented or Owned Rented Owned CMHC Assisted Housing

Rent/Mortgage Payment Average monthly Utilities BC Hydro \$ _____
 Monthly Fortis Gas \$ _____
 \$ _____ Basic Phone Line \$ _____
 Home Insurance \$ _____

Section 7

I declare and affirm that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement to Social Assistance. I agree to advise the Administering Authority of any change in my financial status, income, marital status, family size, or other circumstances that may affect my eligibility for benefits. I further consent to the Administering Authority disclosing any information in this application to any such source of any such reporting agency, in order to verify or confirm the information, and further consent to any such source disclosing information to the Administering Authority in order that it can verify or confirm the information in this application. Social Assistance benefits obtained under false pretense or misrepresentation may lead to prosecution under the Criminal Code of Canada

Signature of Applicant _____ Date _____ Signature of Spouse _____ Date _____

Information contained in this application has been verified by _____ (PRINT) _____ Signature or Administering Authority _____ Date _____

Witness _____



Social Assistance Applicant and Recipient YOUR RIGHTS AND RESPONSIBILITIES

Applicants and Recipients have the following rights:

- To make an application when you believe you are in need
- To be given the information and assistance needed to ensure that you have correctly applied for Social Assistance Benefits
- To have all personal information treated as private and confidential within the department
- To be free of any consideration of race, gender, colour, creed or political affiliation in the administration of this program
- To receive prompt, courteous, efficient and fair treatment
- To have your eligibility determined on the basis of objective evidence as required by the Program Policy
- To receive all assistance and/or benefits for which you are qualified for
- To appeal any decision concerning your application for benefits or for provision of a specific benefit
- To be kept informed of your responsibilities regarding initial and continuing eligibility

The Responsibilities of Applicants and Recipients are:

- To disclose any information that is required under the policy and procedures established in this manual
- To complete all required eligibility forms in a proper manner
- To take maximum personal responsibility for achieving increased or complete independence
- To, if required by policy, seek work at all times, and to be available for all work for which they are qualified
- To, if employable, participate in employability programs that may be available
- To use all available resources and income to support themselves as the preferred alternative to social assistance
- To inform the administering authority promptly of changes in their circumstances that may affect eligibility or rate table



**Sketchestn Indian Band
Employment Insurance Verification Form**

To: Employment Canada, HRDC

Phone: 1-800-206-7218

From: Sketchestn Indian Band
PO Box 330
Savona, BC V0K 2J0

Email: financialaid@sketchestn.ca

BSDW Signature
Rose Adolph

Date

	Surname	Given Name/s	Date of Birth	M/F	Social Insurance Number
Applicant					
Spouse					

To be completed by Employment Canada

- | | |
|---|---------------|
| Applicant | Spouse |
| 1. Has a benefit period been established? _____ | _____ |
| 2. If so, weekly rate? _____ | _____ |
| 3. Claim filed and pending as of? _____ | _____ |
| 4. When is/was first cheque issued? _____ | _____ |
| 5. Reach back? _____ | _____ |

Remarks: _____

Signature of Local Office Manager

Date

I, _____ and/or _____
Consent to the release by HRDC/Employment Canada of information concerning Employment Insurance to the above Administrating Authority for the purpose of determining my/our eligibility for Social Assistance.

The Administrating Authority will use information provided by the above named agency, for the sole purpose of determining eligibility of the applicant/spouse for Social Assistance.

Signature of Applicant

Signature of Spouse

Date



Skeetchestn Indian Band
Verification of Income Assistance

To: BC Ministry of Service Delivery Fax: 1-855-771-8722
From: Skeetchestn Indian Band Fax: 250-373-2494
PO Box 330 Email: financialaid@skeetchestn.ca
Savona, BC V0K 2J0

I, _____ Name _____ Date of Birth _____ Social Insurance Number _____

Consent to the release by the Ministry of Social Development, of information concerning Income Assistance received, to the under noted Administrative Authority for the purpose of determining my Eligibility for Social Assistance.

Band Name _____ Date _____
Signature of Applicant _____ Administrative Authority Signature
Rose Adolph, BSDW

TO BE COMPLETED BY MINISTRY OF SOCIAL DEVELOPMENT

Has the above individual received Income Assistance from the Ministry of Social Development?

Yes _____ No _____ If so, from which office? _____
Date First Cheque Received: _____ Last Date of Issue: _____ Amount: _____
Workers Name and Phone Number: _____
Remarks: _____



Indigenous and
Northern Affairs Canada

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Consent to Release Information

I, _____ Family No. _____

And Band Name _____

consent to the release by _____

Of information concerning _____

To the under-noted Administrative Authority or the purpose of determining my eligibility

For Income Assistance.

Signature _____ Date _____

The Administrative Authority will use information provided by the above named Agency, Company or Individual for the sole purpose of determining the eligibility of the applicant for Income Assistance.

Administrative Authority Name _____

Signature _____

Date _____



Employment Action Plan



Name: _____

Previous work experience: _____

Previous training: _____

Where do you see yourself in 5 years? _____

Where do you see yourself in 2 years? _____

Are you open to moving for employment? _____

Do you have a current resume? Yes or No

Comments: _____

Do you have a good support system? Yes or No

Would you rate your support system as Excellent, Sometimes Good, or Minimum Support?

What career options are you considering? _____

What are your strengths? _____

What areas would you like to work on? _____

Employment Action Plan

1. How Important is it to find a job right now?

Not Important									Extremely Important
1	2	3	4	5	6	7	8	9	10

2. How confident are you that you could find a job that is right for you right now?

Not Important									Extremely Important
1	2	3	4	5	6	7	8	9	10

3. How much support are you getting from your friends/family to find a job right now?

Not Important									Extremely Important
1	2	3	4	5	6	7	8	9	10

4. How much effort have you made in searching for a job in the last week?

Not Important									Extremely Important
1	2	3	4	5	6	7	8	9	10

What barriers am I facing in looking for work?

Is there any way to remove the barriers? _____

I would like some help with? _____

Employment Action Plan

Goals for Employment: _____

Second Choice of work: _____

Goal for training: _____

Work on Interview Skills: _____

Work on Updated Cover Letter and Resume: _____

Case notes: _____

Client Signature _____

Rose Adolph, BSDW

Date _____