

CLIENT RELEASE OF INFORMATION FORM

This is a release of information for the application of social assistance/adult care/child & family services from Acadia First Nations and funded by the Department of Indian and Northern Affairs, Canada.

I, _____ of _____ Reserve in
County of _____ in the Province of Nova Scotia, an application
for Social Assistance from the Acadia First Nation and _____

spouse/ partner of the said applicant, hereby authorize the Social Development Officer to

investigate my (our) financial affairs, in order to determine eligibility for social assistance. I

(we), the undersigned, do hereby consent to the disclosure of information concerning my (our)

financial affairs to any of the following:

- UNEMPLOYMENT INSURANCE (PLEASE PROVIDE ACCESS NUMBER) _____
- PROVINCIAL SOCIAL ASSISTANCE
- MUNICIPAL SOCIAL ASSISTANCE
- VETERAN'S ALLOWANCE
- CANADA PENSION
- VETERAN'S AFFAIRS PENSION
- UNITED STATES OF AMERICA SOCIAL SECURITY
- OLD AGE SECURITY/GUARANTEED INCOME SUPPLEMENT
- MEDICAL SERVICES BRANCH OF HEALTH & WELFARE
- PENSIONS FROM OTHER SOURCES
- BANK ACCOUNTS
- TRUST COMPANIES
- INSURANCE COMPANIES
- EMPLOYMENT
- WELFARE
- BAND COUNCILS
- OTHER (PLEASE IDENTIFY) _____

DATED AT _____ IN THE COUNTY OF

_____ THIS ____ DAY OF _____, 20____.

Signature of Applicant _____

Signature of Spouse/partner _____

Signature of Witness _____

This form expires one year after the signature date.

11. Property – Home owned (value) \$ _____ (Mortgage) _____

Home Rented (Rental) \$ _____ (# of rooms) _____

Source of Heat: wood _____ Electric _____ Oil _____

12. Do you own a car? _____ Year and Make _____

13. What type of work are you able to do? Applicant _____

Spouse/Partner _____

14. Education: Applicant _____

Spouse/Partner _____

15. Present Employment:

Applicant _____

Type of Job Duration Wages

Spouse/Partner _____

Type of Job Duration Wages

16. Past Employment:

Applicant _____

Type of Job Duration Wages

Spouse/Partner _____

Type of Job Duration Wages

17. Cash Income: All sources Child tax Benefits \$ _____ Supplements \$ _____

OAS \$ _____ EI Benefits \$ _____ Other \$ _____

18. Cash on hand in bank: (self) \$ _____ spouse/partner \$ _____

19. Bonds or Securities: (self) \$ _____ spouse/partner \$ _____

LIABILITIES

20. Amount and description of debts _____

21. Did you ever serve in the armed services? _____ Reg. # _____

22. Did you ever receive assistance before? _____ Where _____ When _____

23. If reason is illness, are you prepared to have a medical examination? _____

During the course of our investigation, it may be necessary for you to come to the band Social Development Office or have a Social Development Administrator make regular visits to your home, and to permit the social Development Administrator to inquire into your financial affairs while you are in receipt of assistance. You are also advised of your right to appeal the decision of the Social Development Administrator. Appeals must be made within thirty days of the notification from the social Development Administrator of the decision from which the appeal is to be taken. Information regarding appeals may be obtained from the social development administrator.

Declaration of Applicant

I, _____ of _____ Reserve in the

Province of Nova Scotia do declare that the statement in the foregoing application are

true, correct and complete to the best of my knowledge and that I am ware of my right to

appeal.

Signed _____ Applicant

_____ Spouse/Partner

Date _____

Social Development Administrator's remarks and decisions:

Social Development Administrator



**INDIVIDUAL'S CONSENT TO DISCLOSURE
AND/OR USE OF PERSONAL INFORMATION**

The Personal Information is collected under the authority of the *Employment Insurance Act* for the purpose mentioned below.

Your personal information is administered in accordance with the *Employment Insurance Act*, *Department of Employment and Social Development Act* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in the Personal Information Bank ESDC PPU 150 "Insurance Claim File-Local Office" and will be used and disclosed in accordance with the conditions listed therein and retained for the period of time required by the *Employment Insurance Act* and *Library and Archives Act*.

You are not obligated by Employment and Social Development Canada to complete this form. You may however use this form to authorize disclosure of your personal information.

I, _____
(Name of individual) File / Identifying Number

DO HEREBY CONSENT TO THE DISCLOSURE AND/OR USE OF THE FOLLOWING ELEMENTS OF MY PERSONAL INFORMATION, SPECIFICALLY:

Information about my most recent EI claim; confirmation of my eligibility, start and end dates of the claim, total entitlement period, the claim type and benefit rate of the claim as well as details of payments received.

SOLELY FOR THE PURPOSE OF:

Administering financial assistance benefits.

FOR WHICH PURPOSE MY PERSONAL INFORMATION HAS BEEN REQUESTED BY AND MAY BE DISCLOSED TO:

Case Workers and Staff of Social Assistance of the Acadia First Nation Band

NOTE: This consent is valid for 1 year from the date of signature unless otherwise revoked in writing to Service Canada.

(Identify and address of the body or person authorized to receive and/or use this information)

Signature Date