



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 TURNING POINT RECOVERY SOCIETY - SITE:	Fax Number
Address	

Clients receiving assistance from the Ministry of Social Development and Poverty Reduction 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 Poverty Reduction.

Client Full Name		
Phone Number	Date of Birth	SIN Number

I hereby authorize the staff from the Ministry of Social Development and Poverty Reduction 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
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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.	