

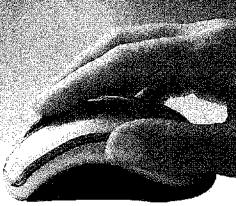
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News | The Premier Online | Ministries & Organizations | Job Opportunities | Main Index

Social Development and Social Innovation Self Serve Assessment and Application - Part 1

A simple, confidential way to access Income Assistance services







working with my previously saved information

## Learn

...what is available

Find information on the kinds of supports and programs that are available:

Click here for more information

## Assess

...your eligibility

Find out what your eligibility may be based on your current situation

Click here for more information.

...for income assistance

Find out what you will need to do after you submit your application

Click here for more information







Note: The Self Serve Assessment Tool Is only available in English

2009 - MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION

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## Before you begin...

Income assistance, also known as welfare, is not Employment Insurance (EI).

This assessment tool estimates the amount of income assistance for which you may be eligible. Eligibility is based on your income and assets. Anyone can use this tool to *estimate* their eligibility for income assistance.

This estimate does not factor in rates for Persons with Disabilities (PWD). To apply for PWD, you must first complete this application.

This estimate may not apply to people with a Life Threatening Health Need (LTHN). If you have a LTHN, please complete this application, then contact the ministry directly at 1-866-866-0800.

The first part of this tool is an assessment, not an application for income assistance. It is only an estimate. To apply online you must:

Enter your valid Social Insurance Number (SIN). If you do not have a SIN, you must contact the ministry to complete your application.

Enter a phone number where we can contact you. Ministry staff will contact you about your application. (If you do not have a phone number, you must contact the ministry to follow-up.)

IMPORTANT: If we cannot reach you and you have not contacted us, your application may be closed after 5 business days following no contact. If your application is closed, you may need to reapply if you still need assistance.

Live in British Columbia. You must be a BC resident to be eligible for income assistance.

If you are under 19 years of age, ministry staff may contact your parents. We may also involve the Ministry of Children and Family Development.

If you apply for income assistance, there are conditions that you must meet to be eligible. These include work search obligations, and providing proof of your circumstances.

Note: If you are currently receiving income assistance, you cannot use this system to update your information.



## Did you know...

The ministry is focussed on helping clients who have limited resources to find work as quickly as possible.

BC Employment and Assistance (BCEA) is an income and asset tested program. "Income and Asset Tested" means that the amount of assistance for which you may be eligible is determined by your current level of income and the value of your assets. If you have sold or given away assets for less than what they are worth within two years prior to your application, you may not be eligible for BCEA. You must access all other sources of income - such as income tax rebates and Employment Insurance (if eligible), before you can access income or disability assistance:

You are starting a two-part process within this online tool, Assessment and Application.

You can store your information at any point in the Assessment process by clicking on the "Store" icon on the top right corner of each screen. However, if you do not re-access your stored information within 5 calendar days, it will be deleted. Please make sure you remember your Assessment ID and Password so you can re-access your information. You will have the option to email your Assessment ID to yourself. Remember, you only have 5 calendar days to re-access (and re-store) your information.

It is IMPORTANT to understand that the ministry does NOT have access to the information you enter until you complete both parts of the online process <u>and</u> submit your application. Only you can access the information you store.

**Possible systems outages:** Please note that regularly scheduled system maintenance occurs Sunday 6:00 AM to 9:00 AM PST, Friday 6:00 PM to 7:00 PM PST, Monday to Friday 3:00 AM to 3:30 AM PST. **You may not be able to complete your application during these times.** Please store your information and do not submit your application during these periods.



What You Will Need Page 1 of 1

## What you will need...

To apply, you will need to provide accurate information and documentation about the value of any assets you have and income you have from all sources. You will also need to provide information about your shelter costs including rent or mortgage amounts and essential utilities.

Some documents you will need to reference may include (but are not limited to):

bank statements
pay stubs
records of employment
pay records
tax assessments
rent receipts
tenancy agreement
mortgage paperwork

Once your application has been submitted you will have an eligibility interview. At this interview, you will be asked to provide documents to verify your identity, income, assets and living arrangements. You may also be asked about recent work search activities, so it is a good idea to begin recording these.

Please bring documents even if you are not sure if you will need them.



Describe v	our fa	milv
------------	--------	------

- Single Person
- O Single Person with Dependents
- O Couple
- O Couple with Dependents



## Note:

A dependent is a child under 19 years of age (other than a child who is 18 and has been approved for Persons with Disabilities designation from the ministry) who lives with you more than half of each month and relies on you to support them.

You must be a child's biological or adoptive parent, legal guardian or custodian to claim them as a dependent.

If your child is a teenage parent and their child is also living with you:

- If your child is **under** 16, your child and their child may be added to your file;
- . If your child is age 16-18, there is an option to choose between being on your file, or applying on their own.

If your child applies on their own, or already has their own file; they may not be added as dependents.

<u>Couple refers to both married and common-law</u>, and includes same-sex couples. For the purpose of income assistance, common-law means living together for three consecutive months, or 9 of the past 12 months, in a marriage-like relationship.

Have you ever applied for income assistance in British Columbia?					
Income assistance is sometimes referred to as welfare, social assistance, public assistance, disability assistance, disability pension, PWD assistance, PPMB assistance or hardship assistance. If you applied, but did not receive assistance, choose 'Yes'. For additional information click the More Information icon in the bottom right hand corner of the screen.					
OYes					
ONo					
O Uncertain					
_					

More Information



## Po you plan to apply for Persons with Disabilities (PWD) Designation? You can discuss your PWD application at your eligibility interview: Note: Are you 17 ½ years old or older, with a disability, and on your parent's income assistance file? If yes, you must apply for income assistance on your own file before you can apply for PWD designation. To apply on your own file, click "Yes" below, and then click "Next Step" to continue the process. O Yes O No O I Don't Know O I Already Have PWD Designation

More Information ?

Are you a youth (between disability, also known as	n 17½ and 19 years of age) with a confirmed intellectual mental retardation?
A psychological report is required	I for verification.
OYes	
O No	
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	More Information
	Exit Previous Step ← Next Step:
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are you between 17½ and he <u>Ministry of Children an</u> Benefits?	19 years of age and have received services through d Family Development's At Home Program Medical
OYes	
ONO	
	More lafermation
	* Exit Previous Step  Next Step.
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Is there an outstanding warrant for your arrest issued under the Immigration and Refugee Protection Act (Canada) or any other enactment of Canada in relation to an offence for which a person may be prosecuted by indictment?

Income assistance or disability assistance will not be provided for adults with outstanding warrants until they prove that their warrants have been resolved. This applies both to outstanding arrest warrants for indictable offences (includes any offence that may be prosecuted by indictment) from BC and other provinces, as well as arrest warrants under the Immigration and Refugee Protection Act (Canada).

For additional information, click the More Information icori in the bottom right hand corner of the screen.

ONo

O Yes



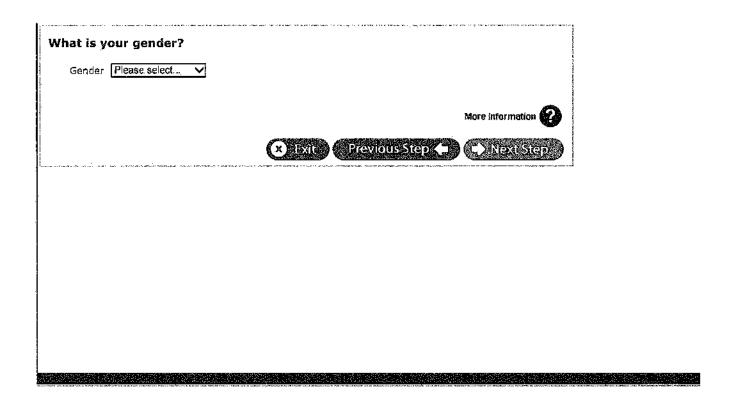


Your legal name is the name given to you when you were born, unless you applied to have it legally changed or it has changed due to marriage.
East Name *
Middle Name(s)
I have no middle name (click to select)
More Information (?)
Exit Previous Step ← Next Step

you have used	other names, please enter the name(s).
No other name(s)	□(click to select)
Last Name	
First Name	
Middle Name(s)	
	Mare Information
	Exit Previous Step ← (□) Next Step.
NAMES OF STREET	

What is your da	te of birth?
please note that as p	years of age and do not intend to apply for the Persons with Disability designation, part of your application for assistance, your parents and possibly the Ministry of Development, will be contacted.
Enter your date of bi	rth in the format of mm/dd/yyyy (e.g. 10/25/1970).
Date of Birth *	· · · · · · · · · · · · · · · · · · ·
	More Information
	* Exit Previous Step ( C) Next Step

Assessment Page 1 of 1



Do you identify yourself as an Al Inuit?	poriginal person, that is, First Nations, Métis or
	nly for statistical research. Self identifying as a person of igibility for income assistance in any manner.
.O Yes	
ONo	
OI prefer not to say	
	More Information
	Exit Previous Step ( )

Have you received financial as days?	ssistance from	a First Nations band	in the past 60
Oyes			
ONO			
			Dans Information (C)
			More Information
	(x) fixig	Previous Step 🗢	Next Step
		·	

## Do you have identification documents?

In order to be eligible for regular assistance, you will be required to provide proof of your identity.

If you choose to apply and do not have identification, speak to a worker about the options that are available.

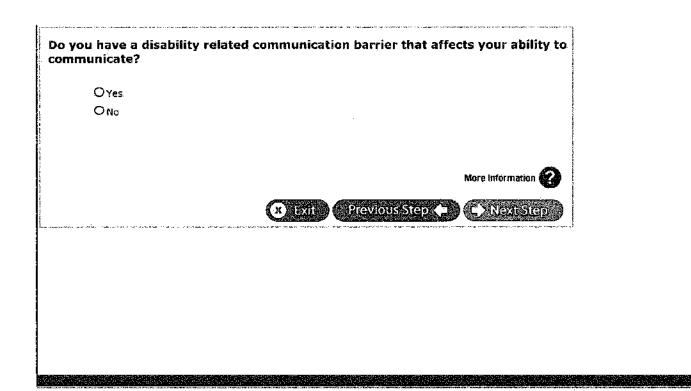
For additional information click the More Information icon in the bottom right hand corner of the screen.

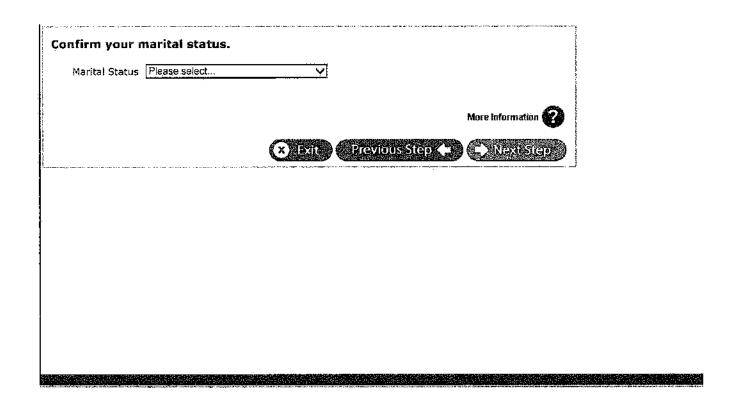
O Yes

ONo



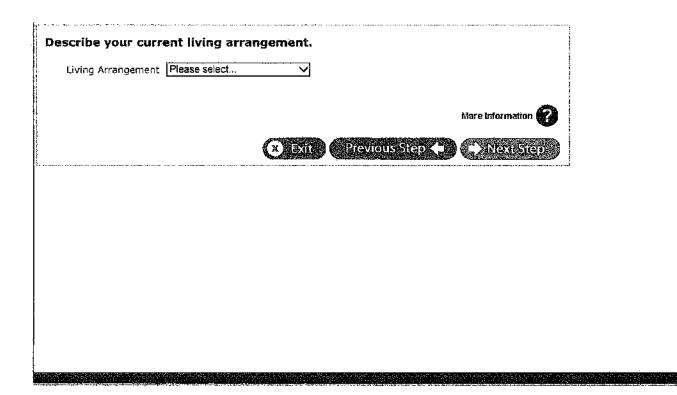






you currently receiving	child or spousal support/n	naintenance payments?
Oyes		
O No		
		More Information 🐔
	Exit Previou	s Step 🗘 (C) Next Step
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ave you been homeless in the	e last 12 months?	
O Yes		
O No		
		_
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If you pay rent, please	enter the	amount you pay each month.	
If you share this rent, enter or	ily the amou	init you pay each month.	
Monthly Rent Amount			
	Oyes		
Do you share this rent?	ONo		
1			
			More Information
		🗴 Exit Previous Step 🗲	(C) Next Step

What is your mailing	address?	
include any information re-	d correspondence, including assistance cheques if you are eligible. Please uired to direct the malt, e.g. post office box. If you do not know your Postal link under more information.	
No mailing address	☐(click to select)	
Apartment Number		
Address Line 1		
Address Line 2		
City		
Province	Please select 🗸	
Postal Code (V9B5N2)		
	More information	
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Hydro amount		
I do not pay for Heat	☐ (click to select)	
Heat amount		
I do not pay for Natural Gas	☐(click to select)	
Natural Gas amount		
I do not pay Property Taxes	☐(click to select)	
Property Tax amount		
I do not pay for House Insurance	☐(click to select)	
House Insurance amount		
I do not pay for Phone	☐ (click to select)	
Phone amount		
		More Information
		Mare Information

Other occupants may share a common area in your home, such as a kitchen or bathroom.
Describe the other occupants in your household.
Once you have entered the information, click '+Add To List'.
No other occupants
More information
Revious Step ( ) Next Step

Please indicate the	best numbers where you can be reached.
2505551234). If you cho	r, including area code. Do not enter brackets, dashes, or spaces (e.g. bose to apply and do not have a contact number, or we are unable to ad to contact the ministry to follow up.
IMPORTANT: If we canno 5 business days following	t reach you and you have not contacted us, your application may be closed after no contact and you may need to reapply if you still need assistance.
	ate your preferred contact window. However, ministry staff may attempt to reach 10am – 4:30pm Monday to Friday.
Primary Number	
Alternate Number	
No contact number	☐ (click to select)
Preferred call back window	Please select ✓
	More Information
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More Information 🕡
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Previous Step (1) (E) New Step

No other expenses	□ (click to se	elect)				
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Fotal Monthly Amount						ي الم
					More Information ?	
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					and the second s	

you receive any finar	ncial help with your	expenses, please desc	ribe.
I receive no financial help	(click to select)		
'Saurce'			
Total Monthly Amount			
			More Information
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Were you born in Canada?	
OYes	
O.No	
	More Information
	Regions Step ( Next Step )

e you a Canadian Citizen?			
O Yes			
O No			
			More Information
	R EXILA	Previous Step 🐛	C) NextSign
			and the second s

When did you mo	ve to British Columbia?
Enter the date in the fo	ormat of mm/dd/yyyy (e.g. 05/31/2005).
Always fived in BC Moved From Date Moved to BC	☐ (click to select) Please select ✓
	More Information
	Exit Previous Step (**) (**) Nextéstep

# Have you recently been in receipt of Employment Insurance benefits? If you have been in receipt of any type of EI benefits within the last 3 years, or received Maternity or Parental EI benefits within the past 5 years, please choose Yes. O Yes O No More information ?

## Are you currently looking for work?

Under the BC Employment and Assistance Program, employable clients are expected to participate in employment related activities for the purpose of achieving financial independence. If you are NOT currently looking for work, please indicate the reason why.

## Note:

Applicants applying for assistance are assessed as to whether they must complete a work search, or are exempt from the work search requirement.

New clients – i.e., applicants who have never received income assistance or disability assistance in BC – must complete a five week work search unless exempted.

Returning clients - i.e., applicants who have previously received income assistance or disability assistance in BC - must complete a three week work search unless exempted.

Yes ONo Reason Please select...

More Information 🔐









## Have you been financially independent for at least two years?

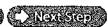
To be eligible for income assistance, at least one applicant in the family unit must demonstrate that they have been financially independent for at least two consecutive years prior to applying for assistance. If you have not at any time been employed for a period of 2 consecutive years, you may not be eligible for income assistance. For additional information, click the More Information icon in the bottom right hand corner of the screen.

Oyes

ONo

More Information





If you are currently receiv	ring income for wo	rking, please en	ter the average
You will be required to bring in yo	ur most recent pay slips	for verification.	
No income from work Average Nét Monthly Amount	☐ (click to select)		
			More Information 🕜
	× Exit	Previous Step	C Neuser
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If you receive income from	om your residence or property, please enter the amount.
This includes income from a self	f contained sulte.
No Rental Property Income	☐(click to select)
Rental Property Income	
No Roomer Income	☐(click to select)
Roomer Income	
No Boarder Income	☐(click to select)
Boarder Income	
	More Information
	Previous Step ( ) Next Step
The second section of the	7 /

This type of income may include interest from money deposited in a bank or financial institution, annuities, stocks, bonds, or properties.  No investment income (click to select) Amount (More Information)  **More Information**  **Nexostep**	If you receive month mortgage), please e	ly income from an investment (e.g. interest, dividend or nter the average amount you receive each month.
Amount  More Information		
		C(click to select)
Exit Previous Step (=) Next Step		More Information
		X Exit Previous Step (1) (2) Nextestep:

If you are receiving en benefit amount.	nployment insurance benefits, please enter your monthly
Include regular, medical, ma	ternity or paternity employment insurance benefits.
No EI benefits Monthly Benefit Amount	☐(click to select)
And the second s	More Information
	(X Exit) (Previous Step ( ) (L) Next Step (

If you are currentl	y receiving any	funding fo	r training, pleas	e enter the amount.
If your training is funde provider (formerly know				egy (ASETS) service la (EPBC), indicate below.
No training funding	☐(click to select)			
Amount				
	OASETS			
Training paid by	ОЕРВС			
Training paid by	O Other			
				More Information 🕜
		(X) (EXIL)	Previous Step	C) (E) Nexister

No Canada Pension	☐{click to select}
Canada Pension Amount	
No Private Pension	☐(click to select)
Private Pension Amount	
No Disability Pension	☐(click to select)
Disability Pension Amount	
	More Information
	* Exit Previous Step 🗘 Next Step

to Old Age Security	☐(click to select)
Old Age Security Amount	
lo Guaranteed Income Supplement	(click to select)
Guaranteed Income Supplement Amou	int
lo Senior's Supplement	☐(click to select)
Senior's Supplement Amount	
	_
	More Information (?)
	× Exit Previous Step ( ) Next Step

lo War Veteraris Allowance	☐(click to select)		i i
mount			
		More Information	)
	R Exit Previo	ius Step 🗲 🕒 Next Step	)
**************************************			

WorksafeBC has previously been known as Workers' Compensation or WCB. Enter the date in the format of mm/dd/yyyy (e.g. 05/31/2005).  No WorkSafeBC benefits (click to select)  Monthly Benefit Amount Claim Expiry Date  More Information
Monthly Benefit Amount  Claim Expiry Date
Claim Expiry Date
More Information
Exit Prévious Step ← Next Step → Nex

If you receive the Canada Child	Tax Benefit, please enter the am	ount.
No Basic Child Tax Benefit	□(click to select)	
Basic Child Tax Benefit Amount		
No National Child Tax Benefit	☐(click to select)	
National Child Benefit Amount		
No BC Family Bonus	☐(click to select)	
BC Family Bonus Amount		
No BC Earned Income Benefit	☐ (click to select)	
BC Earned Income Benefit Amount		
		More Information
	(X EXIL) (EreviousStep (*)	EXNEXISITE )
	•	

If you receive any other	unearned income, please enter the amo	unt and source,
Unearned income is income tha	at is not earned and includes, without limitation, mone	y or value received.
For any unearned income not s as the source.	pecifically listed (e.g., income tax refunds), choose Ot	her Unearned Income
For additional information click	the More Information (con in the bottom right hand co	orner of the screen.
No other unearned income	☐(click to select)	
Source	Please select V	
Amount		
		More Information
	R Exit. Previous Step 🗘	(C) Nexissign

If you receive any other earned income, please enter the amount and source.
Earned income is any money or value received in exchange for work or the provision of a service.
For additional information click the More Information icon in the bottom right hand corner of the screen.
No other earned income (click to select)  Source
PATIONIC .
More Information
(X Exit) (Previous Step (1) (1) Nextes (ep)

Please describe an	y sources of potential income.	
Once you have entered t	he Information, click '+Add To List'.	
No potential income	☐ (click to select)	
Source	Please select	
Monthly Amount		
Source Monthly Amou	nt	
<u> </u>		More Information
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If you have any motor vehicles i	registered in your name, please (	describe.
Once you have entered the information, c	lick '+Add To List'.	
No vehicles	☐(click to select)	
Year		
Make		
Model		
Value		
Amount Owing to a Financial Institutio	n	
Year Make Model Value Amount Owl	T. Add To List	
		More Information 🕜
	(X) Exit Previous Step (1)	(C) NexiSteo.

f you own any recrea	tional vehicles, please describe.
riclude: boats, quads, snown	nobiles, motorcycles, etc.
Once you have entered the in	formation, click '+Add To List'.
No recreational vehicles	☐(click to select)
Year	
Make	
Model	
Value	
'ear Make Model Value	C. Madaiottist
	More Information
	Revious Step (1) (1) Avevestep

Do you have any property in your name?
Enter the net value of the property (e.g. subtract any monies owing to a financial institution on this property). If you choose to apply you will need to provide documents to verify the value of your property.
Once you have entered the information, click '+Add To List'.
No property (click to select)  Description  Value
Description Value
More Information (2)  (X) Exit (Previous Step (2) (2) (1) (3) (3) (3)
Commission of the state of the

f you have any	cash on hand, please enter the amount.
Cash on hand is mone	ey that can be quickly accessed and includes money on your person or at home.
No cash on hand	☐(click to select)
Amount	
	More information
	➤ FXII Previous Step ◆ 中 Next Step

	☐ (click to select)				
Source					-
Fotal Value					
				Mare Information	7.00000ma.m.m.
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		ath an light and an analysis is discovered to the same and a first the same and a same and a same and			.4

f you hav	e a Registered Retirement Savings Plan, please describe.
paying a per	ontact your financial institution as you may be able to access the funds in your RRSP after lastly even if you may have invested it for a longer term. Do not include funds in a Registered vings Plan (RDSP), or Registered Education Savings Plan (RESP), as these are exempt assets.
No RRSP Value	□(click to select)
	More Information
	Rrevious Step ( Next Step

i I	rance policy, please describe.  f a life insurance policy is considered to be an asset.	THE MAY NO POWER TO AN AD A COMMON TO A CO
No life insurance policy Value	☐ (click to select)	
		More Information
	🗷 Exit Previous Step 📞	(C) Near Step.

trust fund, please	describe.				
			M	ore Information	
	(2) Extra	Previous Ste	p <b>(</b> C) (	Next Step	THE PROPERTY.

If you have any bank accounts, please describe.				
If you choose to apply for income assistance, you will need to provide information for all of your accounts.				
Once you have entered the information, click '+Add To List'.				
No bank accounts (click to select)  Value  Bank Name				
Value Bank Name				
Mare Information ?				

Household goods, furniture and possessions are not considered assets.  No other assets   (click to select)   Source   Value   More Information ?  **Exit** Previous Step** = Next Step**	If you have any	other assets, plea	se describe.		The property and the second
Source Value  More Information	Household goods, fu	rniture and possessions	are not considered as	ssets.	
	Source	☐(click to select)			
(x) Exit (Previous-Step (2) (2) Next Step					More Information ?
			(x) Exite (CP76	vious Step 🖎	(C)Neusier)
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If you disposed of (sold, given away) any assets in the last two years, please describe.						
Household goods, furnit	ture and possessions are not considered assets.					
Once you have entered	the information, click '+Add To List'.					
No disposed assets Source Value	□(click to select)					
Source Value	Add To Bist					
	More Informati	on 🕜				
	X Exit Previous Step 🖚 🖹 Nexes	KGO )				

(C) New Stee

Follow the steps below to store your assessment for 5 days  You must store your assessment before the system can calculate your eligibility estimate.  If you exit this tool before you submit your application, you will need an Assessment ID and password to return to your assessment. Your assessment will be stored until Saturday, July 09, 2016. If you do not open your assessment again within five days, it will be deleted. (To avoid losing your assessment, make sure you submit your application.)  Please enter a password that contains:  At least 6 characters, and not more than 10 characters At least one number (your password cannot be all letters) At least one letter (your password cannot be all numbers)
You must store your assessment before the system can calculate your eligibility estimate.
assessment. Your assessment will be stored until Saturday, July 09, 2016. If you do not open your assessment again within five
Please enter a password that contains:
At least one number (your password cannot be all letters)
Note: Passwords are case sensitive.
Password:
Confirm Password:
Make sure you choose a password that is easy to remember. We cannot retrieve or reset your password for you. If you lose your password, you will need to start this tool again, from the beginning.

Previous Step 🛖

✓ Your asse	
Your Assessm	ent ID is: 547869
The Assessme	nt will be available until end of day, Saturday, July 09, 2016.
You should wr provided only	ite the Assessment ID down somewhere safe so you can use it to access your assessment. This unique number is to you. In order to protect your privacy, no one else can view or retrieve this number.
After the 5 da system after 5	ys have passed, if you have not accessed your assessment, the assessment will be deleted. If you return to the idays, you will need to start a new assessment.
If you would like to	have this Assessment ID emailed to you, please enter your email address below.
Email Address:	
Email Address:	

## **Eligibility Estimate**

Based on the information provided, you may be eligible for assistance. The estimated monthly eligibility amount is \$580.00

Note: Effective September 1, 2015, government will no longer deduct child support payments from income and disability assistance calculations.

This is an estimate only. Your application for assistance is NOT complete. If you decide to apply, your actual eligibility will be determined during your interview. If you still want to apply, click on the green "Next Step" button below to continue the application process.

Note: This eligibility estimate does not factor in rates for Persons with Disabilities (PWD). If you plan to apply for PWD, discuss this with the worker during your eligibility interview. Your actual eligibility will be determined during your interview, if you are eligible.

Note: This eligibility estimate may not apply to persons with a Life Threatening Health Need (LTHN). If you have a LTHN, complete this application, then please contact the ministry directly at 1-866-866-0800.

DO YOU WANT TO APPLY? Click the 'Next Step' button below to continue.

You will need to answer more questions before you can submit your application.

DECIDE LATER? Click the 'Exit' button below.

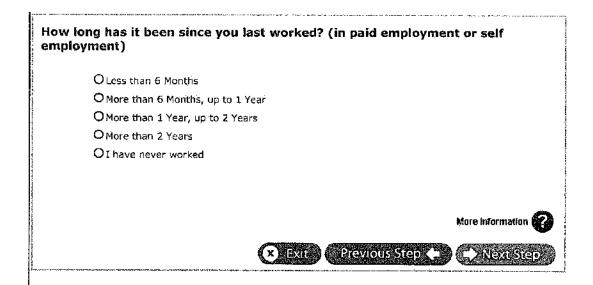
IMPORTANT: Your information has NOT been sent to the ministry.

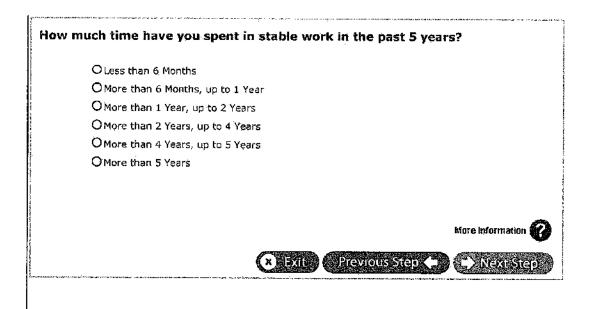
Your information will be stored for 5 days only. If you want to submit an application later, you will need your Assessment ID and password. The ministry is NOT able to access this information for you.

If you cannot provide identification it may affect your eligibility for regular assistance.

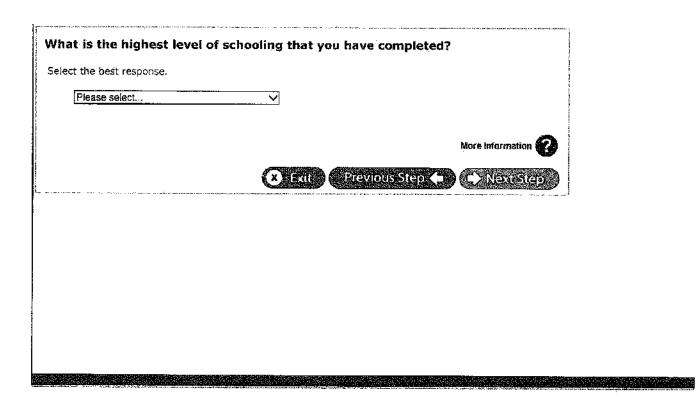


Recent Employment	
Currently, are you:	
Unemployed	OYes ®Nic
Working less than 20 hrs/wk	O Yes <b>③</b> No
Working 20 or more hrs/wk	Oyes <b>⊚</b> No
A full-time student	O Yes
At risk of losing my job	O Yes
	_
	More Information
e de la companya de l	Exit Previous Step ( C Next Step

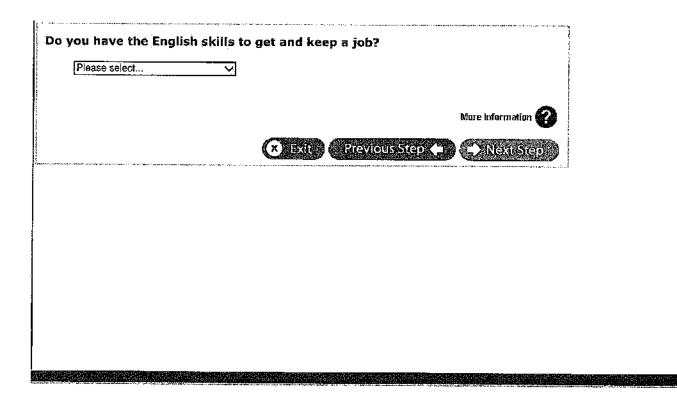


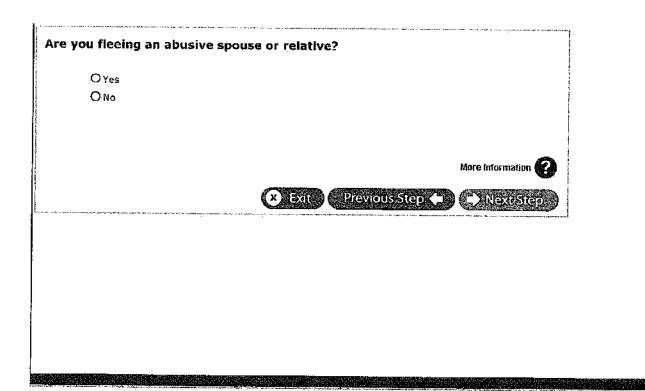


Which of the following best describes your recent w	ork history?
I am łooking for my first job in Canada	O Yes
I have never worked	OYes ®No
I have recently worked as a volunteer	O'Yes <b>®</b> Na
I have recently worked full-time (30 or more hours per week)	O Yes 📵 No
I have recently worked part-time (less than 30 hours per week)	O Yes   No
I have recently worked in my own business (self-employed)	Oyes ® No
Other	O∙Yes <b>⊚</b> Na
Other:	Manuscontrol in the properties of the first
	More Information 🕜
X EXIL Prev	ous Step 🕒 (L) Next Step



hat is the main lang	uage that you speak and understand?	THE PARTY CONTROL OF THE PARTY
<b>○</b> Eṁglish		
O French		
Oother		
Other:	indifference behalts bears	
	ŗ	More Information
	Exit Previous Step ←□ (	C) Nexastep





Are you in immed	liate need of food?
Before answering, plea	ase consider:
Have you used all avai	liable income and/or assets in order to meet this need?
Oyes	
O No	
	More Information
	➤ Exit Previous Step ( Next Step

## Are you in immediate need of shelter?

This includes, but is not limited to, existing or impending hydro disconnect, eviction notice, or staying at a hostel, emergency shelter, or transition house with no suitable accommodation to move to in the immediate future.

Oyes

ONo

More Information 🌠









Are you in immediate need of urgent medical attention?
This includes, but is not limited to, needing prescriptions from a medical doctor for medication or supplies.
Оуеѕ
Ono
More Information
② Exita Previous Step < □ (□ Next Step)

ou have a physical searching for emp	or mental condition that makes it difficult of loyment?	r prevents you
OYes		
ONo		
	ře ř	ore Information
	🗴 Exit Previous Step 🗘	) Newstep
		** *** ** ** ** * * *** *** *** *** **

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Are there any legal reasons why	you cannot work in Canada?
OYes	
ONo	
77.7%	
a a	More Information
	Exit Previous Step
Particle 200 200 200 200 200 200 200 200 200 20	To a service of the s

Are you required to be recovery home or fac	e in receipt of assistance in order to gain acceptance in to a cility?
This includes licensed Drug	and Alcohol facilities or Mental Health facilities.
OYes	
ONo	
	More Information
	Rrevious Step 🗲 🕒 Nexti Step
·	

## Do you, and if applicable your spouse, consent to being contacted in the future for surveys or other research?

The ministry may contact you at a later date to participate in surveys or focus groups for research purposes. Survey questions may concern your employment history, earnings and any training received; or your experiences in obtaining services from the ministry and your ideas for improvement. Your participation in future surveys or focus groups would be voluntary and your eligibility for assistance is not dependent on your participation. This consent is valid for three years from the date signed.

Note: If you are not married or common-law please select "No" for Spouse

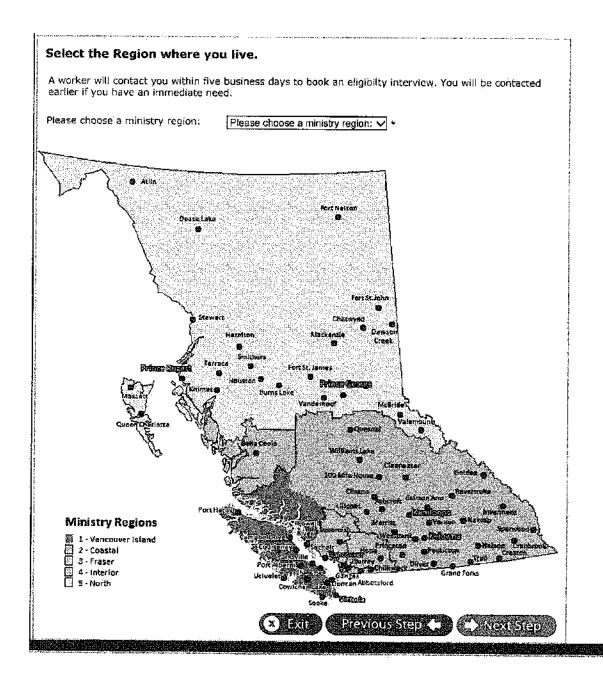
Applicant Spouse ÖYes OYes ONo ONo

More Information



to that we may better assist you, please briefly explain any changes to your ecent sources of income or circumstances that have caused you to apply for nome assistance.	
You may also want to include any special requirements that we should be aware of to help us prepare t assist you.	0.
\ <sub>\rapprox</sub>	
450 characters remaining	
More Information	0
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Please select	~		
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The following information is a summary of the responses you have provided during this application process. This information will be verified and used to assess your eligibility for income assistance.

Family Type: Single Person Previous Applicant: No Applicant Applying for Person with Disability Designation: No PWD Youth to Adult DSM (Applicant): No PWD Youth to Adult At Home (Applicant): No Applicant has Outstanding Warrants: No Applicant Last Name: Applicant First Name: Applicant Middle Names: Applicant Other Last Name: Applicant Other First Name: Applicant Other Middle Names: Applicant Birth Date: Applicant Gender: Female Applicant Self Identify as a First Nations: No. Applicant Receiving Assistance from Band: No Identification: Yes Disability Communication Barrier: No Applicant Marital Status: Single - Never Married Support: No Homeless in the Past 12 Months: No Living Arrangement: Rent Monthly Rent Amount: Shared Rent: Yes Apartment Number: Address Line 1: Address Line 2: City: Victoria Province: British Columbia Postal Code: V8R4P7 Monthly Hydro Cost: Monthly Heat Cost: Monthly Gas Cost: Property Tax amount: House Insurance amount: Phone amount: 15.00 Last Name: First Name: Other Middle: Relationship: Other Occupants: Last Name: First Name: Other Middle: Relationship: Primary Contact Number: Alternate Contact Number: Preferred call back window: 12pm - 4:30pm Confidential Messages Allowed: Yes Other Expense Source: Cable Other Expense Amount: Financial Help Source: Financial Help Amount: Applicant Born in Canada: Yes Canadian Citizen: Yes Applicant Moved From: Applicant Moved To BC: Applicant Recent Employment Insurance Recipent: No Applicant Not Looking For Work Reason: Applicant Financially Independent for Two Years: Yes Applicant Income from Working: 30.00 Applicant Rental Income: Applicant Income from Roomer: Applicant Income from Boarder; Applicant Dividend, Interest or Mortgage Income Amount: Applicant Employment Insurance Benefits Amount: Applicant Training Amount: Applicant Training paid by ASETS: Applicant Canada Pension Amount: Applicant Private Pension Amount: Applicant Disability Pension Amount: Applicant Old Age Security Amount: Applicant Guaranteed Income Supplement Amount:

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Applicant Senior's Supplement Amount:
Applicant War Veteran's Allowance Amount:
Applicant Worksafe Benefits Amount:
Applicant WorkSafe Benefits Expiry Date:
Applicant Basic Child Tax Benefit Amount:
Applicant National Child Benefit Amount:
Applicant BC Family Bonus:
Applicant BC Earned Income Benefit:
Applicant Other Unearned Income Source:
Applicant Other Unearned Income Amount:
Applicant Other Earned Income Source:
Applicant Other Earned Income Amount:
Potential Income Source:
Potential Income Amount:
Potential Income:
Vehicle Year:
Vehicle Make:
Vehicle Model:
Vehicle Value:
Amount Owing on Vehicle:
Vehicles:
            Vehicle Year:
            Vehicle Make:
            Vehicle Model:
            Vehicle Value:
            Amount Owing on Vehicle: 0.00
Recreational Vehicle Year:
Recreational Vehicle Make:
Recreational Vehicle Model:
Recreational Vehicle Value:
Recreational Vehicles:
Property Description:
Property Net Value:
Property:
Applicant Cash on Hand Amount:
Applicant Investment Source:
Applicant Investment Amount:
Applicant RRSP Value:
Applicant Life Insurance Policy Value:
Applicant Trust Fund Value:
Bank Account Balance:
Bank Name:
Barik Accounts:
            Bank Account Balance: 25.00
            Bank Name: TD Canada Trust
Applicant Other Asset Source:
Applicant Other Asset Value:
Disposed Asset Source:
Disposed Asset Value:
Disposed Assets:
Assessment ID: 547869
Unemployed (Applicant): No
Working less than 20 hrs/wk (Applicant): No
Working 20 or more hrs/wk (Applicant): No
A full-time student (Applicant): No
At risk of losing my job (Applicant): No
Last Worked (Applicant) Less than 6 Months
Time in stable work (Applicant) More than 5 Years.
I am looking for my first job in Canada (Applicant): No
I have never worked (Applicant): No
I have recently worked as a volunteer (Applicant); No
I have recently worked full-time (30 or more hours per week) (Applicant): No
I have recently worked part-time (less than 30 hours per week) (Applicant): No
I have recently worked in my own business (self-employed) (Applicant): No
Other (Applicant): No
Other (Applicant):
What is the highest level of schooling that you have completed? (Applicant): Post-secondary degree
What is the main language that you speak and understand? (Applicant): English
Other language (Applicant):
Do you have the English skills to get and keep a job? (Applicant): Yes
Fleeing Abuse: No
Immediate Need of Food: No
Immediate Need of Shelter: No
Immediate Need of Medical: No
Work Search Exempt - Physical/Mental Condition: No
Work Search Exempt - Unable to Legally Work: No
Work Search Exempt - Recovery: No
Applicant Voluntary Consent: Yes
Spouse Voluntary Consent: Yes
```

Proce	al Situation: xyz ss Assistance: No, I completed the application by myself. n: Vancouver Island
If you would like	e to have this summary emailed to you, please enter your email address below.
Email Address	
Confirm Addre	ss:
Send 6	mail
Residence and the second secon	Exit Previous Step ← E> Next Step

Do you want to apply	for income assistance?	' If yes, e	enter your S	SIN below,	and then clic	k the green
"Submit Application"						

By entering your SIN below you are confirming that:

you are who you say you are and the information you provided in this application is complete, accurate and true.

To submit your application, you must indicate that you agree to the terms presented on the next page. These include: roles and responsibilities, third-party checks, and consents. When you agree to these terms, this is considered your written consent. This consent will apply to you and, if applicable, your spouse and dependents.

SIN:

Income Assistance payments are made through direct deposit. Please have your bank account information ready for your eligibility interview.

