



Release of Personal Information

The collection, use and disclosure of the personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about this form should be directed to your local Employment and Assistance Office.

Client Full Name

MICHAEL P3USS-LOPEZ

From:

Ministry of Social Development and Poverty Reduction Employment and Assistance Office

To

For the Purpose of

Assistance(s)

Assistance 1

Assistance

Amount

Start Date

End Date

☐ This is an ongoing assistance

Supplement(s)

Supplement 1

Supplement Type

Supplement Detail

Examples: in-kind, \$65 monthly

Start Date

End Date

☐ This is an ongoing assistance

Deduction(s)

Deduction 1

Deduction Reason

Examples: non-exempt income, sanctions and repayments

Amount

Start Date

End Date

☐ This is an ongoing assistance

Ministry Information

Ministry Staff Name

Siebel Administrator

Ministry Staff Signature

Date

Ministry Office Address

1800 - 1050 PENDER ST W, PO BOX 5051 STN
MAIN, VANCOUVER, BC V6E 3S7

Client Consent

I give my consent to the Ministry of Social Development and Poverty Reduction to release my personal information regarding the above mentioned information.

Client Full Name

MICHAEL P3USS-LOPEZ

Client Signature

Date