



APPLICATION FOR SOCIAL ASSISTANCE

Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA / P-PU-020 and is protected under the provisions of the Privacy Act.

Department or Band Administration Authority

Section 1

Form section 1 containing fields for Applicant's name, Band Name and Family No., Province of Membership, Address, Postal Code, On Reserve, Telephone No., Marital Status, Date of Birth, S.I.N., Health Insurance No., Occupation, Are you a Canadian Citizen?, Date of arrival in Canada, Date last Social Assistance received, Administering Authority, Amount \$, Are you / your spouse awaiting other benefits, If yes, benefit applied for, Date, Are you seeking employment, If no, explain, Date of last employment, Reason for termination, If separated / divorced / deserted, have you applied for financial support?, Spouse's Name, Band Name and Family No., Province of Membership, Address, Postal Code, On Reserve, Occupation.

Section 2

Table section 2 with columns for Applicant's Previous Address(es), From, To, Month, Year. Includes rows for Applicant and Spouse, and a section for Most Recent/Present Education or Training Program.

Section 3

Table section 3 with columns for Dependent(s) In Home Names, Relationship, Date of Birth, Band Name and Family No., Education. Includes a section for Other Persons in Home Names with columns for Relationship, Age, and Source of Income.

