FORM 1

CONSENT FORM

I authorize the Administrative Authority for Social Assistance to obtain from the Canada Revenue Agency any information that is relevant to my eligibility for benefits or services under the Social Assistance program. In obtaining this information, I authorize the disclosure of as much identifying information as is necessary to enable the supply of the information from the Canada Revenue Agency. This authorization is valid until I cancel it.

Client identification

Name and address of the client

Social Insurance number

Representative identification

Name and address of authorized representative and Administrative Authority

Telephone number (____) _____
Fax number (____) _____

This form will not be accepted if it is not signed by the social assistance client

_____ (____) _____ _____
Signature of social assistance client Telephone number Date