



**PRIVACY ACT STATEMENT**

Information collected on, and disclosed pursuant to, this document is collected pursuant to the BC *Social Development Policy and Procedures Manual* for the purpose of determining eligibility for assistance and will be maintained pursuant to the *Privacy Act* and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency.

Please complete in full. Please print clearly.

Administering Authority:

Number:

**SECTION A – REQUEST FOR APPLICATION – TO BE COMPLETED BY BAND SOCIAL DEVELOPMENT WORKER**

**ADMINISTERING AUTHORITY INFORMATION**

Name of Band Social Development Worker

Telephone Number

(      )

Address

Postal Code

**APPLICANT INFORMATION**

Last Name

First Name

Middle Name

I am requesting a *Persons with Disabilities Designation Application* (SA 301) form for the abovementioned applicant.

The applicant is in receipt of Social Assistance or would qualify for Social Assistance for Persons with Disabilities in accordance with INAC's *Social Development Policy and Procedures Manual*, BC Region, if found eligible for the Persons with Disabilities designation.

\_\_\_\_\_  
Signature of Band Social Development Worker

\_\_\_\_\_  
Date Signed (year/month/day)

**SECTION B – RECEIPT OF REQUEST – TO BE COMPLETED BY PERSONS WITH DISABILITIES OFFICER**

Date Fax Received

Initials

Date Request Completed

Initials

PWD Application Number

PWD File Number (optional)



**FAX PERSONS WITH DISABILITIES REQUEST FOR APPLICATION TO:**

**Persons with Disabilities – Social Development Program**

**First Nations Social Development Society**

**Fax: (604) 926-4152**