

MINISTRY OF SOCIAL DEVELOPMENT - FUNDING VERIFICATION FORM

Complete this form and fax to Ministry as per below. Please email copy to ayelexw@seabirdisland.ca

Ministry worker, please forward completed form to Seabird Island Band: A:yelexw Centre for Hope and Healing Fax: (604) 796-3729 Attn: Case Manager, or email ayelexw@seabirdisland.ca

TO: Ministry of Social Development

Office Chilliwack

Fax 1-855-771-9749

FROM: Name _____

Position _____

Tel _____

Fax _____

Client Name _____

SIN# _____

The above named client has been referred for admission to a qualifying residential addictions program, **A:YELEXW CENTRE FOR HOPE AND HEALING**. Prior to admission, the facility requires confirmation that the client's per diem costs (less and non-exempt income) will be paid by the MSD (Ministry of Social Development) while in receipt of, and eligible for, income assistance.

Client Authorization

I _____, authorize the Ministry of Social Development to confirm my eligibility for funding, and to release any related information to the above name staff.

Client Signature _____ Date _____

FOR MINISTRY OF SOCIAL DEVELOPMENT ONLY – COMPLETE & FAX TO SEABIRD ISLAND BAND	
Client has an open and active file	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client has NOT applied for MSD within the last 30 days	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client funding eligibility	<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE
Client's per diem will be paid by the MSD as per current eligibility less a Non Exempt income from other.	
Sources:	Per Diem Rate \$40
If applicable	Less any Non Exempt income (monthly amount divided by 30 days) \$ _____ Non Exempt income from _____
If applicable	Nutritional Subsidy MSD Per Diem for client per month \$ _____
Completed by (print name) _____ Signature _____ Date _____	MINISTRY OF OFFICE STAMP