

# EMPLOYMENT AND INCOME ASSISTANCE APPLICATION TO ADD DEPENDENTS

Case #:

This application form is an addendum to the Employment and Income Assistance Application made by \_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  
(Applicant) (Spouse, if applicable)  
and is therefore deemed to be part of that application form.

## Addition of dependent(s) to an Employment and Income Assistance household

<b>Dependent Child</b> (relationship)		(Last Name, Given Name, Middle Name(s))			
Date of Birth (month/day/year)	Sex	PHIN	Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School	
Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Names Known by (Last Name, Given Name, Middle Name(s))			
If no, date of arrival in Canada _____					
Immigration Category					

<b>Dependent Child</b> (relationship)		(Last Name, Given Name, Middle Name(s))			
Date of Birth (month/day/year)	Sex	PHIN	Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School	
Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Names Known by (Last Name, Given Name, Middle Name(s))			
If no, date of arrival in Canada _____					
Immigration Category					

## Assets (Please answer Yes or No for each item below. Include details for all members of the household for whom assistance is requested. If the amount or value of an asset is not known, please indicate this under Current Amount or Market Value.)

Liquid Assets	Yes	No	Current Amount	Account or Policy Number	Company/Institution Name and Address
Cash on Hand					
Bank Accounts					
Credit Union					
Stocks, Bonds, GIC's, RRSP's					
Insurance Policy					
Trust Funds					
Other (specify)					
Other (specify)					

## Current Income Available (e.g., Canada Pension Plan, Employment Insurance, Old Age Security, Property Rental, Maintenance)

Source of Income	Recipient of Resource	Amount	Frequency of Payment

## Do you have any Income Pending? (e.g., Canada Pension, Employment Insurance, Old Age Security, Orphans Benefits, Insurance Settlement, Income from Wages)

Source of Income	Date Expected	Amount Expected

## Employment and Income Assistance

### **COLLECTION OF PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION**

The personal information and personal health information in this application is collected for the Employment and Income Assistance Program, which is established under *The Employment and Income Assistance Act* and the *Employment and Income Assistance Regulation*.

The personal information and personal health information collected will be used to determine your household's eligibility for assistance and the amount of assistance, to identify your employment, medical and other service needs, and to prevent and detect fraud. Personal health information collected will also be used to enable Employment and Income Assistance to provide appropriate assistance and/or services to meet your identified health needs.

If you have questions about the collection of information, please contact the Family Services Access and Privacy Coordinator, 219-114 Garry Street, Winnipeg, (204) 945-2013.

### **CONSENT TO DISCLOSURE OF INFORMATION**

I/we consent to the disclosure of any personal information and/or personal health information that may be required for the purpose of determining or verifying my/our eligibility for assistance or the amount of assistance. I/we authorize any person, agency or organization, including any federal, provincial or municipal government authority (such as Human Resources Development Canada, Citizenship and Immigration, Manitoba Public Insurance Corporation or the Workers Compensation Board), any bank, credit union or financial institution, and the Minister responsible for the Act or the Minister's representative(s), to release and/or exchange information for that purpose. I/we understand this consent includes requests pertaining to my/our Social Insurance Number(s), marital status, employment, income, assets, liabilities and resources, medical condition, family status, benefits received under other programs or any other relevant personal information.

A photocopy of this signed Consent to Disclosure is sufficient to authorize the disclosure and/or exchange of information.

### **DECLARATION OF APPLICANT AND SPOUSE**

I/we declare that the information provided in this application is true and complete to the best of my/our knowledge and belief. I/we have not misrepresented, concealed, or omitted any information that may be relevant in determining my/our eligibility for assistance.

I/we acknowledge my/our legal obligation to immediately report any change in circumstances that may affect my/our eligibility for assistance or the amount of assistance, including any changes of address, marital or family status, employment or financial situation.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse (please print)

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### **DECLARATION OF APPLICANT'S LEGAL REPRESENTATIVE (IF APPLICABLE)**

I, \_\_\_\_\_ of \_\_\_\_\_, Manitoba, declare that I have assumed the responsibility of the applicant's legal representative for the purpose of his/her application and receipt of assistance under *The Employment and Income Assistance Act* and *Regulation* (Manitoba). I have read the statements intended for the applicant in the Consent to Disclosure and Declaration above, and undertake to comply with their conditions on the applicant's behalf.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date

### **REVENUE CANADA AGENCY AUTHORIZATION OF APPLICANT AND SPOUSE**

I/we authorize Revenue Canada Agency to release to the Manitoba Department of Family Services and Housing information from my/our income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of Employment and Income Assistance under *The Employment and Income Assistance Act* (Manitoba). This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse (please print)

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date