Indigenous Services Canada | Services aux Autochtones Canada

RELEASE OF PERSONAL INFORMATION

Protected B (when completed)

Privacy Statement: Information collected on, and disclosed pursuant to, this document is collected pursuant to Indigenous Services Canada *Social Development Policy and Procedure Handbook* BC Region for the purpose of confirming 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

To be completed by the Band Social Development Worker (BSDW)

Please complete entire form and print clearly.

_____ _____

Administering Authority Name | Administering Authority Number

TO: BC PARKS

For the purpose of: Camping Fee Exemption for Persons with Disabilities

I, _____ give my consent to the

Administering Authority _____

(First Nation Band Name)

to release my personal information regarding the following:

☒ Confirmation that I am in receipt of Income Assistance for Persons with Disabilities (Disability Assistance) under Indigenous Services Canada Income Assistance Program

_____ _____

Client Signature | Date Signed (Year/Month/Day)

FOR ADMINISTERING AUTHORITY USE

The above-noted signatory is currently in receipt of:

☒ Disability Assistance on-reserve as per the Indigenous Services Canada *Social Development Policy and Procedures Handbook* – BC Region

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Band Social Development Worker (BSDW) Name: _____

Band Social Development Worker Signature: _____

Band Social Development Worker Contact Telephone Number: _____

Date Signed (Year/Month/Day): _____

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