

Nisga'a Lisims Government

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NISGAANATION.CA

Social Assistance File Checklist for Program Reviews

Client Name:				Reference #:	
Spouse Name:			Family Unit size:		
Basic Support Maximum:			_	Shelter Maximum:	
Category: Employable DBL I		□ DE	BL II 🔲 Hardship		
Document	Yes	No	N/A	Comments	
Social Assistance Application					
Budget & Decision Form					
Identification – Adults (2 each)					
Identification – Dependents (1 each)					
Shelter / Tenancy Agreement					
Pay stub (last 2 if applicable)					
Employment Insurance consent form or					
documentation					
Consent to Release of Information					
CRA Consent to Release or Notice of					
Assessment					
DBL I Form					
DBL II designation letter					
Special Needs — Diet (confirmation letter from physician or Registered Nurse)					
Special Needs – application, quotes, receipts					
Monthly Renewal Declarations (for all months receiving SA)					
Roadmap to Independence or equivalent					
Case notes					
Request for Administrative Review					
Bank Statement					
Other: (Specify)					
Comments:					