



Nisga'a Lisims Government

PROTECTED: (when completed) to be handle by authorized personnel only

T 250 633 3000 / F 250 633 2367
 TF 1 866 633 0888
 PO Box 231 / 2000 Lisims Dr
 New Aiyansh BC / Canada V0J 1A0
 NISGAANATION.CA

Consent to Release of Information – Disability Level I or II

Client Information

Last Name	First Name:	Middle Name:	DOB (Y/M/D)
Personal Health Number		S.I.N.	Telephone number
Street address		Village	Postal Code

I authorize and consent to the release by the British Columbia Income Assistance or INAC Bands, of information concerning my Persons With Disabilities designation under the BC Employment and Assistance for Persons with Disabilities Act to the following Administering Authority:

- British Columbia Income assistance
- INAC

_____ **Administering Authority Phone Number** _____ **Nisga'a Social Development Worker (Print Name)**

I further authorize and consent to the British Columbia Income Assistance (MEIA), providing a certified copy of my **Persons with Disabilities Designation Application to Nisga'a Lisims Government following address:**

“PROTECTED B”
PWD – Nisga'a Social Development Program
Nisga'a Lisims Government
PO Box 231, 2000 Lisims Drive,
New Aiyansh, BC, V0J 1A0

The information released and provided will be used solely for the purpose of determining my eligibility for Social Assistance for Persons with Disabilities in accordance with Nisga'a Lisims Government Social Development Program Policy and Procedure Manual.

<p>_____</p> <p>Signature Of Applicant</p>	<p>_____</p> <p>DATE: (Year / Month /Day)</p>
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