



Information for Applicants

The fastest way to apply for Income Support is by calling the following number: 1-877-729-7888.

If you apply by telephone, a copy of the completed application will be sent to you for your signature. You also have the option of completing this paper application; however, your date of application will be the date it is received by the Department.

Please ensure that you (and your spouse, if applicable) complete and sign the "Application for Income Support" and the "Rights, Responsibilities and Client Consent" forms in **Black** or **Blue** ink. You should read the Rights, Responsibilities and Client Consent form carefully. When you sign this form, you are giving consent to the Department of Children, Seniors and Social Development to contact other agencies in order to verify information on your application.

Your financial institution must also complete the enclosed direct deposit form or you may complete the form and include a void cheque. This eliminates the risk of your payment being lost or stolen and ensures you receive payment on time.

Please ensure that you attach all the necessary documentation with your application (as indicated in the attached checklist). **Your application is valid for 30 days.** Any delays may result in having to complete a new application.

You may be requested to provide additional information or to visit the District Office for a personal interview.

To ensure your application is processed in a timely manner, please mail or fax the "Application for Income Support", "Rights, Responsibilities and Client Consent" form, "Direct Deposit" form and all necessary documentation to the address below:

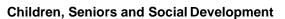
Document Processing Unit
Department of Children, Seniors and Social
Development PO Box 8790
St. John's, NL
A1B 5E4 Fax #
(709)729-2641
incomesupport@gov.nl.ca





Application for Income Support Benefits

. PERSONAL INFORMATION	Ca	se #:(If know
	Adult 1	Adult 2
Name:		
SIN:		
MCP:		
Date of Birth:		
Gender:	☐ Male ☐ Female ☐ X	☐ Male ☐ Female ☐ X
Family Status:	☐ Single ☐ Single Parent ☐ Married/Common Law	t □ Widowed □ Separated/Divorced
Highest Secondary Education:	☐ High School Graduate ☐ Partial High School ☐ ABE ☐ GED ☐ No Formal Education	☐ High School Graduate ☐ Partial High School ☐ ABE ☐ GED ☐ No Formal Education
Highest Post-Secondary Education:	 □ Bachelors □ Masters □ Apprenticeship □ College/Technical Graduate □ Partial University □ Partial College/Technical □ No Post-Secondary 	☐ Bachelors ☐ Masters ☐ Apprenticeship ☐ College/Technical Graduate ☐ Partial University ☐ Partial College/Technical ☐ No Post-Secondary
Employment Status:	☐ Unemployed Available ☐ Employed – Full Time ☐ Employed – Part Time ☐ Employed – On Strike ☐ Employed – Own Business	☐ Unemployed Available ☐ Employed — Full Time ☐ Employed — Part Time ☐ Employed — On Strike ☐ Employed — Own Business
Reason for applying for assistance at this time:	. ,	, ,
Are there any reasons why you cannot work at this time:		
. FAMILY INFORMATION		
Children/Dependents (living with you)	Date of Birth	MCP





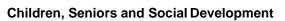
C. ADDRESS INFORMATION

Mailing Address				
Residential Address	☐ Same as Mailing Address			
Phone Number Email Address				
Email Address				
D. ACCOMMODATIONS	(Select One Option)			
RENT	Actual Rental Ame	ount		Landlord
	\$			
Housing Type:	☐ Apartment ☐ Bedsitter ☐			
Utility Included:	☐ Pay Own Utilities ☐ Heat I	•	Heat and Ele	•
RENT TO OWN	Actual Rental Ame	ount		Landlord
	\$			
Housing Type:	☐ Condo ☐ House ☐ Mobile			• • • • • • • • • • • • • • • • • • • •
OWN HOME -	Actual Mortgage Paymer	nt Amount	<u>F</u>	inancial Institution
MORTGAGE	\$			
0 /1	☐ Condo ☐ House ☐ Mobile			
Is there disability /life insura	, , ,	Yes	If yes, ho	ow much?
Municipal tax payment include	, 00	Yes □ No		
	ying your own Municipal taxes	s, you may com	plete the Mu	nicipal Tax Consent Form
and payment can be made o		ong have you resi	idad at this as	Admoss 9
OWN HOME – NO MORTGAGE	How to	ong nave you res	ided at tills ad	duress:
	☐ Condo ☐ House ☐ Mobile	Цото		
Housing Type: Cother individuals living in		□ Yes	□ No	
Name	Arrangement	Relationship		Start Date
Name	Arrangement	Relationship		Start Date
Doord & Lodeine (D&I)	Howle	 ong have you res	ided at this a	ddross?
Board & Lodging (B&L) RELATIVES	110W R	ong nave you res	idea at tills a	uur css.
Parent/Grandparent/Child				
B & L NON -	How long have you resided a	t this address?	1	Name of Landlord
RELATIVES	, , , , , , , , , , , , , , , , , , ,			
	How long have you resided a	t this address?	N	Name of Institution
RESIDENTIAL				
FACILITY		_		



E. PRIVATE HEALTH CARE

Private Hea	Private Health Care (e.g. Blue Cross)								
Provider	Provider		wne	er		Type of		% Covered	l Beneficiaries
						Covera	ge		
						(e.g.			
						drugs/d	ientai)		
F. ASSET		a Assats Dag	lara	<u>ــــــــــــــــــــــــــــــــــــ</u>					
Type ☐ Bank Acc		o Assets Dec		u □ Government Bo	nds		☐ Sha	aroc	
☐ Bonds	Counts				iius				
☐ Stocks				☐ RRSP — General	lover \$1	0 000)	☐ Debentures ☐ GIC's Term Deposits		nosits
	n Trust by O	thors		RRSP – General	•			e Insurance:	
	rance: Not N			RRSP – Locked I	• •	10,000)		epaid Funera	
	Trust (up to			☐ Support Trust (o		0.000)		her Assets	<u> </u>
☐ Cash on		4100,000,		☐ Mutual Funds	νει φ2οι	3,000,		1101710000	
Value of	Asset or	Maturity D	ate	Account	Bra	anch	Fi	nancial	Client
Account	Balance	(If applicat		Number			Ins	titution	
G. INCOM	ME								
☐ No Inco	ome Declare	ed	Inc	ome – Past 60 day	s (Verifi	cation Re	quired)		
If No Income Declared, how have you supported yourself for the past 60 days?			ys?						
Add any ad	ditional sou	rce of income	e no	t listed below					
Income	☐ Boarde	r Income Noi	า-Re	latives:		[☐ El Be	nefits	
Detail	Anyone	other than I	Parent/Grandparent/Child		ral Compens	sation Benefits			
☐ Employment & Training/Student Aid/Skills Develop					□ Inher	itance/Esta	te Payment		
	_	•		e/Business Income/	'Severan			nsurance Pa	•
☐ Insurance Settlement				•	GIS/The Allo	•			
	☐ Pensions (CPP, Disability, Private, Government,			ent,	١,	_		or the Survivor	
		r's, Veterans	, etc	i.)				al Income	
	☐ Scholar☐ Social A	•	II or	r other Provinces				of Property assets	or other
		Support Pay						CC Benefits	
		terans Allow						r Income/In	come from
		gs Game of C						ther source	
go came or chance, zone,									





Income Applied For	Name of Recipient	Date (yy/mm/dd)	Amount per Month
			\$
			\$
			Ś
			'
Income Received	Name of Recipient	Date (yy/mm/dd)	Amount per Month
Income Received	Name of Recipient	Date (yy/mm/dd)	Amount per Month \$
Income Received	Name of Recipient	Date (yy/mm/dd)	Amount per Month \$ \$

	\$	
H. EMPLOY	DYMENT RELATED EXPENSES	
☐ No Expe	penses Declared	
Expense	e ☐ Childcare (Children 12 years of age and under)	
Туре	☐ Childcare (Children 13 years of age and older – a medical note is required)	
	☐ Transportation	
	□ Other	
Metro Busi	self-employed or had a self-employed business that you recently closed, you <u>must</u> on the siness Opportunities Referral and the Monthly Self-Employment Report found on the the website.	-
 Are Regi Do y (e.g. 	TH RELATED e you currently receiving any type of supportive services from Health and Community gional Health Authority (e.g. home supports)? I yes O you have other expenses/circumstances that may be considered in assessing your applications, special diet, pregnant, or disability)? I yes O No O cumentation from an Approved Professional is required to verify this information.	
•	ce below feel free to provide any other information which you feel may assist in the pration and the determination of benefits:	processing of



Please return your completed application and supporting documents immediately.

J. DECLARATION AND SIGNATURE

I/We declare that the information and answers given to the questions on this application are true to the best of my/our knowledge. I/we understand that this information will be used to determine eligibility for Income Support and/or to obtain Employment and Training Services, and may be subject to verification by Department staff.

I/We understand that all changes in my/our circumstances are to be reported to a Client Services Officer at the District Office immediately, including changes in income, family size, living arrangements, etc.

I/We understand that knowingly making false and misleading statements is an offence. **Persons making false declarations may be subject to prosecution.**

Signature of Applicant or Trustee	Current Date (yyyy/mm/dd)	Witness (for	those who sign with	an X)
Signature of Spouse/Partner	Current Date (yyyy/mm/dd)	Witness (for those who sign with an X)		
	Department of Children, Seniors and Soc rnment: Please indicate if you would like	•	•	
Help to prepare and look for a jHelp to obtain and/or review	ob or training child and spousal support orders	☐ Yes ☐ Yes	□ No □ No	

February 2023

Form #: 14-857



Government of Newfoundland and Labrador

Department of Children, Seniors and Social Development

RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

Name of Client	Name of Spouse (if applicable)	File #:
Address		
All new and re-opened apservices.	oplicants for income support benefits must complete	e this form upon application for

Your personal information will be used to assess your household's eligibility for income support benefits; to determine the amount of assistance; to identify your employment, medical and other service needs; and to prevent and detect fraud.

Rights

The Department of Children, Seniors and Social Development (hereinafter referred to as the "Department") respects your rights for privacy. As stated in the *Access to Information and Protection of Privacy Act (ATIPPA, 2015)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the Department; and have the right to request the correction of their personal information if there has been an error or omission. The Department has the authority to collect personal information in accordance with section 14 and 17 of the *Income and Employment Support Act* and section 5, 6 and 7 of the *Income and Employment Support Regulations*.

Responsibilities

I agree to report to the Department any changes in my circumstances, or the circumstances of my family (spouse, common-law spouse, children or dependent students) as this may affect eligibility and rates of assistance.

I understand that excess payments can result from a failure to report changes in circumstance. This failure to report could mean that I will not get increases in my benefits or I might have to pay back money I received over the allowable amount. If I am in doubt as to whether a change in circumstance will affect eligibility, I agree to notify an employee of the Department. Some examples of changes in circumstances are: change in address; the receipt or expected receipt of money, goods or other assets from any source; increases or decreases in the number of dependents; a child turning 18; changes in health status; changes in marital status or changes in living arrangements.

Client Consent to Release and Exchange Personal Information

I give consent to the Department to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependent students), for income support services.

I give consent to any department, agency or person having such information or documents to release them to the Department employees. This information may be about individual needs, income, assets, employment (including Record of Employment documents), marital status or any entitlement I may have to benefits under



Government of Newfoundland and Labrador Department of Children, Seniors and Social Development

other programs. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada - Service Canada; provincial departments of Education, Justice and Public Safety, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; WorkplaceNL; regional health authorities; governments and agencies in other provinces and territories; financial institutions such as banks, mortgage companies, credit unions, credit bureaus and insurance companies; employers; or other organizations or individuals that may have information that is deemed necessary for the Department to verify eligibility for income support benefits and services.

I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by the Department.

Consent for Canada Revenue Agency to Release Taxpayer Information

I authorize the Canada Revenue Agency to release information from my income tax records and other relevant taxpayer information to an official of the Department. The information will be used solely for the purpose of verifying my eligibility, determining my entitlement for income support benefits and for the general administration of the Income Support Program under the *Income and Employment Support Act*. This information will not be disclosed to any other person or organization without my approval. This authorization is valid for:

- (a) the most recently available of the two taxation years prior to the year of signing this form,
- (b) the current taxation year and,
- (c) each subsequent consecutive taxation year for which we require income support benefits.

I understand that my consent to release personal information is required to apply for or receive benefits from the Income Support Program. The failure to provide this consent or the withdrawal of my consent will make me ineligible for income support benefits.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Department. Contact information may be found: https://www.gov.nl.ca/cssd/department/contact/is/

Signature of Applicant/Client	Social Insurance Number of Applicant	Current Date
Signature of Power of Attorney or	Trustee for Applicant (if applicable)	Current Date
Signature of Spouse	Social Insurance Number of Spouse	Current Date
Signature of Power of Attorney/T	rustee for Spouse (if applicable)	Current Date



RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

Name of Client	Name of Spouse (if applicable)	File #:
Address		
All new and re-opened a services.	pplicants for income support benefits must complete	e this form upon application for
Your personal inform	ation will be used to assess your household's elig	ibility for income support

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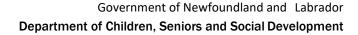
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PLEASE KEEP FOR YOUR OWN RECORDS





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I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by the Department.

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- (a) the most recently available of the two taxation years prior to the year of signing this form,
- (b) the current taxation year and,
- (c) each subsequent consecutive taxation year for which we require income support benefits.

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If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Department. Contact information may be found at https://www.gov.nl.ca/cssd/department/contact/is/.

Signature of Applicant/Client	Social Insurance Number of Applicant	Current Date
Signature of Power of Attorney or	Trustee for Applicant (if applicable)	Current Date
Signature of Spouse	Social Insurance Number of Spouse	Current Date
Signature of Power of Attorney/T	rustee for Spouse (if applicable)	Current Date



REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Payee Name:		
Mailing Address:		
Telephone #:		
	Information for	Direct Deposit
I wish to have my payn	nent deposited electronically	into a bank account designated by me.
Signature		Date
		the information. If this is not possible, please have account information and sign below.
Bank or Financial Instit Branch Address:	tution:	
Bank Telephone #:		
TRANSIT #		ID#
ACCOUNT #		
Signature of Official		Date
	CLIENT INF	ORMATION
Name:		Case #: District Office:
Please return this form	to:	

Department of Children, Seniors and Social Development
Document Processing Unit
P.O. Box 8790, Confederation Building
St. John's, NL A1B 5E4

Fax#: 729-2641 email: incomesupport@gov.nl.ca



Department of Children, Seniors and Social Development Consent Form for the Payment of Taxes and Fees

Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)

The Department of Children, Seniors and Social Development requires your consent below in accordance with section 68. (1)(b) of ATIPPA, 2015.

Furthermore, under ATIPPA, 2015: your personal information is protected in accordance with section 64.(1); you have the right to access your personal information in accordance with section 8.(1); and, you have the right to request the correction of your personal information in accordance with section 10.(1) if there has been an error or omission.

If you have any questions regarding how your personal information is collected or used, you may contact the department's ATIPP Coordinator. Contact information for all departmental ATIPP Coordinators is available at: www.atipp.gov.nl.ca/info/coordinators.html

Client Consent to Release and Exchange Personal Information (Please tick only 1 choice) | Lgive consent for the Department of Children, Seniors and Social Development to make payments on my behalf directly to the applicable municipality, Local Service District, Regional Service Board or other entity which charges municipal taxes and fees. This consent is effective for taxes owing as of my eligibility date for Income Support benefits (after 90 days of receiving benefits) and continues until withdrawn, or I am no longer in receipt of those benefits. If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Department of Children, Seniors and Social Development | Ldo not give consent to Department of Children, Seniors and Social Development to make payments on my behalf to the applicable municipality, Local Service District, Regional Service Board or other entity which charges municipal taxes and fees. | Signature of Client (or Trustee) | Date |

CSSD File#

Community



Application for Income Support Benefits – Checklist

This document is for your use and will help ensure you have included all the required information. Applications normally require the following:

<u>Identification (if you have not previously provided):</u>

- Copy of Social Insurance Card (SIN) for all <u>adults</u> if you don't have a card you can send a Federal document showing your <u>name and number</u> such as an Income Tax Notice of Assessment or some other written letter from the Federal government.
- Copy of verification of birth for all family members. This can be birth or baptismal certificates, MCP cards, driver license, passport, Citizenship, Immigration, Naturalization or Canadian Landed Resident papers.

Income/Assets:

- Verification of all income for the 60 day period before the date you apply.
- Most recent dated bank statement, verification of current balance and direct deposit form.
- Verification of any RRSP, stocks or bonds, etc. (if applicable).
- o If you are waiting on a lawsuit/insurance settlement, we will need verification including the name and address of your lawyer.
- If you are self-employed, a Metro Business Opportunities form must be completed and returned with this application; this form can be found on our website at_ https://www.gov.nl.ca/cssd/files/forms-referral-to-metro-bus-opp.pdf

Accommodations:

- Rent (couples and families) send a recent rent receipt and a copy of your lease or a letter from your landlord stating rental address, monthly payment and if heat & light included (we will allow you 30 days to provide these documents).
- Rent (single applicants) send verification that you have been renting for the previous six months and a copy of your lease or a letter from your landlord stating rental address, monthly payment and if heat & light included (we will allow you 30 days to provide these documents).
- Mortgage send a copy of your mortgage papers or have your mortgage company complete a Mortgage Verification Statement form. This form is found on the Department website at https://www.gov.nl.ca/cssd/files/forms-mortgage-verification-statement.pdf
- Municipal Tax Consent Form.

Health and Special Benefits:

- o MCP number (*not card*) for you and any family.
- Medical note for disability or special diet benefits (there may be additional benefits to which you may be entitled).