

**INFORMATION FORM FOR
THE LAXGALTS'AP VILLAGE GOVERNMENT
HUMAN SERVICES DEPARTMENT**

To: Employment Canada, HRSDC Office Number 1-800-206-7218 Fax: 866-237-4590

TERRACE

SURNAME (BLOCK LETTERS)	DATE OF BIRTH	S.I.N.
GIVEN NAMES (BLOCK LETTERS)	MALE FEMALE	FILE NO. 1
ADMINISTRING AUTHORITY LAXGALTS'AP VILLAGE GOVERNMENT	DATE OF REQUEST	
ADDRESS AND RETURN FAX # 416 North Road GREENVILLE, BC V0J 1X0 Fax: (250) 621-3320 Tel: (250) 621-3212 or 1-877-447-0077	_____ AUTHORIZED FN OFFICIAL	

TO BE COMPLETED BY EMPLOYMENT CANADA

<p style="text-align: center;">INSURANCE</p> <p>1. Has a benefit period been established? Y/N</p> <p>2. If so, weekly rate? _____</p> <p>3. Claim filed and pending as of:</p> <p>DATE: _____</p>	<p>Approximate date of first payment If Applicable, date of last payment</p> <p>Remarks: _____</p>
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INSTRUCTIONS

HRSDC: complete insurance (EI) section and Canada Emergency Response Benefit(CERB) return to originating Administering Authority above.

DATE: _____ LOCAL OFFICE MANAGER

I _____, have applied for income assistance at the Laxgalts'ap Village Government Human Services Department and I hereby give my permission for the Employment Insurance office to release any needed information in order to substantiate my entitlement to Social Assistance.

Client Signature

(Please fax information back to Teniel Angus @ 1-250-621-3320. Thank you©)