



KLAHOOSE FIRST NATION SOCIAL ASSISTANCE FILE CHECKLIST

Client Name: _____ Intake Date: _____

Employable PWD PPMB Hardship Pension

File Documentation	Yes	N/A	Pending
Social Assistance Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Renewal Declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget and Decision Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent of Release Information (901 -23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification for Applicant (Two pieces, one must be Photo ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification for Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Verification			
Income Verification Check (ie. Bank statement, pay check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay Stub (last two)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EI Pay Stub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EI Consent Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EI Consent Form Response (HRDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Costs			
CMHC Rental Tenancy Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CHMC Rental Tenancy Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Ownership for Private Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydro Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Shelter (User Fee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Required Forms			
CRA CCTB Notice (issued July each year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRA Consent Form 1 & 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet (written confirmation of condition and requirement from physician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natal Allowance (Physician written confirmation of pregnancy and/or date of birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs (quotes, invoices, receipts, ect.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with Disabilities - Current Designation Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with Persistent Multiple Barriers - Medical Report (SA 116)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with Persistent Multiple Barriers - Checklist (SA 117)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Benefits Request / Authorization Form (SA 205)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>