

## RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Name of Spouse (if applicable)

Revised: 06 Jan 2012  
Form # XF0010  
File #

\_\_\_\_\_  
Address

All new and re-opened applicants for income support benefits must complete this form upon application for services and during the regular review process.

**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 Advanced Education and Skills (hereinafter referred to as The Department) respects your rights for privacy. As stated in the *Access to Information and Protection of Privacy Act (ATIPPA)*, 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.

### 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 dependants; 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 dependant 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's 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 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, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; the Workplace, Health, Safety and Compensation Commission; 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 and enforcement 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 of Advanced Education and Skills.

\_\_\_\_\_  
**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/Trustee for Spouse (if applicable)**

\_\_\_\_\_  
**Current Date**