



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

Administrative review decision and request for appeals committee hearing

Please complete in full Please Print Clearly

An applicant or recipient of Social Assistance may appeal the following decisions upheld by administrative review.

- Refusal to grant an allowance or service
- Suspension of an allowance or service
- Cancellation of an allowance or service
- Reduction of an allowance or service

1. Decision to be reviewed – Reviewer to complete this section

Applicant's/Recipient's Name:

Date: that the applicant/recipient was notified of the Decision (year/month/day):

Statement of decision (Attach Request for Administrative Review form NSD-09):

Date that the applicant or recipient submitted the Request for Administrative Review Form: (year/month/day) _____

2. Administrative review decision – Reviewer must complete this section within 10 Calendar days following receipt of the request for administrative review (NSD-09)

I certify that I have conducted an administrative review of the decision in respect to the foregoing matter.

The decision of the Administrative Authority or Disability Adjudicator has been upheld Yes NO

Reason for the decision:

*Reviewer's Name**Signature of Reviewer**Decision Date: (Y/M/D)*

Note to Applicant or Recipient: If you are dissatisfied with the administrative review decision, you may request an Appeals Committee Hearing to the Appeals Committee. To initiate such an appeal, complete Section (3) on the next page and return the completed form to your Village Social Development Worker within 7 calendar days after you received the notification of the Administrative Review Decision.





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3. Request for appeals committee hearing applicant/recipient completes this section

I, _____ Of _____
(Name) (address)

Request that my case be heard by an Appeals committee as provided for in the Nisga'a Social Development Policy And Procedures Manual.

I authorize, _____,
(name)

Of _____
(address)

Telephone Number (250) _____, to represent me.

Signature of Applicant or Recipient _____ Date: _____

* Note to Applicant / Recipient: You will be notified of the date and place of hearing.

During the Appeals Hearing, members of the Appeals Committee may only consider, call for and examine information, records or testimony that were attached to and included in the Request for Administrative Review Form which you have submitted on the date that was recorded in Section 1 of this form to support your case.

