



Nisga'a Lisims Government

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 NISGAANATION.CA

BUDGET & DECISION FORM

Classification of Need	<input type="checkbox"/> Employable	<input type="checkbox"/> DBL I	<input type="checkbox"/> DBL II	<input type="checkbox"/> 60 years +
Category	<input type="checkbox"/> Single	<input type="checkbox"/> Childless Couple	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Two Parent Family
Applicant's Name		SIN		<input type="checkbox"/> Gingolx <input type="checkbox"/> Laxgalts'ap
Spouse's Name		SIN		<input type="checkbox"/> Gitwinksihlkw <input type="checkbox"/> Gitlaxt'aamiks
Mailing Address				Phone Number:
Residential/street Address:				
Annual Renewal Date:			Head of household:	
Family unit size:			Maximum Shelter for Family Unit Size:	

RESOURCES			MONTHLY REQUIREMENTS		
Income of Applicant, Spouse and Dependents during previous month				Current	Continuing
Earned Income			Basic Needs		
Type of Income (specify type)	Applicant	Spouse	Basic Needs	\$ -	\$ -
			BCFB Top-up	-	-
			Isolation Allowance	-	-
			December Allowance	-	-
			A. Sub-total Basic	\$ -	\$ -
Sub-Total	\$ -	\$ -	Shelter (specify type)	\$ -	\$ -
Income from Self-Employment			Shelter (specify type)	\$ -	\$ -
Gross		\$ -	Shelter (specify type)	\$ -	\$ -
Less Approved Expenses		\$ -	Shelter (specify type)	\$ -	\$ -
Sub-Total		\$ -	B. Sub-total Shelter	\$ -	\$ -
Unearned Income (state type)			Sub-total A + B	\$ -	\$ -
1		\$ -	Burial	\$ -	\$ -
2		\$ -	Non-Insured Health Benefits	\$ -	\$ -
Sub-Total		\$ -	Special Needs	\$ -	\$ -
Recovery of Overpayments/Repayments (state type)			Special Diet	\$ -	\$ -
1		\$ -	Incentive	\$ -	\$ -
2		\$ -	C. Subtotal Special Needs	\$ -	\$ -
Sub-Total		\$ -	Monthly Requirements A+B+C	\$ -	\$ -
			Less Deductions from Resources	\$ -	\$ -
TOTAL MONTHLY DEDUCTION			Entitlement	\$ -	\$ -

Transfer to Work Opportunity Project	From	To	Current Month				
	d/m/y	d/m/y	Cheque	P.O.	Name	Re:	Amount
Amount							\$ -
From							\$ -
To						Total	\$ -
			Continuing Assistance				
	From	To					\$ -
							\$ -
						Total	\$ -

Comments:

I,/ We, the undersigned, have no income to declare for myself/ us and dependents except as shown above. I/We have been advised of my/our eligibility by copy of this form.

Signature of Applicant		Date	
Signature of Spouse		Date	
Signature of Administering Authority		Date	

NSD-02



APPEAL INSTRUCTION

CLIENT RESPONSIBILITY

As conditions of continuing eligibility for Social Assistance, a recipient is required:

1. To demonstrate in a manner prescribed by the Administrative Authority that he/she has explored within the limits of his/her ability and circumstances, all resources of self-support, and to provide evidence in support of his/her application.
2. To declare all income of self, spouse, and other dependents when applying or reapplying for Social Assistance.
3. To cooperate in determining eligibility for Social Assistance benefits by providing necessary information.
4. To use Social Assistance benefits for the intended purpose and in the best interest of himself/herself and dependents.
5. To report immediately to the Administrative Authority any change in income, composition of family, personal or real assets, and any other circumstances which would require adjustment in Social Assistance entitlement.
6. To accept reasonable employment, vocational training, or rehabilitation services leading towards self-support.

ADMINISTRATIVE REVIEW AND APPEAL

An applicant or recipient of Social Assistance may appeal on the grounds of:

1. Refusal to grant assistance
2. Cancellation of an allowance
3. Suspension of an allowance
4. Reduction of an allowance
5. Incorrect allowance
6. Method of payment

If you wish to appeal, obtain a form from the Administrative Authority, complete and submit to Administrative Authority within 30 calendar days from date of decision.