



BCANDS CLIENT SERVICE REQUEST FORM

DATE: _____

In order to assist you and provide the services you require to meet your needs it is necessary for us to collect personal information. We would like to assure you that the information we collect, use and may disclose, with your consent, is protected under the Personal Information Protection Act. If you have any questions or concerns about the collection, use or disclosure of your personal information please mention this to the BCANDS case worker or you can contact the 'Office Of The Information & Privacy Commissioner'.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date of Birth (YYYY / MM / DD)
Street Address Mailing Address (If different from above)		City /Town /Community	Contact Telephone Number
Postal Code			E-mail
Aboriginal Ancestry <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Status <input type="checkbox"/> Non- status <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Other	(Check one) <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off-reserve Gender (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Certification of Indian Status Registry Number: (Located on bottom of card) Métis Number: (Located on bottom of card)

*Name and address of contact person or person completing this form, if different from information listed above

Name: _____

Relationship to Applicant: _____

Address: _____

Telephone: _____ Email: _____

DISABILITY CONDITION - Please provide a brief description of the nature of your disability.

REQUESTED BCANDS SERVICES - Please provide a brief description on how BCANDS can assist you.
