

SOCIAL SERVICES CHECK LIST

Change For Month Of _____ 20____ Date Of Application: _____

Treaty Number: _____ Date Of Birth: _____

Name: _____ S.I.N.: _____

Address: _____ H.O.H.: _____

Spouse: _____ Treaty Number: _____

S.I.N.: _____ Date Of Birth: _____

ALL APPLICANTS MUST FILL OUT UIC CONSENT FORM AND INFORMATION RELEVANT FORM

Dependant Children

Treaty Number	Full Name Of Child	Date Of Birth
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

FOR OFFICE USE ONLY

Where did client receive social assistance from last month? _____

Case Worker's Name: _____ Case Number: _____ PH#: _____

Please List Others

Name	Phone Number	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed By: _____ Date: _____

Comments: _____

Applicant has been found to be:

Eligible

Not Eligible

Type Of Application: _____

Entered By: _____