

Ministry of Children and Family Development
Accounting Operations, Financial Services Branch
PO Box 9769 Stn Prov Govt
Victoria BC V8W 9S4

Send via e-mail to: MCFFinanceCASSupport@gov.bc.ca

To: MCFD Financial Help Desk,

This letter is to provide you with my consent to access the annual affordability payment for families currently receiving financial assistance through the Child in Home of Relative (CIHR) program.

- My full name is *[your given name and surname under which you are registered for CIHR]*:
- My mailing address is:

- My Social Insurance Number is:
- The name of the child/youth in my care is *[child/youth's given name and surname under which they are registered for CIHR]*:
- and their birthdate is:

I give my consent for the Ministry of Children and Family Development (MCFD) to share my personal information with the Ministry of Social Development and Poverty Reduction (MSDPR) for the purposes of **confirming my ongoing enrollment in CIHR**. I provide this consent for the duration of April 1, 2023, to the above mentioned youth's 19th birthday. I understand that I may revoke my consent, in writing, by contacting the MCFD Financial Help Desk.

I also give my consent to MCFD to process and provide **me with an annual affordability payment** related to my involvement in the CIHR program. I provide this consent for the duration of April 1, 2023, to the above mentioned youth's 19th birthday. I may revoke my consent, in writing, by contacting the MCFD Financial Help Desk.

I understand and acknowledge that:

1. I must report the benefit on my personal income tax return each year.
2. I will receive a T5007-Statement of Benefits to help me prepare my personal income tax return.
3. I am responsible for understanding and addressing the tax implications of receiving the benefit.
4. I am responsible for reporting a change in circumstances affecting my eligibility for the payment.

I have attached an application for direct deposit (enclosed) and void cheque/validated banking information to facilitate these payments. [*alternatively, a cheque will be mailed to the address provided above.*]

You may contact me via e-mail or phone at _____ to discuss any concerns or missing information to complete my application.

Sincerely,

_____ (print name)

_____ (signature) _____ (date)