BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

EMPLOYMENT AND ASSISTANCE REQUEST FOR RECONSIDERATION

SECTION 1 and 2 TO BE COMPLETED BY WORKER

SR NUMBER: 1-55711616315

SECTION 1 REQUESTOR INFORMATION

REQUESTOR'S NAME: Patrick Fox

CASE NUMBER: 1-55590850994

REQUESTOR'S ADDRESS: NFA, NFA

SECTION 2 DECISION TO BE RECONSIDERED

You are requesting a reconsideration of the ministry decision to deny income assistance benefits due to your status in Canada.

On 2019Jan07 you applied for income assistance. You submitted copies of your identification, including a Florida birth certificate and a BC driver's license.

On 2019Jan17 you completed an eligibility interview with a ministry worker. You stated you have no status in Canada but you cannot leave BC according to the conditions of your probation. You stated you are a US citizen, however your probation order specifies that you must not be within 100 metres of the US border. You stated you previously received income assistance under a different name. The ministry worker requested confirmation of your status in Canada from Immigration, Refugees and Citizenship Canada (IRCC).

On 2019Jan25 IRCC advised the ministry that they are unable to determine your current immigration status. IRCC stated "with the information provided, we have searched our records and have found no indication that this person has been granted or issued a certificate of Canadian Citizenship or naturalization."

On 2019Feb19 a ministry worker determined you are not eligible for income assistance as you have no status in Canada. You requested written confirmation of this decision.

Per the Employment and Assistance Act, Section 7, "for a family unit to be eligible for income assistance at least one applicant or recipient in the family unit must be

(a) a Canadian citizen,
(b) authorized under an enactment of Canada to take up permanent residence in Canada,
(c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee,
(d) in Canada under a temporary resident permit issued under the Immigration and Refugee Protection Act (Canada) or on a minister's permit issued under the Immigration Act (Canada),
(e) in the process of having his or her claim for refugee protection, or application for protection, determined or decided under the Immigration and Refugee Protection Act (Canada), or
(f) subject to a removal order under the Immigration and Refugee Protection Act (Canada) that cannot be executed."

No information has been submitted to indicate you meet any of the criteria above. You are not a Canadian citizen, an authorized permanent resident or a convention refugee. You are not in Canada with a temporary resident permit or a minister's permit and you are not having a claim or application for refugee status or protection heard under the Immigration and Refugee Protection Act. For this reason, you are not eligible for income assistance.

Attachments:
Relevant legislation
Signed application for assistance
Probation order
Reconsideration and Appeals brochure
List of local advocates
MYSS info sheet

ADVOCATE
You have the right to an advocate to help you with your reconsideration. Attached is a list of advocates in your area.

DEADLINE
This Request for Reconsideration form must be signed and returned by the date in Section 2, "Date requestor must submit form by".

a. If you can provide reasons and/or evidence why the Ministry's decision should be changed by this deadline, do so.

OR

b. If you need more time to provide reasons or evidence, you may ask for an extension (more time).

EXTENSION
To ask for an extension, write on this form that you need an extension, then sign and return it to the Ministry by the date in Section 2, "Date requestor must submit form by". To maximize the amount of time you have to provide reasons or evidence, submit the form on or just before that date.

You may contact the reconsideration office to confirm the extension was approved, 778-698-7750.

WHEN TO EXPECT A DECISION
Once the Ministry receives your signed Request for Reconsideration form, it will write its reconsideration decision within 10 business days (if no extension is requested) or 20 business days (if an extension is requested).

The reconsideration decision will be mailed to you, sent by MySelfServe or available for pick up in a Ministry office.

THE ACT AND / OR REGULATIONS THAT APPLY TO THIS DECISION ARE:

Employment and Assistance Act, Section 7

MONTH DECISION EFFECTIVE (MMMM YYYY)	RELEVANT DATES:	DATE REQUESTOR INFORMED OF DECISION (EEEE, MMMM DD, YYYY)
February 2019		Tuesday, February 19, 2019
		DATE REQUESTOR MUST SUBMIT FORM BY (EEEE, MMMM DD, YYYY)
		Wednesday, March 20, 2019

SECTION 3 REASON FOR REQUEST FOR RECONSIDERATION

(TO BE COMPLETED BY THE REQUESTOR ONLY AFTER SECTIONS 1 AND 2 HAVE BEEN COMPLETED BY WORKER)

EMPLOYMENT AND ASSISTANCE REQUEST FOR RECONSIDERATION

SECTION 4 NOTICE OF REQUEST FOR RECONSIDERATION

(ATTACH ADDITIONAL PAGES IF REQUIRED)

(TO BE COMPLETED BY THE REQUESTOR)

IMPORTANT: The request to have the Ministry decision reconsidered must be submitted to your Employment and Assistance Office within 20 business days of when you receive the decision concerning eligibility. (see "Date Client Informed of Decision" box on page 1)

I hereby give notice that I am dissatisfied with the Ministry decision regarding my request for assistance or supplement and wish to exercise my right to request a reconsideration of this decision. I have attached all relevant documents I wish to have considered.

REQUESTOR'S SIGNATURE	DATE (YYYY-MMM-DD)	TELEPHONE

FOR MINISTRY USE ONLY:

Personal information on this form is collected under the authority of the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. This information will be used to assess your request for a reconsideration of a decision. The disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. For more information about the collection, use and disclosure of this information, please contact your local Employment and Assistance Office.

EMPLOYMENT AND ASSISTANCE REQUEST FOR RECONSIDERATION

If you are dissatisfied with a ministry decision, you may request a reconsideration of the decision.

To notify the ministry that you want to have the decision reconsidered you must submit an *Employment and Assistance Request for Reconsideration* form. Your Employment and Assistance Worker will complete sections 1 and 2 of the form. Section 2 explains what the ministry decision is, states the month it is effective and the legislative authority on which it was based. You must complete sections 3 and 4 and return the form, along with all relevant documents you wish to have considered, to your Employment and Assistance Office within 20 business days of being notified of the ministry decision.

Upon submitting your Request for Reconsideration, the ministry will reconsider the decision. The reconsideration decision will be made within 10 business days from the date the ministry receives the completed *Employment and Assistance Request for Reconsideration* form. You will be informed in writing of the ministry's decision.

It is important that you submit all relevant documents relating to your request along with your *Employment and Assistance Request for Reconsideration* in order to ensure that all pertinent information is considered by the ministry. You are encouraged to attach a written submission with your request. If you need assistance in preparing your submission, you may contact your local Employment and Assistance Centre for a list of local community law offices or community advocacy groups.

The written submission should include:

- ☐ the issue (as you see it) that you are asking the Ministry to reconsider.
- ☐ reasons why you think the ministry decision is incorrect.
- ☐ any provision of an Act or regulation you feel is relevant to your request.
- ☐ copies of any documents supporting your request.

If you are dissatisfied with the outcome of the reconsideration, you may appeal to the Employment and Assistance Appeal Tribunal. The ministry will indicate on your Reconsideration Decision whether or not the decision may be appealed.

The ministry decision stands until a final decision is made. If the ministry decision is to reduce or discontinue your assistance, you may be eligible to receive a reconsideration/appeal supplement during the reconsideration/appeal. However, you must agree in writing to repay the amount if the final decision is in the ministry's favour. If the final decision is in your favour, you do not have to repay the reconsideration/appeal supplement.

Pursuant to subsection 22(4) of the *Employment and Assistance Act,* a tribunal panel may admit as evidence only:

(a) the information and records that were before the minister when the decision being appealed was made, and

(b) oral or written testimony in support of the information and records referred to in paragraph (a).

CONSEQUENTLY, IT IS IMPORTANT THAT YOU SUBMIT ALL RELEVANT INFORMATION WITH YOUR REQUEST FOR RECONSIDERATION.

Employment and Assistance Regulation

Citizenship requirements

7 (1) For a family unit to be eligible for income assistance at least one applicant or recipient in the family unit must be

(a) a Canadian citizen,

(b) authorized under an enactment of Canada to take up permanent residence in Canada,

(c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee,

(d) in Canada under a temporary resident permit issued under the Immigration and Refugee Protection Act (Canada) or on a minister's permit issued under the Immigration Act (Canada),

(e) in the process of having his or her claim for refugee protection, or application for protection, determined or decided under the Immigration and Refugee Protection Act (Canada), or

(f) subject to a removal order under the Immigration and Refugee Protection Act (Canada) that cannot be executed.

(2) If a family unit satisfies the requirement under subsection (1), income assistance and supplements may be provided to or for the family unit on account of each person in the family unit who is

(a) a Canadian citizen,

(b) authorized under an enactment of Canada to take up permanent residence in Canada,

(c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee,

(d) in Canada under a temporary resident permit issued under the Immigration and Refugee Protection Act (Canada) or on a minister's permit issued under the Immigration Act (Canada),

(e) in the process of having his or her claim for refugee protection, or application for protection, determined or decided under the Immigration and Refugee Protection Act (Canada),

(f) subject to a removal order under the Immigration and Refugee Protection Act (Canada) that cannot be executed, or

(g) a dependent child.

(3) If a family unit includes a person who is not described in subsection (2),

(a) the person's income and assets must be included in the income and assets of the family unit for the purposes of determining whether the family unit is eligible for assistance, except as otherwise provided in this regulation, and

(b) the family unit is not eligible for any income assistance under Schedule A, hardship assistance under Schedule D or supplements under Division 1, 2, 3 or 5 of Part 5 of this regulation on account of or for the use or benefit of that person.

BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

APPLICATION FOR ASSISTANCE (PART 2)

The personal information requested on this form is collected by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Employment and Assistance Act* and *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Family Type

(●) Single Person ( ) Couple (married or common-law) ( ) Single Person with Dependents ( ) Couple (married or common-law) with Dependents

Primary Contact

Last Name	First Name	Middle Name(s)
Fox	Patrick	

Contact Information

Apt	Address 1 (living address)	City	Province	Postal Code
	NFA	NFA		
Apt	Address 2 (mailing address if different from living address)	City	Province	Postal Code

Phone	Type	Alt Phone	Type	Leave messages?	Email	Address on Reserve
(778) [redacted]	Mobile			Yes		

Communication Barrier?	Communication Supports
No	

Preferred Contact Method	Preferred Language	Interpreter Required
	English	

Applicant Primary Identification	Applicant Secondary Identification
Canadian driver's licence	Birth Certificate (Florida, USA)

Current Situation

Have you (or your spouse) been homeless in the last 12 months?	Indicate city	Describe your current living arrangement
No		Emergency Shelter

Facility Type	Facility Name	Service Provider Id	Release Date	Future Living Situation

Are you fleeing an abusive spouse or relative?	Did anyone assist you with completing this online application?
No	

Please tell us about any changes to your circumstances or income that have caused you to apply for income assistance.

Applicant cannot work in Canada, released from jail on Dec 30/2018, has 3 year probation to serve, however is USA citizen and cannot get work permit at this time. AKA Richard Riess

Currently living in Emergency Shelter. Urgent need for assistance to find long term accommodation.

Immediate Needs Assessment

Do you have an immediate need for food?	Do you have an immediate need for shelter?	Do you have an immediate medical need?
Yes	Yes	

Applicant Life Threatening Health Need?
No

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APPLICATION FOR ASSISTANCE (PART 2)

Applicant

Applying for PWD?	Approved for PWD INAC?	Prescribed Class Benefits	Youth with Intellectual Disability?	Outstanding warrant?
No	No			No

Legal Name

Last Name	First Name	Middle Name(s)
Fox	Patrick	

Date of Birth (YYYY-MMM-DD)	Gender	Aboriginal?	Aboriginal Identity	Status Indian?	SIN
1973-Nov-24	Male		No		

More Information

Previous Last Name	Previous First Name	Previous Middle Name(s)
Riess	Richard	Steven

Relationship Status
Divorced

Were you born in Canada?	Are you a Canadian citizen?	When did you move to Canada?	When did you move to British Columbia?	Where did you move from?
No	No	05/01/2013	05/09/2013	Other Country

Did you enter Canada under a sponsorship agreement?	Sponsorship Start Date	Sponsorship End Date
No		

What is your current immigration status?	What was your entry immigration type?
Other	

Have you received financial assistance from a First Nation or Treaty First Nation in the past 60 days?	Have you received EI benefits within the past 60 days?
	No

Out of Province Assistance?	Location	Last Payment Date
No		

2 Year Independence?	Exemption reason
Exempt	

Legal to work?	If not looking for work, why not?	Previous Employment	Filed Income Tax?
No	Has no legal status in Canada	Was moving back to USA, but wa	No

In School?	School Type	Highest Education Level
No		Bachelor's degree

Applicant Financial

Monthly Incomes

Employment Wages	Investment	Canada Pension Plan	Canada Pension Plan Survivors	Canada Pension Plan Orphans
WorkSafe BC Benefits	Rental Property	Roomer and/or Boarder	Private Pension	Disability Pension
Old Age Security	GIS	Senior's Supplement	Spousal Support	Child Support
EI Regular	EI Sickness	EI Compassionate Care	EI Maternity	EI Parental
EI Critically Ill Child	Student Funding	Trust Income	Child Tax Benefit Amount	Tax Credits
Income Tax Refund	Band Assistance	Other Income		

Assets

Cash on hand or bank account	Retirement Savings Plan	Retirement Savings Value	Registered Owner	Locked In?
Life Insurance Policy cash value	Life Insurance Policy Name	Trust Fund Value	Trust Fund Name	
Other Asset Value	Other Asset Source			

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APPLICATION FOR ASSISTANCE (PART 2)

Common Expenses

Monthly Expenses

Mortgage	Is the mortgage jointly owned?	Property Taxes	Property Insurance	Rent	Is the rent shared?
Room and Board	Room and Board paid to family?	Hydro	Heat	Gas	Phone
Strata	Joint Owner Name		Payment up to date?	Owner Sharing Accommodation?	

ADD OTHER OCCUPANTS

Last Name	First Name	Middle Name	Relationship

ADD VEHICLES(S)

Year	Make	Model	Value	Owing	Owner	RV?

ADD BANK ACCOUNTS

Account Balance	Bank Name	Account Holder Name	Joint Account?	Direct Deposit?	Institution Number	Transit Number	Account Number

ADD POTENTIAL INCOME

Source	Amount	Owner

ADD PROPERTY

Address	Value	Owner

ADD DISPOSED ASSETS

Source	Disposed Asset Value	Owner

DECLARATION: I declare that all the information I have provided in the application is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents.

Signature of Applicant	Date (YYYY MMM DD)
	2019-01-30