



CHILDREN OUT OF THE PARENTAL HOME MONTHLY RENEWAL DECLARATION

PRIVACY OF INFORMATION STATEMENT

Provision of information requested on this document is voluntary and is being collected for the purposes of determining eligibility for Children Out of the Parental Home Income Assistance. The information will be stored in a secure location by your First Nation Administering Authority, who will ensure the confidentiality of the information contained in this document in accordance with standards set out in the Social Development Policy and Procedures Manual of the Department of Indian Affairs and Northern Development (B.C. Region) and will be maintained pursuant to the *Privacy Act* and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency.

OFFICE USE ONLY		
Administering Authority (AA) and Number: _____	Name of Worker: _____	Date Declaration Reviewed: _____

Child		
Last Name	First Name	Middle Name

1. Is the child still in need of Children Out of the Parental Home (COPH) Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there any changes in the composition (make-up) of persons age 18 or older living in the relative's home? If yes, explain change(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any changes in the amount of financial contribution to the COPH Assistance child? If yes, explain change(s) to the amount:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are there other changes concerning the COPH Assistance child or the information provided by the relative? If yes, explain change(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. COMPLETE THIS SECTION ONLY IF THE RELATIVE'S ADDRESS HAS CHANGED		
New Address	Telephone	
Mailing Address (if different)		

DECLARATION		
I declare that the information that I have provided on behalf of _____ is true and complete. (Child's Name)		
I give my permission for this information to be verified and consent to a report being obtained from any reporting agency (for example, but not limited to, Canada Revenue Agency, the BC Ministry of Children and Family Development or the BC Ministry of Housing and Social Development) for that purpose.		
Relative's Signature _____	Relative's Name (Print) _____	Date Signed _____