

Protected B (when completed)



DS5511

The personal information you provide on this form is collected under the authority of the Assured Income for the Severely Handicapped Act and Assured Income for the Severely Handicapped General Regulation and is managed in accordance with the Freedom of Information and Protection of Privacy Act. The information is collected for the sole purpose of allowing AISH to pay a third party on your behalf. If you have any questions in regards to the collection of this information, please contact your AISH worker.

Section 6 of the AISH Act allows AISH to pay a third party directly on your behalf. A third party payment can be used to pay a vendor for an approved personal benefit or to redirect a portion of your AISH allowance to a specific person/ organization (e.g. rent payment). A third party payment can be made one time or as an ongoing payment. You can withdraw this consent at any time by doing so in writing. Please return the completed form to your AISH worker.

Consent

Effective immediately or _____ yyyy-mm-dd

I, _____ of _____ Client's Name Street Address

of _____, Alberta _____, consent to a third party payment for City/Town Postal Code

Reason for Third Party Payment

to _____ in the amount of \$ _____ Payee or Third Party

I authorize Alberta Community and Social Services to provide this payment from my
Monthly living allowance OR Approved personal benefit outside my living allowance

until _____ Third Party Consent Expiry Date (month, day, year) (maximum 5 years)

Payee or Third Party Information

Street Address City/Town Postal Code

Customer's Account Number (if applicable)

Date yyyy-mm-dd Client Signature

FOR OFFICE USE ONLY
UNIT CASELOAD FILE NUMBER

Client Copy Office Copy