



APPEAL TO THE SOCIAL ASSISTANCE ADMINISTRATIVE REVIEW GROUP/APPEAL COMMITTEE

APPLICANT INFORMATION (please print)

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Street Address		City/Community NT	
Mailing Address (if different than above)			
Apartment Number	Postal Code	Telephone (Home) ()	
Social Insurance Number / /	Date of Birth - YY/MM/DD / /	Case Number	

APPLICANT LETTER OF APPEAL Administrative Review Group Appeal Committee

To: Education, Culture and Employment _____ _____ _____	This will notify you of my intention to appeal a decision made by the Client Services Officer, regarding my application for Income Assistance. Date (YY/MM/DD) ____ / ____ / ____
--	--

I am appealing this decision for the following reasons: (attach additional sheets if necessary)

I would like the Administrative Review Group Appeal Committee to:

ADVOCATE INFORMATION

Name		Organization	
Address			
Telephone ()	Fax ()	Email	

APPELLANT'S SIGNATURE

_____	x	_____	_____
Appellant's Name (Please Print)		Appellant's Signature	Date - YY/MM/DD

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.(1)(g) and the *Northwest Territories (NT) Social Assistance Act and Regulations*. The privacy provisions of the *ATIPP Act* protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.