Northwest Territories

Income Security Programs

# DECISION OF THE SOCIAL ASSISTANCE APPEAL BOARD

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

## 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 |

## REGARDING THE APPEAL DECISION

**In the matter of the appeal before the Appeal Board, the following decision has been made regarding your Income Assistance. The decision is:**

○ Affirmed ○ Reversed ○ Varied

## SIGNATURES

| | | | |
|---|---|---|---|
| x Chairperson's Signature | Date - YY/MM/DD | x Vice-Chairperson's Signature | Date - YY/MM/DD |
| x Member's Signature | Date - YY/MM/DD | x Member's Signature | Date - YY/MM/DD |
| x Member's Signature | Date - YY/MM/DD | x Member's Signature | Date - YY/MM/DD |
| x Member's Signature | Date - YY/MM/DD | x Member's Signature | Date - YY/MM/DD |

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