



# DECISION OF 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	

## REGARDING THE APPEAL DECISION FOR Administrative Review Group Appeal Committee

In the matter of the appeal before the Administrative Review Group/Appeal Committee, the following decision has been made regarding your Income Assistance. The decision is:

Affirmed       Reversed       Varied

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## SIGNATURES

<input checked="" type="checkbox"/>	Chairperson's Signature	Date - YY/MM/DD	<input checked="" type="checkbox"/>	Vice-Chairperson's Signature	Date - YY/MM/DD
<input checked="" type="checkbox"/>	Member's Signature	Date - YY/MM/DD	<input checked="" type="checkbox"/>	Member's Signature	Date - YY/MM/DD
<input checked="" type="checkbox"/>	Member's Signature	Date - YY/MM/DD	<input checked="" type="checkbox"/>	Member's Signature	Date - YY/MM/DD
<input checked="" type="checkbox"/>	Member's Signature	Date - YY/MM/DD	<input checked="" type="checkbox"/>	Member's Signature	Date - YY/MM/DD

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