



Amethyst House
280 2nd Street, Courtenay BC V9N 1B6
T: 250-871-2570 F: 250-871-2573
E: recovery@amethysthouse.ca

MSDSI FUNDING VERIFICATION

Must be signed by the client

Date: _____

To: Ministry of Social Development & Social Innovation

Fax #: _____

From: _____

Fax #: _____

Client Name: _____

DOB: _____ / _____ / _____
DD MM YYYY

SIN: _____

This person has been referred for admission to Amethyst House Residential Stabilization and Supportive Recovery Services. Prior to admission we require confirmation that the client's per diem costs (less any non-exempt income) will be paid by MSDSI while in receipt of and eligible for income assistance. Once the client has been admitted we will send an admission report.

Income from Other Source(s): \$ _____ Source: _____

Client Authorization: I, _____ authorize the Ministry of Social Development & Social Innovation to confirm my eligibility for funding and to release any related information to Amethyst House staff.

Client Signature Date

MINISTRY OF SOCIAL DEVELOPMENT & SOCIAL INNOVATION - VERIFICATION

- Client has an open and active file
- Client eligibility to be determined
- Client file has been closed
- Client is eligible for funding as follows:

Comments:

Client's monthly per diem will be paid by MSDSI as per current eligibility less any non-exempt income from other sources as follows:

Client contribution (non-exempt income) \$ _____
Non-exempt income from _____
Maximum Amount Payable by MSDSI per Month \$ _____

MSDSI Contact Name: _____

Tel/Fax: _____

Place Office Stamp Here

Email: _____

Date: _____