

## Confirmation of Income Support

Client Name \_\_\_\_\_

SIN \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(dd/mm/year)

CAPS Client # \_\_\_\_\_

### Income Support Status (please, check only one):

- In receipt of Income Support
- Dependent of an active Income Support case  
Case # \_\_\_\_\_
- Received Income Support within the past 12 months  
Case Closure Date (dd/mm/yyyy) \_\_\_\_\_

Date of IS Confirmation: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

Signature – Department Staff