

Financial Management: Sample financial management consent form

The sample consent form is provided by iMAP in Victoria, BC. Required information may vary in each province or territory.

This information is collected by ICMT under s. 26 (c) of the Freedom of Information and Protection of Privacy Act and will be used to provide ICMT services.

Consent to use and disclosure of personal information to the ministry of social development and poverty reduction

I, _____
(last name) (first) (initial)

Date of Birth: _____
(year) (month) (day)

hereby authorize:

The Intensive Case Management (ICM) Team to contact the Ministry of Social Development and Poverty Reduction to **disclose the following information, to provide services to me during my participation in the iMAP Program:**

Information related to my approval, and request, to authorize the administration of my Income Assistance or PWD support monies in care of the **“ICM Team”** at 713 Johnson St.

I agree to send the following on a monthly basis to the “ICM Team”:

- My iMAP program fees of _____.
- The amount of _____ for cigarettes or food etc.
- Divide my remaining monies into 5 weekly cheques.
- All of my support monies.

I have consented to this plan for the purposes of managing my finances, securing housing, and maintaining my wellbeing in the community.

Upon voluntary or involuntary discharge from ICMT/iMAP program, consent with MSDPR will be revoked, and the remaining funds will be prorated and returned to client

Client's signature: _____

Witness signature: _____ Date: _____