



REVIEW REQUEST FORM
INCOME SUPPORT SERVICES

Pursuant to section 10(1) of the *Social Assistance Act*, any applicant for or recipient of assistance has the right to review any decision made by a social worker or the director with respect to their eligibility to receive assistance, or the amount of assistance paid to them. A request for review must be made within 30 days of the date of the denial letter.

Note: Benefits issued under Part 2: Discretionary Aid of the *Social Assistance Regulations* are not reviewable.

The *Social Assistance Act* and *Regulation* are available online at www.gov.yk.ca/legislation/legislation/page_s.html

REQUEST FOR REVIEW

I/we, _____ am/are formally requesting that the
APPLICANT NAME(S)

decision made on _____ by _____
DATE SOCIAL WORKER / SUPERVISOR NAME

in respect to my/our request for _____
ITEM REQUESTED

be reviewed by the Social Assistance Review Committee.

Additional details related to request (*You may attach a separate piece of paper, if needed.*): _____

CONTACT INFORMATION

Address: _____

Phone number: _____ Email address: _____

Signature

Date

Signature

Date

**Mail form to: Social Assistance Review Committee, Attn: Executive Secretary
3168 3rd Avenue (H-4), Whitehorse, Yukon Y1A 1G3**

The personal information contained in this form is collected, used and disclosed in accordance with the *Health Information Privacy and Management Act* and other applicable legislation. Questions regarding the program should be directed to Income Support Supervisors at 867-667-5674. Health and Social Services information practices may be viewed at www.hss.gov.yk.ca/healthprivacy.php