



APPLICANT NAME	DATE OF BIRTH
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APPENDIX E - CONFIRMATION OF PER DIEM FUNDING AND/OR COMFORT ALLOWANCE PAID THROUGH THE MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE

Dear Employment and Income Assistance Worker:

We are requesting a confirmation of funding of treatment per diem and/or comfort allowance and/or travel for your Applicant who is scheduled to enter alcohol and drug treatment in the Round Lake Treatment Centre. This is to be done in order to ensure that the Applicant, whose treatment per diem is to be subsidized by the Ministry, does in fact have an active file in the system and has made proper arrangements.

TREATMENT PER DIEM: Will be taken care of by the Liaison Worker. The Applicant’s file is to remain with the District Office. Remember to include the intake and discharge date on the file.

COMFORT ALLOWANCE: Your office will retain the Applicant’s file and will be responsible for a comfort allowance which can be mailed to: Round Lake Treatment Centre, 200 Emery Louis Road, Armstrong, BC V4Y 0X3. Be sure to include Round Lake’s name on the Address.

TRAVEL: Return flight, bus, and/or taxi fares are to be included.

Complete the following and return a copy for the Applicant’s file and give a copy to the Applicant as he/she is required to return this to the referral worker to fax to us at 250-546-3227.

I also give my permission to the personnel of Round Lake Treatment Centre to release information about my intake and discharge dates to my Employment and Income Assistance Worker.

SIGNED THIS _____ day of _____, _____
Month Year

APPLICANT SIGNATURE

APPLICANT’S SOCIAL INSURANCE NUMBER

PRINT APPLICANT NAME

EMPLOYMENT AND INCOME ASSISTANCE WORKER

CONTACT TELEPHONE NUMBER

OFFICE CODE

DATE OF PER DIEM CONFIRMATION

MAILING DATE OF COMFORT ALLOWANCE

TREATMENT INTAKE AND DISCHARGE DATES