

# Change of Income, Assets, Needs

Ministry of Social Services  
Box 2405 Stn. M  
Regina, SK S4P 4L7  
Phone: 1-866-221-5200 | TTY: 1-866-995-0099  
Email: income.supportss@gov.sk.ca | Fax: 306-798-4040

## Your Information

First Name		Last Name		Client Number	
Date of Birth (yyyy/mmm/dd)	Box/Street Number and Name		City/Town		Postal Code
Email			Phone		

**Income** - Use this section to report a change in money received by you or your spouse. Money is ANY e-transfer, cash, cheques, direct deposits, loans, advance, etc. Documents verifying your income will be required. This form is not required if you have already submitted your documents (example, you submitted your paystubs).

Source of Money	Received by Whom	Amount	Date Received

**Assets** - Use this section to report additional or new assets received by you or your spouse since your last review. Examples include the addition or change of bank accounts, RRSPs, investments, property, vehicles, campers, etc.

Type of Asset	Registered Owner	Value	Amount Owing

I am requesting the following benefit(s). The Ministry of Social Services will use the information you provide to determine your eligibility for these benefits. The ministry might contact you to gather further information.

- Travel Benefit** – travel outside community of residence for medical appointment, job interview/employment, attend SAID disability assessment, attend programs related to my case plan.

Date of appointment: \_\_\_\_\_ Location: \_\_\_\_\_

- Child Care** – child care due to health appointment(s), completing actions required by my case plan, employment/training when licensed care is not available.

- Employment/Training** – secured employment or beginning a training program.

Start Date: \_\_\_\_\_ Date of First Pay: \_\_\_\_\_

Name of Employer/Training Program: \_\_\_\_\_

- Prescribed Diet**  
(Verification through the Medical Report or a note from your physician is required)

- Other** (describe): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_