

# Change in Household

Use this form to report a change to the number of children under the age of 18 in your care, or to add/remove a partner/spouse. You must sign the declaration at the bottom of the second page, and sign the consent to share or use personal information at the bottom of the third page.

**1. Enter your information:**

First Name	Middle Name (if applicable)	Last Name	Date of Birth (yyyy/mmm/dd)
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**2. What is the date of the changes you are making?** \_\_\_\_\_

**3. Adding Children** – to report **additional** child(ren) to your household, complete all the fields. When a child is no longer in your care (**remove**), complete only the child's first name, middle name, last name, date of birth and Saskatchewan Health Number.

**I am:**  **Adding**  **Removing this child**

First Name	Middle Name (if applicable)	Last Name	Date of Birth (yyyy/mmm/dd)
Preferred Name (if applicable)	Relationship to You	Saskatchewan Health Card Number	
Was child in care of the ministry before this change? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have Indigenous status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you collecting Canada Child Benefits for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are receiving child support for this child, how much support do you expect to receive?		When do you expect to receive the child support payment?	

**I am:**  **Adding**  **Removing this child**

First Name	Middle Name (if applicable)	Last Name	Date of Birth (yyyy/mmm/dd)
Preferred Name (if applicable)	Relationship to You	Saskatchewan Health Card Number	
Was child in care of the ministry before this change? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have Indigenous status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you collecting Canada Child Benefits for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are receiving child support for this child, how much support do you expect to receive?		When do you expect to receive the child support payment?	

**I am:**  **Adding**  **Removing this child**

First Name	Middle Name (if applicable)	Last Name	Date of Birth (yyyy/mmm/dd)
Preferred Name (if applicable)	Relationship to You	Saskatchewan Health Card Number	
Was child in care of the ministry before this change? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have Indigenous status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you collecting Canada Child Benefits for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are receiving child support for this child, how much support do you expect to receive?		When do you expect to receive the child support payment?	

**4. Adding a Spouse/Partner** – to report the **addition** of a spouse/partner to your household, complete all fields. If a spouse/partner has left (**remove**), only complete the first name, middle name, last name, date of birth, other names they go by and Saskatchewan Health Card Number boxes.

\*If the individual being added to your file does not have a Social Insurance Number, they must apply for one before you can submit this application. You have 30 days from the date the Ministry of Social Services receives your application to provide the Social Insurance Number.

<b>I am:</b> <input type="checkbox"/> <b>Adding</b> <input type="checkbox"/> <b>Removing this spouse/partner</b>			
First Name	Middle Name (if applicable)	Last Name	Date of Birth (yyyy/mmm/dd)
Preferred Name (if applicable)	*Social Insurance Number/SIN (see note above if there is not a SIN)		Saskatchewan Health Card Number
What gender do they identify with? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> They identify as _____ <input type="checkbox"/> Choose not to respond	Do they have Indigenous status? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Best phone number to contact them	
They have <input type="checkbox"/> SGI-Issued Driver's Licence Number Name as it appears on licence: _____	<b>OR</b> they have <input type="checkbox"/> Non-driver Photo ID Customer Number: _____ Validation Number: _____	<b>OR</b> they have neither <input type="checkbox"/> a licence or non-driver photo ID.	
How has your spouse/partner been supporting themselves in the last few months? This may include a job, help from family/friends, money from a government program, student loans, First Nation Band Assistance, etc.			
If your spouse/partner received money from any source in the last 30 days, where did it come from?  What is the amount? _____		If your spouse/partner is expecting money from any source (e.g. job, other government program, Canada Child Benefit), where will it come from?	
If your spouse/partner owns any property (condo, land, house, cabin, farm, etc.) what type is it?  What is the location (address, land location, etc.)?  What is the value? _____  What is owing? _____		If your spouse/partner owns a vehicle (e.g. personal vehicle, motor home, recreational vehicle, ATV/quad, motorcycle etc.), what type is it?   What is the value? _____  What is owing? _____	
List the amounts of your spouse/partner's money and investments			
Cash _____	Investments _____		
Money in Bank _____	Pension Plan _____		
RRSP's _____	Other (specify) _____		

**Declaration** – I/We declare information on this form is true and complete. I/We make this declaration believing it to be true, knowing it is of the same force and effect as if made under oath. I/We understand I/We may be subject to criminal prosecution for withholding or providing false or misleading information.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Spouse/Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## CONSENT

I/We give consent to the Ministry of Social Services to collect, use and disclose my or my family's Social Insurance Number(s) and Health Services Number(s) to determine eligibility for income support.

I/We give consent to the Ministry of Social Services to collect, use and disclose information provided voluntarily (such as Driver's Licence or Non-Driver's ID number(s), gender, etc.).

I/We give consent to the Ministry of Social Services to collect, use and disclose information or documents required to confirm my or my family's eligibility and for the purposes of case planning. Such case planning activities may include developing money management skills, accessing services from third parties, obtaining and maintaining utility services, career training and assistance with job applications. I/We understand this information includes money received from any source (including e-transfers) to verify assets, and to verify relationship status. Examples include, but are not restricted to, information or documents from:

- Employment and Social Development Canada (Employment Insurance Program);
- Workers' Compensation Board;
- Saskatchewan Government Insurance;
- Any bank, credit union or other financial institution; and,
- Any landlord, past employers and providers of pre-employment services or programs.

I/We give consent to the Ministry of Social Services to share my or my family's information to third parties and to collect and use information from those third parties where the information is necessary to verify and confirm eligibility for income support, or to assist in providing case planning and/or additional income support. I understand my information (name, date of birth and address) will be shared with SaskPower and SaskEnergy to identify individuals that receive services from the Ministry and either/or SaskPower and SaskEnergy, for the purpose of assisting those individuals with case planning. Other examples of third parties include, but are not restricted to:

- Canada Revenue Agency;
- Ministry of Advanced Education;
- Ministry of Immigration and Career Training;
- Workers' Compensation Board;
- Canada Pension Plan; and,
- First Nation Bands.

I/We give consent to the Ministry of Social Services to use and disclose my information, including information provided voluntarily for research and evaluation purposes within the ministry. I/We understand this may include information collected from me or other sources. I/We give consent to the Ministry of Social Services to use data in research and evaluation projects that may involve my information held by Social Services being combined with other government ministries and agencies.

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Client Signature

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Spouse/Partner Signature

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Date

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Date