

Notice of Appeal to the Social Services Appeal Board



I hereby appeal to the Social Services Appeal Board against the order of:

(On the above line please insert name of your Employment and Income Assistance Office)

- a) I was not allowed to apply or re-apply for income assistance or general assistance;
- b) My request for income assistance, general assistance or an increase of same was not decided upon within a reasonable time;
- c) My application for income assistance or general assistance was denied;
- d) My income assistance or general assistance was cancelled, suspended, varied or withheld;
- e) The amount of income assistance or general assistance is insufficient to meet my needs.

The specific decision I am appealing is:

(Attach additional pages if required)

Date

Signature

Name (Please Print)

Street/Box No.

City/Town

Postal Code

Telephone or Message Number

Notice of Appeal should be addressed to:
SOCIAL SERVICES APPEAL BOARD
7TH FLOOR, 175 HARGRAVE STREET
WINNIPEG, MB R3C 3R8

TELEPHONE: (204) 945-3003 / 945-3005
Toll Free: 1-800-282-8069
FAX: (204) 945-1736