



RSW/Case Worker Reference Letter

Date: _____

ATTN: LIFT:

My name is _____ **[RSW/Case Worker's Name]**, and I am a Social Worker/Case Worker with _____. RSW# _____

I am aware of the program eligibility criteria for the Municipal LIFT Program. I have spoken at length with _____ **[Applicant Name]**. Based on my assessment and professional opinion, I believe that _____ **[Applicant Name]** meets the "Program" eligibility criteria, and that Household Income is at or below the Low-Income Cut-off before tax (LICO-BT).

Please accept this letter as proof of income eligibility for;

Applicant Name: _____

Date of Birth: _____

Applicant's Full Address: _____

Please also include the other members of this family living at this residence:

First, and Last Name	Residence Status	Relationship to Applicant	Date of Birth MM/DD/YYYY
		Applicant	

I trust that this letter is sufficient to prove that _____ **[Applicant Name]** meets the financial eligibility criteria. However, if you have any questions, feel free to contact me at:

Phone

Email

RSW/Case Worker Signature

RSW/Case Worker Name

Thank you for your time





RSW/Case Worker Declaration

Date: _____

This letter confirms that I have interviewed _____ [“the Applicant”], and I have formed the opinion that the Applicant meets the requirements for the Municipal LIFT program. I have confirmed the Applicant’s identity and residency with the Regional Municipality of Wood Buffalo.

RSW/Case Worker Signature,

Printed Name of RSW, RSW #

To be completed by the Applicant:

I, _____ (applicant’s name, please print), declare that I have conducted the interview mentioned above honestly and in good faith.

I give the Regional Municipality of Wood Buffalo my permission to verify the information provided in this application and contact me for matters pertaining to this application.

I declare that all information that I have provided to the Registered Social Worker/ Case Worker is true and complete. If my situation or information changes, I will notify the LIFT program administrator at LIFT@rmwb.ca right away.

I acknowledge that my reliance on this form of letter from a Registered Social Worker without other documents is permitted only once. I will take steps to establish other proof of my identity, residence, and income that I may rely on in future years.

Signature of Applicant

Date

Personal information is collected for the purpose of administering the Low-Income Fare Transit (LIFT) program. This information has been collected in accordance with Sections 33(C) and 34(1)(k) of the Freedom of Information Act (FOIP), as amended from time to time, for the purpose of evaluating eligibility and implementation of the LIFT program. Personal information is shared with external parties, such as the Government of Alberta, as required to administer the program. If you choose to apply in person in Fort McKay, personal information may be shared with Fort McKay Métis to assist in administering the program where a municipal office is unavailable. Your privacy is protected by the provisions of the FOIP Act. If you have any concerns regarding the collection or use of your personal information, please send your concerns to LIFT@rmwb.ca or contact the PULSE line at **780-743-7000**.

