

**AISH BENEFITS ADMINISTRATION INSTRUCTION FORM**

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Social Insurance Number:** \_\_\_\_\_

**Do you wish to receive direct deposits**  Yes  No

**If yes, please select one of the following**

- I have attached a blank cheque
- I have attached a direct deposit slip from the bank
- I request that my AISH worker attach a copy of my AISH direct deposit form

**One Time Expenses:**

In order to request funds for a one time expense, you only need to complete the top section, this section and the "Primary Contact Person" section below.

Name of Payee	Address	Purpose	Amount	Schedule
_____	_____	_____	_____	one time payment

**AISH Monthly Benefit Amount** \$ \_\_\_\_\_

**Monthly Expenses:**

Name of Payee	Address	Purpose	Amount	Payment Schedule
1. _____	_____	_____	_____	_____
Account # _____	_____			
2. _____	_____	_____	_____	_____
Account # _____	_____			
3. _____	_____	_____	_____	_____
Account # _____	_____			
4. _____	_____	_____	_____	_____
Account # _____	_____			

**Total Monthly Expenses** \$ \_\_\_\_\_

**Primary Contact Person:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature \_\_\_\_\_  
Date

Monthly expenses may include such things as:

- rent
- board and room
- food
- utilities
- telephone
- recreation
- program costs
- personal allowance
- savings
- transportation / bus pass
- clothing

Example of payment schedule would be

- monthly
- bi-monthly
- bi-weekly
- weekly (Calculate monthly total by multiplying by 52 weeks a year and then dividing by 12)