

## SCHEDULE B

### ADDRESS AUTHORIZATION FORM

To be completed by a Certified Agency for applicants who are 18 years of age or older who are currently homeless.

#### INSTRUCTIONS

- Complete all mandatory fields on the form. Please type or print all information legibly;
- Print the form double-sided and on the Certified Agency's letterhead;
- The applicant, the Certifier and Certified Agency's Chief Executive Officer (CEO) or designate must read and sign the form;
- Check off the applicable Certified Agency on the back of the form;
- Retain a copy of the form for the Certified Agency's records; and
- The applicant must bring the completed form and the appropriate fee, along with proof of identity and proof of legal entitlement to be in Canada, to a Registry Agent when applying for a government-issued Alberta Identification Card. The completed Address Authorization Form will serve as proof of the applicant's residence in Alberta.

#### ELIGIBLE APPLICANTS

Eligibility for the Address Authorization Form is limited to applicants who are: **1) residents of Alberta, 2) 18 years or older, 3) currently homeless, and 4) who have resided in Alberta for at least 90 days.**

**A resident of Alberta is a person who: is lawfully entitled to be or to remain in Canada; and makes his or her home in, and is ordinarily present in Alberta.**

## ADDRESS AUTHORIZATION FORM

This form must be completed when the applicant for an Alberta Identification Card is currently homeless and cannot provide a physical Alberta address as required by legislation. In lieu, an applicant may provide the address of a Certified Agency.

### CERTIFICATION BY THE APPLICANT

APPLICANT'S FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME	DATE OF BIRTH
ALBERTA STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

I certify that I am the person described above, that I am a resident of the province of Alberta, that I do not have documentary proof of an Alberta street address, that I am authorized to use the Certified Agency's address to receive mail and legal notices, and I request that the address above be entered as my address on any Alberta Identification Card issued to me.

By signing this form, I hereby authorize the Minister of Human Services to collect this information under Section 34(1)(a)(i) of the *FOIP Act* for the purpose of carrying out a program, activity or policy under his administration.

**WARNING: This document is part of an application for an Alberta Identification Card. It is a criminal offense to falsify information when applying for an Alberta Identification Card.**

APPLICANT'S SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

### CERTIFICATION BY THE CERTIFIED AGENCY

NAME OF CERTIFIED AGENCY			
ADDRESS OF THE CERTIFIED AGENCY	CITY	PROVINCE	POSTAL CODE
NAME OF THE CERTIFIER	TELEPHONE NUMBER ( ) -	FAX OR EMAIL ADDRESS (Optional)	

I certify that I am a Certifier of the above Certified Agency, that to the best of my knowledge and belief the applicant is a resident of the province of Alberta and does not have documentary proof of an Alberta street address, and that the applicant can receive mail and legal notice at the Certified Agency's address listed above.

**WARNING: It is a criminal offense to knowingly assist an individual with fraudulently obtaining an Alberta Identification Card.**

CERTIFIER'S SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF THE CERTIFIED AGENCY'S CEO OR DESIGNATE	TELEPHONE NUMBER ( ) -	EMAIL ADDRESS
---	---------------------------	---------------

I certify that I am the CEO or designate of the above Certified Agency and that to the best of my knowledge the Certifier has done adequate due diligence in verifying that the applicant is a resident of the province of Alberta and does not have documentary proof of an Alberta street address.

**WARNING: It is a criminal offense to knowingly assist an individual with fraudulently obtaining an Alberta Identification Card.**

CERTIFYING AGENCY'S CEO OR DESIGNATE'S SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

The personal information on this form is being collected under the authority of Sections 33 (c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and in accordance with any applicable agreements in place between this agency and the Minister of Human Services, for the purpose of providing the applicant with personal identification services. It will be treated in accordance with the privacy provisions of Part 2 of the *FOIP Act* and in accordance with any applicable agreements in place between this agency and the Minister of Human Services. If you have any questions, contact Homeless Program Policy Integration, Ministry of Human Services 403-297-3368 (toll free by dialing 310-0000 first).

## CERTIFIED AGENCY LIST

Edmonton

- Hope Mission
- Boyle Street Community Services

(For Registry Agent staff)

To verify the Certified Agencies, check the Certified Agency list online at:

<http://humanservices.alberta.ca/documents/homeless-identification-certified-agency-list.pdf>

SAMPLE