



Nisga'a Lisims Government

**Disability I (DBLI)  
Check List & Decision Form**

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PO Box 231 / 2000 Lisims Dr  
New Aiyansh BC / Canada V0J 1A0  
NISGAANATION.CA

**PROTECTED (when completed) FOR AUTHORIZED PERSONNEL ONLY**

Gitlaxt'aamiks    Gitwinksihlkw    Laxgalts'ap    Gingolx

Surname	First Name	Middle Name
Date of Birth (Year Month Day).	Personal Health Number	Social Insurance Number

1. Has the client been on assistance with Nisga'a, INAC, or the BC Ministry of Employment and Income Assistance (MEIA), 12 of the last 15 months? OR Is client a previous PPMB client (of INAC or BC Ministry of Employment and Income Assistance (MEIA) re-applying within 12 months after their file was closed?

Yes    No   Explain: \_\_\_\_\_

2. The Medical Practitioner has confirmed a medical condition that has continued for at least one year and is likely to continue for at least two years or has occurred frequently over the past year and is likely to continue on that basis for at least the next two years, as per the *Medical Report* (NSD-16)

Yes    No

3. The Medical Practitioner has confirmed that the medical condition results in restrictions in employment.

Yes    No

4. Do these conditions seriously restrict the client's ability to search for, accept or continue employment?

Yes    No

If Yes, please explain:

Signature of Administering Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

I acknowledge that I have received a copy of this form.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

