

EMPLOYMENT AND INCOME ASSISTANCE APPLICATION



(Single Applicants and Single-Parent Applicants)

<i>Client Identification (Members of the household for whom assistance is requested)</i>				
Applicant (Last Name, Given Name, Middle Name(s))				Name Type (eg., legal, maiden)
Date of Birth (month/day/year)	Sex	SIN	MB Health Registration No.	PHIN
Maiden Name and/or Other Names (Last Name, Given Name, Middle Name(s))				Name Type (e.g., legal, maiden)
Marital Status		Effective Date		
Treaty No.	Band No. and Name		Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			If no, date of arrival in Canada _____	
			Immigration Category _____	

<i>Optional Information</i>				
Applicant				
<u>Demographic Group</u> (Check all that apply, for potential referral to special employment programs)				
Visible minority <input type="checkbox"/>	Aboriginal status <input type="checkbox"/>	Non-status <input type="checkbox"/>	Metis <input type="checkbox"/>	
Emergency or Contact Name: _____				
Phone: _____ Address: _____				

Dependent Child (relationship)		(Last Name, Given Name, Middle Name(s))		
Date of Birth (month/day/year)	Sex	PHIN	Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School
		Grade Level _____		
Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Names Known by (Last Name, Given Name, Middle Name(s))		
If no, date of arrival in Canada _____				
Immigration Category _____				

Dependent Child (relationship)		(Last Name, Given Name, Middle Name(s))		
Date of Birth (month/day/year)	Sex	PHIN	Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School
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Assets Please answer Yes or No for each item below. Include details for all members of the household for whom assistance is requested. If the amount or value of an asset is not known, please indicate this under Current Amount or Market Value.

Liquid Assets	Yes	No	Current Amount	Account or Policy Number	Company/Institution Name and Address
Cash on Hand					
Bank Accounts					
Credit Union					
Stocks, Bonds, GIC's, RRSP's					
Insurance Policy					
Trust Funds					
Other (specify)					
Other (specify)					

Other Assets	Yes	No	Market Value	Amount Owing	Legal Description
Property - Home/Land/House Trailer/Cottage					
Business/Farm/Fishing Inventory/Equipment					
Vehicles/Recreation Vehicles					
Funeral Plan					
Other (specify, e.g., boat, motor, snowmobile)					
Other (specify, e.g., boat, motor, snowmobile)					

Debts and Transfer of Property

Most Significant Debts (Maintenance, Student Loan, Credit Cards, Second Mortgage, Bankruptcy, Personal or Business, etc.)

_____ Amount \$ _____ Amount \$ _____

_____ Amount \$ _____ Amount \$ _____

Transfer of Property or Assets

Have any persons for whom assistance is requested sold, transferred or assigned any property or any assets in the past five years? Yes No

If yes, provide details: _____

Current Income Available (e.g., Canada Pension Plan, Employment Insurance, Old Age Security, Property Rental, Maintenance)

Source of Income	Recipient of Resource	Amount	Frequency of Payment

Do you have any Income Pending? (e.g., Canada Pension, Employment Insurance, Old Age Security, Orphans Benefits, Insurance Settlement, Income from Wages)

Source of Income	Date Expected	Amount Expected

Shelter and Utilities

Shelter and Utilities

Do you pay for shelter? Yes No Do you pay for utilities? Yes No

If yes to either question, complete the section(s) below that apply to you. If no to both questions, continue on the next page.

Rent

Room Apartment Trailer House Shared Subsidized Housing Authority Non-profit Housing

Furnished

Utilities included in rent: Hydro Water Fuel/Heat Appliances included: Washer Dryer

Identify other persons living in the home _____

If rent is shared, with whom? _____

Amount of rent \$ _____ Amount of rent for which applicant is responsible \$ _____

Landlord's name _____ Phone Number _____

Landlord's mailing address _____ Caretaker's Phone Number _____

Other shelter needs _____

Owners

Home owner Trailer owner Subsidized mortgage

Total balance remaining on first mortgage \$ _____ Monthly payment: Principal, Interest & Taxes \$ _____ or Principal & Interest \$ _____

Net Annual Taxes \$ _____ Tax arrears? Yes No Amount \$ _____

Mortgage holder's name _____ Phone Number _____

Mortgage holder's mailing address _____

Mortgage renewal date _____ House insurance Amount \$ _____ Annual Monthly

Identify other persons living in the home _____

If costs are shared, with whom? _____

Amount paid by other person(s) \$ _____

Other shelter needs _____

Board and Room

Board and Room type: With Relative With non-relative

Provider's name _____ Provider's phone number _____

Provider's mailing address _____

Board and room amount \$ _____

Other shelter types

Community Residence Hospital Institution Personal Care Home Residential Care Facility

Utilities

Items for which Applicant is responsible	Equal Payment Plan		Cost/Month	Items for which Applicant is responsible (e.g., waste disposal, water delivery)	Cost/Month
	Yes	No			
Hydro:				Other:	
Water:				Other:	
Fuel/Heat (record type):				Other:	

Dependent Child (relationship)		(Last Name, Given Name, Middle Name(s))		
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Current Address				
Apt. No. _____ Street Address _____				
Town/City _____ Postal Code _____ Phone Number _____				
Mailing Address (if different) _____				
Address comments _____				

Address History

Applicant List all addresses for the past year	Dates		How did you support yourself?
	From	To	

**EMPLOYMENT AND INCOME ASSISTANCE
PERSONAL JOB PLAN**

Applicant

1. Kind of jobs I can look for with the skills I have:

2. What I will do to look for work:

3. Things I might need to do to be ready for work:

4. Any information or help I might need:

Experience Gained Through Training, Volunteer Work or Employment

Applicant Pick the skill areas from the list below that best match your skills. In each area, show how you got your skill by picking one or more of the following codes:

W - Worked in skill area

C - Certificate

P - Partial Certificate/Training

Y - Skills acquired through volunteer work, hobbies or personal interest

D - Diploma

A - Apprenticed

Skill Areas		Skill Areas		Skill Areas		Skill Areas	
Accountant		Cooking		Hairdresser		Paralegal	
Accounting Clerk		Customer Service		Heavy Equipment Operator		Plumbing/Gas/Pipefitting	
Assembly/Electric		Delivery/Courier		Home Support Worker		Sales Representative	
Assembly/Mechanical		Dental Assistant		Kitchen Help		Security Guard	
Auto body		Drafting		Machine Operator		Sewing	
Baker		Electrical		Machinist		Sheet Metal Worker	
Bookkeeping		Electronics		Maintenance		Ship/Receive/Warehouse	
Butcher		Farmer/Farm Helper		Masonry		Teacher/Teacher's Aide	
Carpentry/Cabinet Making		Fishing-Commercial		Metal Forming		Teller	
Cashier		Food & Beverage Service		Metal/Woodwork		Trades Helper	
Child Care		Food Counter Attendant		Motor Vehicle Mechanics		Trapping	
Cleaner		Forestry/Logging		Nursing (any medical)		Truck Driver	
Clerical		General Labour		Nutrition/Dietary Aide		Upholstery	
Computer Operator		Graphic Arts		Painter		Welder	
Computer Programmer							
Valid MB Driver's Licence		Driver's Licence Class		Clear Driving Record		Vehicle Available	

Languages spoken or written (list):

Other Skills:

Barriers to Employment

Applicant

Are you able to start work right away? Yes No If no, provide details: _____

I expect to be ready to work by _____
(month/day/year)

Do you wish to declare a medical condition, impairment or disability? Yes No If so, provide details: _____

Child Care

Applicant

Do you currently have child care? Yes No If yes, specify what type: Subsidized Private Family

Will you require child care while working? Yes No If yes, specify what type: Subsidized Private Family

Other Supports

Other agencies or counsellors: Yes No If yes, who or what agency? _____

Friends or family: Yes No If yes, how they would help? _____

Education and Training

Applicant

Training/Education you are currently attending	School/Training Facility you are currently attending	Full-time/Part-time	Start (month/year)	End (month/year)
Area of Study				
Training/Education completed in the past	Area of Study	Province/Country	Date Completed (month/year)	
K-12 (Senior 1,2,3,4)				
Upgrading				
Trade				
Vocational				
College/University				
Training				
Other (specify)				

Employment

Applicant

What income have you received in the last 30 days? \$ _____ Are you actively looking for work? Yes No

Have you received or contributed to Employment Insurance benefits during the past five years? Yes No If yes, when? _____

Currently employed? Yes No

If yes, name of employer _____

Occupation _____

Start date of work (month/day/year)	Full-time, Part-time, Seasonal, Self-employed	Hours per week	Hourly wage
Previous Employer/Location (include volunteer work)	Occupation/Duties		
Reason for Leaving	Duration (month/year) From To	Hours per week	Hourly wage
Previous Employer/Location (include volunteer work)	Occupation/Duties		
Reason for Leaving	Duration (month/year) From To	Hours per week	Hourly wage
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Previous Employer/Location (include volunteer work)	Occupation/Duties		
Reason for Leaving	Duration (month/year) From To	Hours per week	Hourly wage

Employment and Income Assistance

COLLECTION OF PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION

The personal information and personal health information in this application is collected for the Employment and Income Assistance Program, which is established under *The Employment and Income Assistance Act* and the *Employment and Income Assistance Regulation*.

The personal information and personal health information collected will be used to determine your household’s eligibility for assistance and the amount of assistance, to identify your employment, medical and other service needs, and to prevent and detect fraud. Personal health information collected will also be used to enable Employment and Income Assistance to provide appropriate assistance and/or services to meet your identified health needs.

If you have questions about the collection of information, please contact the Family Services Access and Privacy Coordinator, 219-114 Garry Street, Winnipeg, (204) 945-2013.

CONSENT TO DISCLOSURE OF INFORMATION

I consent to the disclosure of any personal information and/or personal health information that may be required for the purpose of determining or verifying my eligibility for assistance or the amount of assistance. I authorize any person, agency or organization, including any federal, provincial or municipal government authority (such as Human Resources Development Canada, Citizenship and Immigration, Manitoba Public Insurance Corporation or the Workers Compensation Board), any bank, credit union or financial institution, and the Minister responsible for the Act or the Minister’s representative(s), to release and/or exchange information for that purpose. I understand this consent includes requests pertaining to my Social Insurance Number(s), marital status, employment, income, assets, liabilities and resources, medical condition, family status, benefits received under other programs or any other relevant personal information.

A photocopy of this signed Consent to Disclosure is sufficient to authorize the disclosure and/or exchange of information.

DECLARATION

I declare that the information provided in this application is true and complete to the best of my knowledge and belief. I have not misrepresented, concealed, or omitted any information that may be relevant in determining my eligibility for assistance.

I acknowledge my legal obligation to immediately report any change in circumstances that may affect my eligibility for assistance or the amount of assistance, including any changes of address, marital or family status, employment or financial situation.

_____	_____	_____
Name of Applicant (please print)	Signature of Applicant	Date
	_____	_____
	Signature of Witness	Date

DECLARATION OF APPLICANT’S LEGAL REPRESENTATIVE (IF APPLICABLE)

I, _____ of _____, Manitoba, declare that I have assumed the responsibility of the applicant’s legal representative for the purpose of his/her application and receipt of assistance under *The Employment and Income Assistance Act* and *Regulation* (Manitoba). I have read the statements intended for the applicant in the Consent to Disclosure and Declaration above, and undertake to comply with their conditions on the applicant’s behalf.

_____	_____	_____
Signature of Witness	Signature of Legal Representative	Date

REVENUE CANADA AGENCY AUTHORIZATION

I authorize Revenue Canada Agency to release to the Manitoba Department of Family Services and Consumer Affairs information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of Employment and Income Assistance under *The Employment and Income Assistance Act* (Manitoba). This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested.

_____	_____	_____
Name of Applicant (please print)	Signature of Applicant	Date
	_____	_____
	Signature of Witness	Date