



Special/Extra-ordinary Support Describe: \_\_\_\_\_  
Monthly Amount: \$ \_\_\_\_\_

**Note:** Where items/supplies (e.g. diapers, formula, etc.) are provided instead of money, costs of these items are to be deducted pending the creation of an appropriate support agreement and assignment with MEP.

3. **SUPPORT PAYMENT FREQUENCY**

- Amounts set out in support order/private agreement are being received regularly.  
(**Note:** May consider administration of maintenance payments via MUIN)
- Amounts set out in support order/private agreement are being received irregularly.  
(**Note:** Breakdown of agreement. Must assign via MEP)
- Amounts set out in support order/private agreement are not being received.  
(**Note:** Breakdown of agreement. Must assign via MEP)

**SECTION III: OBLIGATION TO PURSUE/WAIVE MAINTENANCE**

Complete only if the participant does not have a formal support order or private support agreement.

1. Consider waiving the obligation to pursue maintenance where:
  - the identity of the debtor is unknown (and is likely to remain unknown);
  - the debtor is deceased;
  - the debtor is receiving income assistance
  - the debtor is incarcerated for a period of two years or more (unless receiving ongoing income support such as CPP-Retirement/Disability, insurance annuity, etc);  
or
  - there is reason to believe that the pursuit of a maintenance agreement or order would lead to a violent response by the debtor.
  
2. If the pursuit of maintenance will not be required, please indicate if the waiver is temporary or permanent. Provide rationale for the waiver decision.
  - For temporary waivers set bring forward date using MU- Maintenance Update SAMIN code.
  - Permanent waivers must be approved/documentated by EIA Supervisors/Program Managers using MCR – Manager Audit/Review SAMIN code.

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3. Where the pursuit of maintenance will be required, please describe the activities the participant will need to take to obtain a formal support order (or private agreement if appropriate), or to vary existing support payments from the debtor.
 

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**EIA Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EIA Case Co-ordinator/  
Counsellor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Copy to participant. Original on hard-copy file