

## **REQUEST FOR EMPLOYMENT ASSISTANCE FUNDS**

Please complete the application form fully. Incomplete applications will be returned.

APPLICATION INFORMATION				
DATE OF REQUEST	CASEWORKER			
SURNAME	FIRST NAME			
	PHONE # OR CONTACT #			

I understand that I am required to submit verification of my earnings with my monthly Income Reporting Statement.

🛛 Full Time	Part Time	I Contract 🛛 Seasonal 🛛 Casual			
EMPLOYMENT START DATE		RATE OF PAY			
FIRST PAY EXPECTED ON (DATE)		POSITION			
NAME OF EMPLOYER		EXPECTED HOURS PER WEEK			
Will you receive health benefits through you Employer?  Yes No					
How was employment obtained					
ITEMS REQUIRED	COST	FOR OFFICE USE ONLY			
		OEEAAB funds issued in the last 12 months \$			
		Employment/Training Start-Up (OEEAAB)			
		Full Time Employment Benefit			
		Approved \$			
		Denied Reason Denied:			
		Date income record created In SDMT			
		Issued (initials) Date Issued			

## **Community Placement/Employment Expenses/Participation Activities**

If funds are approved, I understand that I am required to submit receipts to my caseworker, verifying the purchases below. I agree to submit receipts within 10 days of funds being issued.

Name of Course/Program:		Volunteer Placement at:	
ITEMS REQUIRED COST		FOR OFFICE USE ONLY	
		OEEAAB funds issued in the last 12 months \$	
		Employment /Training Start-Up (OEEAAB)	ERE – Clothing/Grooming
		CPE – Clothing/Grooming	ERE - Other
		CPE – Other	ERE – Supplies/Services
		CPE – Supplies/Services	ERE – Support
		CPE – Transportation	ERE – Transportation
		CPE – Tuition/Licensing	ERE – Tuition/Licensing
			\$
		Denied Reason Denied:	
		Issued (initials)	Date Issued

Signature: \_\_\_

Date: \_\_\_\_