



Request for Employment Related Assistance

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Name:

Member ID:

Date of Birth (m/d/yyyy):

Case Manager Name:

Section 1:

Have you or will you be starting Employment: Yes No (if No, go to section 2)

Position:

Name of Business:

Employer's Name:

Business Phone Number:

Start Date (m/d/yyyy):

Hourly Rate:

Number of hours per month:

Hours (Please select one only): Full Time Part Time Casual Call In

Please attach verification: Confirmation of Employment

Section 2:

Are you going back to school: Yes No (if No, go to section 3)

Name of Course:

School:

Start Date (m/d/yyyy):

Please attach verification: School Registration

Section 3:

Please briefly outline your employment goals and what you are doing now. (i.e. sending out resumes, attending resource center, attending interviews):

Section 4:

Please list the items that you are requesting help with:

Item or Items:	Estimated Cost or Costs:
1.	\$
2.	\$
3.	\$
4.	\$
Total Amount Requested:	\$

Section 5:

Signature: _____ Date: _____

Phone: _____

Please complete form in full, sign and deliver to:

Ontario Works, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695

<u>For Office Use Only</u>			
Issued:	OEEAB \$ _____	FTEB \$ _____	ERE \$ _____ Total \$ _____
Date Approved	_____	Case Manager Name:	_____ CM#: _____