

EMPLOYMENT AND INCOME ASSISTANCE REVIEW

Employment and Income Assistance requires a review of the circumstances of each income assistance client. Please complete all sections of the form and return it within 7 days to your District Office using the self-addressed return envelope.

CLIENT ADDRESS

DISTRICT OFFICE

MEMBERS OF THE HOUSEHOLD WHO RECEIVE INCOME ASSISTANCE

SURNAME	GIVEN NAME	INITIAL	BIRTH DATE	S.I.N.	PHIN NUMBER

PLEASE ANSWER ALL QUESTIONS APPROPRIATELY INDICATING "YES", "NO", OR "N/A" (NOT APPLICABLE)

Is the pre-printed information correct? No ___ Yes ___ N/A ___ What is your phone number? _____
 If no, please correct by printing the information. _____

Are all of the children listed above living with you and attending school? No ___ Yes ___ N/A ___

If your children are of school age, please list the name(s), and grade(s) of your children and the school they attend.

If your children are of school age and not attending school, please provide details. _____

Are other persons living in your home who are not listed above? No ___ Yes ___

If yes, please provide details.

Has your marital status changed in the past year? No ___ Yes ___

If yes, in what way? _____

When? _____

INCOME FOR ANY MEMBER OF THE HOUSEHOLD WHO RECEIVES INCOME ASSISTANCE

Are you or any member of your family working now? No ___ Yes ___

Did you or any member of your family work in the last 12 months? No ___ Yes ___

If yes, provide name of employer: _____

Did you or any member of your family receive income from any other source in the past 12 months, other than income assistance?
 eg. Maintenance/Child Support, Workers Compensation, Autopac, 55 Plus, War Veterans Allowance, OAS/GIS, CPP, etc.

No ___ Yes ___

If yes, please describe.

NEXT OF KIN OR CONTACT PERSON (Optional)

NAME _____ ADDRESS _____
 PHONE NUMBER _____ RELATIONSHIP _____

OFFICE USE ONLY - DATE REVIEWED _____ REVIEWED BY _____

