

EAPD Funding Request and Approval Form Individualized EAPD Training Funds

Participant's Last Name: Given Names: Birth Date:

Address: City/Town:

Province: Postal Code: Phone number:

Codes: N A C E Region: VT Number: EIA Number:

Primary income: EIA CPP Other Pensions
 Family Self Other

Financial Request: **New/Additional Funds** **Decommitment**

T.O.S	yyyy/mm/dd		Current Fiscal Year		Carry Over (next fiscal year)	
	Start	End	Request \$	Approved \$	Request \$	Approved \$

If an Educational Funding Request: Name of Educational Institution:

Priority Code: 1 2 3 4 5A 5B 6 Educational Wait List Date:
(if applicable for codes 3-5B)

Verbal Approval #: Date:

Vocational Counsellor Name _____ Vocational Counsellor Signature _____ Date _____

Regional Manager/Supervisor Name _____ Regional Manager/Supervisor Signature _____ Date _____

EAPD Designated Authority _____ Date _____

Regional Manager/Supervisor concurs and supports this funding request including verification of estimated costs and eligibility consistent with program guidelines. Regional Manager/Supervisor signature is optional for decommitting approved funds.	The Program commits the approved amounts as indicated above. The Departmental signature is optional for decommitting approved funds.
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Vocational Plan attached: Yes No

If no, provide rational/explanation:

Amended Plan attached: Yes No

If no, provide rational/explanation:

Status of employment for new or continuing applicants

Unemployed or Employed less than 15 hrs/wk Employed 15-25 hrs/wk Employed more than 25 hrs/wk

If employed more than 15 hours per week explain how eligibility criteria is met:

Vocational Counsellor comments to support or explain request: (include amendments)

Vocational Counsellor comments to support or explain request (Continued):

Comments of Supervisor or Department (if applicable):

Supervisor:

Department:

Forward to:
Employability Assistance for People with Disabilities Program
350-800 Portage Avenue
Winnipeg, MB R3G 0N4