THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

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** ☐ **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)

☐ CPE – Clothing/Grooming

☐ CPE – Other

☐ CPE – Supplies/Services

☐ CPE – Transportation

☐ CPE – Tuition/Licensing

☐ Approved $_____

☐ Denied Reason Denied:

☐ ERE – Clothing/Grooming

☐ ERE - Other

☐ ERE – Supplies/Services

☐ ERE – Support

☐ ERE – Transportation

☐ ERE – Tuition/Licensing

Issued (initials) _____ Date Issued _____

Signature: _____ Date: _____

CLIENT SERVICES DIVISION
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