



## CLIENT APPLICATION -- INFORMATION SHEET

### JOB CREATION PARTNERSHIP

### TARGETED WAGE SUBSIDIES

This application form is for eligible unemployed workers who are facing difficulty finding and keeping on-going employment and/or are seeking assistance under one of the programs listed above.

#### **General Information**

Specific documentation must accompany this application. See Section C of this form for a complete list of what you will need. Before the Commission and/or Human Resources and Skills Development Canada (HRSDC) can assess your application, it will be necessary for you to receive a needs determination/assessment and develop a Return-To-Work Action Plan (RTWAP) with a case manager. If you do not currently have a Employment Councillor or Case Manager to develop your RTWAP contact your local Human Resource Centre of Canada (HRCC) who can advise you on where to receive this service.

Your application for assistance must be approved by the Commission/HRSDC before you begin working for an employer who wishes to hire you. You will not be approved for assistance if you have started working prior to making this application.

If you are working, do not quit your job as this may affect your eligibility for assistance.

#### **Eligibility**

To be eligible for assistance:

1. You must be legally entitled to work in Canada.
2. You must use this application to make your request for assistance. The date your completed application is received by Human Resources and Skills Development Canada (HRSDC) is when you are considered to have requested assistance for the purpose of determining whether you qualify.

To be eligible for financial assistance under Employment Benefits, you must meet the definition of an insured participant under Section 58 of the Employment Insurance Act.

"Insured participant" means an insured person who requests assistance under employment benefits and when requesting that assistance is an unemployed person

- a) for whom a benefit period is established or whose benefit period has ended within the previous 36 months; or
- b) for whom a benefit period has been established in the previous 60 months and who
  - (i) was paid special benefits under section 22 (maternity) or 23 (parental) during the benefit period,
  - (ii) subsequently withdrew from active participation in the labour force to care for one or more of their new-born children or one or more children placed with them for the purpose of adoption, and
  - (iii) is seeking to re-enter the labour force

#### **Privacy and Access to Information**

Information on this form is collected under the authority of the Employment Insurance Act, and is to be used for the administration of the employment benefit to which you have applied. The information collected may be shared with the Canada Revenue Agency and/or the Department of Justice for the purposes of administering the Income Tax Act and/or the Family Orders and Agreements Enforcement Assistance Act. The information will also be shared with Social Development Canada to administer the Employment Insurance Act. The information may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of Human Resources and Skills Development Canada may be linked. Your personal information is administered in accordance with the Employment Insurance Act and the Privacy Act. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank(s) HRSDC PPU 293. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centres. Info Source is also available at the following Web site address, <http://infosource.gc.ca>.

#### **Income Tax**

Under the *Income Tax Act* any financial assistance paid to individuals is to be included as income for income tax purposes. HRSDC will deduct taxes at source from financial assistance payable, with the exception of tuition and dependant care costs.



Human Resources and Skills Development Canada

Ressources humaines et Développement des compétences Canada

**Client Application** for the following programs:

**For Official Use Only  
EI Part**

- JOB CREATION PARTNERSHIP
- TARGETED WAGE SUBSIDY

**Section A - Personal Information**

SOCIAL INSURANCE NUMBER (SIN)		PROJECT NUMBER (PLC Office use only)	
SURNAME		GIVEN NAME AND INITIAL	
ADDRESS			
CITY		PROVINCE	POSTAL CODE
AREA CODE & TELEPHONE NO. ( ) -	OTHER CONTACT TELEPHONE NO. ( ) -	E-MAIL ADDRESS	
DATE OF BIRTH (YYYY - MM - DD)		GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
Have you self-identified as having a permanent physical disability or mental impairment that restricts your ability to perform daily activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, how does this permanent physical or mental disability restrict your ability to perform daily activities?			
Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your preferred Language of Service?		English <input type="checkbox"/>	French <input type="checkbox"/>
What is your preferred Language of Correspondence?		English <input type="checkbox"/>	French <input type="checkbox"/>
Do you consider yourself to be a member of a visible minority?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of an Aboriginal Group?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section B - Eligibility**

Have you applied for or are you currently in receipt of Employment Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had an Employment Insurance claim that ended in the past 36 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had an Employment Insurance claim (maternity or parental) that began within the last 60 months and are you re-entering the work-force after having left it to care for a new born or adopted child(ren)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently employed? If yes, how many hours per week?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Section C - Supporting Documentation**

Your application will not be assessed until the following documents are attached to support your request. Please check each item that is attached to this application or that will be sent at a later date.

1. Statement from the case manager and Return-to-Work-Action-Plan that identifies the appropriateness of this application  Attached  To Follow
2. Resumé which includes the applicant's education and work history  Attached  To Follow
3. Documentation to support request for additional costs  Attached  To Follow

**Section D - Occupational Goals and Research**

1. Given your skills and work experience, what do you believe is preventing you from working?
2. What have you done to find work? Please describe your job search efforts including information on the length of time you have been looking for work, the number of contacts and interviews you have made and the results:
3. What is your career goal?
4. Do you have any experience/background in this field? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> Please explain:
5. What options, in addition to this program, have you considered in order to achieve your goal?
6. Why do you feel this program is the best option for you to achieve your goal?

**Section E - Financial Assistance - If you are requesting additional financial assistance (e.g. dependant care or disability needs, transportation or others costs ...), above the normal income support or wages provided by JCP or TWS it is necessary to complete sections E & F.**

**If you are not requesting additional support, please go to page 5 of this application.**

**It should be noted that financial assistance under the Targeted Wage Subsidy is normally no longer than 4 (four) weeks in length.**

1. Budget Worksheet and Financial Information

a) - Monthly Income:

	Self	Other
Employment Income	\$	\$
EI Benefits	\$	\$
Income/Social Assistance	\$	\$
Alimony/Child Support	\$	\$
Self Employment	\$	\$
Pension Income	\$	\$
Disability Income	\$	\$
Worker Compensation Benefit (WCB)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Child Tax Benefits	\$	\$
Severance Pay	\$	\$
Income from rental properties	\$	\$
Other	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>

b) - Other Anticipated Sources of Funding:

	<b>Amount</b>
Savings	\$
Investment Income	\$
Family/Parent/Guardian	\$
Other	\$
<b>Total:</b>	<b>\$</b>

c) - Monthly Expenses:

	<b>Amount</b>
Rent/Mortgage/ Room and Board	\$
Property Taxes	\$
Utilities	\$
Telephone	\$
Clothing	\$
Food	\$
Transportation	\$
Child Care (after subsidy)	\$
Insurance (car, life and house)	\$
Entertainment	\$
Credit Card/Loan Payments	\$
Alimony / Child Support	\$
Expenses for disability needs	\$
Student Loans	\$
Miscellaneous Expenses	\$
<b>Total:</b>	<b>\$</b>

d) - Incremental Costs:

	<b>Amount</b>
Dependent Care	\$
Assistance for Persons with Disabilities	\$
Transportation	\$
Personal Supports	\$
Living Away From Home	\$
Other Costs	\$
<b>Total:</b>	<b>\$</b>

2. Do you currently have either

i) an order or judgment for maintenance, alimony or family financial support against you, or Yes  No

ii) an obligation under an agreement for the payment of maintenance or family financial support in respect of which a garnishee summons has been served on the Department of Justice under the Family Orders and Agreements Enforcement Assistance Act? Yes  No

Please describe the particulars of this situation:

**Section F - Declaration - Amounts owing in Default to the Government of Canada**

**Instructions:**

The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to section 7 of the *Financial Administration Act*).

While the completion of this declaration is voluntary, failure to do so may result in a denial of your request for funding.

Do you, the applicant, owe any amounts that are in default to the Government of Canada under legislation or contribution agreements?

Yes  No

If yes, please complete the following chart:

Amount in Default Owing	Nature of the Amount in Default Owing (taxes, penalties, overpayments etc)	Name of Government Department or Agency to Which the Amount in Default is Owed
\$		
\$		
\$		
\$		

**Attestation:**

I declare that:

- (a) I have read and understood the information provided in this application package;
- (b) The information I have provided to the Commission/HRSDC in this application and supporting documentation is true, accurate and complete in every respect;
- (c) If the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by the Commission/HRSDC;
- (d) The information provided, with respect to amounts owing in default to the Government of Canada, is true and accurate. I recognize that amounts payable to me under any future contribution agreement may be deducted from, or set-off against, any such amounts owing to the Government of Canada.

I authorize:

- (a) the Minister of Human Resources and Skills Development to disclose all information contained in this application concerning an amount in default owing to a government institution listed in Section F to the institution concerned for the purpose of verifying the amount and status of debt, and
- (b) the government institution listed in Section F to disclose to the Minister all particulars and information relevant to the debt solely for the purposes of the administration of my application in connection with my declaration as to amounts owing to the federal government that are in default.

Name of Applicant (Please print):

Signature of Applicant:

Date:

Application received by HRSDC on:

\_\_\_\_\_

Date

**Statement from Case Manager:**

I, \_\_\_\_\_, working for \_\_\_\_\_  
have completed an assessment of \_\_\_\_\_ and I agree  or disagree   
that the application for assistance under \_\_\_\_\_ is the most appropriate program  
to assist the applicant in obtaining employment. Attached you will find the Return To Work Action Plan.

Signature _____	Position: _____
Date: _____	Area code and Telephone Number: _____