

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 Employment Nova Scotia (ENS) 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 an Employment Counselor or Case Manager to develop your RTWAP contact your local ENS or Service Canada office who can advise you on where to receive this service.

Your application for assistance must be approved by ENS 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 the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which you have applied. Under the provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act individuals have the right to protection of and access to their personal information. To obtain access to, or to request correction of your personal information collected and used by NS Labour & Workforce Development please contact the Department's Information Access & Privacy Manager by email LWDaccess@gov.ns.ca or phone (902) 424-8472. The personal information collected will only used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. Personal information provided may be shared with Revenue Canada in keeping with the data-sharing provisions of the Labour Market Development Agreement.

Income Tax

Financial assistance paid to insured participants is included as income for tax purposes. Tax will be deducted at source from financial assistance payable to insured participants with the exception of dependent care costs and tuition including tuition for Adult Basic Education which is no longer subject to tax.

Client Application for the following programs:

- Job Creation Partnership
- Targeted Wage Subsidy

Section A – Personal Information

SOCIAL INSURANCE NUMBER		PROJECT NUMBER (PLC Office Use Only)	
Surname		Given Name	
Address			
City		Province	Postal Code
Area Code & Telephone Number	Other Contact Telephone Number		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 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 disability or mental impairment restrict your ability to perform daily tasks? Please explain:			
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 past 60 months, and are you now re-entering the work force after having left it to care for a new born or adopted child? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many hours?	

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:

Statement from the case manager and Return-to-Work-Action Plan that identifies the appropriateness of this application.	<input type="checkbox"/> Attached <input type="checkbox"/> Will Follow
Resume which includes the applicant's education and work history	<input type="checkbox"/> Attached <input type="checkbox"/> Will Follow
Documentation to support request for additional costs	<input type="checkbox"/> Attached <input type="checkbox"/> Will Follow

Section D – Occupational Goals and Research

Given your skills and work experience, what do you believe is preventing you from working?

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:

What is your career goal?

Do you have any experience/background in this field? Yes No
 Please explain:

What options, in addition to this program, have you considered in order to achieve your goal?

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. dependent care or disability needs, transportation or other costs) above the normal income support or wages provided by JCP or TWS, it is necessary to complete Section E. If you are not requesting additional support, please go to Section F. It should be noted that financial assistance under the Targeted Wage Subsidy is normally no longer than four (4) weeks in length.

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	\$	\$
TOTAL	\$	\$

B – Other Anticipated Sources of Funding

	Amount
Savings	\$
Investment Income	\$
Family/Parent/Guardian	\$
Other	\$
TOTAL	\$

C – Monthly Expenses

	Amount
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	\$
TOTAL	\$

D – Incremental Costs Associated with Self Employment

	Amount
Dependent Care	\$
Assistance for Persons with Disabilities	\$
Transportation	\$
Personal Supports	\$
Living Away from Home	\$
Other Costs	\$
TOTAL	\$

Do you currently have either

- i. An order or judgment for maintenance, alimony or family financial support against you, Yes No or
- 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 under the Family Orders and Agreements Enforcement Assistance Act?
Yes No

Please describe the particulars of this situation:

Attestation:

I declare that:

- a) I have read and understood the information provided in this application package.
- b) The information I have provided to Employment Nova Scotia 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 Employment Nova Scotia; and
- d) I have been informed that information on this form is collected under the authority of the Employment Insurance Act, and the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which you have applied. Under the provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act individuals have the right to protection of and access to their personal information. To obtain access to, or to request correction of your personal information collected and used by NS Labour & Workforce Development please contact the Department's Information Access & Privacy Manager by email LWDaccess@gov.ns.ca or phone (902) 424-8472. The personal information collected will only used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. Personal information provided may be shared with Revenue Canada in keeping with the data-sharing provisions of the Labour Market Development Agreement.

Name of Applicant	Signature of Applicant	Date (DD/MM/YYYY)

Statement from Case Manager:

I, _____, (name), working for _____
(name of organization), have completed an assessment of _____ (client name) and agree or disagree that
the application for assistance under _____ (name of JCP or TWS program) is the most appropriate
program to assist the applicant in obtaining employment. Attached you will find the Return to Work Action Plan.

Signature	Date	Telephone Number
Application received by Employment Nova Scotia on (date) (DD/MM/YYYY):		