



Community and Social Services Division

## Participation Related Expense Request/ Employment Related Expenses Request Form

| Client Information |                      |              |
|--------------------|----------------------|--------------|
| Client Name        | Reference #          | Phone Number |
| Date Required      | Name of Case Manager |              |

| Community Placement Information  |                               |                   |
|--|-------------------------------|-------------------|
| Placement Organization   | Type of Work to be Performed: |                   |
| Placement Address  | Contact Person                | Contact Phone No. |
| Expected Start Date: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual    Expected Number of Hours per Week: _____ |                               |                   |

| Employment Assistance Activity Information (including paid employment)                           |                |                   |
|--|----------------|-------------------|
| Employment Assistance Activity Participating in (e.g. school, job search, EP, employment, etc.): |                |                   |
| Organization   | Contact Person | Contact Phone No. |
| Details:   |                |                   |

Assistance is required for the following items:

| Required Item     | Estimated Cost | Required Item | Estimated Cost |
|-------------------|----------------|---------------|----------------|
|                   |                |               |                |
|                   |                |               |                |
|                   |                |               |                |
| <b>Sub Total:</b> |                | <b>Total:</b> |                |

**Where approved, verification documentation is required for all expenses.  
These would include receipts and/or proof of attendance.**

\_\_\_\_\_

**Client Signature**

\_\_\_\_\_

**Date**

|   |   |
|---|---|
| <b>FOR OFFICE USE ONLY:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <b>Benefit Type:</b> <input type="checkbox"/> ERE <input type="checkbox"/> OEEAAB <input type="checkbox"/> FTEB |
| <input type="checkbox"/> Verification of expenses provided                                    | <input type="checkbox"/> Verification of Employment Assistance Activity Provided                                |
| _____   | _____   |
| <b>Staff Signature</b>  | <b>Date</b>   |