



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
Sub Total:		Total:	

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

Client Signature

Date

FOR OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Benefit Type: <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
_____	_____
Staff Signature	Date