DAY SERVICES - REQUEST FOR FOLLOW - UP SERVICES
PARTICIPANT APPLICATION – INITIAL REQUEST

(To be submitted each time a new job commences)

Participant Name: ________________________________ S.I.N________________________________

Address________________________________ Phone________________________________

________________________________ Postal Code________________________________

Agency Name: ________________________________ Contact Person:________________________________

Address:________________________________ Phone: ________________________________

________________________________ Date: ________________________________

Employer Name: ________________________________ Phone: ________________________

Address: ____

Job Title ________________________________

Wages (gross hourly):________________ Average Weekly Hours:______________ Employment Start Date:________________

Anticipated Duration of Job (if seasonal or temporary): ________________________________

Job Description/Duties: ____

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Describe anticipated nature/characteristics of Follow-up: ________________________________

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Projected number of billable days for Follow-up in current fiscal year (April 1 – March 31): ________________________

Office Use Only Application Status

Eligibility verified by
Community Service Worker:________________________ Recommended # of days for Follow Up:________________________

Reviewed and Endorsed by
Regional Authority: ________________________ Date: ________________________

Approved by Divisional Office: ________________________ Date:________________________

Authorized level of funding:________________ days X ______________ per diem = ________________________