

EAPD Funding Request and Approval for Employment and Training Centre (ETC) Services & Individualized Support Costs

Career Connections Inc.
 Employment Preparation Centre
 Steps2Work
 Segue Career Options

Participant's Last Name: _____ Given Names: _____ Birth Date: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone number: _____

Codes: N A C E
 Region: _____
 VT Number: _____
 EIA Number: _____

ETC Service Request:

				yyyy/mm/dd	
T.O.S				Start	End
1	2				
2	2				
4	2				

Initial Extension Extension > 1 year
 Initial Extension Extension > 3 years

Support Costs:
 New/Additional Funds
 Decommitment

				yyyy/mm/dd		Current Fiscal Year		Carry Over (next fiscal year)	
T.O.S				Start	End	Request \$	Approved \$	Request \$	Approved \$

Enrolment and Financial Approvals

ETC Representative - Name _____ Signature/Authorization Code _____ Date: _____

Verbal Approval # _____ Date _____

The ETC signature/authorization code serves as acceptance of the person's enrolment for services requested and agreement to administer support costs or decommitments as needed.

Vocational Counsellor Name _____ Signature _____

Vocational Counsellor # _____ Date _____

Manager/Supervisor Name _____ Signature _____ Date _____

Manager/Supervisor signature represents approval for enrolment of an eligible participant and approval of related individualized support costs funded by the program. The Supervisor signature is optional for decommitments. Where the financial request requires the Program's approval, the supervisor's signature represents a recommendation for approval.

EAPD Designated Authority _____ Date _____

Vocational Plan on file to support this request:

Yes

No

If no, provide rationale/explanation:

Amended plan attached:

Yes

No

If no, provide rationale/explanation:

Status of employment for new or continuing applicants:

Unemployed or Employed less than 15 hrs/week

Employed 15-25 hrs/week

Employed more than 25 hrs/week

If employed for more than 15 hours per week explain how eligibility criteria is met:

Vocational Counsellor comments to support or explain request (including when amendments do not require amendment plans)

Vocational Counsellor comments (Continued)

Comments of Supervisor or Department (if applicable):

Supervisor

EAPD Designated Authority

Forward to:
Employability Assistance for People with Disabilities Program
350-800 Portage Avenue
Winnipeg, MB R3G 0N4