



Workforce Development Program Application for Individual Supports

Office Use Only:
Individual Supports
Disability-Related Supports

All Applications must be accompanied by a Career & Employment Services Registration Form.

All three pages of the application are to be submitted to your nearest Canada-Saskatchewan Career and Employment Services Office. For contact information see: <http://www.aeei.gov.sk.ca/career-employment>. Applications will be assessed against the program criteria and the availability of funds.

| Client Information (PLEASE PRINT) | | | | |
|--|-------------------|---|----------|------------------|
| Last Name | First Name | Initial | | |
| Social Insurance Number | | Birth Date _____ / _____ / _____ Day / Month / Year | | |
| Mailing Address | | | | |
| Street/Apt # | Street Name | City/Town | Province | Postal Code |
| Home Phone Number | Cell Phone Number | Email Address | | |
| Referring Agency / Counsellor (PLEASE PRINT) | | | | |
| Agency Name | | | | |
| Agency Address | | | | |
| | | | | |
| Counsellor Name | | Counsellor Phone Number | | Counsellor Email |
| Career Action Plan (PLEASE PRINT) | | | | |
| 1) Career goal that fits skills, competencies, values and interests. (May be a long-term goal, but must be realistic, specific and meaningful to the individual): | | | | |
| 2) Short-term education or employment milestone(s) that will lead to the career goal. (Steps in career path): | | | | |
| Estimated time needed to complete milestone(s): | | | | |
| 3) Analysis of client situation in relation to short-term milestone(s) identified above. What skills and strengths will help to complete the milestone(s)? Are there barriers that may affect completion of the milestone(s)? | | | | |

**This section is to be completed only if you have a disability.
If not applicable please continue to page 3.**

A. Individual Disability-Related Supports

Disability-related supports are available to eligible participants who have a permanent or chronic disability that creates a barrier to education, training or employment. There must be a direct relationship between the impact of the disability on education, training or employment, and the support and/or service requested.

Grants are available for eligible post-secondary students with permanent disabilities through Student Financial Assistance. Post secondary students must apply for funding through Student Financial Assistance prior to applying for support from Career & Employment Services. For more information see: <http://www.aeei.gov.sk.ca/assistance-for-students-with-permanent-disabilities>.

Have you applied for or received funding from other agencies for supports? Yes No
If 'yes' please explain.

DESCRIPTION OF SUPPORT(S) NEEDED (PLEASE PRINT)

Nature of disability and impact of disability on short-term education or employment **milestone(s)** identified on page 1.

Disability-related support(s) required to reach short-term education or employment **milestone(s)**. Describe how the stated support(s) address the impact of disability on short-term education or employment **milestone(s)**.

| Description of Support(s) Being Requested | Duration of Support(s) (start and end date) | Cost of Support(s) (per unit and total) | | |
|---|--|--|---------------|------------|
| | | # of Units | Cost per Unit | Total Cost |
| | | | | |

B. Other Individual Supports (non-disability related)

Individual supports are available to eligible participants who require specific interventions to minimize or address the specific barrier(s) to employment.

DESCRIPTION OF SUPPORT(S) NEEDED (PLEASE PRINT)

Description of support(s) needed to reach short-term education or employment **milestone(s)** identified on page 1.

| Description of Support(s) Being Requested | Duration of Support(s) (start and end date) | Cost of Support(s) (Per unit and total) | | |
|---|--|--|---------------|------------|
| | | # of Units | Cost per Unit | Total Cost |
| | | | | |

CLIENT DECLARATION:

I hereby declare that:

- (1) The information provided in this application is complete, true, and accurate.
- (2) I authorize the Ministry of Advanced Education, Employment and Immigration to verify my application with other government programs.

Client Signature

Client Name (Printed)

Day / Month / Year