**Request for Benefits**

**Submit to Caseworker/Employment Services Worker**

**This form can be used to request:**

**Participation Agreement Activities (work, school, volunteering, etc.)**

**Transition Child Benefit (subsequent requests only)**

**Discretionary Health Related Benefits**

**Discretionary Other Approved by Director (e.g., Replacement Identification)**

**Other Benefits (please specify)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **SIN#** | **Phone#** | **Caseworker** |

|  |
| --- |
| Please explain in detail the reason for requesting a benefit: |
| **Item Requested** | **Cost of Item** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| **Total Expenses Requested** | **$** |

|  |
| --- |
| **For Employment or Full-Time Employment Benefits, please provide the following** |
| Employer Name:  | Address: |
| Position Title:  | Hours per week: |
| Start Date:  | First Pay Date: |

|  |
| --- |
| **Travel for Participation Agreement Activities (if using your own vehicle)** |
| Date | Kilometres One Way | Kilometres Round Trip | Reason for Travel |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Client Signature** |  | **Date** |

***Receipts must be submitted to your worker within 30 days for all benefits issued or an overpayment may be created***

*Last update August 2018*