



BC EMPLOYMENT AND ASSISTANCE SELF EMPLOYMENT PROGRAM REQUEST FOR SUPPORT SERVICES

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

REQUEST FOR SERVICES FROM:

- | | |
|---|---|
| <input type="checkbox"/> CMHA (Vancouver/Burnaby Branch) (Fax # 064 872-5934)
<input type="checkbox"/> Community Futures Cowichan (Fax # 250 746-8819)
<input type="checkbox"/> Community Futures Central Kootenay (Fax # 250 352-5926) | <input type="checkbox"/> Community Futures Cariboo and Chilcotin (Fax # 250 392-4813)
<input type="checkbox"/> Community Futures North Okanagan (Fax # 250 545-6447) |
|---|---|

Client Name	Date (YYYY MM DD)
Case Number	Contact Telephone Number

Referring Worker Name	Telephone Number
Office Code	Office Location

SERVICES REQUESTED:

- | | | | |
|---|---------------|---|--------------------------------|
| <input type="checkbox"/> BCEA regulations and orientation | one time only | @ | \$ 0.00 |
| <input type="checkbox"/> Monthly review: \$ _____ | each x _____ | | Months (Max 6 month) = \$ 0.00 |
| <input type="checkbox"/> Quarterly reviews: \$ _____ | each x _____ | | (max 2 reviews) = \$ 0.00 |
| | | | TOTAL: \$ 0.00 |

After the first 12 months (as above):

- | | | | |
|--|---------------------|---|---|
| <input type="checkbox"/> Periodic reviews (every 6 months): @ \$ _____ | each review x _____ | = | \$ 0.00 |
| | | | <input type="checkbox"/> GRAND TOTAL: \$ 0.00 |

If further services are required by client, requests for Periodic reviews should be made after the first 12 months of reviews are complete.

Please refer to the BCEA Self Employment Program Supplier list for cost details.