

# TWO-YEAR INDEPENDENCE ASSESSMENT

The personal information collected on this form is subject to the provisions under section 26(c) of the *Freedom of Information and Protection of Privacy Act* and may be verified under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*. If you have any questions regarding the information collected on this form, please contact your local Employment and Assistance Office.

## CLIENT INFORMATION

Surname		Given Name		Birthdate (YYYY MMM DD)	
Address				Postal Code	
Telephone	Message		Email		

## ADDITIONAL ELIGIBILITY INFORMATION

(NOTE: Persons who have been designated as a person with disabilities are not required to complete this form.)

Past Employment		Applicant 1		Applicant 2	
1.	Were you employed for 840 hours in each year of any consecutive two-year period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Was your income from employment at least \$7,000 in each year of any consecutive two-year period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	If you were employed and paid for work performed only for a <b>portion</b> of a consecutive two-year period, for the remaining balance?				
	a) were you waiting for or receiving benefits under the Employment Insurance Act (Canada)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	OR b) were you receiving income under a private or public income replacement plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Exemptions (Complete only if ALL answers to questions 1 - 3 are NO.)

Exemptions (Complete only if ALL answers to questions 1 - 3 are NO.)		Applicant 1		Applicant 2	
4.	Are you pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Do you have a medical condition that:				
	a) prevents you from working for at least 30 days from today's date; OR b) precluded you from working for at least 6 months of the last two years	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have you been supported by an employed spouse for a consecutive two-year period? If for less than two years, for the remaining balance:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	a) Were you working? Please specify hours worked: _____ Income received: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	OR b) Were you waiting for or receiving benefits under the Employment Insurance Act (Canada)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	OR c) Were you receiving income under a private or public income replacement plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	In the past two years, were you incarcerated in a lawful place of confinement for a total of six months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	When you turned 19 years of age:				
	a) Were you in the care of the Ministry of Children and Family Development? OR b) Had you entered into a youth agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	In the past six months, from the date of this application, did you separate from an abusive spouse, or leave an abusive relative?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If this has impaired your ability to work, please indicate how:				
10.	Have you been granted a two-year certificate or diploma, or a bachelor's degree (or higher) from a post secondary institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	Are you providing care for a child under an agreement under the <i>Child, Family and Community Act</i> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	Are you receiving assistance for a child who resides with you under an agreement under the Child in the Home of a Relative Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Client Signature	Please Print	Date Signed (YYYY MMM DD)
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