

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*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Centre.

**A separate assessment will be required for each Respondent
(Father or Mother)**

Family Maintenance file # FM	Family Maintenance Worker Name	Date (YYYY MMM DD)
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APPLICANT INFORMATION

Name		Birthdate (YYYY MMM DD)	Social Insurance Number
Address		City/Town	Postal Code
Home Telephone	Work Telephone	Cellular Phone	

APPLICANT / RESPONDENT RELATIONSHIP

<input type="checkbox"/> Single	<input type="checkbox"/> Common Law	<input type="checkbox"/> Married	Date of Marriage (YYYY MMM DD)	<input type="checkbox"/> Common Law Sep.	<input type="checkbox"/> Married Sep.
Date of Relationship	From (YYYY MMM DD)	To (YYYY MMM DD)	<input type="checkbox"/> Divorced _____ (YYYY MMM DD)		
Applicant's Occupation While Together					
Financial Arrangement While Together					
Shared Income		Applicant Supported Family		Respondent Supported Family	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent's Occupation While Together					

CHILD(REN)

FULL NAME	BIRTHDATE	BIOLOGICAL	STEP-CHILD

RESPONDENT DETAIL

Name		Birthdate (YYYY MMM DD)	Social Insurance Number
Address		City/Town	Postal Code
Home Telephone	Work Telephone	Message Number	Cellular Phone
Driver's License Number		Medical Services Plan Number	
Ethnic Origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> First Nations <input type="checkbox"/> Other:		Specify:	Complexion <input type="checkbox"/> FAIR <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK
Height	Weight	Eye Colour	Hair Colour
Tattoos		Distinguishing Marks/Features	
		Glasses <input type="checkbox"/> YES <input type="checkbox"/> NO	

RESPONDENT EMPLOYMENT STATUS

Last Known Employer		Occupation	
Address		City/Town	Postal Code
How Long Employed			Last Date Employed
Respondent's Yearly Gross Income	Monthly Gross Income	Hourly Wage	Hours per Week

OTHER DETAILS

Order registered with Family Maintenance Enforcement Program? Yes No If no, please comment:

Is Respondent's Name on Child(ren)'s Birth Registration? Yes No If no, please comment:

Will Respondent Acknowledge Paternity? Yes No **IF NO, CASE WORKER TO COMPLETE SUPPLEMENTARY CASE ASSESSMENT (SD2150A)**

Does Respondent own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make	Model	Colour	Year
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Name of Respondent's Financial Institution Account Number City/Town

Does Respondent have any other dependents? Yes If yes, give name and Birthdate below No

Relatives/Friends who may know where Respondent is? Please provide name, address and telephone #.

Respondent's Mother's Maiden Name? Does Respondent have any known health issues? No Yes

If yes, please explain:

ARE THERE ANY ISSUES WITH VIOLENCE? No Yes **CASE WORKER TO COMPLETE SAFETY ASSESSMENT PRIOR TO MAINTENANCE ACTION**

Describe Circumstances

Is your family currently in danger? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have supports available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraining Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Order(YYYY MMM DD)
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ORDERS FOR CHILD SUPPORT AND/OR CUSTODY AND ACCESS

Any Orders for Child Support or Custody? <input type="checkbox"/> No <input type="checkbox"/> Yes DATED: _____ YYYY MMM DD		ORDER AGREEMENT FOR CUSTODY AND/OR ACCESS <input type="checkbox"/> <input type="checkbox"/>		Applicable Legislation DIVORCE ACT <input type="checkbox"/> FAMILY LAW ACT <input type="checkbox"/>	
Terms			Is custody and/or access a matter of concern between parties? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF YES, CASE WORKER TO COMPLETE SUPPLEMENTARY CASE ASSESSMENT (HR2150A)
Monthly Maintenance Amount		Respondent Paying? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are there Arrears? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Order registered with Family Maintenance Enforcement Program? <input type="checkbox"/> No <input type="checkbox"/> Yes			Case #		
Order registered with Family Maintenance Enforcement Program? <input type="checkbox"/> No <input type="checkbox"/> Yes			File #		City
Order registered with Family Maintenance Enforcement Program? <input type="checkbox"/> No <input type="checkbox"/> Yes			File #		City
Does Child(ren) have any Special Needs? Describe Circumstances?:					
How often does Respondent see Child(ren)?:					
Does Respondent buy Groceries/Diapers, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, please explain:		
Client Signature			Date Signed (YYYY MMM DD)		

ADDITIONAL COMMENTS - Add Extra Sheet If Required.

(e.g. Respondent's Assets, Bank Account Information, WCB, EIC, ICBC Claims, Investments, Pensions, Self Employment, Additional Vehicles, Issues, Concerns, Questions, etc.)

FOR OFFICE USE ONLY / RECOMMENDED ACTION		
<input type="checkbox"/> INITIAL APPLICATION	<input type="checkbox"/> FILE FOR MONITORING/ENFORCEMENT	<input type="checkbox"/> REVIEW FOR VARIATION
<input type="checkbox"/> DEFER MAINTENANCE ACTION PENDING		
<input type="checkbox"/> NO MAINTENANCE ACTION DUE TO		
<input type="checkbox"/> OTHER, SPECIFY:		