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THE CASE ASSESSMENT FORM IS COMPLETED BY THE FAMILY MAINTENANCE WORKER AND RETAINED ON THE FMP FILE. THIS FORM IS COMPLETED IN THE FOLLOWING CIRCUMSTANCES:

- 1) APPLICATIONS FOR SPOUSAL MAINTENANCE,
- 2) CUSTODY / ACCESS OF CONCERN TO THE PARTIES,
- 3) PATERNITY IS AT ISSUE (SEE REVERSE)

DATE (YYYY MMM DD)

APPLICANT / RECIPIENT	RESPONDENT / PAYOR
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A. SPOUSAL MAINTENANCE

APPLICANT / RECIPIENT EMPLOYMENT AND TRAINING HISTORY

APPLICANT / RECIPIENT	SALARY	DATES	FROM (YYYY MMM DD)	TO (YYYY MMM DD)	<input type="checkbox"/> PT <input type="checkbox"/> FT
APPLICANT / RECIPIENT	SALARY	DATES	FROM (YYYY MMM DD)	TO (YYYY MMM DD)	<input type="checkbox"/> PT <input type="checkbox"/> FT

TRAINING REHAB. PROGRAMS

	PLACE	DATE (YYYY MMM DD)
APPLICATIONS FOR EMPLOYMENT		

HEALTH PROBLEMS

IF A DIVORCE ORDER EXISTS WITH NO REFERENCE TO SPOUSAL MAINTENANCE WAS SPOUSAL MAINTENANCE INCLUDED IN THE PETITION FOR DIVORCE? YES NO

B. CUSTODY AND ACCESS

1. CONCILIATION COUNSELLING UNDERWAY FJC LEGAL OTHER

PHONE

2. COURT ACTION IN PROGRESS

NEXT DATE (YYYY MMM DD)	AT	COURT IN
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APPLICANTS / RECIPIENT LAWYER	PHONE	RESPONDENT'S / PAYOR LAWYER	PHONE
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SINCE BIRTH / SEPARATION, WHERE HAVE THE CHILDREN NORMALLY RESIDED?

WHAT IS THE PATTERN OF ACCESS BY THE RESPONDENT / PAYOR?

REASON TO BELIEVE CUSTODY OR ACCESS MAY BE DISPUTED.

CASE ASSESSMENT SUPPLEMENT - PATERNITY AT ISSUE (MEDICAL RELEASE MUST BE COMPLETED FOR ALL CASES).

THE SUPPLEMENT IS COMPLETED WHERE CHILD PATERNITY IS OR MAY BE IN DISPUTE. THE CASE IS THEN REVIEWED WITH LEGAL COUNSEL LEGAL; COUNSEL IS TO GATHER ANY ADDITIONAL EVIDENCE OR INFORMATION THAT MAY BE REQUIRED

APPLICANTS / RECIPIENT		RESPONDENT'S / PAYOR	
DEPENDENT IN THIS ACTION			DATE OF BIRTH (YYYY MMM DD)
1. LENGTH OF REELATIONSHIP WITH PUTATIVE FATHER	DATES	FROM (YYYY MMM DD)	TO (YYYY MMM DD)
2. WHEN DID MOTHER FIRST SUSPECT PREGNANCY?	3. DOCTOR WHO CONFIRMED PREGNANCY		
4. DID MOTHER HAVE AN ULTRASOUND? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE (YYYY MMM DD)	5. ESTIMATED DATE OF CONCEPTION (YYYY MMM DD)		
6. DID MOTHER INFORM PUTATIVE FATHER OF PREGNANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE (YYYY MMM DD)	7. DID PUTATIVE FATHER ACKNOWLEDGE PATERNITY? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE (YYYY MMM DD)		
8. DID PUTATIVE FATHER ACKNOWLEDGE PATERNITY TO ANYONE ELSE? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE (YYYY MMM DD)	NAMES OF POSSIBLE WITNESSES		
9. WAS PUTATIVE FATHER PRESENT AT BIRTH? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE (YYYY MMM DD)	10. IF YES, WAS HE LISTED ON BIRTH REGISTRATION? <input type="checkbox"/> NO <input type="checkbox"/> YES ATTACH IF AVAILABLE OR WHEN OBTAINED		
11. DID FATHER SIGN BIRTH REGISTRATION? <input type="checkbox"/> NO <input type="checkbox"/> YES	12. EVIDENCE OF SCNOWLEDGEMENT OF PATERNITY (E.G. GIFTS, LETTERS)		
13. WILL THE RESPONDENT CONSENT TO DNA TEST IF NECESSARY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DON'T KNOW			
14. OTHER RELEVANT INFORMATION			
NAME (SIGNATURE OF CLIENT)		DATE COMPLETED	

THIS IS TO DETERMINE EITHER BY THEIR FAMILY MAINTENANCE WORKER OR BY LEGAL COUNSEL

FAMILY MAINTENANCE WORKER	DATE (YYYY MMM DD)
RECOMMENDATION BY LEGAL COUNSEL : BLOOD / TISSUE TEST REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR THIS REQUEST	
PAYMENT RECOMMENDATION	
LEGAL COUNSEL	DATE (YYYY MMM DD)
BLOOD / TISSUE TEST APPROVED <input type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT \$	
SUPERVISOR / MANAGER	DATE (YYYY MMM DD)