

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 Office.

## 1. Client Information

Last Name	First Name	Initials	Social Insurance Number	Personal ID Number
File Number	Home Phone	Message Number		

## 2. Reporting Period

Report Number: \_\_\_\_\_

From (YYYY MM DD) \_\_\_\_\_

To (YYYY MM DD) \_\_\_\_\_

## 3. Employment Plan Activities

Program Name:

Employment Goal:

Activities Completed:

Results (Outcome) of Activities:

Next Steps Planned:

## 4. Declaration and Notification

I declare that all of the information provided on this form to the Ministry of Social Development and Social Innovation is true and complete. I understand that the Ministry of Social Development and Social Innovation may verify the information supplied in determining my continuing eligibility for assistance under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

Client Signature

Date (YYYY MMM DD)

## 5. Where Activity Report prepared by Service Provider

Name of Service Provider Contact:	Signature	Date Signed (YYYY MM DD)
Telephone Number	Fax Number	E-Mail Address