Ministry of Housing and Social Development

BRIDGING EMPLOYMENT SUITABILITY CHECKLIST

The personal information requested on this form is collected under the authority of the *Employment and Assistance Act* and will be used for the purpose of determining eligibility and administering the Bridging Employment Program. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act.* If you have any questions about the collection, use or disclosure of this information, please contact your local Employment and Assistance Centre.

SECTION 1 - GENERAL INFORMATION

Surname	Given Name	Initials

Address	City / Town	Postal Code

Social Insurance Number	Birthdate(YYYY MMM DD)

SECTION 2 - ELIGIBILITY (Please indicate if applicant has self-declared to be any of the following:)

	YES	NO		YES	NO
In receipt of income assistance under the EA/EAPWD Act			Experiencing Cultural/linguistic/Immigration barriers (Special Bridging Category)		
Not currently participating in another Ministry of Housing and Social Development funded program (e.g. Job Placement Program, Training For Jobs Programs, Employment Program for Person With Disabilities)			Former Sex Trade Worker/Sexually Exploited Youth (Former Sex Trade Worker Category)		
Experiencing employment barriers related to experiences with violence/abuse			In a Youth Agreement (YA) with the Ministry of Children and Family Development (MCFD) (Former Sex Trade Worker category only)		

SECTION 3 - CONSENT FOR YOUTH AGREEMENT VERIFICATION

One of the eligibility criteria in the Former Sex Trade Worker/Exploited Youth Category of the Bridging Employment Program (BEP) is that the applicant have a valid and subsisting Youth Agreement with the Ministry of Children and Family Development (MCFD). This information will require verification by MCFD. If you are accepted into the BEP, the Ministry of Housing and Social Development (MHSD) will disclose to MCFD details concerning your status and Progress in the program. In order to disclose this information about you, your consent is required.

I, _____ hereby consent to:
(Client Name)

(a) the Ministry of Children and Family Development providing verification to the Ministry of Housing and Social Development that I have entered into a Youth Agreement; and

(b) the Ministry of Housing and Social Development providing to the Ministry of Children and Family Development confirmation of my eligibility for the Bridging Employment Program and information about my program completion, success at obtaining employment, entering an education program, or entering another MHSD funded program

_____ (Signature of Client) _____ (Date YYYY MM DD) _____ (Signature of Witness) _____ (Date YYYY MM DD)

Sample

SERVICE PROVIDER USE ONLY

Service Provider _____

Session Requested _____

Start Date (YYYY MM DD) _____

End Date (YYYY MM DD) _____

PROGRAM(S)

Community ☐

Special Bridging ☐

Former Sex Trade ☐

MINISTRY USE ONLY

Applicant Eligible? ☐ YES ☐ NO If no indicate reason: _____

Employment and Assistance Centre Stamp	Ministry Caseworker (Print Name)
	Signature of Case Worker
	Date Signed (YYYY MM DD)
	Date Decision Faxed to Service Provider (YYYY MM DD)

ORIGINAL - SERVICE PROVIDER'S CLIENT FILE COPY - MHSD CLIENT FILE COPY - CLIENT COPY - MCFD SOCIAL WORKER