



QUESTIONNAIRE - ASSESSMENT FOR EARNINGS EXEMPTION

SR Number

Recipient with a child with a Physical or Mental Condition (Assessment for Earnings Exemption)

Instructions:

- To be completed by the Employment and Assistance Worker for recipients with a child with a mental or physical condition where the condition precludes a recipient from working more than 30 hours a week.
- Questionnaire with supporting documents must be forwarded to Reconsideration Adjudicator for review.

DATE	CASE NUMBER	
PARENT'S NAME	AGE OF CHILD	FAMILY TYPE

Child Information

- Child's Name:
- Is the child in school? Yes No
- How long has this child had this condition?
- Does the child attend day care or other care facilities? Yes No
- What other supports are in place to assist the needs of the child?

Parent Information

- Explain how the medical needs of the child prevent the client from working more than 30 hours a week (e.g. supervision required):
- Currently how many hours a week do you work:
_____ hours/week
- Is there someone else who can provide the care required (other family member, child care worker, school):
- Other Information: