# 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.

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<thead>
<tr>
<th>DATE</th>
<th>CASE NUMBER</th>
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<tr>
<th>PARENT'S NAME</th>
<th>AGE OF CHILD</th>
<th>FAMILY TYPE</th>
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## Child Information
1. Child's Name:

2. Is the child in school? ○ Yes ○ No

3. How long has this child had this condition?

4. Does the child attend day care or other care facilities? ○ Yes ○ No

5. What other supports are in place to assist the needs of the child?

## Parent Information
1. Explain how the medical needs of the child prevent the client from working more than 30 hours a week (e.g. supervision required):

2. Currently how many hours a week do you work: ___ hours/week

3. Is there someone else who can provide the care required (other family member, child care worker, school):

4. Other Information: