



SELF-EMPLOYMENT PROGRAM QUESTIONNAIRE AND ACCEPTANCE OF TERMS

The personal information requested on this form is collected under the authority of the *Employment and Assistance Act* and/or the *Employment and Assistance for Persons with Disabilities Act* for the purposes of establishing eligibility for assistance under those Acts. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Specific questions about this form may be directed to your local Employment and Assistance Office.

CLIENT NAME	CLIENT ID#
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1. YES NO Do you have a business loan for your business?
2. YES NO Is the total value of your Business Assets greater than \$25,000?

What is the estimated dollar value of your: Business inventory, products, supplies _____ Business equipment & tools _____ Cash in your business bank account _____ Business loans received, not spent _____ TOTAL VALUE BUSINESS ASSETS: _____
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3. YES NO Do you have accounting or legal expenses for your business?
4. YES NO Do you have business insurance?
5. YES NO Do you have paid employees in your business who are not members of your family unit?
6. YES NO Do you make employer contributions for your employees to either, Employment Insurance, Workers' Compensation Benefits or Canada Pension Plan?
7. YES NO Do you have a Business Plan that was required by the Ministry of Social Development and Social Innovation (SDSI) for this business?

If you answered **YES** to any of the above, you may be asked to complete the Self-Employment Program Monthly Report (HR2988L)

If you answered **NO** to all of the above, or as otherwise directed by MSD staff, you are to complete the Simplified Self-Employment Program Monthly Report (HR2988S) each month. You will also be asked to indicate the value of your business assets monthly, twice yearly or as the ministry deems necessary. If your business deductions are greater than 25% of your gross earnings, you will be asked to provide receipts

8. YES NO Is this a new business?

If **YES**, please append the following to this form:

- a) a description of your business including:
- the products or services you earn income from;
 - the size of your business including the number of employees, if any;
 - any business loans you may have;
 - estimated gross earnings in a year.
- b) a statement of the value of your business assets (see question 2 above) and liabilities.

Declaration

I hereby declare that the above information I have provided is true and complete. I furthermore agree to abide by the terms and conditions of the Self-Employment Program, as set out in the *Employment and Assistance Act* and regulations and the *Employment and Assistance for Persons with Disabilities Act* and regulations. When required to do so by staff of SDSI, I agree to provide any additional information about my business as needed by SDSI, and I understand that SDSI has the right to verify and audit the information I have provided.

CLIENT SIGNATURE	PRINT NAME	DATE SIGNED (YYYY MMM DD)
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