

Two-Year Independence Assessment

The personal information collected on this form is subject to the provisions under section 26(c) of the *Freedom of Information and Protection of Privacy Act* and may be verified under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*. If you have any questions regarding the information collected on this form, please contact your local Employment and Assistance Office.

Applicant 1 Information

| | | | |
|-----------|------------|-------------|--------------------------|
| Last Name | First Name | Middle Name | Birth Date (YYYY MMM DD) |
|-----------|------------|-------------|--------------------------|

Applicant 2 Information

| | | | |
|-----------|------------|-------------|--------------------------|
| Last Name | First Name | Middle Name | Birth Date (YYYY MMM DD) |
|-----------|------------|-------------|--------------------------|

Additional Eligibility Information

(Note: Persons who have been designated as a person with disabilities are not required to complete this form.)

Past Employment

| | | Applicant 1 | | Applicant 2 | |
|----|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. | Were you employed for 840 hours in each year of any consecutive two-year period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Was your income from employment at least \$7,000 in each year of any consecutive two-year period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | If you were employed and paid for work performed only for a portion of a consecutive two-year period, for the remaining balance? | | | | |
| | a) were you waiting for or receiving benefits under the Employment Insurance Act (Canada)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | OR b) were you receiving income under a private or public income replacement plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Exemptions (Complete only if ALL answers to questions 1 - 3 are NO.)

| | | Applicant 1 | | Applicant 2 | |
|-----|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 4. | Are you pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Do you have a medical condition that: | | | | |
| | a) prevents you from working for at least 30 days from today's date; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | OR b) precluded you from working for at least 6 months of the last two years | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Have you been supported by an employed spouse for a consecutive two-year period? | | | | |
| | If for less than two years, for the remaining balance: | | | | |
| | a) Were you working? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Please specify hours worked: _____ Income received: _____ | | | | |
| | OR b) Were you waiting for or receiving benefits under the Employment Insurance Act (Canada)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | OR c) Were you receiving income under a private or public income replacement plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | In the past two years, were you incarcerated in a lawful place of confinement for a total of six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | When you turned 19 years of age: | | | | |
| | a) Were you in the care of the Ministry of Children and Family Development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | OR b) Had you entered into a youth agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | In the past six months, from the date of this application, did you separate from an abusive spouse, or leave an abusive relative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If this has impaired your ability to work, please indicate how: | | | | |
| 10. | Have you been granted a two-year certificate or diploma, or a bachelor's degree (or higher) from a post secondary institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Are you providing care for a child under an agreement under the <i>Child, Family and Community Act</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Are you receiving assistance for a child who resides with you under an agreement under the Child in the Home of a Relative Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|------------------|--------------|---------------------------|
| Client Signature | Please Print | Date Signed (YYYY MMM DD) |
| Client Signature | Please Print | Date Signed (YYYY MMM DD) |