

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)
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Applicant 2 Information

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