

Special Needs Program Unit 12<sup>th</sup> Floor, 1945 Hamilton Street Regina, Saskatchewan S4P 2C8 (306) 787-5602 FAX: (306)787-7182

## **Application for EAPD Disability Supports**

Disability supports are provided by the Province of Saskatchewan and the Government of Canada under the provisions of the Employability Assistance for People with Disabilities Agreement.

Applicants should be 18 years of age or older who, because of a disability, require extraordinary supports to prepare for, secure, and/or maintain employment

Please complete and submit three (3) copies of this application, including all supporting documentation.

All information submitted will be kept confidential.

APPLICANT INFORMATION	N			
Surname	First Name	3	Initial	Birthdate: Year / Month / Day
Mailing Address (Street)		City	Prov.	Postal Code
Social Insurance Number	Sask. Health Number	Telephone Number	Marital Status	Number of Dependants
Disability				
Applying Agency				
Address				Postal Code
Counselor			Te	elephone
SOCIAL HISTORY				
COGIALTIIOTORY				

Last Grade Completed	166	ar Comple	eted		Institution Name / Location		Sponsor
Certificate / Diploma							
MPLOYMENT HISTORY (	INCLUDE	S PART-	TIME, CAS	SUAL AND S	SUMMER EMPLOYMENT)		
Position	Start Date End D			Place of Employment		Sponsor	
REVIOUS EMPLOYABILI	TY <b>M</b> EAS	SURES					
Service/Training Start Date End		End D	Date Place of Service or Training MM			Sponsor	
Trovided							
					ESTIMATED TIME TO COMPLETE		
					ESTIMATED TIME TO COMPLETE		
					ESTIMATED TIME TO COMPLETE		
CAREER GOAL	N (SEQUI	ENCE OF	SERVICE/	TRAINING	ESTIMATED TIME TO COMPLETE REQUIRED TO ATTAIN THE CAREER GOAL	L)	
CAREER GOAL  NDIVIDUAL ACTION PLAN	N (SEQUE	ENCE OF	SERVICE/	TRAINING		L)	
CAREER GOAL  NDIVIDUAL ACTION PLAN  1)	N (SEQUE	ENCE OF	SERVICE/	TRAINING		L)	
CAREER GOAL  NDIVIDUAL ACTION PLAN  1)  2)	N (SEQUE	ENCE OF	SERVICE/	TRAINING		L)	
CAREER GOAL	N (SEQUI	ENCE OF	SERVICE/	TRAINING		L)	

APPLICANT'S COMMENT ON THE CAREER GOAL AND ACTION PLAN  COUNSELOR'S COMMENTS	SUPPORT SERVICES REQUIRED BY APPLICANT
Counselor's Comments	APPLICANT'S COMMENT ON THE CAREER GOAL AND ACTION PLAN
Counselor's Comments	
	Counselor's Comments

- 3 - Revised: April 1, 2006

PROGRAM				
Training Course	Total Training Days		Enrollment and Comple	etion Dates
raining Centre	Address		Postal Code	Telephone
ASSISTANCE REQUIRED			Total Funds Requested	Max. Funds Approve
Please itemize service(s) and cost(s)				
			Total	Total
Applicant's Signature			Year Mo	onth Day
Counselor's Signature				
Application: 🚨 App		USE ONLY  Approved as Ar	nended □ Not App	proved
Special Terms & Conditions	noved as Requested	Approved as Ar	nended 🔲 Not App	oroveu
		EAPD P	rogram Manager	
			Month Day	

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