



# **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.

<b>APPLICANT INFORMATION</b>				
<b>Surname</b>		<b>First Name</b>		<b>Initial</b>
			<b>Birthdate:</b>	<b>Year / Month / Day</b>
<b>Mailing Address (Street)</b>		<b>City</b>	<b>Prov.</b>	<b>Postal Code</b>
<b>Social Insurance Number</b>	<b>Sask. Health Number</b>	<b>Telephone Number</b>	<b>Marital Status</b>	<b>Number of Dependants</b>
<b>Disability</b>				
<b>Applying Agency</b>				
<b>Address</b>				<b>Postal Code</b>
<b>Counselor</b>			<b>Telephone</b>	

<b>SOCIAL HISTORY</b>

<b>PREVIOUS EDUCATION AND TRAINING</b>			
<b>Last Grade Completed</b>	<b>Year Completed</b>	<b>Institution Name / Location</b>	<b>Sponsor</b>
Certificate / Diploma			

<b>EMPLOYMENT HISTORY (INCLUDES PART-TIME, CASUAL AND SUMMER EMPLOYMENT)</b>						
<b>Position</b>	<b>Start Date</b>		<b>End Date</b>		<b>Place of Employment</b>	<b>Sponsor</b>
	<b>YY</b>	<b>MM</b>	<b>YY</b>	<b>MM</b>		

<b>PREVIOUS EMPLOYABILITY MEASURES</b>						
<b>Service/Training Provided</b>	<b>Start Date</b>		<b>End Date</b>		<b>Place of Service or Training</b>	<b>Sponsor</b>
	<b>YY</b>	<b>MM</b>	<b>YY</b>	<b>MM</b>		

<b>CAREER GOAL</b>	<b>ESTIMATED TIME TO COMPLETE</b>

<b>INDIVIDUAL ACTION PLAN (SEQUENCE OF SERVICE/TRAINING REQUIRED TO ATTAIN THE CAREER GOAL)</b>
(1)
(2)
(3)
(4)
(5)
(6)

**SUPPORT SERVICES REQUIRED BY APPLICANT**


**APPLICANT'S COMMENT ON THE CAREER GOAL AND ACTION PLAN**


**COUNSELOR'S COMMENTS**


