

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

Supplemental 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									
Surname	First Name		Initial	Birthdate:	Year / Month / Day				
Mailing Address (Street)		City	Prov.	Prov. Postal Code					
Social Insurance Number	Sask. Health Number	Telephone Number	Marital Status	ı	Number of Dependants				
Disability				1					
Applying Agency									
Address				Postal	Code				
Counselor			Т	elephone					
PROGRESS REPORT									

PROGRAM					
Training Course Total Training Days			Enrollment and Completion Dates		
Training Centre	Address		Postal Code	Telephone	
ADDITIONAL ASSISTANCE	REQUIRED		Total Funds Requested	Max. Funds Approved	
Please itemize service(s) and cost(s)					
			Total	Total	
Applicant's Signature			Year Mo	onth Day	
Counselor's Signature					
	Oi	FFICE USE ONLY			
Application:	Approved as Requested	☐ Approved as Ai	mended 🔲 Not App	proved	
Special Terms & Conditi	Olis				
		EAPD P	rogram Manager		
		Voor	Month Day		

- 2 -