Ontario Works Program
Housing and Social Services Department
Learning, Earning and Parenting (LEAP)

Name: Member ID:

Date of Birth (m/d/yyyy):   Case Manager's Name:

For which of the following activities do you require funds: (Check Appropriate Activity)

   Education   Employment   Parenting Activity

Education Information:

Are you starting school: (Check One)   Yes   No

Are you presently in school: (Check One) Yes   No

Name of Course: Name of School:

Start Date (m/d/yyyy):   Are you attending: Full Time Part Time

Please Attach Verification: School Registration

Employment Information:

Have you or will you be starting Employment: Yes No (if No, go to next section)

Name of Business: Position:

Employer's Name: Business Phone Number

Start Date (m/d/yyyy):   Hourly Rate:

Number of Hours per month:

Hours (check one only): Full Time   Part Time   Casual   Call In

Please Attach Verification: Confirmation of Employment

Parenting Activity Information:

Are you starting a Parenting Activity: Yes   No

Type of Activity:

Name of Organization:

Please list the items that you are requesting help with:

Item or items:	Estimated Cost or costs:
1.	$
2.	$
3.	$
4.	$

Total amount requested: $

Signature: _____

Phone Number: Date (m/d/yyyy): _____

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)
This information is collected under the legal authority of the *Ontario Works Act,* 1997, section 7, 8, 57 & 58 of the *Ontario Disability Support Program Act,* 1997, sections 5, 10, 45 & 46 for the purposes of administering Government of Ontario social assistance programs.

Please complete form in full, sign and deliver to:

Ontario Works, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695

For Office Use Only

Issued: ERE $_____   ETSA $_____LEAP Incentive $_____   Total $ _____
Date Approved:_____   Case Manager Name:_____CM#: _____