



LEAP
LEARNING, EARNING AND PARENTING

NAME: _____ **MEMBER ID:** _____

D.O.B.: _____ **CASE MANAGER'S NAME:** _____

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

Education

Employment

Parenting Activity

Are you starting school: (Circle One)

YES

NO

Are you presently in school: (Circle One)

YES

NO

Name of Course: _____ School: _____

Start Date: _____ **Are you attending:** **FULL TIME** **PART TIME**

PLEASE ATTACH VERIFICATION: SCHOOL REGISTRATION

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

Position: _____ Name of Business: _____

Employer's Name: _____ Business Phone Number: _____

Start Date: _____ Hourly Rate: _____ # Hours/Mth.: _____

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

PLEASE ATTACH VERIFICATION: CONFIRMATION OF EMPLOYMENT

Are you starting a Parenting Activity: (Circle One) *YES* *NO*

Type of Activity: _____

Name of Organization: _____

Please list the items that you are requesting help with:

ITEM (S): _____ **ESTIMATED COST (\$):** _____

TOTAL AMOUNT REQUESTED: \$ _____

Signature: _____ **Phone #:** _____ **Date:** _____

For Office Use Only

Issued: ERE \$ _____ ETSUA \$ _____ LEAP INCENTIVE \$ _____ TOTAL \$ _____

Date Approved: _____ Case Manager Name: _____ CM #: _____