



• Kenora (807) 468-5372 • Dryden (807) 223-4442 • Sioux Lookout (807) 737-7117
 • Ignace (1-888-737-2730) • Pickle Lake (1-888-737-2730) • Red Lake/Ear Falls (1-888-767-2038)

REQUEST FOR EMPLOYMENT SUPPORT FUNDING

Date of Request: _____ Case Manager: _____

I, _____ am requesting additional funds to assist me with activities outlined in my Ontario Works Participation Agreement.

Participation Agreement Activity: _____

Activity start date: _____

I require the following items to participate in the activity noted above:

ITEM	VENDOR (name of store)	COST

If funds are approved, I understand that I am required to submit receipts, verifying the above purchases, to my caseworker. I agree to submit receipts within 10 days of funds being issued. I understand that if I do not submit receipts, future requests may not be considered.

 OW Participant Signature

 Member ID number

FOR OFFICE USE ONLY:

Request Approved/Amount \$ _____

Request Denied _____

Case Manager: _____ Date completed: _____