

Name _____ Caseworker _____

Phone Number _____ Client Number _____

Address _____

Please complete this form and return it to your Caseworker at the address indicated with your Income Reporting Statement on the 16th of each month. If you do not return this report, I intend to cancel your social assistance.

In meeting the requirements of the Participation Agreement, from the period _____ 16 to _____ 15
of _____ Month _____ Month

I have done the following:

Activity	Yes	No	Details/Date
Found a job	<input type="checkbox"/>	<input type="checkbox"/>	_____
Registered with Workfirst or temporary agency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Used Resource Room	<input type="checkbox"/>	<input type="checkbox"/>	_____
Met with Employment Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended resume module	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended interview module	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended network module	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended Adult Basic Learning Job Search	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completed independent job search	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended school	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended skill training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participated in community placement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended employment placement agency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended self-employment development program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

You must keep detailed daily records of your job search activity as these will be reviewed by your Caseworker on a regular basis. Please explain in the space below your job search activity.

Signature _____

Date _____

Ontario Works in Peel
10 Peel Centre Dr., Suite B
PO Box 2700, STN B
Brampton ON L6T 0E6

Ontario Works in Peel
7120 Hurontario Street, PO
Box 3600, RPO Streetsville,
Mississauga ON, L5M 0T3

Notice With Respect To The Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information on this form is collected under the authority of the Ontario Works Act, 1997, c. 25, Sch. A, s. 21. This information will be used for the purpose of providing social assistance to qualifying applicants, withholding assistance from those not qualified and for investigating fraud. Questions about this collection should be directed to the Region of Peel, Human Services Department, Program and Business Support Unit, 10 Peel Centre Dr, Suite B PO Box 2700, STN B Brampton ON L6T 0E6., 905-793-9200.