**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll free 1-800-563-2183**

INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

EMPLOYMENT INSURANCE PROJECT VERIFICATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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SOCIAL INSURANCE NUMBER

Part A: To be Completed by Participant

TO: Program Manager / Project Officer / Coordinator – Sioux Lookout Area Aboriginal Management Board

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name: |   | Birth Date: |   |
| Current Address:  |   |
|   |

FROM:

|  |  |
| --- | --- |
| IMPORTANT: ANSWER ALL QUESTIONS (Failure to answer all will be returned for completion): | Please Check |
| I am receiving Employment Insurance Benefits | Yes [ ]  | No [ ]  |
| I have applied for E.I. Benefits | Yes [ ]  | No [ ]  |
| If yes, provide date |  |  |  |
| I have worked 360 hours or more in the last 12 months | Yes [ ]  | No [ ]  |
| If yes, indicate last day worked |  |  |  |
| I will be applying for E.I. Benefits in the next month | Yes [ ]  | No [ ]  |
| I have received E.I. Benefits (U.I.) within the past three years | Yes [ ]  | No [ ]  |
| I have received Maternal / Paternal Benefits within the past five years | Yes [ ]  | No [ ]  |

I am an anticipated participant with the Sioux Lookout Area Aboriginal Management Board Employment Insurance project. In order to assist in making a determination that I am entitled to participate, please complete Part B of this form and return to the SLAAMB office. I am also allowing SLAAMB to check on my claim up to a 24 months period from JCP/Training start date for follow up. Furthermore, I understand that if I am placed in a JCP/Training course and I do not successfully complete the activity, I leave myself open for a possible disqualification of my EI Benefits.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Participant: |  | Date: |  |

Part B – To be completed by Employment and Social Development Canada

|  |  |  |  |
| --- | --- | --- | --- |
| Has the claim been established? | Yes [ ]  | No [ ]  | Not Finalized [ ]  |
| Is the person disqualified? | Yes [ ]  | No [ ]  | From: | To: |
| Part 1 | Claim ends: |  | Benefit Rate (per week): |  |
| Part 2 | Last E.I. claim terminated week of:  |  |
|  | Not Eligible [ ]  | Should apply for E.I. [ ]  | Should reapply for E.I. [ ]  |

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| --- |
| COMMENTS: |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of ESDC Officer: |  | Date: |  |

NOTE: The information received from the Employment and Social Development Canada with respect to the named above applicant is exclusively for the purpose of verifying eligibility for SLAAMB E.I. projects/training and for follow up, up to t a 24 month period from JCP/Training start date and the information will only be disclosed to SLAAMB employees.