

SAH Community Name

a sub-agreement holder of First Peoples Development Inc.



EI Eligibility Information Form

Section One - To be fully completed by the *sub agreement holder* and faxed to: 204-983-3998

SIN: _____

Client Name: _____

Community: _____

Intervention Start Date: (DD/MM/YYYY): ___/___/_____

Intervention End Date: (DD/MM/YYYY): ___/___/_____

*Authorized by: _____ - _____
(Print name) (Section 25 Designated Authority Signature)

**By signing above, you are declaring that you are authorized by the client to obtain this information and is being gathered for ASETS Agreement purposes only.*

SAH Community FAX #: 204-_____

Section Two - To be completed by *Service Canada*

Is the client HRIF eligible? Yes No

IF on EI:
Benefit Period Commencement: _____ Expected end date of EI Part1 _____

of weeks Eligible: _____ # of Weeks Paid: _____ EI Benefit Rate-Part 1 _____

Comments: _____

Service Canada Rep Initials: _____ Date: _____