



Aboriginal Human Resources Development Strategy
Client Authorization and Verification

Client Name: _____ S.I.N.: _____

Address: _____

Date of Birth: _____ Telephone Number: _____

Are you presently working (part-time, temporarily, casual, on call, full time)? ☐ YES ☐ NO

NOTICE: Generally, if you are employed, you cannot quit a job to participate in a labour market program funded under an Aboriginal Human Resource Development Agreement (AHRDA).

Are you presently in receipt of Employment Insurance (E.I.) benefits? ☐ YES (go to A) ☐ NO (go to B)

A Did you work during your E.I. claim? ☐ YES ☐ NO

If YES, please tell us why you are no longer working (or are you still working?):

B Have you worked in the last 52 weeks? ☐ YES ☐ NO

If YES, please file an application for E.I. benefits along with this form and the Record(s) of Employment. Your application will be given priority.

I hereby authorize Human Resources Development Canada (H.R.D.C.) to release information about the status and benefit rate of my Employment Insurance (E.I.) claim to the organization or person identified below in order to determine my eligibility to an Aboriginal Human Resource Development Agreement (A.H.R.D.A.) program and income supports. This authorization will remain in effect unless I give written instruction to cancel the release of information.

Signature: _____ Date: _____

Deborah Jolly E.U. Counsellor	MoCreebec Employment Unit TEL: (705) 658-4769 FAX: (705) 658-4487	Employment Unit For Urban AHRDA OFIFC/GREAT
Program Name: _____ File Number: _____		

FOR OFFICE USE ONLY:

Has an E.I. claim been established? ☐ YES ☐ NO

Claim Type and Start Date: _____

E.I. Rate: _____ Is the claim active? _____

Allocation of Earnings End Date (if applicable): _____

Last Week Processed: _____

Number of Entitlement Weeks Remaining: _____ Last Renewal Week: _____

Note: This E.I. claim ends when either the **number of entitlement weeks remaining** are paid or the **last renewal week** is reached.

If an E.I. claim has not been established, is the client eligible under the "Reachback" provisions of the E.I. Act (ie. a claim in the last 3 to 5 years)? ☐ YES ☐ NO

Other Comments: _____

H.R.D.C. Signature: _____ Date: _____

Date Faxed to MoCreebec: _____ Initials: _____

MOCREEBEC Referral Information:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
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MOCREEBEC EMPLOYMENT UNIT Referral Information:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Project or Course Name and location: _____		
Start: _____	End: _____	RC #: _____ Agreement #: _____
Signature: _____ Date: _____		