

## Employability Assistance for People with Disabilities

### Participant Information Change Form

#### Part One: Reason for Change

Change of information:     
  Transfer in     
 Effective date:

#### Changes Required to:

Personal information     
  Indigenous Status     
  Supervisor, Counsellor, Region, or Office

#### Part Two: Participant Identification and Information Change

Surname:      
 Given Names:      
 Birth Date:

Address:      
 City/Town:      
 Postal Code:

Phone number:      
 ICM Case Number:      
 EIA Number:      
 Social Insurance Number:

#### Participant's Primary Source of Income

<input type="checkbox"/> EIA: Disability	<input type="checkbox"/> Family/Spouse	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> EIA: Sole Support Parent	<input type="checkbox"/> Self (Investments/Inheritance)	<input type="checkbox"/> Manitoba Public Insurance
<input type="checkbox"/> EIA: General Assistance	<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Other Pension/Insurance
<input type="checkbox"/> Employment Income	<input type="checkbox"/> Canadian Pension Plan	<input type="checkbox"/> Other <input style="width: 150px;" type="text"/>

#### Participant's Primary Disability:

Intellectual     
  Physical     
  Psychiatric     
  Learning     
  Hearing     
  Sight

**Is participant of Indigenous ancestry?**     
 Yes     
 No

**Status Indian?**   
 Yes   
 No   
 Band Number:    
**OR**   
 Band Name:

**If Status Indian, has off-reserve residency been established?**     
 Yes     
 No

**Has Participant declared that s/he is a Visible Minority? (Other than Indigenous)**     
 Yes     
 No

#### Part Three: Program Data

Program Supervisor:      
 Supervisor Code Number:

Vocational Counsellor:      
 Vocational Counsellor Code #:

Region Code:      
 Office Location:      
 Office Code Number:

Forward to:  
 Employability Assistance for  
 People with Disabilities Program  
 350-800 Portage Avenue  
 Winnipeg, MB R3G 0N4