

Please read this statement

I/We understand that the Department of Opportunities & Social Development collects personal information for the purpose of assessing my/our eligibility to receive income assistance from the Employment Support and Income Assistance program.

I/We also understand that the Department of Opportunities & Social Development, in the course of operating the program, may share specific personal information with other departmental programs. Collection, use and disclosure of personal information is authorized by the *Freedom of Information and Protection of Privacy Act*.

For office use only

Completed by: _____
Application date (dd/mm/yyyy): _____
Case ID: _____
Assigned caseworker: _____

Provide Reason for Request

(Why are you applying and what type of income assistance are you requesting?)

- General Application Experiencing Homelessness
 Emergency Pharmacare Experiencing Gender-based Violence
 Arrears (Power, Water, Rent/Eviction) Other

Additional Details (if required)

Provide Personal Information

Have you received Employment Support and Income Assistance in Nova Scotia? Yes No Within the last 12 months? Yes No

Legal Last name: _____ Legal First name: _____ Legal Middle name: _____

Have you been known by another name? If yes: _____ Date of Birth (dd/mm/yyyy): _____

Preferred Name: _____ Gender: _____ Phone number: (xxx xxx-xxxx): _____

Can we contact you at the phone number provided?: Yes No Other Contact Method: _____

Health Card #(Only required for Emergency Pharmacare): _____ SIN: _____

Civic Address (If civic is not available, please provide a mailing address) Can we mail to this address? Yes No

Street address: _____

City: _____ Province: Nova Scotia Postal code: _____

Marital status (check one): Married Single Widowed Separated Divorced Common law

Do you need any communication supports to help you interact with us (e.g., an interpreter, hearing/vision supports, or other accommodations)?

Yes No If 'Yes', please indicate the support type and/or language required: _____

Legal Spouse (if applicable)

Have you received Employment Support and Income Assistance in Nova Scotia? Yes No Within the last 12 months? Yes No

Legal Last name: _____ Legal First name: _____ Legal Middle name: _____

Have you been known by another name? If yes: _____ Date of Birth (dd/mm/yyyy): _____

Preferred Name: _____ Gender: _____ Phone number: (xxx xxx-xxxx): _____

Can we contact you at the phone number provided?: Yes No Other Contact Method: _____

Health Card #(Only required for Emergency Pharmacare): _____ SIN: _____

Civic Address (If civic is not available, please provide a mailing address) Address is the same as applicant? Yes No

Street address: _____

City: _____ Province: Nova Scotia Postal code: _____

Dependent Child(ren) (if applicable)

If there are additional dependent children, please use form 307

1. Legal Last name: _____ Legal First name: _____ Legal Middle name: _____

Preferred Name: _____ Gender: _____ Date of Birth (dd/mm/yyyy): _____

Health Card #(Only required for Emergency Pharmacare): _____ SIN: _____

2. Legal Last name: _____ Legal First name: _____ Legal Middle name: _____

Preferred Name: _____ Gender: _____ Date of Birth (dd/mm/yyyy): _____

Health Card #(Only required for Emergency Pharmacare): _____ SIN: _____