

**SIoux LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**  
P.O. Box 56, 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**

**SOCIAL INSURANCE NUMBER**

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**Part A: To be Completed by Participant**

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

FROM:	Participant Name:		Birth Date:	
	Address:			

**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 month 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:
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**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.

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