

**Self Employment Assistance (SEA)**  
Program Guidelines



Wikwemikong Development Commission  
Funded by the Wii-ni n'guch-tood LMS  
2102 Wikwemikong Way  
POP 2J0

Tel: (705-) 859-3001  
Fax: (705) 859-2000

The Self Employment Assistance (SEA) Program is intended to help individuals create jobs for themselves through self-employment. Within the program entrepreneurs are provided with various types of support during their business start-up period. This support includes coaching, ongoing technical advice, and financial support.

### **SEA Allowance**

Successful SEA Applicants will be funded as one of two different types of clients:

1. Employment Insurance (EI) clients: Clients currently receiving EI benefits are entitled to continue to receive these benefits for the full duration of their claim. After the claim has ended, the client will receive financial support at the locally determined rate of \$384.78 per week for the duration of their participation in the SEA Program. If a client's EI benefits are lower than the established rate, these benefits may be supplemented to the established rate.
2. Unemployed / Social Assistance Recipients (SAR): Clients that are eligible for the SEA Program but are not receiving EI benefits will receive the locally determined rate of \$384.78 per week from the Wii-ni n'guch-tood LMS.

### **Eligibility**

In order to be eligible for the SEA Program, clients must meet the following criteria:

1. Be legally entitled to work in Canada;
2. Be unemployed, or;
3. Be in receipt of social insurances, or;
4. Have an established regular EI benefit claim, or one that has ended within the last three years (client must not be on EI sick benefits), or;
5. Have received maternity or parental benefits within the past five years, after which the client remained out of the labour market to care for the child;
6. Have no previous participant in self-employment activity funded by Human Resources Development Canada (H.R.S.D) or Wii-ni n'guch-tood LMS;
7. Must not have an EI claim that is in dispute with H.R.S.D. (i.e. owe on EI benefit overpayment etc.);
8. Must be starting a new business, or taking over an existing business in which the client had no prior ownership;
9. Must agree to work full-time (minimum of 30 hours/week) for the business while participating in the SEA Program. Note in Exceptional Circumstances, the amount of full-time hours may vary.
10. Must allow on site monitoring visits by SEA Coordinator and must provide bi-weekly attendance record.

## Conditions/ Restrictions

1. The business cannot be controlled by someone other than the person participating in the SEA Program.
2. The business must not earn revenue mainly through the commissions (such as sales commission), as this type of business is deemed unacceptable for the SEA Program.
3. The Business must not be a subsidiary of, or financially supported by another company. People who will be agents for the business or subcontractors cannot get support.
4. The business must be suitable for public funding and must not exploit sex, religion, or politics.
5. The business may operate seasonally, however the applicant must identify revenue generating activity that will take place during the regular business= off- season. For instance, clients may choose to operate more than one type of seasonal business, so that they complement each other. Another option is undertaking some form of accredited development/ training that relates specifically to the proposed business.
6. Within a partnership, the SEA participant must maintain at least 51% ownership.
7. Worker cooperatives are eligible for Sea clients;
8. In a limited (incorporated) company, SEA clients must hold at least 51% of the Shares with voting rights;
9. Must have appropriate insurance coverage, in order to guard against unforeseen business interruption due to health, etc.
10. Must be willing to enroll in business training programs / courses as identified in conjunction with the SEA coordinator.

## Reporting Requirements

Once the client's SEA Program participating begins, the client:

1. In order to receive the SEA Allowance, client **must** provide a record of number of hours worked in the business on a bi-weekly basis for the duration of the client's participation in the program; see Form WDC/LDM-013
2. Must maintain proper books and records pertaining to the business established by the SEA client;
3. Must permit representatives of the Wii-ni n'guch-tood LMS and the W.D.C. as the SEA Coordinator to monitor and conduct onsite visits of the business;
4. Must comply with directions given periodically by the SEA Coordinator with respect to the development and implementation of the business plan;
5. Must inform the SEA Coordinator of any changes to the client's personal situation that may affect the payment and/or supplementary allowances.

Note: failure to report regularly and in timely fashion will result in termination of the client's SEA allowance.

## **Application Process**

1. Attend an orientation session with the SEA Program coordinator;
2. Identify a business opportunity and outline a business concept;
3. Prepare a business plan
4. Identify any training required, for example, bookkeeping, computers, hospitality training, etc;
5. Complete an SEA Program Application;
6. Submit your business plan, along with your application to the SEA coordinator for review;
7. Provide copy of your resume, status card and complete Wii ni n'guch-tood LMS Client Consent to Data Disclosure.
8. If you are eligible for an allowance, you must sign a agreement with the Wii-ni n'guch-tood LMS;
9. Begin operation of business and implementation of your business plan.



**WII NI N'GUCH TOOD L.M.S.  
APPLICATION CHECK LIST  
Self Employment Assistance**

**Name:** \_\_\_\_\_ **Date Of Application:** \_\_\_\_\_

**Client to Provide:**

- Updated resume
- Photocopy of the front/back of Status Card
- Client Registration Form – 1 page (APP-LDM-002)
- Conflict of Interest Form – LDM008
- Client Consent to Data Disclosure – LDM003
- SEA Application – WDC/LDM-004
- Business Plan
- Written confirmation of start up or demonstrate financing for business start up is in place

**SEA Coordinator to Provide:**

- LMDA Access – EI Eligibility Route Slip – LDM10
- Fiscal Year Break Down & Recommendation for approval – FIN-WDC/LDM-SEA004

**Upon Approval SEA Coordinator & Client to provide:**

- Business Permit
- WLMS Direct Deposit Form – LDM-014
- Photo Release LDM-012
- Signed Contribution Agreement – LDM-026

Any information that is not received will only delay your application, so please ensure that you have completely filled out all the forms on the checklist before you submit your application.

Created by: MLOdjig  
Approved by: MLOdjig

CKL-WDC-LDM-SEA 002  
SEA Checklist – Word

Created: Dec. 14, 2010  
Revised: RLJ Feb. 2017



Enaadmaagehjik Development Commission & Wii-ni n'guch tood LMS  
2102 Wikwemikong Way  
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**Self Employment Assistance (SEA) Program  
Application Form**

**PERSONAL INFORMATION**

NAME	DATE OF BIRTH	BAND NUMBER
SOCIAL INSURANCE NUMBER	PHONE (HOME)	PHONE (WORK)
MAILING ADDRESS		

**BUSINESS INFORMATION**

BUSINESS NAME	# OF EMPLOYEES	
BUSINESS ADDRESS		
BUSINESS STRUCTURE	LICENSES/PERMITS	INSURANCE
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> WUIR Business Permit <input type="checkbox"/> Vendor's Permit <input type="checkbox"/> WSIB	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION SKILLS**

LIST HIGHEST GRADE COMPLETED	
POST SECONDARY EDUCATION	NAME OF POST SECONDARY PROGRAM STUDIED
<input type="checkbox"/> University _____ <input type="checkbox"/> College _____ <input type="checkbox"/> Other _____	COMPLETED THE PROGRAM <input type="checkbox"/> Yes <input type="checkbox"/> No

INDICATE ANY SPECIAL/FORMAL TRAINING YOU HAVE OBTAINED

## Self Employment Assistance (SEA) Program Application Form

### ELIGIBILITY

- Are you unemployed or in receipt of social assistance?  Yes  No
- Do you have an established Employment Insurance (EI) claim, or one that has ended within the last 3 years?  Yes  No
- Are you legally entitled to work in Canada?  Yes  No
- Have you ever participated in any self-employment activities funded by HRDC or the Wii ni n'guch-tood before?  Yes  No
- Are you starting a new business or taking over an existing business in which you had no prior ownership?  Yes  No
- Do you agree to work full-time for the business for the duration of your SEA Program participation?  Yes  No
- Have you received maternity or parental benefits within the past five years after which you remained out of the labour force in order to care for the child?  Yes  No
- Do you currently have an EI claim that is in dispute with HRDC?  Yes  No
- Are you capable of providing monthly financial statements?  Yes  No
- Do you understand that failure to report regularly will result in immediate discontinuation of the SEA allowance?  Yes  No

### OTHER

1 Is your business seasonal? If yes, please describe what activities you will undertake in your off season:

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2 What are your greatest concerns about starting a business/

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3 Have you ever owned a business before? If yes, what was the name of the business? How long did it operate?

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**Self Employment Assistance (SEA) Program  
Application Form**

**CHECKLIST**

- 1 Application form.
- 2 Business plan.
- 3 Resume.
- 4 Written confirmation of approved start-up financing.
- 5 Copy of Status Card
- 6 Signed copy of Wii ni n'guch-tood Client Consent to Data Disclosure

**SIGNATURE**

I attest that the information given in this application is accurate to the best of my knowledge, and consent/ allow the Wikwemikong Development Commission to verify the information given in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Created by: Bryan Wakegijig

APP-WDC/LDM - SEA 004

Revised: February 2017

Approved by: ML Odjig

Excel - SEA App Form

Created: February 2002





ENAADMAAGEHJIK  
o/a Wikwemikong Development Commission

**WII-NI N'GUCH-TOOD**  
Labour Market Services

**Client Registration Form**

Date: \_\_\_\_\_

**Client Identification**

Have you ever accessed funding from Wii ni n'guch-Tood?  Yes  No If Yes, for what purpose: \_\_\_\_\_  
Year: \_\_\_\_\_

Social Insurance Number:	Last Name:	First Name:	Middle Initial:
Phone Number #1:	Alternate Number:	Email Address:	
Date of Birth: (dd / mm / yy):	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Type:		
Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Written <input type="checkbox"/> Spoken	<input type="checkbox"/> Unspecified <input type="checkbox"/> Developmental <input type="checkbox"/> Learning		
	<input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Combination		
	<input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Visual		
Band Name:		Band Number:	
Address (Place of residence):		Mailing Address (if different):	
City:	Province:	Postal Code:	City:
			Province:
			Postal Code:

**Status at time of Application – Check all that apply**

Employment:	Residency:	Financial Recipient of:	Family Status:
<input type="checkbox"/> Employed <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Spouse	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status  <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	<input type="checkbox"/> Social Assistance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Ontario Disability Support Prg. <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Number of Dependents _____  Spouse Name: _____

**Barriers to Employment – Check all that apply**

Lack of Labour force attachment  Lack of work experience  Lack of transportation  Remoteness  
 Language  Education  Economic  Dependent care  Lack of marketable skills  
 Physical, emotional, or mental health  Drug and Alcohol  Other barrier not listed: \_\_\_\_\_

**Service Type (Check one)**

<input type="checkbox"/> Course Purchase <input type="checkbox"/> Mobility Assistance <input type="checkbox"/> Skill Enhancement <input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Pre-registration <input type="checkbox"/> Targeted Wage Subsidy <input type="checkbox"/> Post-Sec. Summer Employment <input type="checkbox"/> SCP Program	<input type="checkbox"/> Projects <input type="checkbox"/> Self Employment Assistance <input type="checkbox"/> Adult Education <input type="checkbox"/> Youth Focus
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**Training/Employer Information**

Training Provider/Employer: \_\_\_\_\_  
 Training Type/Job Title: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Duration: \_\_\_\_\_

**Financial Assistance Required**

Living Allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Books:	Tuition:
Other:	

I certify to the best of my knowledge that the above information is accurate and complete and I understand that it may be subject to verification by the Wii ni n'guch-tood or its representatives.

\_\_\_\_\_  
Signature of Client Date Signature of LMS Representative Date



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o/a Wiwemikong Development Commission  
**WII-NI N'GUCH-TOOD**  
Labour Market Services

## Client Consent to Data Disclosure

I authorize an ongoing exchange of information between the Wii-ni n'guch-tood L.M.S. and

- a) Service Canada (Human Resource Development Canada);
- b) Wiwemikong Unceded Indian Reserve (band administration/payroll/Ontario Works) and related departments;
- c) Wiwemikong Board of Education/Counsellor;
- d) Training Institution/College;
- d) Social Assistance/Caseworker;
- e) Other (please list): \_\_\_\_\_

This information exchange relates to my application for assistance with employment services and training programs associated with the Wii-ni n'guch-tood. I realize this information will be used only as an aid in vocational guidance and for verification of Employment Insurance (E.I.) and other eligibility requirements.

For Statistical purposes the trainee agrees to update Wii-ni n'guch-tood LMS on employment status 12 months upon completion of intervention. Trainees can either mail/telephone/fax information to: Enaadmaagehjik (Wiwemikong Development Commission) 2102 Wiwemikong Way, Wiwemikong, ON P0P 2J0 Telephone (705) 859-3001 Fax (705) 859-2000 or Toll free 1-888-801-9422

I also authorize the release of my progress report, final grades and certification to the Wii-ni n'guch-tood L.M.S. staff.

I acknowledge that I have read and received a copy of the Policies and Guidelines for my reference.

CLIENT:

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Privacy and Access to Information:

Information on this form is collected under the authority of the Employment Insurance Act, and is to be used for the administration of the employment benefit to which you have applied. Completion is voluntary; however, failure to complete this form will result in you not being considered for the employment benefit. The information collected may be shared with the Canada Revenue Agency and/or the Department of Justice for the purposes of administering the Income Tax Act and/or the Family Orders and Agreements Enforcement Assistance Act. The information will also be shared with Social Development Canada to administer the Employment Insurance Act. The information may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of Human Resources and Skills Development Canada may be linked. Your personal information is administered in accordance with the Employment Insurance Act and the Privacy Act. This authorization will remain in effect until I give written instruction to cancel the authorization.



## Conflict of Interest Form

**Are you related directly (i.e. family member) to the Employment Training Officer or Operations Supervisor/Intake Worker and/or staff at Wii-ni n'guch-tood L.M.S.**

This acknowledges that even if there is no direct conflict of interest, any potential or perceived conflict of interest is being declared in order to prevent misunderstandings. The Employment Training Officer or Operations Supervisor/Intake Worker acknowledges that the program intervention stated in the contract is based on individual need of the client and is not agreed upon as a result of any relationship between the Employment Training Officer or Operations Supervisor/Intake Worker and the client.

The term "Immediate Family" means:

Spouse (including same sex and opposite sex partners in a legal marriage or a common law relationship), son, daughter, father, mother, brother, sister, stepson or stepdaughter, or a person residing in the same household.

This document recognizes the Declaration of Conflict of Interest between the undersigned and understands and agrees to the terms outlined within.

**I declare no Conflict of Interest; if conflict please indicate staff member name below.**

Staff Member: \_\_\_\_\_ Client/Applicant Relationship: \_\_\_\_\_

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

Employment Training Officer/Operations Supervisor/Intake Worker:

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 Date



ENAADMAAGEHIK  
o/a Wikwemikong Development Commission

WII-NI N'GUCH-TOOD  
Labour Market Services

## Photo/Statement Release Form

I hereby grant WII-ni n'guch-tood Labour Market Services (WLMS) to use my photograph and/or any statements made by me in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that the photo and/or statement will become the property of WLMS and will not be returned.

I hereby authorize WLMS to edit, alter, copy, exhibit, publish or distribute this photo and/or statement for purposes of marketing WLMS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photograph appears.

I hereby hold harmless and release and discharge WLMS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

- I give permission to WLMS to use my photo in any publications and/or website entries by WII-ni n'guch tood L.M.S.
- I do not wish have my photo used in any publications and/or website entries by WII-ni n'guch tood L.M.S.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name and Date)

**If the person signing is under age 16, there must be consent by a parent/ guardian as follows: I hereby certify that I am the parent/guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.**

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Parent/Guardian's Printed Name and Date)