



Wikwemikong Development Commission o/a  
Enaadmaagehjik

**Wii-ni n'guch-tood**  
Labour Market Services (LMS)

# Mobility Assistance Guidelines

## 1 Objective

Mobility Assistance is designed to financially assist band members with new employment, job interviews and/or relocation expenses.

### 1.1 New Employment

New employment is defined as employment:

- a) Where the client has not had the same position for the past two (2) years with the exception of seasonal long-tenured workers; and
- b) Where the client has participated in the interview process; and
- c) Where the client has been unemployed for a period of at least two (2) weeks.

### 1.2 Summer Students

Summer students are able to access funding for Personal Protective Equipment (PPE) only.

## 2 Scope

### 2.1 Wiikwemkoong Unceded Territory Band Members

The client must provide proof of WUT band membership.

### 2.2 Non WUT Band Members

If the client is not a registered WUT band member:

- a) Wii-ni n'guch-tood LMS will forward a request for funding to the home LDM of the applicant;
- b) If the home LDM approves the requested amount WLMS will follow the home LDM's contracting procedures;
- c) If the client's home LDM does not approve the request the WLMS will accept the other LDM's decision.

### 2.3 Non-Eligible Clients

WLMS will not fund non-aboriginal clients as funding is designated for Aboriginal people.

## 3 Approval Limits

WLMS will approve funding to a maximum of \$300.00 for employment contracts (full-time/part-time) that are six (6) months or less, and a maximum of \$600.00 for employment contracts (full-time/part-time) that six (6) months or more. If the client is required to relocate for new employment WLMS will provide additional assistance up to a maximum of \$400.00.

### 3.1 Eligible Applications

The client must submit their application within twenty (20) business days of starting employment or earlier. Failure to submit the application before this timeframe can result in the application being denied. If the application is incomplete ten (10) business days after application date, the application will be closed.

### 3.2 Ineligible Expenses

Reimbursements will not be approved. Reimbursements are purchases that have been made prior to submitting an application to Wii-ni n'guch-tood LMS.

### 3.3 Time Frame for Assessment

The minimum duration for proper intake and assessment for a completed application is a minimum ten (10) business days. A completed application is one that has submitted all required documentation as prescribed in the Application for Mobility Assistance (CKL-LMS-001).

## 4 Client Responsibilities

The client must submit: a) a letter confirming attendance at interview and/or is currently employed; and b) submit receipts within ten (10) business days from receiving assistance.

### 4.1 Client Eligibility for Future Funding

Band Members are eligible for Mobility Assistance funding once a year (Twelve months prior to the application date).

## 5 Compliance

Failure of the client to fulfil the obligations in [Section 4](#) will result in the client being ineligible to access WLMS program funding for a period two (2) years.



Wikwemikong Development Commission o/a  
Enaadmaagehjik

**Wii-ni n'guch-tood**  
Labour Market Services (LMS)

## MA Application Checklist

Name: \_\_\_\_\_ Application date: \_\_\_\_\_

Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

*Note: Wii ni n'guch-tood LMS staff are authorized to add or note non-applicable forms relevant for each program. If the application is incomplete ten (10) business days after application date, the application will be closed (see Mobility Assistance Guidelines - Section 3.3).*

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Updated Resume                     | <input type="checkbox"/> 6. Confirmation of Interview/Employment-LMS013 |
| <input type="checkbox"/> 2. Copy of status card (front & back) | <input type="checkbox"/> 7. Conflict of Interest form-LMS008            |
| <input type="checkbox"/> 3. Client Registration form LMS002    | <input type="checkbox"/> 8. Photo Release-LMS012                        |
| <input type="checkbox"/> 4. Data Disclosure-LMS003             | <input type="checkbox"/> 9. Direct deposit Form (if applicable) LMS014  |
| <input type="checkbox"/> 5. Quotes – supplied by client        | <input type="checkbox"/> 10. <b>ALL FORMS ARE SIGNED AND COMPLETED</b>  |

### LMS Staff only:

ARMS input Initial/Approval Intake  
Is the client compliant?

Yes    No  
 Yes    No

LMDA  Yes    No

Note: The minimum duration for proper intake and assessment for a completed application is a minimum of ten (10) business days.

Applications must be sent to: Administrative Support Worker – Dinah Peltier

Email: [administrationlms@wikydevcom.ca](mailto:administrationlms@wikydevcom.ca) Fax: 705-859-2000 Telephone: 705-859-3001

### Notes:

---

---

Only return the application form and the requested documentation.  
Do not return the guidelines. These documents are for your information



## Client Registration Form

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

### Client Identification

Have you ever accessed funding from Wii-ni n'guch-tood LMS?  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		Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Written <input type="checkbox"/> Spoken	
Band Name:		Band Number (10 digits):	
Address (Place of residence):		Mailing Address (if different):	
City:	Province:	Postal Code:	City: Province: Postal Code:

### Status at time of application to determine eligibility for allowance – 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"/> Student	<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 Program <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Employed Spouse <input type="checkbox"/> No Income <input type="checkbox"/> OSAP	<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 Dependants _____ Spouse's Name: _____
Highest grade completed: _____ Did you receive a diploma? _____ If yes, what year? _____			

### Barriers to Employment – Check ALL that apply

<input type="checkbox"/> Education <input type="checkbox"/> Language <input type="checkbox"/> Economic <input type="checkbox"/> Remoteness	<input type="checkbox"/> Lack of Labour force attachment <input type="checkbox"/> Lack of work experience <input type="checkbox"/> Dependent care <input type="checkbox"/> Physical, emotional, or mental health	<input type="checkbox"/> Lack of marketable skills <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Substance Abuse <input type="checkbox"/> 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"/> Projects <input type="checkbox"/> Self Employment Assistance	<input type="checkbox"/> Adult Education <input type="checkbox"/> Youth Focus <input type="checkbox"/> Waa-naang-izheyaanh (SSEP)
---	---	---

### 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



Wikwemikong Development Commission o/a  
Enaadmaagehjik

Wii-ni n'guch-tood  
Labour Market Services (LMS)

## 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) Wikwemikong Unceded Indian Reserve (band administration/payroll/Ontario Works) and related departments;
- c) Wikwemikong Board of Education/Counsellor: \_\_\_\_\_ Telephone: \_\_\_\_\_
- d) Training Institution/College: \_\_\_\_\_
- e) Social Assistance/Ontario Works/Caseworker: \_\_\_\_\_ Telephone: \_\_\_\_\_
- f) Other (please list): \_\_\_\_\_
- g) Banking Information: Authorization Signature \_\_\_\_\_

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 (Wikwemikong Development Commission) 2102 Wikwemikong Way, Wikwemikong, ON POP 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

*Note: This form will be kept on file for a period of 12 months from the date of signature.*

### 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.



Wikwemikong Development Commission o/a  
Enaadmaagehjik

**Wii-ni n'guch-tood**  
Labour Market Services (LMS)

## 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



Wikwemikong Development Commission o/a  
Enaadmaagehjik

**Wii-ni n'guch-tood**  
Labour Market Services (LMS)

## 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 give my permission to WLMS to use my photo 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)



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

## Direct Deposit Authorization

Wii-ni n'guch-tood L.M.S. can do deposits locally with the three banks listed below.

TD Canada Trust

Bank of Montreal

Royal Bank of Canada

Clients with accounts at other banks can have their allowance deposited via Electronic Funds Transfer (EFT) All EFT transactions require an email address associated with your bank account.

Please provide your email address: \_\_\_\_\_

To eliminate errors and to ensure your payment is processed in a timely manner, please submit either:

➔ A Direct Deposit/Pre-authorized form issued from your financial institution Yes

➔ A cheque marked 'VOID' for chequing accounts Yes

I authorize the Wii-ni n'guch-tood L.M.S. to deposit my training allowance directly into my bank account. I understand that this information is collected in order to register for Direct Deposit service with a Canadian Chartered bank.

I will notify Wii-ni n'guch-tood L.M.S. immediately if I change banks, branches or close my account.

\_\_\_\_\_  
(Printed Name)

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

\_\_\_\_\_  
(Date)





Wikwemikong Development Commission of a  
Enaadmaagehjik

Wii-ni n'guch-tood  
Labour Market Services (LMS)

## Confirmation of Employment

I wish to confirm that \_\_\_\_\_ has been provided  
(name)

**Interview for:** \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
(position)

**Offer of employment for:** \_\_\_\_\_  
(Position)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
If applicable

---

### Contract duration:

Part-time  Full-time  Seasonal  Contract duration: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
(print) (print)

Employer's: \_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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