

905.318.6623 I 519.582.3579

Serving the community in the areas of public health, social services, children's services, housing and long-term care.

www.hnhss.ca

Employment Related Expenses

Case Manager:			Case Org#		
•	ed help with costs assoyment Related Expe	•	ur employment rela	ated goals,	you may be eligible
Name:			Telephone #		
Month of Request:			Date of Birth:		
agreemei Note: Ple this form Those p employm	nt. ease allow 3-5 busi i. articipating in an nent expenses. You	ness days (not employment a ur request will	including the sulctivity may be elbe reviewed by a	omission d igible for Case Mana	on my participation late) for processing clothing and othe ger for eligibility.
	Requested. Mileage			na recora ti	ic total kilometres at
	em Requested	Purpose F Related Exp	For Employment bense: ex. School, shop, Work	Es	timated Cost
If my Ca requested	se Manager asks fo d items. I also under quired to re-pay the r	or the receipts, rstand that if I do monies to the O	I will submit them not provide my Ca	as proof tase Manag	
Client Signature			Date		
○ Simcoe	12 Gilbertson Dr. Simcoe ON N3Y 4L1 T: 519,426,6170	○ Caledonia	282 Argyle St. S. Caledonia ON N3W 1K7 T: 905.318.6623	O Dunnville	117 Forest St. E. Dunnville ON N1A 1B9 T: 905.318.6623



For the Month of:

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Statement of Mileage

Date	Activity and Details	Total Kms	Driver's name, phone # and signature
	Total Kilometres		